

## CO@h/CVW definitions for the purposes of evaluation

Experience of data collection for the heat maps has identified a number of potential issues impacting on the evaluation of CO@h and CVW. These issues are:

1. Date the service was 'fully operational' versus 'go live'
2. Type of model (i.e. step up or step down, self-monitoring or supervised monitoring, primary care led or secondary care led, integrated service or specialist service etc.).

### Fully Operational Status

Data collection for the heat maps has used a 'go live' date. This means the date the service was implemented but may require further testing or adjustments before wider access. For the purposes of evaluation this needs to be different from the date the service became fully operational. Previous definitions suggested fully operational was when the service was reaching full capacity. However this is problematic. Modelling may have been done when infection rates were lower than they are now, or based on available workforce. Some regions are experiencing lower numbers than expected in the CO@h service and this may be a result of pressure in the PC system to onboard patients rather than capacity in the pathway.

Fully Operational is the date the service **is available to access for all stakeholders.**

### Suggested definition:

**Fully operational CO@h:** The date on which the service was available to all PCNs in the geographical area covered by the CO@H service.

**Fully operational CVW:** The date on which the service was available to all acute hospital trusts covered by the CVW service.

*NB: from a clinical perspective a fully operational service would be a service that has good governance and oversight, access and awareness of service users within the geography they serve and are gathering quality data. Ideally the service would have full coverage in and out of hours. We are not using this for the purposes of data collection for the heat maps or evaluation but it is important.*

## **Type of Model**

It is important for the purposes of data collection and evaluation to identify the service delivery model. CO@h has a data provision notice and collects patient level information, CVW collects number of patients discharged to CVW and therefore does not require a data provision notice.

### **CO@H definition (Step up model)**

A service for patients at home (or usual place of residence) self-monitoring and self-escalation (in the event of deterioration), supervised by primary care and patient-level data is returned by primary care services under a data provision notice.

### **CVW definition (Step up and Step down models)**

A service facilitating early supported discharge from an inpatient bed and a safe admission alternative monitoring service for COVID patients at home, supervised by secondary care aggregate data is provided via the daily sitrep from acute hospital trusts.

Some models are based on specialist treatments: i.e. community respiratory teams providing oxygen therapy and therefore only available to patients discharged from inpatient bed with oxygen.

The pathway was thought to be for **higher acuity and complexity patients who have been seen in secondary care.**

### **Admission Alternatives**

The admission alternative principle applies to those who are assessed in the emergency department or SDECs that are not admitted to the hospital but require home monitoring. This monitoring can be provided by either primary care (CO@H)- for lower acuity/complexity- or secondary care (CVW) – for higher acuity/complexity.

	CO@h	CO@H Revised	COVID VW	COVID VW Revised
WHERE	Primary care supervised	Can be secondary care, primary care or community care in some cases integrated	Hospital supervised	Can be secondary care, primary care or community care in some cases integrated
WHO	Lower acuity / complexity	Lower acuity / complexity	Higher acuity / complexity	Higher acuity / complexity
WHEN	community diagnosed patients	Patients may step down from hospital/ED depending on acuity	emergency hospital patients	Hospital in patient/ED/SDEC/ admission units but may also come from community to as admission avoidance
AIMS	Safe Admission Avoidance	Safe Admission Avoidance or early discharge	Early supported hospital discharge	Early supported hospital discharge or admission avoidance
HOW	Patient self-monitoring/escalation Earlier deterioration presentation	Patient self-monitoring/escalation or HCP Earlier deterioration presentation	More intensive monitoring overseen by HCP Reliable deterioration recognition	More intensive monitoring overseen by HCP Reliable deterioration recognition
WHAT	Supportive treatments such as oral antibiotics	Supportive treatments such as oral antibiotics	+/- Dexamethasone, LMWH, O2	+/- Dexamethasone, LMWH, O2
Data	Patient level data via CCG	Patient level data via CCG	Activity data from daily sitrep (hospital)	Activity data from daily sitrep (hospital)



**Version final (28.1.21)**