



COVID-19 Monitoring Program Toolkit

phn
SOUTH WESTERN
SYDNEY

An Australian Government Initiative

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1. Introduction

South Western Sydney PHN (SWSPHN) is commissioning a six-month pilot project which includes up to 10 keystone sites delivering an innovative model by which practice nurses will monitor COVID-19 positive patients across South Western Sydney (in the local government areas of Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wollondilly and Wingecarribee).

Participating practices will be required to employ or retain one full-time equivalent (FTE) Registered Nurse (RN) dedicated to monitoring COVID-19 positive patients at their own practice, and from referring practices. SWSPHN will manage a centralised intake process to facilitate these referrals.

The RN will monitor patients for a defined period of time (eg seven to 14 days) utilising telehealth tools including virtual consultations, iRAD software and Inca. Inca is a patient monitoring platform through which SWSPHN can assign patients to a keystone practice, and patients can provide self-assessments and be triaged accordingly.

If the patient's condition worsens during this period, the RN will escalate their treatment back to the referring GP.

At the end of the monitoring period, the RN will provide the referring GP with a summary report and the patient will return to their regular GP for ongoing care.

1.1. Scope

The COVID Monitoring Toolkit is intended to provide guidance only and does not replace the clinical judgment of participating RNs and GPs. Feedback on the toolkit is welcomed from participating practices. Information in the toolkit and the structure of the monitoring program may change, particularly if new COVID-19 variants arise or if clinical guidelines change. Where there is any conflict between the toolkit and executed contract, the contract takes precedence.

The keystone practice will contact the patient again after three months (with their prior consent) to collect data for the Co-HOPE platform used by the Agency for Clinical Innovation (ACI) to collect data on patients experiencing long COVID-19.

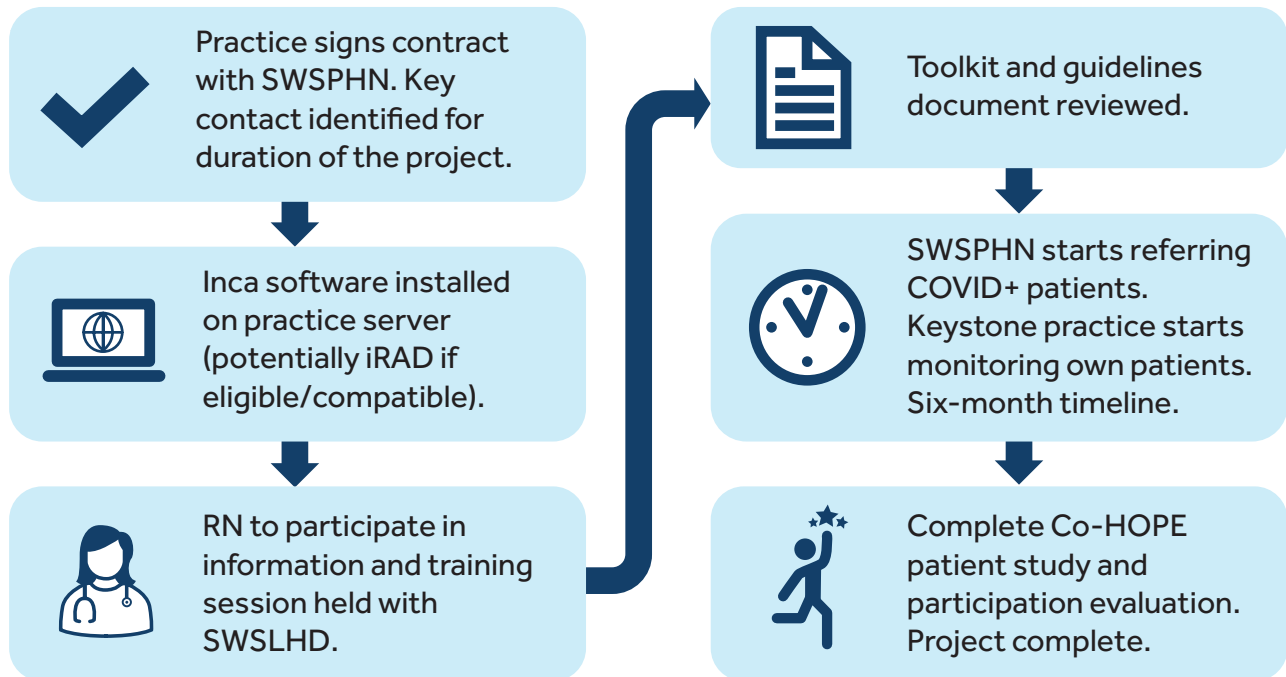
Practices will receive \$40,000 to participate in the project and will be required to enter into a contract with SWSPHN. Practices will also be required to:

