Covid-19 has seen an acceleration in assistive technology in the clinical space (Virtual Wards [VW]) to mitigate risk and care for patients effectively in their own homes.

This large university teaching hospital serving a population of approximately one million, is the first UK hospital to set up a 24 hour, 40 monitored bed, acute VW for the management of medical and surgical patients during the Covid-19 pandemic.

Patients admitted to the VW are considered in-patients and are monitored 24/7 using the ‘Current Health monitoring system’ by a nursing team with daily consultant review. The VW has evolved over the last 2 years to meet the growing post-Covid demands on the NHS.

We retrospectively reviewed prospectively collected data on respiratory patients admitted to the VW between 09/02/21 – 06/23.

Results Since 2021, 2,404 medical and surgical patients have been through the service with 19,642 bed days saved and an average length of stay (LOS) on the VW of 8.2 days. Patients with respiratory conditions accounted for the majority of referrals to the service (23%).

In the last 28 months, 554 respiratory patients have been admitted to the VW. Their average LOS was 6.9 days with 3282 bed days saved. 98.6% of patients reported being very satisfied with their virtual ward experience.

The VW has been crucial in freeing physical bed capacity of at least 12–15 beds a day and thus improving patient flow at the front door. This translates to a cost-saving of £541,530 in respiratory medicine alone, assuming a bed day saving costs at the front door. This translates to a cost-saving of £541,530 – respiratory patients admitted to the VW between 09/02/21 – 06/23/2023.

Conclusions Patients that require oxygen therapy usually have advance co-morbidities and limited exercise tolerance, therefore travelling to hospital appointments can be a difficult task and interfere with their daily lives.

Delivering care at home can also be more satisfying for staff. They work across traditional boundaries, sharing knowledge, skills, and information about each person’s needs. This can help them offer more holistic care and helps make home visits efficient.

This review illustrates that oxygen initiation and titration at home is safe. This also has the dual purpose of increasing

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<table>
<thead>
<tr>
<th>COPD</th>
<th>Bronchiectasis</th>
<th>Pneumonia</th>
<th>Empyema</th>
<th>Covid-19</th>
<th>TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable patients with an oxygen requirement</td>
<td>Clinically improving (afibrile, improving inflammatory markers) – needing prolonged iv antibiotics</td>
<td>Clinically improved, afibrile for &gt;24 hours, improvement in inflammatory markers but requiring wean from oxygen</td>
<td>Need for 10–14 day of iv antibiotics</td>
<td>Video-observed therapy in multi-drug resistant TB (virtual day attenders to ward)</td>
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