

# Remote health monitoring for eating disorders

## The challenge

Children with eating disorders would normally receive clinic-based care, but this is not possible during the COVID-19 pandemic. How has Cornwall Partnership NHS Foundation Trust adapted its service to support this cohort of patients?

## What we did

Cornwall Partnership NHS Foundation Trust provides both physical and mental health services to children and adults. It has a well-established Digital Health Service which provides remote health monitoring by nurses to patients with Respiratory and Cardiac Conditions using Tunstall systems. The children's eating disorder service offers treatment and support to children over the age of 11 with a range of eating disorders including Anorexia Nervosa, Bulimia Nervosa and Restrictive Eating Disorder.

The normal care pathway includes children attending clinic for monitoring of their vital signs and symptoms, however due to restrictions in place during the pandemic and the risks to patients, an alternative approach was needed.

Tunstall worked together with the Trust to introduce remote health monitoring for patients, using the myMobile app and ICP triagemanager software to enable clinicians to support patients in their own homes. A special health interview was developed based on the Junior MaRSiPAN (Management of Really Sick Patients with Anorexia Nervosa) risk assessment framework.

Once a week, patients use devices in their home to take their vital signs:

- Blood pressure from a lying and standing position
- Temperature
- Weight

They then answer the following symptom related questions:

- Experiencing light headedness
- Fainting episodes
- Ability to sit up from lying flat
- Ability to stand from a squat position

All the information is collected via the myMobile app on the patient's smart device, and is automatically uploaded to ICP triagemanager, where any breaches of parameters set for individual patients will raise an alert on the system. Clinicians can log in to a secure portal to view a colour coded dashboard which prioritises patients according to the need for intervention. Individual patient's readings can also be viewed over time to monitor their progress, with the standard monitoring period expected to be 26 weeks.



The children we support are extremely vulnerable, and any delay or interruption to the treatment they receive could have serious implications for their recovery. Being able to deploy a solution so rapidly to enable us to continue helping them has been a real relief; it's been amazing just how quickly we've been able to adapt.

**Michele Boyce, Service Lead Nurse, Kernow Health**

# Case study: Connected Health

## Results

The service is still in its early stages, but 32 existing caseload patients deemed to be at high risk have already been referred, and feedback from clinicians involved is very positive. Outcomes are still being measured but are expected to include:

- Reduced hospital admissions
- Early intervention
- Improved self-management
- Increased concordance (with medication)
- Increased wellbeing of patients and families as stress of travel eliminated

“ The use of Digital Health Technology to support patients is a key part of the novel coronavirus (COVID-19) standard operating procedure: Community Health Services. We have been able to use a Quality Improvement approach to introduce, develop and refine the service provided to this specific patient group. Early feedback from clinicians, patients and carers is positive and I hope that we will be able to fully review towards the end of this year this new model of support.

**Vicki Slade, Digital Health Lead, Cornwall Partnership NHS Foundation Trust**