- Provide regular reporting to SWSPHN.
- Participate in training on how to use Inca.
- Participate in training with South Western Sydney Local Health District (SWSLHD).
- Invest practice time for non-clinical work (eg meeting with SWSPHN).
- Provide input into the pilot project's design.

The project aims to demonstrate to the Commonwealth Department of Health (DoH) that RNs have the skills and capability to provide telehealth care.

We look forward to working with you on this project.

2. Keystone Practice Journey



2.2. Roles and Responsibilities

Keystone Practice:

Responsibilities: Practice Owner/Manager/GP

- | | |
|---|---|
| <ul style="list-style-type: none"> ➔ Manages the project in their practice for SWSPHN <hr/> ➔ Provides input to the project manager as required for reporting and status updates <hr/> ➔ Delivers the work within the agreed budget <hr/> ➔ Acts as a conduit for access to other SWSPHN specialist resources <hr/> ➔ Communicates clearly and engages stakeholders at all levels <hr/> ➔ Provides expert input and best practice guidance on areas of subject matter expertise eg RN supervision <hr/> | <ul style="list-style-type: none"> ➔ Supports training and knowledge transfer <hr/> ➔ Allocates an RN to the project who is well equipped to be able to perform the duties involved <hr/> ➔ After the patient is released from monitoring and care by the RN, deactivates/archives the patient’s data in the most appropriate manner following practice policies and procedures <hr/> ➔ Maintains awareness of current and new legislation to ensure the practice is complying with all statutory and regulatory obligations including records management, Work Health and Safety (WHS) and accreditation <hr/> |
|---|---|

Registered Nurse

- Performs clinical duties within the required level of clinical competency, according to best practice

- Calls the patient/parent/carer/guardian within the estimated timeframe to begin monitoring and caring for the patient, and continues that care throughout the duration of the project

- Obtains patient/parent/carer/guardian's short verbal consent at the beginning of each phone call (eg "We agreed to talk at this time, the last time we spoke. Is now still a good time for a chat?")

- Explains the process to the patient, providing support and reassurance, and answering any questions they may have

- Documents information in patient's notes/report and is non-judgemental about patient/parent/carer/guardian's responses during the scheduled phone call

- Assists with triage, data management, diagnostic services, screening procedures, networking with other providers, planning and management of patient care and patient advocacy

- Assists referring doctors with escalations

- Follows up with patient/parent/carer/guardian via phone call with questions regarding long COVID-19 three months after the patient has been released from the RN's monitoring and care

- Provides information on outreach programs which can provide support (eg Head to Health)

- Ensures relevant personnel are kept informed, and changes are made to systems and procedures as required

- Sends discharge summary/report to notify the patient's regular GP patient has been released from the project

- Always acts within the practice and nursing code of ethics and at an appropriate level of clinical competence

- Demonstrates a patient-focussed approach in service provision with genuine empathy and interest in their needs

- Undertakes all duties in a diligent manner, with honesty and integrity

Referring General Practice Practice GP (General Practitioner)

- Coordinates referral on behalf of the patient in a timely manner

 - Contacts SWSPHN via COVID fax if their referred patient has not been contacted by the keystone practice RN within the estimated timeframe

