SESLHD PROCEDURE COVER SHEET

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EXECUTIVE SPONSOR	Executive Director Operations
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POSITION RESPONSIBLE FOR THE DOCUMENT	CMC Service Manager SESLHD-COVID-CMC@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Clinical Governance Clinical Access Medicine
KEY TERMS	CMC – Community Management Centre Remote monitoring Acute Respiratory Illness
SUMMARY	The document outlines the process, roles and responsibilities of the SESLHD Community Management Centre (CMC) in the remote monitoring of patients in the community with acute respiratory illness.

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Feedback about this document can be sent to SESLHD-Policy@health.nsw.gov.au

1. POLICY STATEMENT

This document is a procedural guide to the South Eastern Sydney Local Health District (SESLHD) process for the management of patients with acute respiratory illness that are clinically safe to be managed in the community.

2. BACKGROUND

People with an acute respiratory illness may be managed safely in the community. Respiratory viruses cause mild to moderate illness in most people. However, some people will experience moderate or severe disease. Older people and those with underlying diseases or medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease and cancer) are more likely to develop serious illness that may require special care and treatment. With appropriate governing processes to support, many of these patients can be effectively monitored in the community and diverted from hospital facilities.

Minimising the risk of transmission of respiratory viruses within health care facilities (HCFs) protects patients, visitors and staff and is a priority for healthcare workers. Effective remote monitoring of patients in the community will reduce the risk of transmission within HCFs.

All patients that are remotely monitored will receive a finger pulse oximeter. The CMC will function as a nurse-led monitoring service responsible for onboarding, completing welfare checks and clinical assessments and escalation of clinical deterioration to the appropriate clinical team within defined time frame. Patients will be discharged from the service when they feel well and have had no escalation of care within 48 hours.

Service outcomes

- Home monitoring of patients with acute respiratory illness that may require follow-up
- Reduced unnecessary ED presentation of patients with acute respiratory illnesses
- Reduced length of stay for patients with an acute respiratory illness.

2.1 Definitions

Term	Definition
App	Smartphone Application
CAU	Community Assessment Unit
CHOC	Community health and outpatient care program (electronic medical record system)
COVID-19	Coronavirus disease 2019. The name of the disease caused by the virusSARS-CoV-2.
CMC	Community Management Centre
ED	Emergency Department

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Term	Definition
eMR	Electronic Medical Record
GP	General Practitioner
HITH	Hospital in the Home
ID	Infectious Diseases
IPM	Inpatient manager
ISBAR	Clinical Handover: Introduction, Situation, Background, Assessment and Recommendation.
Kiola	Electronic Data Capture system used to collate self-reported patient measurements and assessments
MyVC	My Virtual care telehealth platform for audio-visual connection with clients
NM	Nurse Manager
PCR	Polymerase chain reaction diagnostic test
PFP	Patient Flow Portal
POW	Prince of Wales Hospital, Randwick
RCCP	Respiratory coordinated care program
RPM	Remote patient monitoring
SESLHD	South Eastern Sydney Local Health District
Service Event form	Electronic form in CHOC for capturing of non-admitted patient activity to becompleted by clinician
SGH	St George Hospital, Kogarah
SpO2	Peripheral oxygen saturation
SSEH	Sydney/Sydney Eye Hospital
TSH	The Sutherland Hospital, Sutherland

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3. RESPONSIBILITIES

Role	Responsibilities
Referrers	• Identify patients meeting inclusion criteria and refer to SESLHD CMC
SESLHD CMC NM	• Operational & clinical governance of CMC service • Complete of quality assurance audits to ensure admissions, progress, escalation and discharge reviews completed by clinical care team members are correct
SESLHD CMC Clinical Care Team	• Conduct systematic telehealth clinical assessment in response to Yellow or Red alerts as per the Clinical Alert Criteria. • Escalation of clinical concern to appropriate clinician as per the Clinical Response Flow Chart. • Involve and inform patients, families, and carers in assessment and how to escalate any concerns related to condition and associated outcome. • Ensure effective communication with patients from culturally and linguistically diverse backgrounds through appropriate use of the interpreting services available within SESLHD • Document any actions, interventions, and escalation including any advice received by medical officers in electronic medical record (eMR)
SESLHD CMC Admin	• Manage intake and triage • Patient admission & scheduling in eMR • Test oximeters to ensure working prior to dispatching • Arrange dispatch of Pulse oximeters to EDs, inpatient wards and to patients • Clean returned pulse oximeters and replace batteries as required
Medical officers identified for management of escalated clinical concerns.	• Available to respond to clinical escalations as outlined in this document. • Provide advice to CMC clinical team in response to escalation • For POWH - facilitate direct community admission to Community Assessment Unit (CAU) in hours where appropriate

