



Guidance for Follow-Up and Documentation of Home Care Patients under the Pandemic Protocol Phase II

Maine EMS is committed to providing safe, quality care of patients and the well-being of EMS clinicians during the 2020 COVID-19 Pandemic. This clinical bulletin is intended to support those values by discussing patient follow-up in the context of the *Phase 2 Pandemic Response Protocol*.

The *Phase 2 Pandemic Response Protocol* is intended to serve two functions:

1. Identify patients who are safe to remain home with symptoms of COVID-19; and
2. Identify patients with symptoms of COVID-19 who require transport to the hospital for treatment and consideration of admission.

If, with a cooperative consensus between the patient, EMS clinician and on-line medical control (OLMC), a patient is deemed appropriate for home care, our shared value of safe, quality care for patients insists that a follow-up plan be established to monitor for deterioration in the patient's status. Current experience with infection from COVID-19 is that symptoms wax and wane, sometimes worsening around the second week of the disease. In an effort to ensure patients are provided the safest care possible, the *Phase 2 Pandemic Response Protocol* includes a follow-up plan for the patient. Please be sure to document the patient follow-up plan in the Phase 2 worksheet found within the MEFIRS reporting system.

- **Primary Care Provider Follow-Up**
Patient follow-up can come from a variety of mechanisms. Primary Care Providers (PCPs) are possibly the most appropriate follow-up mechanism. These providers have an established relationship with the patient and are most intimately aware of the patient's past medical history. If the patient has a PCP, on-scene EMS clinicians should consider reaching out to the patient's PCP to establish follow-up. Even during the pandemic, PCPs remain active. While not seeing patients in their offices, most are still actively engaged with their patients through phone and telemedicine. The time of the call could be a barrier to engaging the patient's PCP, however, many PCPs have means to engage with patients, even after hours. A voice message can also help start the follow-up process if the option exists. Please be sure to document the PCP's contact information in the Phase 2 worksheet in the MEFIRS reporting system. The patient, and their family/loved ones can also be recruited to establish follow-up with their PCP.
- **Public Health Follow-Up**
Some communities may have public health resources, such as public health nurses or public health liaisons. For communities with such resources, it will be imperative to

collaborate with them *prior* to considering them as follow-up resources, to ensure their availability and capability to assist in these events.

- **Home Health/Hospice Follow-Up**
Some patients may have robust in-home support already established, such as home health resources or hospice. If so, please consider engaging these healthcare assets in the patient's follow-up. Not only are these patients suffering from the consequences of COVID-19, but also have existing illnesses or limitations that lead to their engagement in such programs.
- **OLMC Follow-Up**
Emergency practitioners across the state have needed to create follow-up processes for anything from lab to radiology follow-ups. Some hospitals in the state are interested in engaging around the patients not transported through COVID-19 as well. OLMC may offer to provide the patient follow-up and may need your support by providing them with the patient's demographic information and contact information. Please be sure to document the *Base Hospital Contacted* in the MEFIRS reporting system as this will allow on-line medical control access to the patient care report.
- **EMS Follow-Up**
Finally, EMS agencies may choose to follow-up with patients themselves. There is perhaps no element of the health care network more invested in their communities than the EMS system. In such cases, Maine EMS is committed to supporting these efforts by providing a framework for remote patient evaluation by telephone or other approved telemedical devices, if available, to the EMS agency and the patient. Maine EMS has created a report (Pandemic Phase 2 Home Care Lookup) to query Home Care patients easily from Report Writer within the MEFIRS reporting system.

The following questions and answers are intended to frame the content and frequency of patient follow-up as well as describe some of the actionable steps that could occur from this follow-up process.

What should the follow-up process include?

The patient follow-up can take many faces. In the context of the COVID-19 pandemic, Maine EMS is balancing safe, quality care for our patients with thoughtful protection of the EMS workforce. The operational outcome of these two values suggests that one of the most appropriate follow-up mechanisms is a telephone or virtual reengagement with the patient at a time remote from their initial evaluation. Timing of this follow-up will be addressed below.

