MASSACHUSETTS GENERAL HOSPITAL

Care Companion

COVID Virtual Observation Unit

The COVID Virtual Observation Unit (VOU) is a stepped model of care for patients with COVID-19 to safely isolate at home with daily **Remote Symptom Monitoring** and the ability to dispatch community paramedics to evaluate patients with worsening symptoms under the guidance of MGH Emergency physicians. The VOU aims to provide reassurance to patients and clinicians, facilitate early identification of patients needing treatment, and prevent avoidable ED encounters.

Remote Symptom Monitoring is available to patients with COVID-19 that are self-isolating at home after being enrolled through one of the pathways below. Care Companion, an application built into Patient Gateway, allows patients to report their symptoms on a daily basis. Patients can access this tool on their smartphone in the Patient Gateway app, or on their desktop computer. Both the smartphone and computer options are available in English and Spanish. If patients do not have a computer or smartphone at home, they can receive daily phone calls instead to report symptoms by phone. An ambulatory nursing pool with physician back-up will be monitoring and triaging patient responses. Select escalations may receive a home visit by a paramedic with virtual support from an MGH Emergency physician through our **Mobile Response Program**.

MGH Care Setting	Go-Live Date
Inpatient: COV+ patients discharging home or home with services	Tuesday, January 12, 2021
Emergency Department: COV+ patients going home	
Emergency Department: PUIs that receive COV+ results call after ED visit	
RICs: COV+ patients going home	Tuesday, January 19, 2021
RICs: PUIs that receive COV+ results call after RIC visit	

Patients are enrolled while they are still inpatient. The current **Inpatient process** in general terms:

1) Patients are identified by the Responding Clinician as a clinical fit for remote symptom monitoring post-discharge
2) Inpatient Administrative Coordinator will screen patients for technical capabilities and enroll them in Patient Gateway if needed
3) Inpatient Administrative Coordinator will inform Responding Clinician to place the order for COVID remote symptom monitoring
4) Inpatient Administrative Coordinator will inform the Inpatient Nurse that the patient has been enrolled and request s/he reviews program instructions with the patient in the AVS at discharge
5) Inpatient Nurse will review instructions and ensure patient understands

Patients are enrolled while they are in the Emergency Department. The current **Emergency Department process** in general terms:

1) Patients are identified by the Referral Specialist as a possible fit for remote symptom monitoring post-discharge
2) Referral Specialist will screen patients for technical capabilities and enroll them in Patient Gateway if needed
3) Referral Specialist will inform Responding Clinician to place the order for COVID remote symptom monitoring

4) Referral Specialist will inform the ED Nurse that the patient has been enrolled and request s/he reviews program instructions with the patient in the AVS at discharge
5) ED Nurse will review instructions and ensure patient understands

The centralized **process once a patient returns home**, which is the same for all enrolled patients:

1) Patients will be called the day after they get home by one of the ambulatory nurses monitoring patient symptoms, when worsening symptoms are entered into Care Companion, or if a patient does not respond to a questionnaire over the course of 24 hours.
    a. Patients that do not have smartphone or computer access will get daily calls to report symptoms.
2) Nurses will be responsible for monitoring from 8AM-8PM, with back-up from a physician.
3) Patients will be unenrolled from remote symptom monitoring after 14 days, or if the patient is readmitted, or if they opt out.

PCP Communication: PCP continuity is an important part of the Remote Symptom Monitoring program. PCPs are notified after the initial post-discharge encounter, after all escalated encounters (e.g. recommendation to go to the ED), if a patient is unreachable after 3 days, and when the patient finishes the program.

For any questions or concerns, please reach out to the leads for this monitoring program:

Remote Symptom Monitoring Lead: Emily Hayden, MD
RSM Administrative Leads: Avital DeSharone, Kara Fordyce
MRP Administrative Lead: Kate Ravenelle
VOU Medical Director: Stephen Dorner, MD