4. PROCEDURE

4.1 Inclusion/Exclusion Criteria

Inclusions:

- COVID-19
- Influenza
- Community acquired pneumonia being treated with oral antibiotics
- Other respiratory viral illnesses without a specific therapy (e.g. RSV).
- Respiratory illness requiring IV antibiotic therapy – *must be co-managed with local HiTH*.

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In addition to above conditions, patients are appropriate for referral if there is a concern for deterioration or need for follow-up, and they are deemed safe for discharge with monitoring by a non-admitted, nurse-led service.

Exclusions:

- Significant chronic respiratory disease or an open encounter with the respiratory coordinated care program (RCCP) – *referral to be discussed with RCCP first*
- Oxygen requirement
- altered level of consciousness
- evidence of sepsis at presentation (e.g. hypotension, hyperlactataemia).
- Age <16 years
- Patient unable to be contacted by phone
- Patient resides outside of SESLHD catchment.

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Task	Details	Responsibility
Referral to SESLHD CMC	**Patients that meet inclusion criteria:** *If patient requires IV Antibiotics, must refer to HiTH for management in conjunction with SESLHD CMC order. eMR order: • **Order name**: CMC Program Referral • **CMC Stream**: RPM-Acute Respiratory (Inc COVID) Email: • SESLHD-CMC-Referrals@health.nsw.gov.au Phone: • 0499454510 ED/Inpatient ward: Provide patient with pulse oximeter.	Medical officer, Nurse practitioner,
Intake and triage	• Review referrals • Confirmation to referrer of referral accept/decline documented in eMR • Pulse oximeter dispatched to patient if not already provided. *When App available:* • Assess patient for RPM-app OR twice daily phone calls • Onboard patients to RPM-app if eligible. • Instruct patients to enter data twice daily to RPM-app	SESLHD CMC Admin
Initial assessment	• Complete intake assessment • Patient education of service • Patients who require psychosocial or practical supports identified on intake and ongoing assessments will be referred accordingly to mental health service, drug and alcohol servicesand child and family services as needed.	SESLHD CMC Clinical Team

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Daily monitoring	• Monitor patient responses to wellbeing and symptom questionnaire, SpO2 and heart rate recording every morning and afternoon via phone calls or App when available. • Complete telehealth assessment based on yellow or red alerts reported in RPM-app or via daily phone calls • Escalate clinical concerns according to Clinical Response Flow Chart. • Document assessments in eMR	SESLHD CMC Clinical Team
Escalation of care	• Accept phone call and ISBAR handover of patients requiring clinical supervision • Provide advice to CMC clinical team in response to escalation concern • Facilitate direct community admission to HiTH or Ward/Ambulatory Care Unit or Community Assessment Unit (CAU) in hours where appropriate *If a patient has been recently discharged, the medical officer accepting call for escalation will inform the discharging team and arrange re-admission under them.*	POWH: *significant respiratory failure: respiratory physician on-call* - COVID-19 patients in the absence of significant respiratory failure: ID staff specialist on-call, - All others: CAU Staff Specialist on-call SGH: Not available currently. TSH: ED AMO
Discharge	Discharge will occur when: • Patient reports feeling improved • No escalations in 48 hours Or • Has been admitted to an in-patient service Discharge letter sent to patient and GP.	SESLHD CMC Clinical Team

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4.2 Clinical Alert Criteria

Criteria	Yellow Zone Alert.	Red Zone Alert
Oxygen Saturation	91-94%	<90%
Temperature	38-39.5C or feeling feverish	
Heart Rate	120-139 BPM	>140 BPM
Concern	Concern by patient, family member or staff Feeling worse Feeling short of breath on activity Chest pain Vomiting of diarrhoea more than 4 times in 24 hours	Fainting
No response	24 hours since last data entry (1 missed assessment) CMC to contact Next of Kin. No clinical escalation required.	32 hours since last data entry (2 missed assessments) CMC to arrange welfare check with local police. No clinical escalation required.

