THE DEFINITIVE BEST PRACTICE RESOURCE FOR IMPROVING CARE AND EFFICIENCY
What is HSJ Solutions?

HSJ Solutions is a unique database of all the shortlisted and winning entries from carefully selected categories within the last three years of the HSJ Awards, HSJ Value Awards, Patient Safety Awards, Nursing Times Awards and Local Government Chronicle Awards. Each award has been rigorously and independently judged by recognised industry experts. The entries have been validated by our editorial team and uploaded into a searchable database. We will launch with over 750 projects and expect to finish 2016 with 1500 projects. We will update the database monthly, with over 50 case studies each time.

What is the vision for HSJ Solutions?

HSJ Solutions is:
- the most frequently updated;
- the largest and most evidence based collection of best practice in the NHS;
- And the place to learn from a wider best practice community working on similar challenges

With HSJ Solutions, you will:
- Save time and money by making informed evidence-based investment decisions
- Optimise your workforce
- Feel confident about rationalising services or changing processes
- Improve patient safety and care by learning from your peers facing the same challenges
- Present your board case with sufficient evidence

A summary of our awards per year:

- 1,500 shortlisted entries
- 581 judges
- 18,500 hours of judging
- 209/239 trusts
- 96/209 CCGs
- 10/10 Shelford Group

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Why our case studies are unique

Our awards are rigorously judged; each year we receive over 3000 entries for our HSJ awards

A sample of judges from our 2016 awards:

- Andrew Foster, Chief Executive, Wrightington, Wigan and Leigh
- Danny Mortimer, Chief Executive, NHS Employers
- Helen Vernon, Chief Executive, NHSLA
- Phillip Confue, Chief Executive, Cornwall Partnership, NHS Foundation Trust
- Helen Young, Director of Nursing and Midwifery, Birmingham Women’s Foundation Trust
- Diane Sarkar, Director of Nursing, Basildon and Thurrock University Hospitals Foundation Trust
- Bronagh Scott, Director of Nursing, NHS England (London)
- Colm Donaghy, Chief Executive, Sussex Partnership Foundation Trust
- Dr Mike Durkin, Director, Patient Safety, NHS England
- Joe Rafferty, Chief Executive, Mersey Care Trust
- Liz Rix, Chief Nurse, University Hospital of North Staffordshire
- Anu Singh, Director of Patient and Public Participation & Insight, NHS England
- Nick Carver, Chief Executive, East and North Hertfordshire NHS Trust
- Karen Lynes, Interim Managing Director, NHS Leadership Academy
- Bob Ricketts, Director of Commissioning Support Services Strategy, NHS England
- Matthew Cripps, National Director, NHS RightCare, NHS England
- Annet Gamell, Chief Clinical Officer, Chiltern CCG
- Ian Bullock, CEO, Royal College of Physicians
- Marie Gabriel, Chair, East London Foundation Trust
- Susan Hamer, Director of Nursing, Learning and Organisational Development, NIHR Clinical Research Network Co-ordinating Centre

Types of organisation in HSJ Solutions:

- AHSN
- CSU
- CCG
- Other
- Trusts

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## CLINICAL SPECIALTY
Accident & Emergency, Cancer, Cardiology, Critical care ITU, Dementia, Ear & nose & throat, Endocrinology, Frail & elderly care, Gastroenterology & liver disease, Gynaecology & women's health, Haematology, Kidney & urology, Learning disability, Mental health, MSK & orthopaedic, Neurology & spinal services, Obesity & diabetes, Paediatrics, Perinatal & obstetric care, Reproductive medicine, Respiratory, Stroke

## IMPROVEMENT FOCUS
7 day services, Access improvement, Admissions avoidance, Care discharge and transfer, Care outcomes, Cost improvement, Demand Management, Interoperability, Medicines optimisation, NICE regulatory compliance, Patient experience, Patient flow, Patient safety, Productivity, Public health (education and illness prevention), Quality of life, Reducing complaints, Staff satisfaction

## SERVICE
Primary care, Secondary care (acute), Specialist (tertiary & quaternary), Community, Elderly care, Elective (scheduled or planned), End of life, Inpatient, In-reach, Long-term conditions management, Non-elective (emergency, unscheduled, unplanned or urgent), Outpatient, Outreach, Remote (telehealth)

## AREAS OF OPERATION
Capital project, Commissioning, Data and analytics, Efficiency, Estates, Health records, Integration, Operations, Patient focused, Staff medical, Staff non-clinical, Staff nursing, Staff other clinical