 - Maintains awareness of current and new legislation to ensure the practice is complying with all statutory and regulatory obligations, including records management, WHS and accreditation

 - Accepts responsibility for the care of their patient following a clinical handover from the keystone practice when the patient has been released from monitoring, or if the patient's condition escalates, requiring referral back to their regular GP

- Clinical handover of a patient's care outside the practice occurs in many ways. It includes, but is not limited to, referral for an investigation, referral to an ancillary healthcare provider, referral to a specialist and referral to a hospital as an outpatient or as an in-patient. The referral must include sufficient information to facilitate optimal patient care, including details of the purpose of the referral and clarifying who will manage follow-up care

SWSPHN COVID Team

- Allocates referrals received through in-take to keystone practices

 - Supports keystone practices, including liaising with RNs for any troubleshooting/issues which may arise, and implementing feedback and suggestions provided

 - Promotes program through communications to all practices in South Western Sydney

- Organises training and support with SWSLHD and Inca

 - Downloads weekly data reports from Inca

 - Upon finalisation of the program, provides an evaluation report and supporting documents to the Commonwealth Department of Health to promote the use of telehealth and COVID-19 monitoring by RNs

3. Patient Journey

- ➔ GPs not participating in the project will refer patients through a centralised intake process managed by SWSPHN. These patients will only be from South Western Sydney LGAs. Practices will be required to add their own identified COVID-positive patients into Inca for reporting purposes

- ➔ Technology-based consultation by the RN can be provided to both Medicare eligible and ineligible patients as Medicare details will not be required for the project

- ➔ Average call is about 10-15 minutes (this may vary)

3.1. Consent

Keystone practices will not be required to gain consent from referred patients as the referring GP will have already gained their consent for participation in the project. These practices, however, will be required to obtain consent from the patient for follow up through the Co-HOPE study. (Question 2.)

Please note, if you are providing care for patients with a carer/guardian or for multiple patients within the same household, you must gain consent from all patients.

Keystone practices will also be required to gain consent from patients within their own practice. This can be given verbally and can be easily noted in the Inca software. Consent must also be registered in your clinical software.

The following two questions are suggested for the RN providing telehealth consultations:

Question 1 (your patients only):

"We are participating in a COVID positive patient monitoring project which I would like to obtain your consent to be a part of. Some of your information will be shared with the South Western Sydney Primary Health Network. This won't include any of your personal details and you will not be identified in any way."

If consent is not obtained, do not ask the following question. If consent is obtained, after the consultation please ask the patient to log their information through the Inca patient monitoring platform.

Question 2 (all patients):

"As an additional part of this program, I may also like to follow up in three months with a phone consultation to see if you are experiencing any symptoms of long-COVID, as we have very limited data about people who have long COVID in our community. We may not contact every patient who participated in the program. Some of your information will be shared with the South Western Sydney Primary Health Network and the Agency for Clinical Innovation. This won't include any of your personal details and you will not be identified in any way."

It is acceptable for the patient to consent to participate in the project but not consent to the three-month follow up.

3.2. Telehealth

SWSPHN acknowledges GPs and RNs will have been providing telehealth consultations prior to this project.

Refer to "[5. Resource Directory](#)" on page 13 to assist in consultations with COVID-19 positive patients.

Patients participating in this program should not exceed low-to-medium risk management. If there is a patient who is requiring escalation – either to the GP within the keystone practice or to the referring GP

- please do so without hesitation. This may include phoning 000. If at any time there is any question about a patient's well-being, escalate back to a GP or phone 000 as soon as is required.

If a patient requires the use of a translating service, please refer to the [Translating Interpreter Service \(TIS\)](#) including the practice's individual reference code, and use the [RACGP guidance document](#) to support the consultation.

