



# What does it take to care Heart Failure patients at home?

Joint event organised by [NWE-Chance](#) and [Passion HF](#)

**2 March 2022 (09:00 – 12:45 CET)**

**Room: tbd**

09.00	<p><b>Welcome</b> from NWE-CHANCE and Passion HF leads  <i>Astrid van der Velde (NWE-Chance coordinator - Isala Heart Centre)</i>  <i>Dr Hans-Peter Brunner la Rocca (Passion-HF coordinator – MUMC+)</i></p>
09:15	<p><b>Setting the scene: Heart Failure and Care at Home</b>          Keynote speech: <i>Dr Hans-Peter Brunner la Rocca (MUMC+)</i>          Panel on the challenges faced to care patients at home</p>
10:00	<p><b>Break</b></p>
10:30	<p><b>NWE-Chance Video + Passion HF videos</b></p>
10:35	<p><b>The Supply side</b>          - The NWE-Chance Hospitalisation@Home Platform on its openness to third party  <i>Daniel Knoppel (HC@Home)</i>          - DoctorME, Caring Together 24/7 (Passion HF)  <i>Kay van der Mierden (Sananet)</i>          Q&amp;A</p>
11:15	<p><b>The Demand side</b>          - The NWE-Chance clinical and organisational feasibility study  <i>Dr Martijn Scherrenberg (Jessa hospital)</i>          - Self-care and eHealth from Passion HF  <i>Dr Hesam Amin (MUMC+)</i>          Panel on implementation recommendations</p>
12:00	<p><b>What's next</b>          - Hospitalisation@Home Innovation Hub  <i>Janette Hughes (DHI)</i>          - DoctorME 2.0 (from Passion HF)  <i>Hans-Peter Brunner la Rocca (MUMC+)</i>          Panel on accelerating digital innovation in healthcare</p>
12:30	<p><b>Closing remarks</b>  <i>Astrid van der Velde (NWE-Chance coordinator - Isala Heart Centre)</i>  <i>Dr Hans-Peter Brunner la Rocca (Passion-HF coordinator – MUMC+)</i></p>
12:45	<p><b>Lunch</b></p>



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# NWE-Chance

## Development and validation of promising integrated eHealth applications combined with nanotechnology for hospitalisation of heart failure patients at home

### Background: Hospitalisation@home: Why?

Ideas about and use of hybrid models of care (combining virtual and face2face care delivery) are emerging in 2021 because of the intensive use of digital health during the series of COVID-19 pandemic lockdowns. During 2020-21, patients and health and care professionals have been exposed to new ways of interacting with each other. As a consequence, the delivery of care is being transformed, combining traditional care with new ways of working and receiving care.

The project NWE-Chance ([www.nweurope.eu/nwe-chance](http://www.nweurope.eu/nwe-chance)) has investigated how different digital health devices can be integrated in a single platform. After the necessary development, the project has tested the platform in a feasibility study where patients who are recovering from heart failure have been admitted at home. Needless to say that this is becoming even more important since, in this time of COVID, being hospitalised safely at home is often more attractive than being admitted to hospital.

Of course, the safety and quality of the patient's treatment need to be maintained at least at the same level at home as in the hospital. This is where the technology – and the integrated platform being developed in NWE-Chance – comes into play and supports nurses daily job.

Furthermore, experience at the Isala Heart Centre Zwolle (Netherlands) ([www.isala.nl](http://www.isala.nl)) demonstrates that being hospitalised at home is also a beneficial experience for vulnerable patients. When patients are hospitalised at home, Isala has indeed noticed reductions in the risk of hospital-acquired infections, delirium, and accidents from falls. It has even observed that hospitalisation at home stimulates patients to be more active.

The NWE-Chance project is coming to an end soon (i.e. in May 2022) and is therefore in position to share the results of its feasibility, the lessons learned and its plans for promoting hospitalisation@home further.

### What is in it for you?

With its half-day event hosted in AgeingFit 2022, NWE-Chance will offer its conclusions and lessons learned to

- **Hospital managers** to learn about how to adapt the organisation and what kind of impact can be expected in terms of health outcomes and resource use
- **Users, i.e. health professionals, patients and their informal carers**, to learn about how the NWE-Chance users have perceived the benefits and drawbacks of hospitalisation@home with the integrated platform
- **Technology providers** to learn about how the Home Hospitalisation Platform (HHP) has integrated the solutions three technology providers and how it can do more.



# Interreg North-West Europe NWE-Chance

European Regional Development Fund

## Partners



# Passion HF

## Patient self-care using eHealth In chronic Heart Failure

In 2007, digital monitoring of patients with heart failure has been introduced in care at the Maastricht University Medical Centre. It has been shown earlier that e-Health increases heart failure specific knowledge and self-care, and that hospitalisations could be reduced.

Following patients with heart failure at distance has increased during the last decade, and the COVID pandemic even caused a dramatically increase. Most important focus of e-Health is to increase patients' independency and quality of life, in the meantime decreasing the workload of professionals, increasing quality of care and lower health care costs. This may sound controversial, but it is known that patients supported by a digital system experience this as personal support and safe feelings. However in daily practice, e-Health did not effectively decrease the workload of professionals, neither did it lower the costs. This may be related to the fact that patient involvement in the care process still remains limited and that a more sophisticated e-Health system is required to further improve patients and professionals experience against lower costs.

The project Passion-HF (<https://www.nweurope.eu/passion-hf>) has developed a platform where information about the patients current condition, treatment and medical history is gathered. The patient information is gathered directly from the patient, using an application, whereas information about treatment and medical history comes from the patients' hospital registry. This information is judged by the system DoctorME which subsequently proposes the optimal treatment based on algorithms that follow the guidelines of the European Society of Cardiology (ESC) and on artificial intelligence. To validate the system, clinical partners evaluate DoctorME's medical advice. As patient experiences and involvement are very important, information about user friendliness and satisfaction are collected.

The main part of the Passion-HF project is completed by June 2022, but capitalisation is continuing until end of 2023. We therefore would like to share the results and the lessons learned of the development of the current version of DoctorME .

### What is in it for you?

With its half-day event hosted in AgeingFit 2022, Passion-HF will present its conclusions and lessons learned to

- **Hospital managers** to learn about the changed role of medical professionals in outpatient care and about the impact of digital care on the organisation of heart failure care
- **Users, i.e. health professionals, patients and their informal carers**, to learn about the complexity of developing e-health systems, how digital care may result in a paradigm change in chronic care where patients self-care is central
- **Technology providers** to learn about how artificial intelligence and sophisticated algorithms may enable patient self-care including self-prescription of medication may change future care.