"Virtual Ward" Care Does Not Prevent Readmissions

A study was conducted with patients at high risk of hospital readmission or death after hospital discharge, which used a virtual ward model of care. The findings showed that there was no significant reduction in the rate of readmission or death up to a year following the discharge of the patient.

Readmissions are common and can be very costly for hospitals. To date, no single intervention or bundle of interventions has been able to reduce the rate of readmissions. It was believed that a virtual ward model of care could be a possible way of providing care to patients with complex needs who are not hospitalised.

Several elements of hospital care were incorporated into the virtual care model, with the goal of improving overall health outcomes and patient experiences. However, while the concept may be appealing and its implementation may be relatively simple, the actual benefit of virtual wards had not been evaluated before this study.

The study was conducted by Irfan A. Dhalla, MD, MSc, and colleagues at the University of Toronto and St. Michael's Hospital, Toronto. 1,932 high-risk adult discharge patients in Toronto were randomly assigned to either the virtual ward or to usual care. Those in the virtual ward received care coordination plus direct care provision through telephone calls, home visits and clinical visits.

An interprofessional team was responsible for providing the care and did so for several weeks after the patients were discharged. The team met daily at a central location to design and implement individualised management plans. In the usual care group, patients received structured discharge summaries, new medications as needed, counselling, home care if necessary and recommendations, appointments and follow-up care with physicians if required.

The study showed that there was no significant difference between the two groups within the 30-day period after discharge. 24.6 percent of patients in the usual care group and 21.2 percent of patients in the virtual care group had to be readmitted to the hospital or died. Overall, there were 47 deaths in the usual care group and 40 deaths in the virtual ward group. 38.0 percent of patients in usual care and 37.1 percent patients in the virtual ward had to readmitted or died by 90 days after discharge. Similarly, there was no significant difference between the two groups with respect to readmissions and death at six months or one year.

According to the study authors, "Given the per-patient costs of our intervention, it is highly unlikely that a virtual ward model of care structured similarly to ours would represent an efficient use of health care resources."

However, according to Peter A. Boling, M.D. of Virginia Commonwealth University, Richmond, the findings from this study could prove useful in the development of future trials designed to improve patient care transitions and readmissions. He also adds that virtual care wards may have a place in future if linked with "more robust in-home care delivery."

Source: JAMA

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