3.3. Patient Management Process

As soon as a referral has been taken (either through the centralised intake process or keystone practice GP) by the RN, utilise the following steps:

- ➔ Enter the patient's details into Inca – this may be basic eg full name, DOB, contact details, significant clinical history (eg allergies, chronic conditions etc)

- ➔ Contact the patient, confirm identity, introduce yourself, establish the best time to provide the telehealth service, provide them with information about logging into Inca, email details to them

- ➔ If the Translating and Interpreting Service is required, [click here](#)

- ➔ Ensure the patient understands their COVID-19 diagnosis and their [isolation requirements](#)

- ➔ Go through Inca COVID-19 specific clinical questions with the patient

- ➔ If more than one family member is COVID positive and is participating in the project, go through the set of questions for each patient separately

- ➔ Provide information about the frequency of calls to be expected after establishing their risk level. Most low-risk patients who register with the Inca platform and complete the questions each day will only need to be called again at the end of their illness

- ➔ Once the patient has registered with Inca, they will receive a set of questions to respond to each day. The RN will then be able to see the responses to these questions for each patient and will be able to identify if any patients who require phone follow up

- ➔ Elderly patients, CALD patients or patients with barriers to accessing technology may not be comfortable accessing the Inca platform. In these cases, the RN will need to contact the patient more frequently to undertake monitoring. The RN should agree on a call frequency with the patient, based on their clinical need. The RN will enter responses to the questions into Inca against the patient's file

- ➔ If at any time during monitoring the RN identifies a clinical emergency, advise the patient or their carer to contact 000 or do this on their behalf, and notify the GP in your practice or the referring GP
-
- ➔ If at any time during monitoring the patient's COVID-19 symptoms worsen, or there are complications due to their chronic disease, consult the patient's regular GP and consider escalation back to GP care. RNs are skilled in making these assessments, therefore a full criteria for escalation has not been defined and nurses should use clinical judgement
-

3.4. Patient Treatment & Triage

SWSPHN expects you will be notified via Inca (provided the patient has completed their individual patient assessment correctly) if the patient requires urgent escalation, however, please do not rely on this system entirely.

RNs can utilise [this tool from the National COVID-19 Clinical Evidence Taskforce](#) to ensure the patient is low-to-medium risk.

RNs can provide the RACGP document to patients regarding [Managing COVID-19 at home with assistance from your general practice](#). Additionally, the DoH has provided a [PDF resource for patients and healthcare professionals](#).

As a basic guide, SWSPHN recommends the [RACGP Guide to providing telephone and video consultations in general practice document](#). Which can be used in conjunction with the [RACGP flowcharts document](#).

If the patient requires welfare or social assistance, you can guide them to the [Family Connect and Support](#), or [Ask Izzy](#) websites. There is also information about [COVID 19 and family violence support](#).

For non-critical mental health support services you may direct the patient to the Head To Health support line: **1800 595 212**. More mental health support options can be found on the [Mental Health Resources page of the SWSPHN website](#).

If the patient has any queries regarding self-isolation, including for their family members, you can refer them to the [NSW Health page](#). They can also access the [Healthdirect self-help tool](#).

It is important to maintain the confidentiality of all patients participating in the project. Please access the [RACGP resource on privacy and managing health information](#).

If you think the patient may require access to [after-hours services](#), direct them to the [After Hours page on the SWSPHN website](#).

3.5. HealthPathways

Keystone practices should monitor and use HealthPathways to support and inform patient monitoring. HealthPathways is updated regularly as COVID-19 monitoring advice changes. The pathways include information relevant to South Western Sydney.

HealthPathways Login: sws.communityhealthpathways.org

Username: (your LGA in all lowercase)

e.g. bankstown, campbelltown, camden, fairfield, liverpool, highlands

Password: network

Navigate using the left-hand panel.

COVID-19 > COVID-19 Clinical Care > COVID-19 Active Case Management

HealthPathways has a quick checklist of questions to determine the presence of red flags and the potential need to escalate urgently (updated 14 April 2022). The RN must use clinical judgement and escalate back to the GP in their own practice or to the referring GP if a patient's condition worsens. If there is no GP available, the RN should phone 000 and notify the ambulance of the patient's COVID positive status.

