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GETTING IT RIGHT IN A DIGITAL AGE – ROBUST PATIENT SELECTION TO AN EARLY SUPPORTED DISCHARGE SERVICE

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Introduction and Objectives Digital technology with capability for virtual ward consultant clinical supervision, DECAF scoring and a trusted assessor model was used to select patients for early supported discharge (ESD). We present here data on the initial three months of the pilot ESD service.

Methods ESD was a joint venture with the combined workforce of established hospital respiratory specialists (Respiratory Support Team; RST) and an expanded community respiratory team (CRT). A robust alert system linked to our electronic prescribing system identified potential patients to the RST (Colclough, 2014). Consultant clinical supervision screened all COPD admissions virtually from the hospital COPD virtual ward; established when an electronic bundle is opened by the RST. The DECAF score 0–1 was used to establish a cohort of patients assessed as safe for ESD (Steer, 2012). DECAF >2 required respiratory consultant approval for discharge to ESD. Advice and guidance was given to support the clinical team decision for suitability to be discharged.

Results In quarter 1 2020 29 patients were referred to ESD out of 161 patients admitted with COPD.

Conclusions ESD is safe and effective using a trusted assessor model supported by digital technology and consultant virtual supervision to screen into this service.

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Abstract P130 Figure 1 Features of COVID-19 on the CT were very common in hospitalised patients and were related to all-cause mortality one year following hospitalisation

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COVID-19 recovery: predicting long term outcomes

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PROGNOSTIC VALUE OF THE INITIAL CHEST COMPUTERISED TOMOGRAPHY SCAN AT ONE YEAR FOLLOWING INFECTION IN AN ETHNICALLY DIVERSE COHORT OF PATIENTS ADMITTED TO HOSPITAL FOR COVID-19

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Background Little is known about computed tomography thorax (CTT) findings in hospitalised patients with COVID-19 of different ethnic groups, as well as their prognostic value following hospitalisation.

Methods Clinical data and the CTTs of patients admitted with COVID-19 between 9th March and 27th April 2020 to University Hospitals of Leicester NHS Trust were recorded and reviewed. CTTs were reviewed by two independent radiologists, blind to clinical data for ground glass opacities (absent, mild, moderate and severe), consolidation (absent, present) and pulmonary emboli (PE; absent, present). The main outcome of interest was all-cause mortality by April 12th 2021. Cox proportional hazards regression was used to investigate the relation between variables and all-cause mortality.

Results 312 patients were enrolled; median age 65 (IQR 51–77); 234 (75%) were White; 42 (14%) Asian; 9 (6%) Black and 17 (5%) were from other ethnic minority groups. 195 (63%) of patients had multifocal ground glass changes on