

COVID-19 Community Care Pathways – Western Health Catchment



COVID - 19

Be Safe -- Be Smart -- Be Kind

COVID-19 Community Care Pathways- Western Health Catchment

Purpose of the Services

COVID-19+ care pathways have been created in the Western Health Catchment to ensure that all people with a COVID-19+ diagnosis, undertaking isolation in their home, are provided with the health and social services they need. The care pathways are provided by Community Health and Hospital agencies, General Practitioners and the North-Western Primary Healthcare Network working in partnership.

With consent, every person with a COVID-19 diagnosis is assessed and then linked to services that provide two key functions:

- Guidance regarding isolation and infection prevention and support to adhere to isolation requirements
- Symptom monitoring and activation of escalation pathways in response to deterioration

Enrolment

See **Appendix 1** for an overview of the model.

Enrolment is automatic. Cohealth, the coordinating agency, is notified by the Department of Health (DH) of all COVID-19+ cases residing in the catchment, irrespective of testing site. This data includes staff of local health services who reside within the catchment. Staff can consent to be linked to a care pathway in addition to usual health service support.

Please note that patients admitted to hospital will not automatically be linked to a monitoring service post-discharge. See **Appendix 3** for details on how to refer.

Assessment and public health education

Cohealth staff conduct an initial, telephone-based assessment. This includes public health education, clinical risk stratification and the identification and management of social and welfare needs including food, accommodation and medication management. Please note that staff accommodation requirements will continue to be managed by WH Hotels for Heroes Program.

SYMPTOM MONITORING

With consent, cohealth refer to symptom monitoring services based on the risk of severe COVID-19+ illness as per the DH 'at risk groups' definition. See **Appendix 2**.

- Low risk** telehealth monitoring by General Practitioner
Medium risk telehealth monitoring by the relevant acute health service (see table below)
High risk inpatient services

Low risk symptom monitoring services in the Western Catchment

Cohealth refer low risk patients to their GP for monitoring. People without a GP are linked to one within the catchment who has volunteered to monitor COVID-19+ patients. Medicare ineligible patients are cared for by a cohealth GP.

Medium risk symptom monitoring services in the Western Catchment

Medium risk services provide monitoring via telephone or video consultation to people at risk of severe COVID-19 illness based on age, comorbidities and other risk factors. Patients are contacted daily or as clinically indicated. The vital signs of higher risk patients may be monitored via Hospital in the Home. See **Appendix 3** for service listings and contact details. Referral distribution is based on postcode.

Western Health provides medium risk services via Hospital in the Home. See **Appendix 3 for contact details**. Monitoring services are provided in accordance with the medium risk group review schedule. See **Appendix 4**