Critical Clinical Concerns

Vital signs of concern:

- Persistent tachycardia >120, or in the red zone for children

- Respiratory rate >24, or in the red zone for children

- Pulse oximetry oxygen saturation <94% on room air or 3% lower than baseline including transient hypoxia while walking or talking

- Fever > 39°C lasting >5 days

- Fever >38°C in children <1 month adjusted age

Symptoms of concern:

- New or worsening breathlessness

- Unable to stand

- Chest pain or tightness lasting >10 minutes

- Reduced fluid intake or urine output – less than half of normal in past 24 hours

- Altered mental state, drowsiness, floppiness

- Pale, clammy, mottled skin

- Severe headache

- Significant parental or carer concern

Questions you may ask the patient or carer include:**Adults**

- Do you have shortness of breath or difficulty breathing?
- Do you have severe cough or are you coughing up blood?
- Have you had chest pain or tightness lasting longer than 10 minutes?
- Are you having trouble standing up?
- Are you vomiting and are you having significant difficulty keeping fluids down?
- Do you have diarrhoea - more than four episodes in the past 24 hours?
- Have you been confused or unusually drowsy?

Children

- Are they having any difficulty breathing or are they coughing up blood?
- Do they have persistent fevers > 39°C (or infant aged < 1 month, fevers > 38°C)?
- Are they vomiting or do they have frequent diarrhoea?
- Have they had a significant reduction in urination?
- Are they having trouble standing?
- Are they drowsy, confused or floppy?
- Are they having any other severe symptoms?

4. Other Monitoring Resources

- You can use the [National COVID-19 Clinical Evidence Taskforce flowcharts](#) as supporting documents. These are updated regularly
- [Adults with confirmed or presumed COVID-19 flowchart](#). If you are concerned the adult may require oral medication, the RN will need to refer the patient back to a GP. You can use the [Drug treatments for at risk adults with COVID-19 who do not require oxygen flowchart](#) to support your decision
- [Child or adolescent with confirmed or presumed COVID-19 flowcharts](#) are also available
- If the patient is not able to use the Inca platform, you can direct them to the [guide, action plan and symptom diary resource from the RACGP](#). These patients may require more frequent follow up over the phone
- The [RACGP has a full list of accessible documents on management of patients with COVID-19 and resources for patients who test positive, including supporting specific communities and mental health and wellbeing for health staff and patients](#)

4.1. Patient Discharge and Clinical Handover

When the patient has been identified as ready to be discharged from the project (after seven to 14 days) or until clinically able to self-manage, the RN will need to enter a brief summary report into the patient's file (for both the practice's own patients and any patients referred to the project).

If it is for a referred patient, this report will need to be sent to the referring GP, including a brief summary of the patient's COVID-19 symptoms throughout the duration of their diagnosis.

The [ISBAR Handover](#) resource can guide the RN on how to do this.

A [simple handover template has been created for the practice, located at the end of the document](#).

4.2. Co-HOPE Project (Long COVID Study – 3 Month Recall)

The ACI Co-HOPE study will build the evidence base relating to post-acute COVID sequelae or long COVID. Further information will be provided to the keystone practice when the study commences.

4.3. Survey

Patient must be asked to fill in a survey at the end of their COVID-19 management.

Before discharge, consent can be taken verbally if the patient is willing to participate in the Co-HOPE Long COVID Study and a suitable time can be set for a follow up call in three months.

Contacts

South Western Sydney PHN

COVID Response Team

Phone: 4632 3000

Email: covid19@swsphn.com.au

External Contacts

Ambulance Service 000	000
SWSLHD Escalation line (for GPs/Nurses only)	0460 021 244
Coronavirus Mental Wellbeing Support Service	1800 512 348
Head to Health	1800 595 212
Mental Health Line	1800 011 511
Lifeline	13 11 14
Suicide Call Back Service	1300 659 467
Kids Helpline	1800 55 1800
Men's Line Australia	1300 78 99 78
Family Connect and Support Home	1300 244 826
Sydney Medical Service Co-op - after hours GP home visiting service	1300 466 347
Southern Highlands GP After Hours Service	4861 6433
My Emergency Doctor	1800 001 033
Translating and Interpreting Service (TIS)	13 14 50
Public Health Unit	02 9794 0855
Family Connect and Support	www.familyconnectsupport.dcj.nsw.gov.au
Ask Izzy	askizzy.org.au

