

13 April 2022

West Metro Pathway for COVID-19 Positive Patients

This pathway is designed to provide safe, high quality, and community-based care for low risk COVID-19 positive patients, with escalation mechanisms to higher levels of care if required.

PATHWAY FOR COVID-19 POSITIVE PATIENTS

<ul style="list-style-type: none"> ➔ Assessment Centre is notified of a positive test result by Western Local Public Health Unit ➔ Patients are assessed based on priority (refer to HealthPathways for more detail) 	<ul style="list-style-type: none"> ➔ Assessment Centre will: <ul style="list-style-type: none"> ➔ Gain consent to be managed through the pathway. ➔ Perform a clinical assessment and risk stratification. ➔ Perform a social and welfare needs assessment. 			
<ul style="list-style-type: none"> ➔ Patients are stratified into low, medium and high risk using a mix of clinical and social factors. ➔ Pregnant patients are stratified as per the second table 				
Risk category	Low	Medium Clinically well	Medium Unwell	High
Conditions	Requires age, symptoms and social all to be met	Only one of age, comorbidity <u>or</u> 'unwell' symptoms need to be met. (Differentiated by symptoms)		Requires symptoms <u>and/or</u> social only
Age	<75 and fully vaccinated <60 and not fully vaccinated	60-74 and not fully vaccinated >75		Any age
Symptoms	Asymptomatic or mild symptoms	Asymptomatic or mild symptoms	<ul style="list-style-type: none"> ⇒ New shortness of breath on exertion ⇒ Persistent or productive cough affecting activity ⇒ Significant systemic symptoms 	<ul style="list-style-type: none"> ⇒ Shortness of breath at rest ⇒ Chest pain ⇒ Syncope ⇒ Clinical concern
Comorbidities	<ul style="list-style-type: none"> ⇒ hypertension ⇒ asthma not on regular medication ⇒ Diabetes not on medication 	<ul style="list-style-type: none"> ⇒ Cardiovascular disease (except hypertension) ⇒ Respiratory disease (COPD, asthma on preventers and bronchiectasis) ⇒ Diabetes on medication ⇒ Immunocompromised (immunodeficiency or medication related) ⇒ Active cancer ⇒ Chronic kidney or liver disease ⇒ Obesity (BMI >30) ⇒ Pregnancy ⇒ Active smoker (>15cpd) 		Any
Social factors	No barrier to home isolation	No barrier to home isolation		Barrier to home isolation
Plan	Low risk care pathway primary care	Medium risk pathway HITH, RMH, Werribee Mercy, Western Health (including Bacchus Marsha and Melton Hospital) Services and RCH		RMH - In patient care (adults) RCH - Children

➔ Stratification of pregnant patients

COVID-19 Positive Patients		Risk Category				
		Self-Engaged GP Care	Low	Medium - Clinically Well	Medium - Unwell	High
Conditions		N/A	Requires pregnancy gestation, Symptoms and Social all to be met.	Only one of Comorbidity or 'Unwell' Symptoms need be met. Differentiated by Symptoms.	More than one Comorbidity or 'Unwell' Symptoms need be met. Differentiated by Symptoms.	Requires Pregnancy/Symptoms and/or Social only
Determinants	Gestation	N/A	<20 weeks gestation	>20 weeks gestation	Any	Any
	Vaccination Status	N/A	Double	Any	Any	Any
	Symptoms*	N/A	Nil or Mild	Nil or Mild	Moderate	Severe
	Comorbidities*	N/A	Low-risk comorbidities	High-risk comorbidities	High-risk comorbidities and/or >38 weeks gestation	Any
	Social	N/A	No barrier to home isolation	No barrier to home isolation	Barrier to home isolation	Barrier to home isolation
	GP/Pregnancy Support	N/A	GP support in place	GP & Pregnancy support in place by booked maternity service	No or limited GP or Primary pregnancy support in place	N/A
Plan		Self-engaged GP Care	Low Risk Pathway	Medium Risk Pathway - Well	Medium Risk Pathway - Unwell	Inpatient Care

Key actions for Assessment Centre: COMMUNICATION with GPs

The Assessment Centre will send a written referral to a patient's nominated GP that includes:

- Notification of the positive result for your patient
- outcome of the clinical assessment and social assessment
- whether the patient has been assessed as high, medium or low risk.
- Please contact the assessment centre within 48 hours via phone or email if you can't accept the referral by calling 03 9448 6854 or emailing PositivePathways.GPLiaison@cohealth.org.au

LOW RISK

GPs are the best placed to care for low risk patients. A patient's usual GP is best placed to manage patients on the low risk pathway.

If your practice does not agree or is unable to provide care for your patient in this pathway, cohealth and NWMPHN will arrange for care from a different GP.

MEDIUM RISK

GPs will receive communication from relevant HITH service as per normal processes.

HIGH RISK

GPs will receive communication from hospital inpatients as per normal processes.

Key actions for GPs: LOW RISK pathway management via telehealth (bill using COVID telehealth MBS)

[HealthPathways Melbourne](#) has regularly updated pages on the low risk assessment and management of COVID-19 patients and [telehealth*](#).

LOW RISK MANAGEMENT

COVIDMonitor is being utilised in the pathway to manage COVID positive patients. COVIDMonitor is a secure, online portal that allows you to view all of the patients enrolled in the model from your practice. Patients in the low risk COVID positive pathway will be sent daily symptom monitoring surveys via text, which may help to prioritise patients requiring active follow up. The results of these can be viewed using COVIDMonitor covidmonitor.mh.org.au Access the user guide <https://nwmpnhn.org.au/for-primary-care/covid-19/covid-19-care-pathways/>. Request a login by calling 9347 1188 or email covid@nwmpnhn.org.au.