When App available: The CMC clinical care team (on advice of a MO as required) can request an amendment to the alert criteria for individual patients if a large number of alerts are received that are not considered clinically important, in relation to their concurrent medical conditions.
To enable the altered criteria to be set for the patient on the app within KIOLA, this should be emailed to SESLHD-CMC-Referrals@health.nsw.gov.au.

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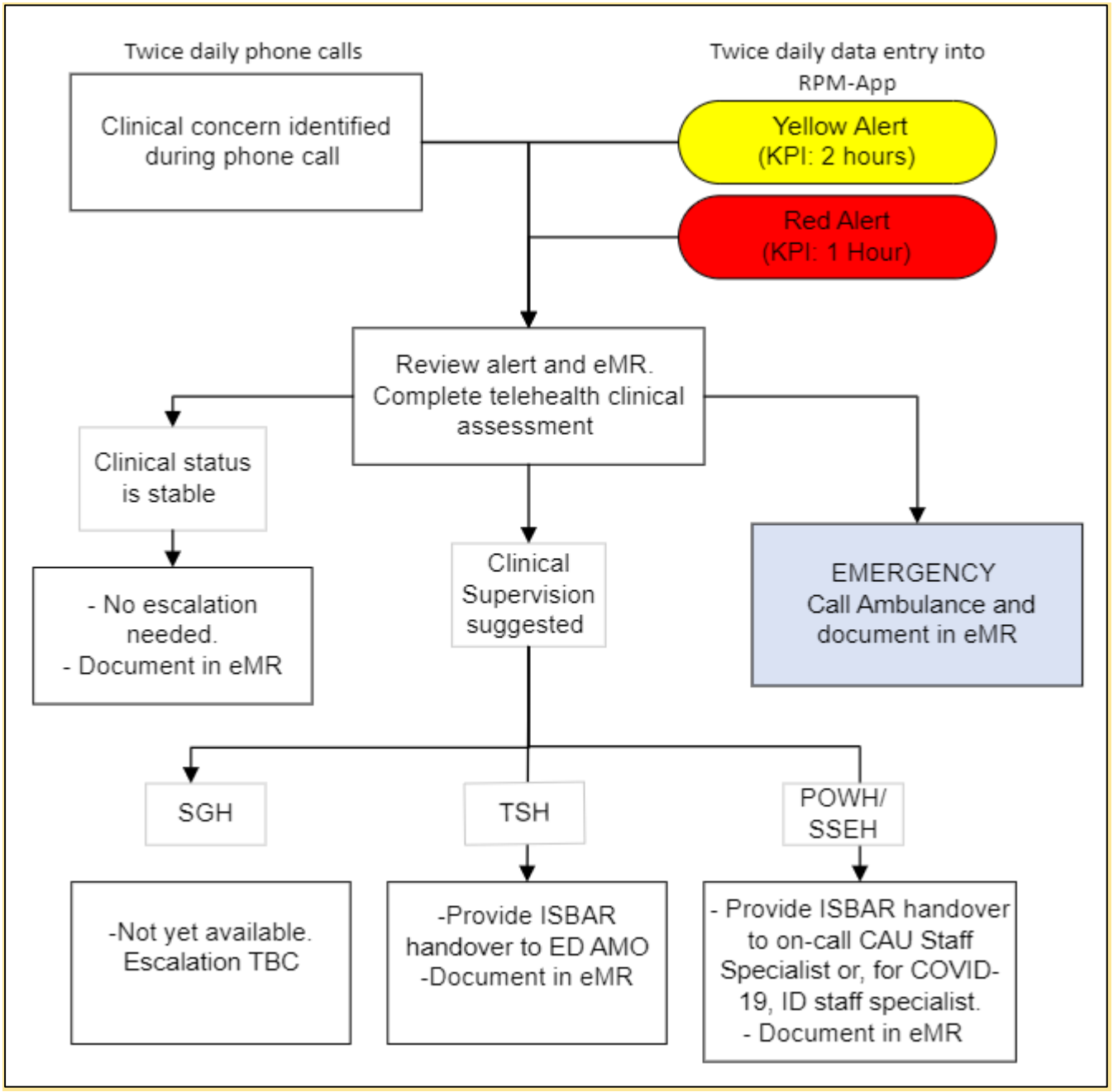
4.3 SESLHD CMC Clinical Team - Clinical Response Flow Chart