## NON-CLINICAL SUPPORT SERVICE
Charitable arm, Commercial unit, Communications and engagement, Estates, Facilities management, Finance, Human resources, IT, Legal and regulatory, Medical photography, Procurement, Training & education

## ORGANISATION TYPE
Primary care, Acute Trust, Ambulance Trust, Commissioning, Community provider, Local Authority, Mental Health Trust, Private provider, Social care provider, Specialist (tertiary) Trust, Third sector/charity

## CLINICAL SUPPORT SERVICE
Anaesthesia & pain management, Diagnostics & imaging, Infection control, Pathology, Pharmacy, Technology, Theatres, Therapies

Our case studies are set out in 98 searchable categories

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What key NHS leaders say

“With the HSJ Solutions product you would have confidence that the outcomes had already been through that judging process and was not just a self-elected case study. If I had to choose between the two I would choose the one with more scrutiny.”

Quality, Innovation, Productivity & Prevention Director, Bridgewater Community Healthcare

“There are big risks to us if we don’t share best practice. We want a breath of fresh air, we want to change. There is absolutely a financial cost if we don’t search for best practice – we need this to take our projects to the board.”

Medical Director, Northumbria Healthcare

“It takes a lot of my time to identify and filter through best practice documents when I search on Google. There is an overload of information and you need to delve deeper – it takes time to drill down.”

Head of Research and Innovation, Liverpool Heart & Chest Hospital

Feedback from the market indicates HSJ Solutions is:

- Time-saving
- Convenient
- Clear
- Relevant
- Easy to use
- Useful
- Organised
- Professional
- Comprehensive
- Understanding
- Efficient
- Professional
- Powerful
- Intuitive
- Engaging
- Motivating
- Trustworthy
- Empowering
- Desirable
- Creative
- Consistent
- Effortless
- Reliable
- Innovative
- Responsive
- High quality
- Exciting
- New
- Introducing
- Exciting
- Advanced
- Business-like
- Business-like
- Effortless
- Reliable
- Trustworthy
- Creative
- Desirable
- Empowering
- Motivating
- Engaging
- Professional
- Powerful
- Intuitive
- Easy to use
- Useful
- Organised
- Comprehensive
- Clear
- Relevant
- Convenient
- Time-saving
- Organised
- Professional
- Simple
- Appealing
- Advanced
- Efficient
- Clear
- Relevant
- Convenient
- Time-saving
HSJ has created a powerful search tool to quickly find evidence-based best practice

Community trust introduces remote monitoring to improve home management of heart failure patients while saving money and improving satisfaction rates

PUBLISHED: MAY 2015

Larger scale introduction of remote monitoring for community Heart Failure (HF) patients has resulted in cost savings within the Derbyshire Health Community, excellent patient and staff feedback and the ability to provide excellent care to an increasing number of patients.

In 2012 Derbyshire Community Health Services NHS Foundation Trust (DCCHS) trialed the use of telehealth with a small number of community HF patients and when further funding was identified an extension of this service was implemented. This was to prove the local case for remote monitoring, which was gaining increasing traction within the national healthcare strategy, and to meet the increasing demands on the service without substantial increase in staffing. In 2013 a tender process was undertaken to provide telehealth devices and associated peripherals to patients registered on the Heart Failure Specialist Nurse (HFSN) service. The successful tendering process involved both clinical and patient selection in the choice of the supplier and was robustly managed by the HFSN service.

The benefits expected from the implementation included:

- Early identification of exacerbations leading to early intervention and a decreased need for unplanned admission to acute beds
- Decreased length of stay in acute beds
- Promotion of independence and confidence of patients living at home with HF
- Increased capacity within the HFSN service to support expanding caseloads

The service went live in Autumn 2013 and an evaluation was undertaken in Summer 2014. Clinical parameters and a monitoring profile were configured for each individual patient with the standard monitoring profile consisting of daily monitoring of a patient’s weight, blood pressure and pulse rate and the twice-weekly inclusion of a questionnaire specifically designed to assess the patient’s condition in relation to their HF. All resulting alerts were monitored by Heart Failure Nurses (HFNs) five days a week and were triaged and actioned according to the agreed Alert Pathways.

Data was gathered from the Telehealth system and from the Secondary Uses Service (SUS) for each patient for the period of Telehealth use and for the corresponding length of time before Telehealth use. This was for a maximum period of six months before and during Telehealth use. Inpatient activity was measured using the HF associated C10 codes outlined in the 2012 National HF audit. All data was then pseudonymised prior to analysis.

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