Maine EMS suggests the following as a framework for this conversation with the patient: Ask the patient, "Since you were last seen, have you been having any of these signs or symptoms":

- Are you having a very hard time breathing?
- Have you been limited in performing normal activities because of stopping to catch your breath?

- Have you been gasping for air?
- Are you having continuous or severe pain or pressure in your chest? (This does not include pain in the chest from coughing)
- Have you been unable to keep down food or drink for the last 12 hours?
- Have you been feeling so lightheaded that you fear you may pass out or faint when you stand up?
- Have you had any instances of altered or slurred speech, been difficult to wake up or had episodes where you were behaving very abnormally? (this question may benefit from engagement with the patient's in-home caregiver and/or family members)
- Are your symptoms rapidly getting worse?
- Have you had a fever and cough that went away for a while, but have come back and are now much worse?"

All of the above questions attempt to measure the ongoing impact of COVID-19 on the patient and are very similar to the questions asked in part 1 of the *Phase 2 Pandemic Response Protocol*. These questions address the patient's respiratory status, cardiac status, volume/hydration status and neurologic condition and should act as the foundation of a remote medical assessment. In addition, these questions are part of the Patient Follow-Up worksheet in MEFIRS. These interactions by EMS will require documentation in the MEFIRS reporting system.

What are the circumstances that may lead to repeat in-person evaluation or even transport of a patient who was previously deemed appropriate for home care?

If the answer to any of the above questions is "YES", or you discover any other suggestion of significant respiratory, cardiac, volume/hydration, or neurologic impacts from COVID-19 in your conversation with the patient, this is suggestive that the patient is now experiencing a larger impact of the disease and should seek health care. This may result in EMS transport, or the patient self-transferring to a physician's office, an alternate care site established to care for COVID-19 patients, or an emergency department.

When should the patient follow-up begin?

In general, patient follow-up should occur between 12-36 (average 24) hours after initial patient contact.

When should we re-engage with the patient for follow-up?

There are no hard and fast rules regarding patient re-engagement after the first follow-up call. Some patients may be considerably improved after the first follow-up and no further follow-up is needed. Some patients may appreciate re-engagement, especially if their symptoms have not completely resolved. There is no "best" time frame for patient re-engagement, however a 24 – 48 hour timeframe should be appropriate for most of these events. Consider faster (24-hour) call backs for patients with larger risk of COVID-19, as defined by their age (less than 16, older than 65), past medical history (including any pulmonary, cardiac, or renal disease, diabetes or underlying malignancy), or anyone in whom concerns arose regarding their social status.

When should the EMS service disengage from patient follow-up?

Again, there are no hard and fast rules here, however, EMS agencies may disengage from patient follow-ups under 2 conditions:

- 1) When another person assumes the follow-up responsibility. For instance, if the patient has a PCP or Home Health Services, but there existed a lag between initial, in-person EMS evaluation and first follow-up and now the existing support service is willing to assume follow-up responsibilities, or
- 2) When the patient is significantly improved. This later consideration should be contextualized based on the duration of the patient's symptoms. COVID-19 symptoms may wax and wane, especially early in the course of the illness. Patients may have symptoms that initially improve but go on to worsen during the 2nd week of illness. Please consider the duration of symptoms when considering disengaging from follow-up. A patient should not only feel better, but be more than 12 days out from their initial onset of symptoms prior to assurance that the patient's symptoms are completely resolved.

What if a follow up plan cannot be established?

Patient follow up is essential to the Phase 2 Pandemic Response Protocols. If EMS providers cannot establish a follow up plan with the patients PCP (perhaps they do not have a PCP), if the EMS agency/emergency department/hospital do not have follow up plans in place, and if no other entities can follow up with the patient, the Phase 2 Pandemic Protocols cannot be implemented and the patient should be transported to the hospital .