4.4 Escalation after hours

Patients are informed that there is no after-hours remote monitoring. If the patient feels worse after hours, they will need to call ambulance 000 and inform them of their diagnosis.

4.5 Key Performance Indicators

SESLHD CMC Referral Acceptance Time: Referrals received between 8am and 7pm 7 days, will be reviewed an accepted within one hour. Priority will be given to referrals received from ED and inpatient units.

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When app available: **SESLHD CMC Alert Response Time**
Telehealth assessment must be completed within the following timeframes for each type of alert registered.

Yellow Alert	2 hours
Red alert	1 hour

4.6 Equipment

Type	Quantity required
Pulse oximeter	1 per patient Provided by ED, inpatient ward or dispatched from CMC
Smartphone with iOS or Android functionality OR Telephone for twice daily phone calls	Patient provided
Thermometer	Optional – patient provided

5. DOCUMENTATION

All clinical assessment documentation is written in the eMR PowerChart.
Clinical occasions of service are recorded in scheduler (Cerner).

When app available: Data reported by patients, remote monitoring alerts and acknowledgement of alerts is recording in Kiola App - Clinical Dashboard.

Number	Policy/Procedure/Guideline/Business Rule
1	SESLHD CMC Operations Manual (Updated June 2024)
2	Clinical Excellence Commission (CEC) 2024. Infection Prevention and Control Manual - Acute Respiratory Infections including COVID-19: For acute and non-acute healthcare settings
3	NSW Health Guideline GL2018_020 - Adult and Paediatric Hospital in the Home Guideline

6. COMPLIANCE

- CMC staff will complete mandatory MHL learning module: Infection Prevention & Control Principles for Clinical Staff
- CMC staff will complete MHL learning module: Between the Flags Tier 1 & 2
- CMC staff will read this Procedure. CMC Service Nurse Manager will keep local compliance report
- The CMC staff will keep up to date on systems changes and updates for eMR and KIOLA (for RMS staff).

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7. AUDIT AND REPORTING

Audit and Reporting Requirements	Frequency	Format	Relevant information
ARI pathway activity	**Monthly**	Activity report	Include: onboarding, discharges,average LOS,
Volume of escalated care and outcomes of events.	**On event**	CMC Respiratory Pathway escalation audit.	Count of patients identified for escalation and action taken i.e. admitted to hospital or referred back to service for continued monitoring
Patient experience	**Per patient**	Exit survey report generated via QARS	Patient satisfaction with service
Clinical care teamaudits	**Monthly**	Report document	Completion of quality assuranceaudits to ensure admissions, progress, escalation and discharge reviews completed by clinical care team members are correct

8. REFERENCES

Number	Reference
1	SESLHD Community Management Centre Webpage
2	Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units
3	Agency for Clinical Innovation – Telehealth Guidelines (Telehealth inpractice)

9. VERSION AND APPROVAL HISTORY

Date	Version No.	Author and approval notes
October 2021	1	Drafted by Kristen Overton and approved for interim publishing by Executive Sponsor to publish.
November 2021	2	Draft for comments period. Comments incorporated and final version approved by Executive Sponsor. Approved at Clinical and Quality Council.
6 November 2024	3.0	Major review by Hannah Rutherford, Strategy, Innovation, and Improvement. Approved at the SESLHD Patient Safety and Quality Committee meeting. Approved by Chief Executive.