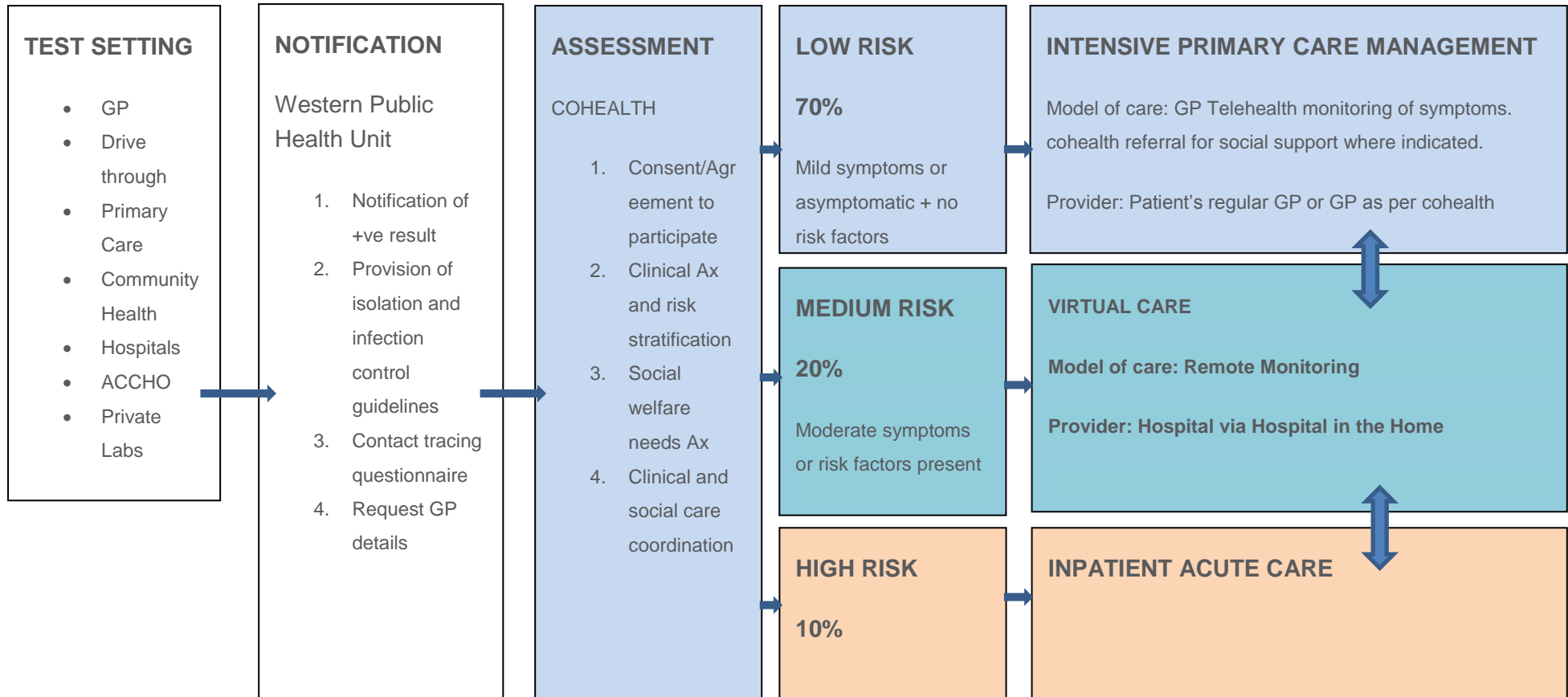
High risk symptom monitoring services in the Western Catchment

Inpatient services are considered high risk services.

Escalation and De-escalation

Patients may be escalated or de-escalated between low, medium and high services according to symptom deterioration or improvement. Emergency Department staff or General Practitioners can escalate patients to medium or high risk service if patients develop symptoms of concern. See **Appendix 5** for escalation protocols and **Appendix 3 for referral instructions**.

APPENDIX ONE – COVID-19+ Community Care Pathway MODEL



APPENDIX TWO – OVERVIEW OF CLINICAL RISK STRATIFICATION Developed by Royal Melbourne Hospital and cohealth		Risk Category			
		Low	Medium – Clinically well	Medium – Unwell	High
Conditions		Requires Age, Symptoms & Social all to be met.	Only one of Age, Comorbidity or ‘Unwell’ symptoms need to be met. Differentiated by symptoms		Requires Symptoms and/or social only
Determinants	Age	<60	>60		Any
	Symptom	Asymptomatic or mild symptoms	Asymptomatic or mild symptoms	New shortness of breath on exertion. Persistent or productive cough. Significant Systemic symptoms.	Shortness of breath at rest. Chest Pain. Syncope. Clinical concern
	Comorbidities	Controlled hypertension. Well controlled diabetes. Obesity (>BMI 35). Active smoker (<15cpd). Ex-smoker	Poorly controlled hypertension. Cardiovascular disease (except controlled hypertension). Respiratory disease (COPD, asthma and bronchiectasis). Poorly controlled diabetes. Immunocompromised (chemotherapy, steroids or immunosuppressants). Malignancy. Chronic kidney or liver disease. Active smoker (>15cpd).		Any
	Social	No barrier to home isolation	No barrier to home isolation		Barrier to home iso
Plan		Primary Care	Hospital –led Virtual Care		Inpatient Care

