

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 08:30 - 20:30hrs, 7 days a week
- It is staffed by senior clinicians: Advanced Clinical Practitioners & GPs.
- Referrals into the service: call **0300 111 2519** or via the NHS Digital List.
- **Prior to onboarding**, patients **must be** given an Information Pack containing a pulse oximeter, information leaflet & diary.
- **Discharge summaries from hospital** should be emailed to mg.discharge.cvw@nhs.net
- Once the referral is received by the CO@h/CVW service, patients on the standard monitoring pathway can expect a call within 2-3 hours from a clinician to onboard them & talk through the process, how to submit oximetry readings every day, what to do if symptoms get worse.
- Patients on the CO@h 'lite' pathway will receive an Information Pack and pulse oximeter. They will be advised to call 111 or 999 as appropriate if saturations drop or they become unwell.
- Patients will usually remain with the service for 14 days from onset of symptoms.

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

	COVID Oximetry @home (standard and CO@h 'lite' pathway)	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.

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..

Patients will be assessed according to the following criteria to decide whether a **standard** or **CO@h 'lite'** pathway is appropriate:

Standard pathway

- Diagnosed with COVID-19: either clinically or positive test result **AND**
- Symptomatic **AND EITHER**
- Aged 18 years or older with no vaccinations, 1 vaccination or the second vaccination in the last 14 days **OR**
- Under 40 years and clinically extremely vulnerable to COVID (subject to Clinical Lead assessment)
- **Not** double-vaccinated
- Double-vaccinated (<14 days post)

CO@h 'lite' pathway

- Diagnosed with COVID-19: either clinically or positive test result **AND**
 - Symptomatic **AND**
 - Aged 65+ years, double vaccinated (14 days post) & not clinically extremely vulnerable (CEV)
- NB:** Patients aged 40-65, double vaccinated & not CEV are referred to own GPs for follow up as required.

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 & 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.

