

## Freedom of Information Request: Our Reference CTHB\_78\_19

### You asked:

Please you please answer the following:

**1) Does your organization presently promote/or endorse a (RPM) remote patient monitoring system to capture vital signs or other health related measurements post discharge from hospital and whilst a patient is residing in their own home or being cared for in a non-acute environment such as community hospital/hospice/residential or care home - (*Measurement examples being blood pressure/weight/temperature/Oxygen Saturation/EWS/ pulse/glucose etc.*)?**

No.

#### **1.1 If the answer is NO –**

**1.1.2 Within the next 2 years, is telemedicine/ RPM, something that the Health Board would consider as a way of either reducing hospital admissions, promoting an earlier discharge and/or recognizing and acting upon patient deterioration sooner?**

Currently, the health board is working on delivering its Digital Health Strategy approved by the Board in May 2017. You can access here:

[https://cwmtaf.wales/we-are-cwm-tafmorgannwg/board-papers/?drawer=Board\\_Papers\\*LEGACY](https://cwmtaf.wales/we-are-cwm-tafmorgannwg/board-papers/?drawer=Board_Papers*LEGACY) 2017-2018\*Meeting 02 May 31 2017

The Health Board has a StayWell@Home service <https://cwmtaf.wales/services/home-service/> and works closely with the Local Authorities to utilize telecare.

For the wider issues related to the Health Boards proposals and direction the Integrated Medium Term Plan (IMTP) for the next three years (2019 – 2022) is available on our [website](#) via the following [link](#) should provide a helpful overview.

**1.1.3 If the Health Board is not considering RPM for suitable patients (*able to take their own readings or have a relative who can do this for them*) – is there a reason why this is not being considered either on a per Health Board basis or part of an agreement with the CCG?**

Please see response above.

- 1.2 If the answer is YES – RPM is presently used for some discharged patients- could you please detail –**
- 1.2.2 the system type/name/supplier**
- 1.2.3 When this came into use and when the contract expires**
- 1.2.4 Who funds home monitoring, is this the CCG, the Acute Trust or a combination of both or other organization (e.g. charity/STP)?**
- 1.2.5 How much this cost per patient or per year for multiple patients**
- 1.2.6 What patient data is captured & is there measurements you would like to capture but cannot achieve at the moment?**
- 1.2.7 What systems does this data feed into – e.g. GP systems & supplier**
- 1.2.8 Has there been any analysis of this data to demonstrate that remote patient monitoring from home has:**
- **Reduced patient re-admissions into hospital**
  - **Expedited the discharge process**
  - **Improved “follow up” care post discharge – reminding patients to take medications/ monitor on-going health measurements etc.**

N/A

**2 Who is the main person(s)/ decision maker (s) – who would probably be responsible for the decision to use remote patient monitoring post discharge? (*Name/title/contact details etc.*)**

This would be dependent on the speciality for the discharge. The Health Board approves the direction of the organisation through the Integrated Medium Term plan as referred to in question 1.