Penn Medicine at Home is prepared to care for patients with confirmed or suspected COVID-19. We have established the below guidelines to assist with home-based care planning for these patients.

*Please note, Penn Medicine at Home has established a rigorous plan, in line with UPHS guidelines, to promote employee safety. This includes screening for all patients and family members prior to point of contact, universal masking of all employees, and daily temperature/symptom checks for all front-line clinicians. Appropriate PPE is utilized for all patient visits.*

**Penn Medicine Home Health** is appropriate for those COVID-19 patients who:

1) Have a skilled need for in-person nursing care (wounds, infusions, etc.); OR
2) Need close monitoring of pulse oximetry and other vital signs due to underlying illnesses OR
3) Have been started on home oxygen for COVID-19; OR
4) Have significant comorbidities (e.g. heart failure, ESRD, COPD).

For patients with mild illness and no significant comorbidities, please consider the many resources throughout the Health System including COVID-19 Watch (text-based monitoring), or follow up through a Primary Care Practice or Penn Partners in Care.

**COVID+ or pending patients referred to Penn Medicine Home Health may expect the following:**

1) **Where clinically indicated, an in-person Admission Visit** conducted by a nurse in appropriate Personal Protective Equipment:
   a. At this visit, the patient will be provided with appropriate telemonitoring devices, which may include a tablet for video conferencing and equipment to monitor vital signs, including pulse ox.
      i. Where clinically indicated and where a patient has both the required equipment and the ability to download required applications, a clinician may help the patient utilize their own device.
   b. Caregivers will be welcome in the room and encouraged to practice social distancing, when possible.
   c. Where clinically indicated, or if the patient or family is concerned about an in-person visit, PMHH may be able to waive the in-person visit and offer a contactless delivery of telemonitoring devices.

2) **Ongoing care** will be conducted virtually, where clinically appropriate. This includes:
   a. Twice daily virtual visits provided by Virtual Nurse Case Managers for symptom assessment, management and education,
   b. Close monitoring of vital signs including pulse oximetry,
   c. Virtual or in person PT/OT as clinically appropriate,
   d. Ability to quickly mobilize home oxygen or IV fluids if needed.

An after-hours triage line is also available to ensure 24/7 coverage of patient needs.

**COVID+ patients will be discharged from Home Health when the following criteria are met:**

1) Patient has been followed for >14 days of symptom onset, AND
2) Patient is clinically stable and has no outstanding skilled nursing needs, AND
3) Patient no longer requires home oxygen (assuming no home oxygen prior to COVID diagnosis).

*As always, thank you for your partnership as we ensure the health and safety of Penn Medicine patients*
Please reference the below guidelines when referring a Confirmed or Pending COVID19 patient.

**Inpatient Referrals:**

- Please send discharge information re: patient with a positive OR pending COVID-19 test as early as possible, preferably the day before discharge
- Please indicate clearly in the referral that patient has a positive OR pending COVID-19 test
- Due to planning and PPE required for visits, same day start of care may not be possible

**Ambulatory Referrals:**

- Please indicate clearly in the order that the patient has a positive COVID-19 test, a pending COVID-19 test, or high clinical suspicion for COVID-19
- Home health and hospice referrals will be seen within 24-36 hours of referral; if patient cannot be seen within this time frame, the ordering clinician will be contacted
- Infusion referrals may require additional advanced notice if prior authorization is required

*Additional Referral Questions can be directed to Penn Medicine at Home Central Intake: 866-888-8598*