Standardised Operating Procedure for COVID-19 Virtual Ward

Fairfield General Hospital and Rochdale Infirmary

Updated Jan 2021

Background

The COVID-19 pandemic has had a significant impact across all services within the NHS with the general consensus is that it is likely here to stay for the foreseeable future and continue to affect the care sector.

During the 'first wave' of COVID-19, demand for secondary care beds increased which led to many centres struggling to accommodate these patients in addition to the usual workload. As a result of this, there are real concerns that a 'second wave' could be more disruptive as we enter the winter period and as trusts are looking to re-commence their pre-COVID elective workload.

From our experiences with dealing with the initial COVID-19 wave of infections, we now understand that there is a proportion of patients who do not require hospital-level care as they recover from the illness or require very minimal intervention.

Early studies suggest that asymptomatic cases can be as high as 40% and of those who do present with symptoms, 80% of these will have only mild or moderate disease requiring minimal supportive medical and nursing care. The remainder of these patients (20% or symptomatic individuals) will have severe or critical illness requiring higher level support such as ventilator support or intensive level care.

It is felt that a significant proportion of patients with mild to moderate disease not requiring level 2 or level 3 care could, with the appropriate support, be managed outside of secondary care thus reducing the demand for inpatient bed spaces and associated resources.

Aims

To identify patients with either suspected or confirmed mild to moderate COVID-19 infection who would be suitable for basic medical care and observation in the community as part of a virtual ward. This would reduce demand on secondary care beds by reducing the number of COVID-19 hospital admissions and by reducing length of stay for those patients who are stable and/or improving. It also allows early identification of patients in the community who may be deteriorating with "silent hypoxia" and need admission.

Methods/ Pathways

A proposed roll out of a virtual ward service supported by the Acute Medical Teams based in Ambulatory Care Units of FGH and RI is outlined in this document.

The initial service will focus on the following key areas:

- Appropriate identification of patients
- Robust pathways and resources for virtual ward assessment and observation carried out by clinicians (ANPS, doctors, physician associates) on the ACU
- Clear pathway for re-admission to hospital if and when appropriate, with pathways in place for community reviews where admission avoidance is the best outcome

Low Risk COVID-19 patient group

- Patients are to be identified within acute clinical assessment areas within general medicine (AMU, ACU)
- Confirmed or suspected COVID-19 patients are then categorised into Low, Moderate or High risk depending on clinical and biochemical parameters (Figure 1)
- Low risk patients are discharged with safety netting advice and instructions on how to get a pillar 2 community covid swab
- Patients who fall into the 'Moderate risk' categories are then further assessed for potential suitability to be discharged as part of the virtual ward
- All moderate risk patients will be provided with an oxygen saturation probe, symptom diary, patient information and contact details with clear instructions on who to contact in case of deterioration
- Follow up of all patients on the virtual COVID-19 ward will be carried out by a team of clinicians based on ACUs in RI and FGH by a telephone consultation
    - Patients will be asked to keep twice daily oxygen saturations and symptom diaries, and rung on set days (0-5, 5-10 and 10-14) and advised how to contact ACU with concerns of deterioration, then rung at 14 days to officially discharge from pathway. The Flo App will be set up in due course as well where patients can send their daily obs into a central email address and for these patients, a phone call is not necessary if all obs are satisfactory and accessible, but the patient's proformas will need updating with info form the App.
    - The virtual ward will be kept on healthviews and PAS, but a daily phone call from RI ACU to FGH ACU between 8 and 9am will ensure overnight discharges onto the virtual ward are picked up

    - Follow up is to be continued for a total of 14 days if the patient remains in the virtual ward (after senior review patients dramatically improving at 10 days can be discharged then)
- Any significant change in condition of the patient (in symptoms or objective measurement/ oxygen saturations) will trigger either an agreement to ring daily rather than on the set days, or an immediate review by attending ACU (or asking rapid response to review at home on a case by case basis)
- Patients who have remained stable/ improved after 14 days of follow up should be reviewed by the MDT and discharged if appropriate
- As the service becomes imbedded, on an individual case by case basis, patients who require a new home oxygen prescription purely to be weaned for recovering covid will be accepted, but as there are no Respiratory community nurses in the Bury area, this will be a clinician dependent decision and not a routine referral pathway

Patients should be considered for discharge to the virtual ward if they meet the clinical criteria as outlined below:

Observations	Biochemical	Other
HR <110	CRP <100	Able to manage at home (alone or with family support)
Sats >92% (non-T2RF)	Platelets >150	Able (or a household member on their behalf) to engage in telephone consultation (language)
Sats >88% (T2RF)	No evidence of acute kidney injury	
RR <20		
EWS <3		

Readmission/ Change in condition

Within working hours (0830-1700hrs)

- Contact ACU: for Bury residents - FGH 0161 7782309), for Heywood, Middleton Rochdale residents – RI
- ACU to assess patient remotely & either reassure, ask rapid response to visit or by invite to red ACU area with senior AMU clinicians available to discuss/review
- If significant deterioration advise 999

Out of hours (1700-0830hrs)

- Patient to contact 111 or OOH GP
- Ambulance to A+E if any major concerns

Evaluation and Development

Development of the virtual ward in relation to the management of COVID-19 patients will be a continuous process and is to be informed by regular review and audit of all patients managed via the virtual ward MDT.

Fig 1referral path Acute Medicine team referral pathway for Bury and Rochdale

Pathway for 14 day virtual covid ward from Acute Medicine