

Home Health Monitoring for COVID-19

What's Happening?

- Effective Wednesday, April 22nd, Fraser Health is launching a Home Health Monitoring service for patients who are, or who are suspected to be COVID-19 positive.
- Inclusion criteria: COVID-19 positive patients; suspected COVID-19 patients, including those who tested negative for COVID-19 but are clinically suspected to have the infection, or those awaiting results and exhibit respiratory symptoms and risk factors – including the elderly, obese, immune compromised, and those with chronic disease and frailty; patients living in assisted or independent living; patients requiring additional daily monitoring.
- Patients will be enrolled in the service:
 - Through physician referral due to respiratory symptoms/their high risk to COVID-19
 - From discharge following hospitalization from COVID-19 illness, or discharge from the Virtual Hospital (in-progress at the Jim Pattison Outpatient Centre for patients requiring intensive daily monitoring by intensivist physicians. Contact virtualhospital@fraserhealth.ca for more information)
- Patients must also have an email address and a smart phone, tablet or computer they are able to use on a daily basis.

What is the process?

- Physicians can refer to the service through their usual process to Home Health or Community Respiratory Services (CRS). CRS will monitor patients who have home oxygen.
- Physicians will receive a fax when their patient is enrolled in the Home Health Monitoring service.
- Once enrolled, patients answer a daily COVID-19 questionnaire through an application on their phone or tablet that is monitored centrally by public health, community respiratory services and/or home health nurses.
- Patients with worsening symptoms will be flagged as an 'orange' or 'red' alert in the program's system and the monitoring nurse/respiratory therapist will urgently refer the patient to a community health nurse (CHN) and/or their GP MRP.
- The monitoring CHN will contact the patient's GP MRP to develop a care plan.
- If a patient's symptoms do **not** worsen, monitoring will continue until the patient is symptom-free and has completed the isolation period.
- Any patient requiring on-going care following the isolation period or after 14 days (whichever is longer), will be referred to Home Health and their GP MRP for follow-up care planning.

What do I need to do?

- **Acute Care and ER Physicians** – refer to Home Health Monitoring at time of discharge home for COVID-19 positive or suspected COVID-19 patients, through usual Home Health or CRS processes.
- **Community GPs** – refer to local Home Health office by fax/phone and speak to a community health nurse OR fax referral to Home Health Service Line and request Home Health Monitoring for COVID-19 patients.
- **Community virtual clinic and Designated Assessment Centres** – refer to local Home Health office by phone and speak to a community health nurse OR fax a referral to the Home Health Service Line and request Home Health Monitoring for COVID-19 patients.

Questions or comments?

- Contact Dr. Grace Park, Regional Medical Director Home Health, grace.park@fraserhealth.ca, Cheryl Beach, Executive Director, cheryl.beach@fraserhealth.ca or Cheney Cloke, Director, cheney.cloke@fraserhealth.ca