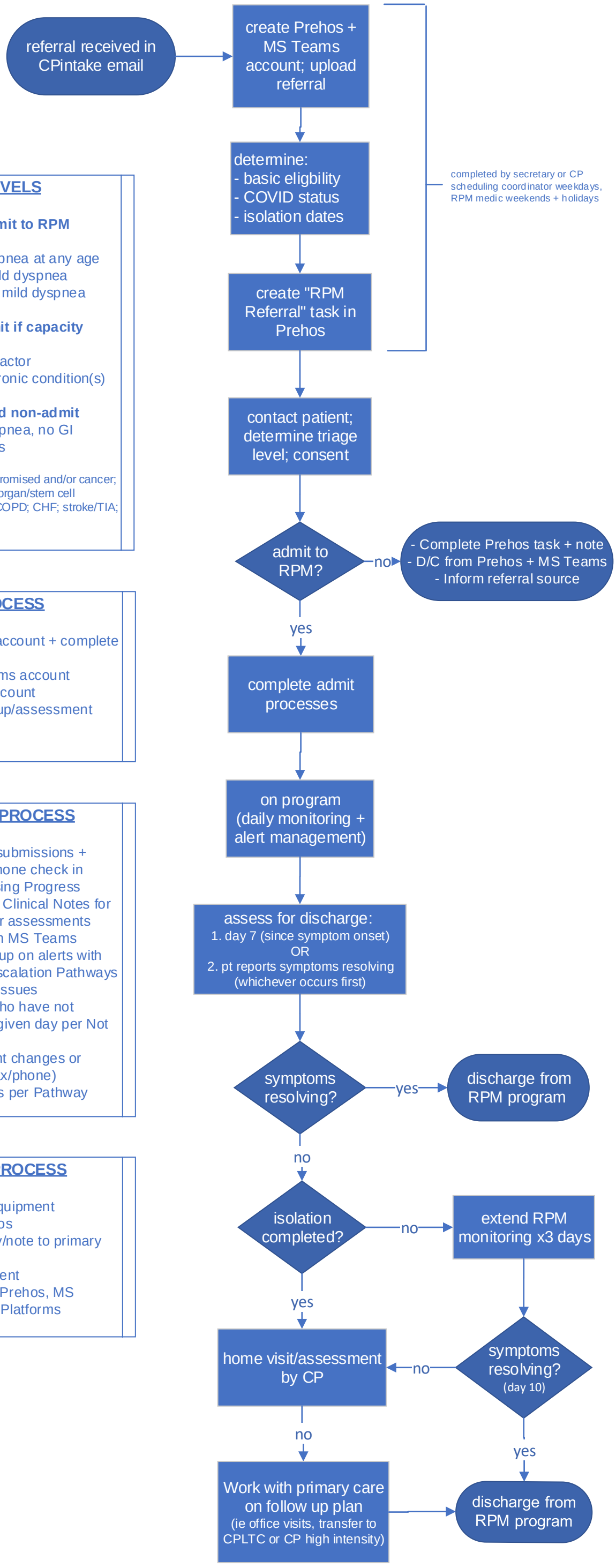
COVID-19 REMOTE PATIENT MONITORING (RPM) PATHWAY



TRIAGE LEVELS

HIGH RISK - priority admit to RPM
* >65yrs
* moderate to severe dyspnea at any age
* <65 + risk factor(s) + mild dyspnea
* immunocompromised + mild dyspnea

MODERATE RISK - admit if capacity
* <65 + mild dyspnea
* <65 + more than 1 risk factor
* 2-18 mild dyspnea + chronic condition(s)

LOW RISK - educate and non-admit
* <65, vaccinated, no dyspnea, no GI symptoms, 0-1 risk factors

RISK FACTORS: immunocompromised and/or cancer; dementia/neurologic condition; organ/stem cell transplant; smoking; diabetes; COPD; CHF; stroke/TIA; CKD; obeisity; pregnancy

ADMIT PROCESS

1. create/update prehos account + complete referral task
2. create/update MS Teams account
3. create FutureHealth account
4. complete in-home set up/assessment
5. clinical note in Prehos

ON PROGRAM PROCESS

1. daily review of patient submissions + minimum once per day phone check in
2. document in Prehos using Progress Notes for routine info and Clinical Notes for significant events/alerts or assessments
3. log patient visits/calls in MS Teams
4. manage alerts - follow up on alerts with patient per established Escalation Pathways
5. troubleshoot technical issues
6. follow up on patients who have not submitted values on any given day per Not Seen Not Found policy
7. communicate significant changes or events to primary care (fax/phone)
8. assess for discharge as per Pathway

DISCHARGE PROCESS

1. pick up and disinfect equipment
2. discharge note in Prehos
3. fax discharge summary/note to primary care
4. send survey link to patient
5. discharge patient from Prehos, MS Teams and FutureHealth Platforms

BASIC ELIGIBILITY

1. within geographic area
2. age >2 years
3. COVID positive
4. can manage technology

COVID STATUS

positive (PCR or RAT)
pending (PCR or RAT in progress)
presumed (symptoms, not tested)

****pending and presumed - notify referral source that patient must have positive test to be on program - advise to re-refer if test is positive**

ISOLATION DATES

5 days + improving x24h/48h for GI: >12 yrs and fully vaccinated *or* <12 yrs regardless of vaccination status

10 days: >12 yrs partially or unvaccinated *or* any immuno-compromised person regardless of age or vaccination status

day 0 = symptom onset or positive test (PCR or RAT) - whichever came first

MEDICAL OVERSIGHT

2-17 yrs - contact Medical Director (Prpic) for initial approval and ongoing management

18-64 yrs - contact on call for Prpic/ Gibb/Symington group

65+ yrs* contact on call for Clarke/ Chau/Sheridan group
*OTN no longer required on admission

ESCALATION PATHWAYS

911 response: medically unstable, requires emergent care and transport
MOP consult: change in patient condition which requires medical advice
OTN consult: upon MOP request for assess and advice
JIT visit: acute change in condition (not requiring 911 response, potential for intervention, and/or to assess prior to MOP involvement)
Home Visit: as per pathway (ie not improving, discharge planning); equipment failure; sub acute change in condition
Phone Consult with patient: alert management, change in condition
Paramedic Referral: to external agency for identified unmet needs
Primary Care Referral: Low acuity, out of CP or RPM program scope
ACP CP: assist with point of care labs or urinalysis testing as ordered by MOP

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