



COVID-19 Remote Monitoring: How Safe Is It?



A new study from the University of Toronto presents the results of implementing a multidisciplinary, family medicine-led remote monitoring programme for outpatients with COVID-19.

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Since the start of the pandemic, there has been substantial need for safe monitoring of COVID-19 patients, and virtual care has been a popular solution. Faced with such need, an ambulatory academic centre in Canada, the Women's College Hospital in Toronto, collaborated with the University of Toronto and Mount Sinai Hospital to develop COVIDCare@Home, a remote monitoring programme for community-based patients with COVID-19 managed by an interprofessional, family medicine-led team. Its performance in the early stage of the pandemic, from 8 April to 11 May 2020, is described in a new study published in CMAJ Open (Agarwal et al. 2021).

The researchers focused on the uptake, feasibility and safety of the programme. The sample included 97 COVID-19 patients who recorded 415 virtual visits (a median of 4 visits per patient). The monitoring team comprised a family physician, a family medicine resident, a registered nurse, a mental health or social worker, a nurse practitioner and a pharmacist while specialists participated, if needed, through teleconsultations. High-risk patients received pulse oximeters (24%) and thermometers (5%).

On the technical side, the monitoring process included use of the electronic health record system and integrated video consultations as well as the patient portal and the specifically created informational website and dashboard.

The median time between positive testing and the first visit was 3 days, for virtual monitoring 8 days. There were no deaths neither hospitalisations, with 4% of patients taken to the emergency

department. 16% of patients required mental and social health support such as for finding a primary care provider or addressing financial insecurities.

While acknowledging some limitations, the researchers point out that this type of family medicine-led remote monitoring programme for COVID-19 patients proved to be safe and practical while the patient adoption and retention levels were high. They note that it might be scaled up to provide support to primary care physicians caring for low-risk COVID-19 patients in the community setting. In addition, an ability of virtual monitoring programmes to not only assist with clinical care but also address social determinants of health should be considered to advance holistic remote home monitoring and ensure health equity beyond the pandemic.

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