Once symptoms are entered, patient symptoms are rated mild, medium, severe. Those with moderate or severe symptoms will be added to the follow up list in COVIDMonitor. Practices/GPs for patients who flag one of the following symptoms will be notified via text.

Adults	Paediatric	Oximeter (if patient has one)
<ul style="list-style-type: none"> • Severe chest pain • SOB whilst sitting • Shakes/shivers • Dizzy to the point of passing out or almost passing out • Coughing blood 	<ul style="list-style-type: none"> • Unroutable or sleeping all the time • Not eating/drinking • Breathing A lot faster/heavier than normal • Symptoms including fever > 3 days, rash, red eyes/tongue/lips, red hands/feet or swollen neck glands • Parent being very worried • Stridor or apnoea • Not urinating 	HR < 40 HR > 120 SPO <= 92

Patients who report severe symptoms will receive a text message asking them to contact 000. GPs are asked to check in with patients who flag moderate or severe risk in the timeframes suggested below. **GPs are not expected to check in with patients that flag moderate/severe symptoms after hours.**



RECOMMENDED FOLLOW UP SCHEDULE. The addition of self-reporting symptom monitoring allows flexibility in the follow up schedule for GPs.

Initial call for all patients	For patients who are completing symptom monitoring regularly	Not completing symptom monitoring/unable to complete
<ol style="list-style-type: none"> 1. establish care and planned follow up schedule** 2. patient should be informed about signs of deterioration (shortness of breath on minimal exertion or rest, extreme fatigue syncope) and be instructed to call an ambulance on 000 after hours if needed. 	<p>If reporting mild symptoms – GPs can choose to undertake telehealth review or monitor via COVIDMonitor</p> <p>If reporting moderate symptoms – a telehealth consult is recommended either the same or next day</p> <p>If reporting severe symptoms – a telehealth consult is recommended the same day</p>	<p>Telehealth consult is recommended every 2 days to monitor symptoms</p>

Unable to contact the patient?



1. Text the patient followed by contacting next of kin if there is clinical concern; then
2. Contact the Western Public Health Unit via email wphu@wh.org.au. Please complete COVIDMonitor indicating that you have not been able to contact the patient.

*Telehealth guidance. Patients in the model are exempt from the 12 month FTF requirement for Covid telehealth items as patients who are subject to quarantine are included in the exemption.

<https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet>

**All telehealth follow-up consultations should be scheduled at the first contact with the patient.

ASSESSMENT [HealthPathways Melbourne](#) has regularly updated COVID-19 patient assessment and management pages.

CLINICAL ASSESSMENT 	⇒ Shortness of breath assessment 	<ul style="list-style-type: none"> Is your breathing different from yesterday? Can you walk at least half the distance you walked yesterday? Can you lie flat without worsening shortness of breath? Is your breathing disturbing your sleep? <p><i>Some households will have an oximeter and concern should prompt escalation</i></p>
	⇒ Deterioration assessment 	<ul style="list-style-type: none"> How do you feel compared to yesterday? Are you having fevers or chills? Have you had any dizzy spells? Do you have muscle aches and pains? Do you have any lethargy?
	⇒ Assessment plan	<ul style="list-style-type: none"> Stable/improvement/deterioration



Assessment Outcome

⇒ STABLE	⇒ IMPROVEMENT	⇒ DETERIORATION
Continue monitoring patient as per schedule until they meet discharge criteria		<p>For escalation to medium risk, contact local health service depending on region:</p> <ul style="list-style-type: none"> RMH – 0447903049, MH-COVIDVirtualward@mh.org.au (8am to 8pm, 7 days per week) Mercy Health – 0408-462-284, covidnotification@mercy.com.au (10am to 6pm, 7 days per week) Western Health – Business hours 7 days per week 0478 951 547, from 1700-0730 7 days per week call 1300 229 656, WHCovid-19PositiveCarePathways@wh.org.au Western Health Bacchus Marsh and Melton (Djerriwarrh Health Services) – HITH mobile 0429-025-511 (8am to 8pm), hith@djhs.org.au Royal Children’s Hospital (03) 9345-2784 for general paediatric advice (9.00 am to 5.00 pm Monday to Friday, 8.00 am to 4.00 pm Saturday, 8.00 am to 12.00 pm Sunday). After hours contact HITH Consultant via RCH switchboard on (03) 9345-5522 <p>Escalation to high risk –if the patient requires immediate review organise ambulance transfer and advise COVID-19 positive patient. If the patient requires escalation to high risk but not an emergency contact the COVID Registrar on call via RMH switch 9342 7000 who can arrange transport.</p>

DISCHARGE - from low risk pathway

Discharge from low risk pathway	⇒ Public Health Clearance is now provided day 7 following the positive test. ⇒ Patients will be removed from COVIDMonitor at the start of day 8. ⇒ Release from isolation is by Public Health.
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FOLLOW UP - after discharge

Resume regular GP appointments and follow up in 2-4 weeks	Following discharge from the pathway of symptoms, patients are encouraged to resume regular GP appointment and health surveillance. A follow-up face-to-face appointment is advised 2 to 4 weeks after the intensive period to monitor patient and address any other remaining or comorbid issues.
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Key contacts

Assessment Centre (03) 9448 5551
 GP hotline (assessment centre) (03) 9448 5717

North Western Melbourne PHN (03) 9347 1188, covid@nwmphn.org.au
 COVIDMonitor Technical Help (03) 8578 0565