COVIDCare@Home

COVIDCare@Home

COVIDCare@Home

- CC@H provides remote monitoring to support community-based patients with COVID-19
- Since April 2020, the program has cared for over 1,400 patients spanning more than 7,500 visits
- In response to Wave 2, CC@H established a partnership with the Central East Region to accept overflow patients from the Scarborough Assessment Centres
- In response to Wave 3, CC@H built new referral pathways with Mount Sinai and started accepting
  - Recently discharged patients who require home Oxygen supports
  - Recently discharged obstetrical patients

WCHH
WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED

Sinai Health

Family & Community Medicine
UNIVERSITY OF TORONTO

C@H
COVIDCare@Home

COVIDCare@Home Team

- 17 Primary Care Physicians
- 4 Nurse Practitioners
- 6 Register Nurses/Registered Practical Nurses
- 3 Mental Health/Social Support Workers
- 1 Physiotherapist
- 1 Pharmacist
- 4 Medical Secretaries

- 24/7 on-call support from Respirology and the AACU

C@H
COVIDCare@Home

1 Community-Wide Referrals

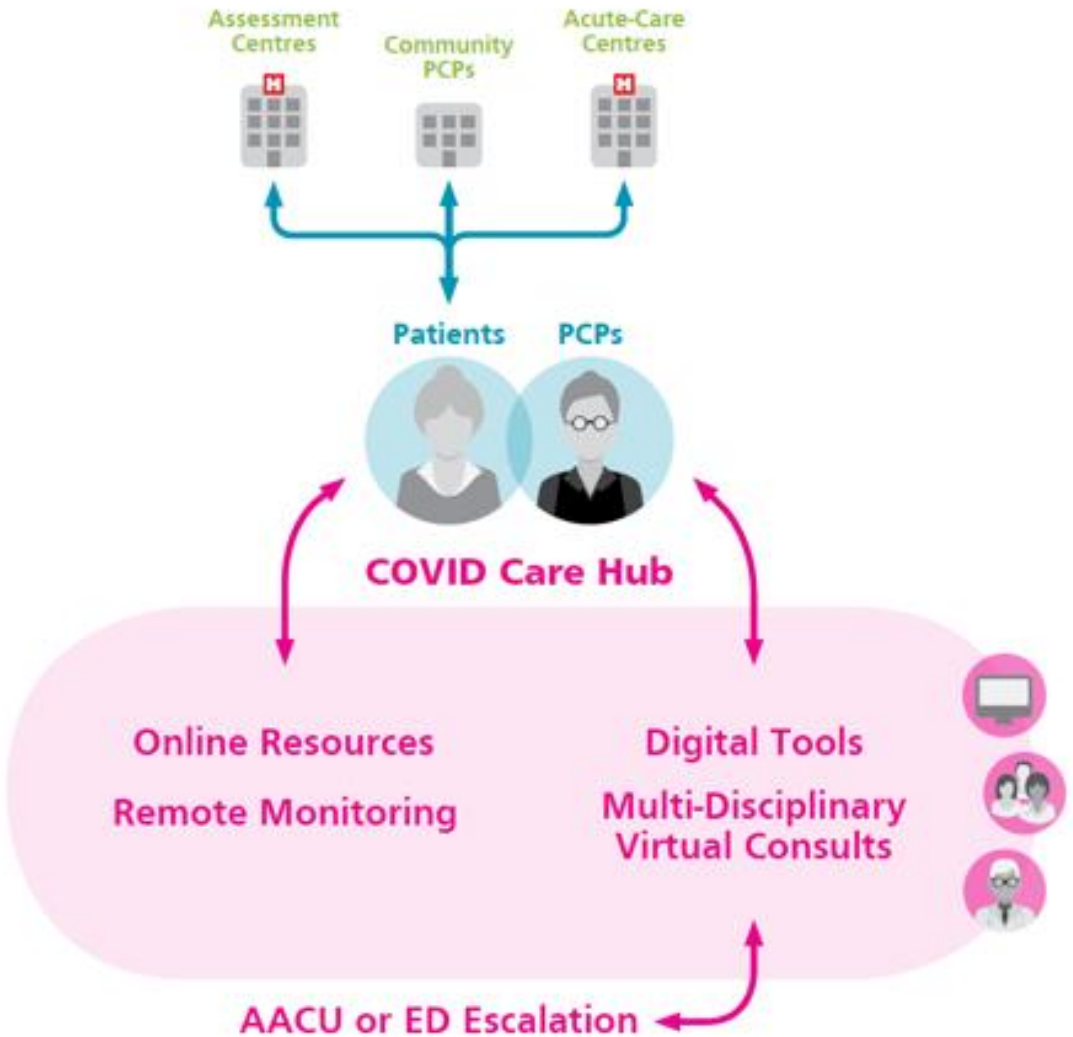
Intake to the program will come from assessment centres, PCPs in the community, the SCOPE program, and ED/acute-care discharges.

2 Supporting Patients & PCPs

The program provides support to both patients (swab positive and presumed) and their primary care provider.

3 COVID Care Hub

The Hub at WCH provides access to virtual consults with a multi-disciplinary team (GIM, SW, mental health, nursing, pharmacology, and other sub-specialties), remote monitoring support, and digital tools through *covidcareathome.ca*



COVIDCare@Home

Clinical Assessment & Virtual Management

Clinical Assessment

- **Initial intake by video or phone**
  - Current symptoms including vitals (if available)
  - Barriers to maintaining quarantine (housing, food, finances etc.)
  - Mental health
- **Risk-stratified patients**
  - Age, comorbidities symptoms, vitals, social complexities
- **Pulse oximeter sent for certain patients**
  - Older age, comorbid illness (asthma, COPD, diabetes and hypertension) and current respiratory symptoms

Virtual Management

- **Symptom management**
  - Acetaminophen and/or Ibuprofen
  - Inhalers for those with respiratory conditions
- **Supportive Counselling**
- **Social Support**
  - Food
  - Self Isolating
  - Friends/family
- **Connection to PCP**
- **Follow-up based on severity of illness/risk**
- **Escalation to ED or AACU if worsening condition or concern for decompensation**

C@H
COVIDCare@Home

Patient Insights

After being on hold for 5 hours with public health, they didn't even ask me if I was exposed, or have pre-existing respiratory issues. It felt like they didn't believe me.

They gave me numbers for the residents on call. That made me feel more reassured and I knew that I was never alone. Even though I was self isolating, I wasn't alone in this.

Public health said I would get tracked by a nurse daily. She called me once and then stopped, because I wasn't in the first 4-5 days anymore.

I don't know how to word this, but it was great customer service. I feel like I should leave a positive comment card somewhere. I had a really great experience considering how ill I got!

They got me an oxygen probe fast and updated my inhaler. I was surprised that they didn't delegate any of the care. They actually took action and I loved that!

The team set me up with a social worker who connected me to a permanent family doctor, which is part of why I'm raving about the program!

C@H
COVIDCare@Home

Thank you and Questions

CovidCareathome.ca

COVIDCare@Home