YNHHS Pulse Oximetry Monitoring Post Discharge for COVID-19 Patients

Scope: Adult YNHHS inpatients who are being discharged home after hospitalization for COVID-19 and would benefit from pulse oximetry monitoring after discharge.

Background:
1) Many patients are being discharged to home after hospitalization for COVID-19. The disease course for COVID-19 has proven to be lengthy for many patients, and closer monitoring may be beneficial in identifying possible decompensation, especially from a respiratory standpoint. Providing outpatient pulse oximetry monitoring may be able to detect clinical deterioration earlier, and thus improve patient outcomes.

Leadership and Decision Making:
1) YNHHS Adult Inpatient, Ambulatory, Post-Acute, IT, Nursing, and Care Management leadership

Availability
1) Initial roll out of pulse oximetry monitoring post discharge will be on select COVID units at YNHH and GH.

Indications for Pulse Oximetry Monitoring Post Discharge
1) Any inpatient hospitalized with COVID-19 that is discharging home AND
2) Has a device or computer at home that can access Epic MyChart AND
   a. Risk factors that put patient at higher risk for severe disease or respiratory decompensation OR
   b. Need for supplemental oxygen beyond baseline requirements OR
   c. Ambulatory O2 saturation on discharge of 94% or less OR
   d. Concern for limited support or access in the ambulatory environment

Process

Prior to Discharge:
1) Primary team identifies patient as discharging home and would benefit from pulse oximetry monitoring post discharge
2) Epic MyChart access is confirmed, or provided to patient. Review in Epic header. Click to facilitate access. MyChart: Active
3) Primary team enters Epic order for ‘COVID-19 Pulse Ox Remote Monitoring – IP Discharge’ in the Discharge Medication Reconciliation – This ordeset facilitates access to SpO2 documentation in Epic MyChart
4) Primary team communicates need for pulse oximetry monitoring post discharge to care manager
5) Consider referral to pulmonology (or arrange follow-up appointment if already established with pulmonologist).
Day of Discharge:
1) Care manager provides pulse oximetry device to RN/patient
2) RN reviews pulse oximetry education sheet and MyChart tip sheet with patient. RN confirms patient has Epic MyChart access.
3) Primary team enters “Enrolled in care coordination oximetry follow up home oximetry for 7 days” into Follow-Up section of discharge navigator

At Home:
1) 24-48h post discharge, ambulatory care manager identifies patient on work list, and places a call to patient to review Epic MyChart instructions for data entry into MyChart, as well as other discharge instructions as needed.
2) Patient enters pulse oximeter value into Epic MyChart daily for 7 days.
3) Ambulatory care manager monitors patient oximetry reports daily.
   a. Patient contacted for values outside of the specified range. Escalation to PCP or ED based upon symptoms.
4) If pulse oximeter values are stable and in appropriate range after 7 days, daily monitoring is stopped. Patient retains pulse oximeter device.
Providers will place orders in Epic using a SmartSet (an order set that contains a Pulse Ox order, patient instructions and patient questionnaires). In order for a patient to qualify he/she **MUST** have an active Mychart.

**Accessing the COVID-19 Pulse Ox Remote Monitoring Order Set at Discharge**

1. From the discharge navigator, access Med Rec and move to the Order Sets tab. Type in **Remote**.

2. The ‘Remote Monitoring’ order set for discharge is selected, click **Accept**

3. The order set appears:
4. If either **YES** or **NO** is clicked, the order set opens to the following. The questionnaires required for patients on home O2 and those not on home O2 are pre-checked/selected. In addition, the Pulse Ox device itself is selected.

5. The Pulse Ox order will open automatically, displaying the following required question:

6. If answered “**No**”, another statement will appear which requires acknowledgement. The orders can then be signed.