APPENDIX THREE MEDIUM RISK COVID-19+ SERVICES, WESTERN HEALTH CATCHMENT

TABLE 1. MEDIUM RISK COVID-19+ SERVICES				
	Eligibility	Service	Referral	Hours
Western health				
Hospital in the Home	At risk of severe COVID-19 illness	In-person initial consultation. Vitals monitoring daily. Telephone consultation daily.	VIA HITH CONSULTANT ONLY Call switch 8345 6666 and ask for HITH Consultant	7 days 0800-1530
Djerriwarrh Health Service				
Hospital in the Home	At risk of severe COVID-19 illness (vitals monitoring provided)	Vitals monitoring daily. Telephone/video consultation daily	HITH@djhs.org.au 5367 9667 0429 025 511	7 days 0830 to 1530
Mercy Health				
COVID-19 Monitoring	At risk of severe COVID-19 illness		0408-462-284	7 days 1000 to 1800
Royal Melbourne Hospital				
Virtual ward	At risk of severe COVID-19 illness (mild symptoms)	Telehealth consultation second/third daily	MH-COVIDVirtualward@mh.org.au Or 0427-933-975	7 days 0800 to 1800
RMH@Home	At risk of severe COVID-19 illness (moderate symptoms) (vitals monitoring provided)	In-person initial consultation. Vitals monitoring daily. Telephone consultation daily		

cohealth – ASSESSMENT AND SOCIAL SUPPORT SERVICE ONLY





COVID-19 Assessment Service			covidcare.assessment@cohealth.org.au 94485551	7 days 0900 to 1700
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APPENDIX FOUR: WESTERN HEALTH MEDIUM RISK GROUP REVIEW SCHEDULE

		Review Frequency and Delivery							
Care Pathway	Program	Days* 1-4	Personnel	Medium	Equipment	Days* 5-14 (or until de-isolated)	Personnel	Medium	Equipment
Medium – clinically well Telehealth	HITH	Second daily calls + daily online symptom monitoring (if pt able)	HITH Nursing	Telehealth + redcap online symptom monitoring	Nil	Daily x days 5 to 10 and then PRN. Daily online symptom monitoring	HITH Nursing with escalation to Medical	Telehealth + redcap symptom monitoring	Nil
Medium – clinically unwell Telehealth + vitals monitoring	HITH	Daily	HITH Nursing and Medical	Telehealth + visits as required	Pulse oximeter	Daily	HITH Nursing and Medical	Telehealth + visits as required	Pulse oximeter
HIGH RISK	Inpatient								

*days since symptom onset, or since date of test if asymptomatic REF: Metro North (Qld) COVID-19 Virtual Ward- Model of Care, 11 June 2020. Discussions with RMH clinicians Prof Ben Cowie, Dr George Braitberg, Dr Martin Dutch and cohealth GP – Dr Nicole Allard, WH Dr Paul Eleftheriou.

APPENDIX FIVE ESCALATION AND DE-ESCALATION FROM MEDIUM RISK (Adapted from Royal Melbourne Hospital Pathway)

CHANGE		Criteria		
		Observations (if available)	Symptoms	Action
	Transfer to ED	If monitored by HITH – escalate to HITH Physician if - Persistent desaturation 88-90%RA Persistent RR 25-26 Persistent HR 115-120	SOB – unable to speak full sentences or family describing cyanosis Chest pain Nil fluids for >24 hours Severe headache (thunderclap headache or new neurological symptoms) New confusion	Call ambulance or refer to ED. Refer to AO. HITH – patient assessed well enough for direct admission – HITH facilitate via WH Access Manager and Ambulance Victoria
	Upgrade risk category and handover to HITH	NA	Developed exertional SOB Development of moderate symptoms	RAC Doctor to refer to HITH
	Continue Current	Stable	Stable	Nil
	Discharge	See WH Microsite De-isolation process for suspected COVID-19 patients. Only an authorised officer can provide clearance for de-isolation https://coronavirus.wh.org.au/clinical-guidelines/covid-19-patient-management/		Discharge to GP if post COVID-19 follow-up is required

