COVID Community Virtual Care Team (CCVCT)

The COVID Community Virtual Care Team (CCVCT) provides 24/7 virtual care availability for patients with a known COVID-19 diagnosis who do not have a current indication for hospital admission but who are at risk of clinical deterioration in the community. The intention is to facilitate home-based care whenever possible and to provide safe and rapid access to acute care facilities when transfer is clinically indicated. This team is a provincial service available to patients from any zone who meet all of the eligibility criteria.

Eligibility criteria (must meet ALL of the following criteria):
- Known diagnosis of COVID-19 (positive swab results only, those with pending tests are not eligible to be followed by this team)
- Day 2-14 after symptom onset
- Deemed to be at high risk of clinical deterioration given risk factors AND symptom severity*
- Does not meet criteria for hospital admission
- Does not meet criteria for COVID-19 recovery (at least 10 days after symptom onset AND afebrile ≥72 hours with improving symptoms)

*risk factors: age>65, BMI>30, one or more chronic conditions (eg. heart failure, chronic lung disease, hypertension); severe symptoms: shortness of breath, clinical features of pneumonia

Referral sources:
- Public health (will require notification to team to ensure pulse oximeter is distributed)
- Secondary assessment centres
- Emergency departments
- Inpatient COVID wards

Referral process:
- Ensure patient meets ALL eligibility criteria
- Provide patient with a pulse oximeter with batteries (contains the phone number to access the team), patient information sheet, and return envelope
- Fax letter informing primary care provider that patient has been referred to the CCVCT
- Fax referral form to 902-405-4373

Discharge criteria:
- >14 days since symptom onset OR
- Meets definition for recovery: at least 10 days after symptom onset AND afebrile ≥72 hours with improving symptoms
Your patient has been diagnosed with COVID-19. They do not currently meet criteria for hospital admission and are being discharged home from an emergency department, secondary assessment centre, or inpatient COVID unit. They have been identified by the treating team as being at risk of clinical deterioration in the community given their risk factors and severity of symptoms.

Given this identification of risk of clinical deterioration, your patient has been referred to the Community COVID Virtual Care Team (CCVCT) which will provide them with 24/7 access to phone support (and potentially video assessment) from a dedicated physician or nurse practitioner. They have also been discharged with a portable pulse oximeter to facilitate at home monitoring. Discharge instructions and monitoring parameters have been reviewed with them and they have also received a handout with this information for reference.

They have been advised to call the team at a phone number provided to them along with the pulse oximeter if they experience rapidly worsening shortness of breath, increased work of breathing, new onset chest pain, new onset confusion, and/or loss of function relative to baseline. They will also monitor their vital signs and phone the team if they have oxygen saturations <90% on room air, and/or RR >30 at rest.

Should they access this team by phone, they may be offered a video telehealth appointment via Telehealth Zoom for further assessment if deemed appropriate by the treating provider. In the event that transfer from the community to a local secondary assessment center or COVID inpatient unit is deemed necessary, the virtual team will coordinate a direct transfer to these units without the need for an emergency department visit.

Patients will be discharged from this team when they meet the following criteria: >14 days from symptom onset OR Meets definition for COVID-19 recovery (at least 10 days after symptom onset AND afebrile ≥72 hours with improving symptoms). If they phone following discharge we will ask that they redirect their concern to their primary care provider.
Referral form – FAX TO 902-405-4373

Patient name: ___________________
DOB: __________________________
HCN: __________________________

Date of symptom onset: ______________________________________________________
Date of positive COVID-19 test: _______________________________________________
Pulse oximeter number: ______________________________________________________

Referral source: • Public health • Emergency department • Secondary assessment
• Other __________________________ centre

Location of referral source: _________________________________________________
Reason for referral: _________________________________________________________