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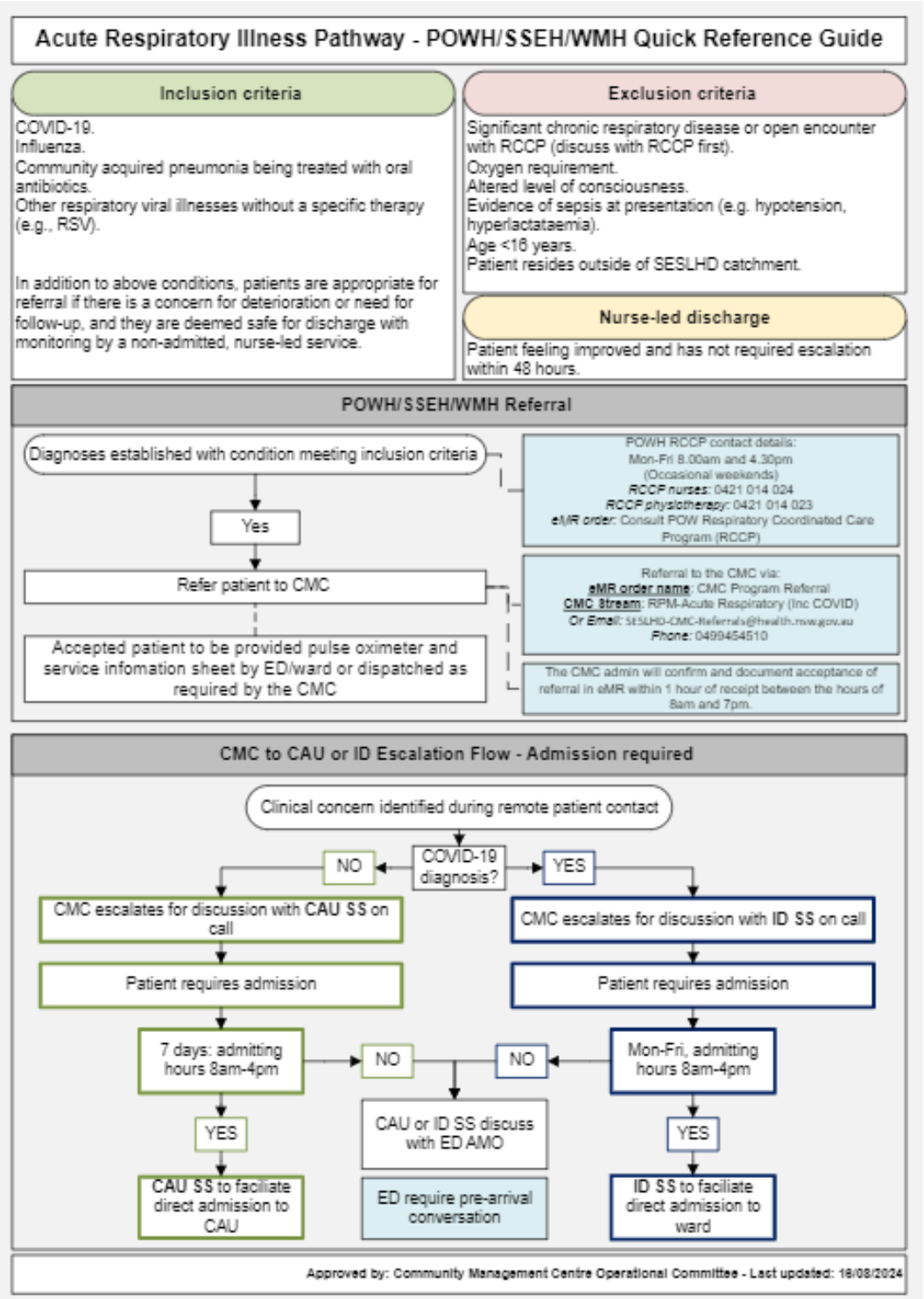
Appendix 1: POWH/SSEH/WMH Quick Reference Guide