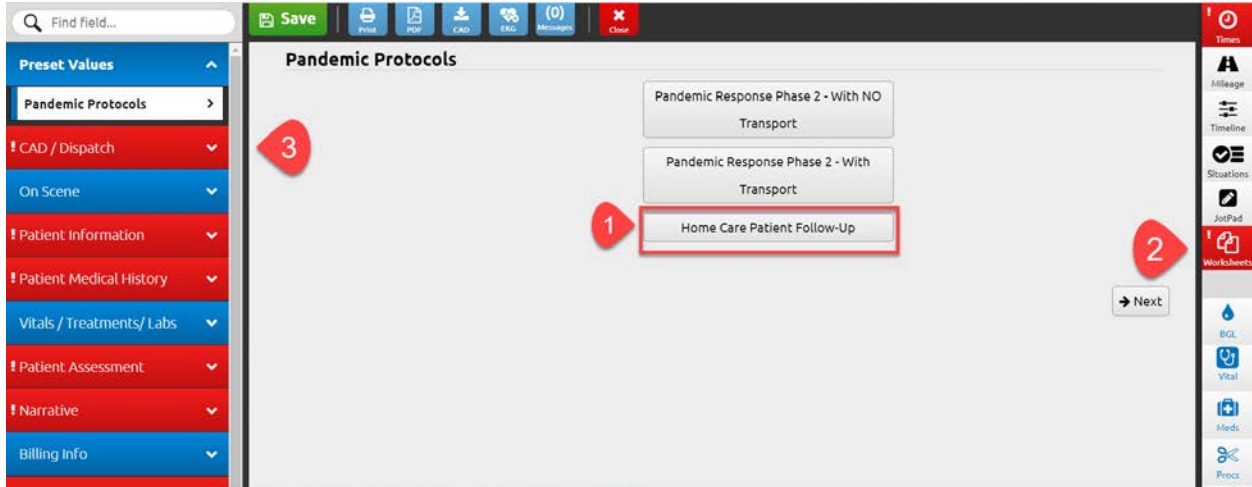
Do these interactions require documentation?

Yes, these interactions need to be documented, however, this documentation is clearly different than the standard MEFIRS documentation. For more information regarding documenting these follow up events, please review the instructions on the final page of this document.

Maine EMS is committed to working with EMS agencies to meet our collective goals of providing excellent, safe and quality care to patients while at the same time, providing for the safety of EMS clinicians. This clinical bulletin describes in more detail the options for patient follow-up after deemed safe for no-transport by the *Phase 2 of the Pandemic Response Protocols*. This is also intended to support the efforts of EMS Agencies in pre-planning and identifying local resources in order to provide advanced education and direction to their personnel should they need to make these on-scene arrangements and for EMS agencies that offer to take on the follow up responsibilities themselves.

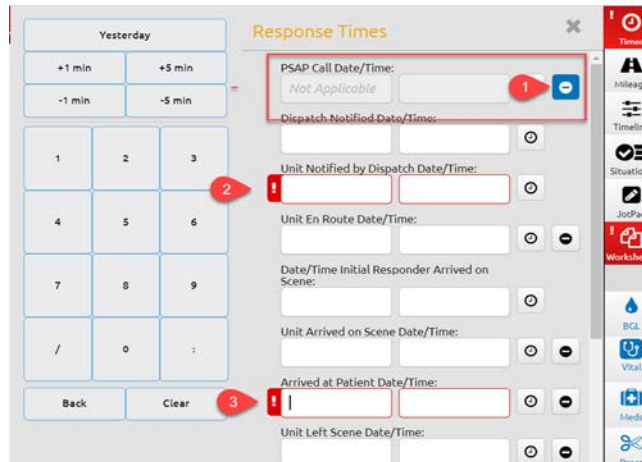
We thank you for everything you are doing to provide for the safety of your communities, your citizens and your neighbors.

Home Care Patient Follow-Up Documentation in MEFIRS



1. Select the Preset Value of *Home Care Patient Follow-Up*
2. Complete the worksheet
3. Answer all other required fields

Response Times Information



1. Select *Not Applicable* for the PSAP Date/Time
2. Enter the *Unit Notified by Dispatch Date/Time*
 - a. This can be the time you are initiating the follow-up call
3. Enter an *Arrived at Patient Date/Time*
 - a. This is the time you contacted the patient