



COVID OXIMETRY @HOME AND COVID VIRTUAL WARD REMOTE MONITORING SERVICE

Stakeholders from across BaNES, Swindon and Wiltshire have been working together to deliver a COVID Virtual Ward (CVW) in line with national guidance. The CVW is now available and is being delivered alongside the COVID Oximetry @home service.

- The service operates 08:00—20:00hrs, 7 days a week
- It is staffed by senior clinicians: Advanced Clinical Practitioners and GPs
- Referrals into the service - call **0300 111 2519**
- **Prior to discharge**, patients **must be** given an Information Pack containing a pulse oximeter, information leaflet and diary
- Once the referral is received by the CO@h / CVW service, patients can expect a call within 2-3 hours from a clinician to onboard them and talk through the process - how to submit oximetry readings every day, what to do if symptoms get worse, etc.
- Patients will usually remain with the service for 14 days
- On discharge, the pulse oximeter will be collected from the patient's home

Referrals can be made from hospital clinicians into either of these complementary services. Key differences between the pathways are:

	COVID Oximetry @home	COVID Virtual Ward
WHERE	Primary care supervised	Hospital supervised
WHO	Lower acuity / complexity	Higher acuity / complexity
WHEN	Community diagnosed patients	Emergency hospital patients
AIMS	Safe admission avoidance and self escalation	Early supported hospital discharge and safe admission avoidance
HOW	Patient self-monitoring / escalation; Earlier deterioration presentation	Monitored service Reliable deterioration recognition
WHAT	Supportive treatments	+/- Dexamethasone, LMWH, O2 (TBC)

COVID Oximetry @home (CO@h)

The BSW CO@h service provides enhanced monitoring (symptoms and oxygen saturations) for patients with suspected or confirmed COVID-19 who are at risk of future deterioration, but are not unwell enough to need immediate hospital admission.

Referral Criteria - this service is for people who are:

- Diagnosed with COVID-19: either clinically or positive test result **AND**
- Symptomatic **AND EITHER**
- Aged 50 years or older **OR**
- Under 50 years and clinically extremely vulnerable to COVID

The Clinically Extremely Vulnerable to COVID list should be used as the primary guide.

Clinical judgement MUST apply and take into account multiple additional COVID risk factors; it is anticipated that this will already have led to inclusion on the Clinically Extremely Vulnerable list, **BUT** also consider individuals with a learning disability, those from a BAME background, for example.

COVID Virtual Ward (CVW)

The BSW CVW will accept patients with a primary diagnosis of COVID-19 who have an improving clinical trajectory and have had no fever for 48 hours consecutively (without medication to reduce fever).

Referral Criteria - subject to completion of a satisfactory exercise test, and where clinically appropriate:

- Patients with saturations of 95-100% and low NEWS2 (< 3) and improving clinical trajectories
- Patients with saturations of 93-94% with improving clinical trajectories (symptoms, signs, blood results, CXRs), function can also be considered
- Patients with **oxygen saturations of 92% or lower** or experiencing **moderate/severe shortness of breath** are generally unsuitable for early supported discharge, unless the patient is stable and this is their usual baseline saturation.

Clinical Governance

The Royal United Hospitals, Bath, Great Western Hospitals, Swindon and Salisbury District Hospital along with the service provider, Medvivo, have signed up to a 'Clinical Risk Sharing Agreement' which describes how clinical governance responsibilities work across the pathway. Each hospital will provide a point of escalation through its Acute Medical On Call Team for CVW patients it has discharged, and there will be a weekly virtual ward round supported by a named clinical lead from each hospital.

Neither the CO@h or CVW service is available to those under 18 years of age.