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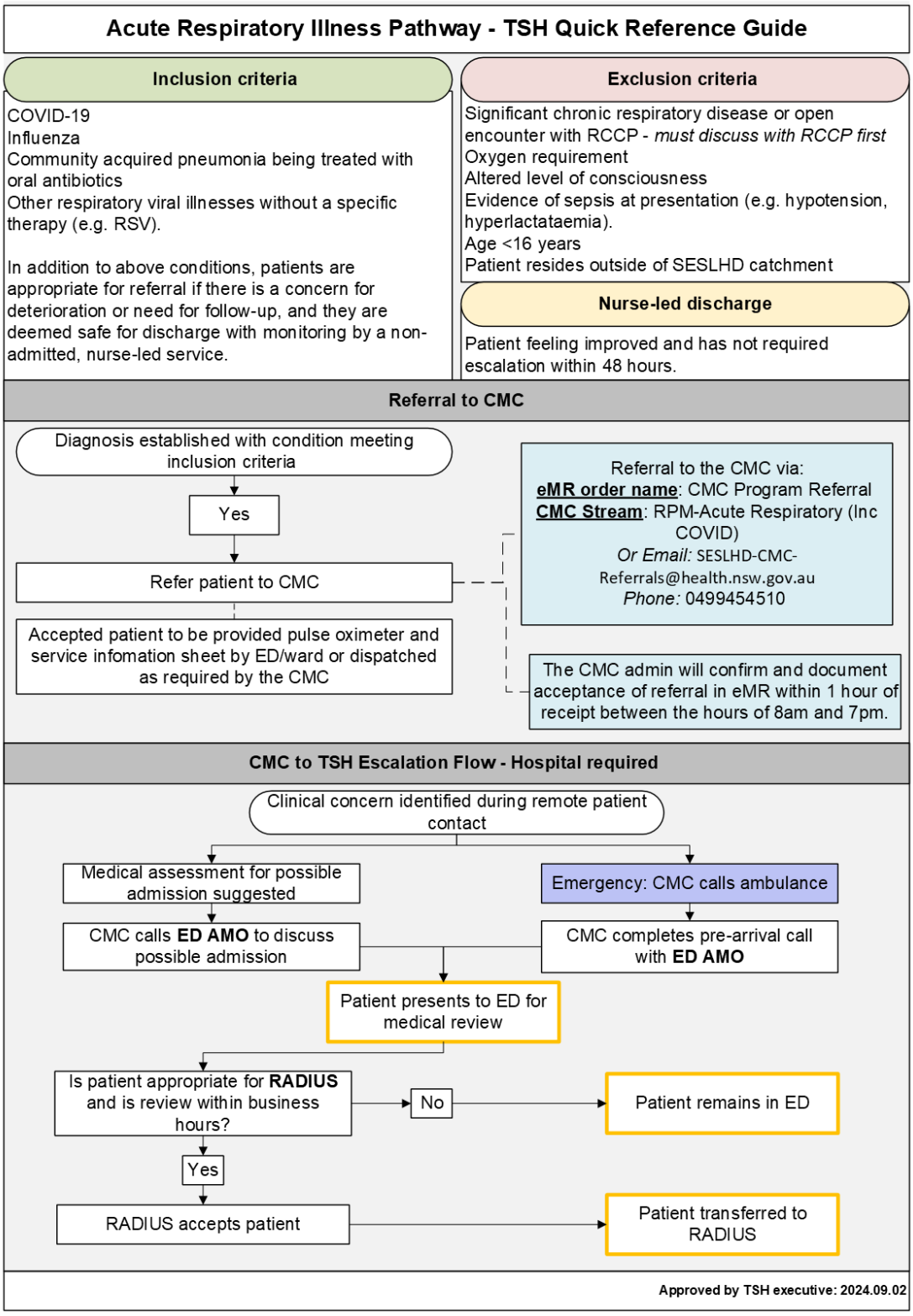
Appendix 2: TSH Quick Reference Guide



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