5. Resource Directory

Section 1: Introduction

- [COVID-19 and family violence support \(RACGP\)](#)

Section 2: Keystone Practice Journey

- [Mental Health Resources](#) (SWSPHN website)

Section 3: Patient Journey

3.3 Patient Management Process

- [Translating Interpreter Service \(TIS\)](#)
- [RACGP guidance document](#) (telephone consultations with patients requiring an interpreter)
- [Isolation requirements](#) (NSW Health COVID-19 self-isolation guideline)

- [Self-isolation rules for cases and people exposed to COVID-19](#) (NSW Government)

- [What to do if you have COVID-19](#) (healthdirect)

- [Privacy and managing health information in general practice](#) (RACGP)

- [After hours services](#) (SWSPHN website)

3.4 Patient Treatment and Triage

Treatment:

- [Risk classification tool for adults with mild COVID-19](#) (National COVID-19 Clinical Evidence taskforce)
- [Managing COVID-19 at home with assistance from your GP](#) (RACGP)
- [Managing COVID-19 at Home](#) (PDF for patients and healthcare professionals (DoH))
- [Guide to providing telephone and video consultations in general practice](#) (RACGP)
- [Telephone and video consultation in general practice: Flowchart](#) (RACGP)

3.5 HealthPathways

- HealthPathways: sws.communityhealthpathways.org

Section 4: Other Monitoring Resources

- [National COVID-19 Clinical Evidence Taskforce flowcharts](#)
- [Adults with confirmed or presumed COVID-19 flowchart](#)
- [Drug treatments for at risk adults with COVID-19 who do not require oxygen flowchart](#)
- [Child or adolescent with confirmed or presumed COVID-19 flowcharts](#)
- [A guide, action plan and symptom diary for patients](#) (RACGP)
- [Coronavirus \(COVID-19\) information for GPs Resources Page](#) (RACGP)

Support:

- [Family Connect and Support](#) (DCJ)
- [Ask Izzy](#) (find the help you need, now and nearby)

4.1 Patient Discharge and Clinical Handover

- [ISBAR Handover](#)

6. Useful Resources the RN can pass on to Referring GPs if escalation is required in caring for COVID-19 positive patients

When the RN escalates the patient to the referring GP or regular GP from a keystone practice:

- If no GP is available, escalate to SWSLHD using the SWSLHD escalation line (in External Contacts in this document) or phone 000

- If referring patients back to their regular GP, direct GPs to MBS items [MBS Telehealth Services from January 2022](#) and [MBS COVID-19 Management Support Service](#)

- Follow [HealthPathways for management of COVID-active cases including information about oral antiviral treatments and Sotrovimab](#)

- Information about [COVID-19 and family violence support](#)

- [Treatment algorithm tool for COVID positive patients](#)

7. Other Supporting Documents

7.1. Example Discharge Summary Report

PRACTICE DETAILS incl RN NAME
CONTACT PHONE NUMBER

To Whom it May Concern,

<<NAME>> DOB: <<DOB>> of <<ADDRESS>> was clinically managed and monitored for the duration of their COVID-19 diagnosis <<FROM>> to <<END>>

This letter is to confirm they are no longer under the care of <<PRACTICE NAME/NURSE>> and have been discharged from the COVID Monitoring Program.

I have attached a Health Summary Report for your records, please see attached.

The patient <<NAME>> has <<AGREED / NOT AGREED>> for a follow-up telehealth consultation in three (3) months to participate in the ACI Co-HOPE study, which is monitoring patients who might be affected by long-COVID.

Please do not hesitate to be in touch should you require any additional information.

Kindest regards,

<<RN NAME>>