User experiences of a remote monitoring program during COVID-19

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Background

Virtual care gained traction during COVID-19 as it allows patients to be remotely monitored and reduces the risk of infection for patients and healthcare professionals[1]. RPA Virtual Hospital (**rpa**virtual) launched in February 2020 and was the first service in NSW to introduce remote monitoring and follow-up for stable COVID-19 patients in quarantine or isolating at home[2,3]. Patients received a pulse oximeter (PO) to monitor their oxygen saturation levels, critical to identifying signs of health deterioration. Although preliminary patient experience data have been collected, user perceptions of the intervention had not been fully explored.

Objective

Explore the utilisation, performance and acceptability of the PO for COVID-19 remote monitoring for patients and clinicians.

Methods

Semi-structured interviews were conducted with 1) patients ≥18, monitored by **rpa**virtual with PO, and 2) **rpa**virtual clinicians who monitored those patients. Interviews were coded using the Theoretical Framework of Acceptability[4]

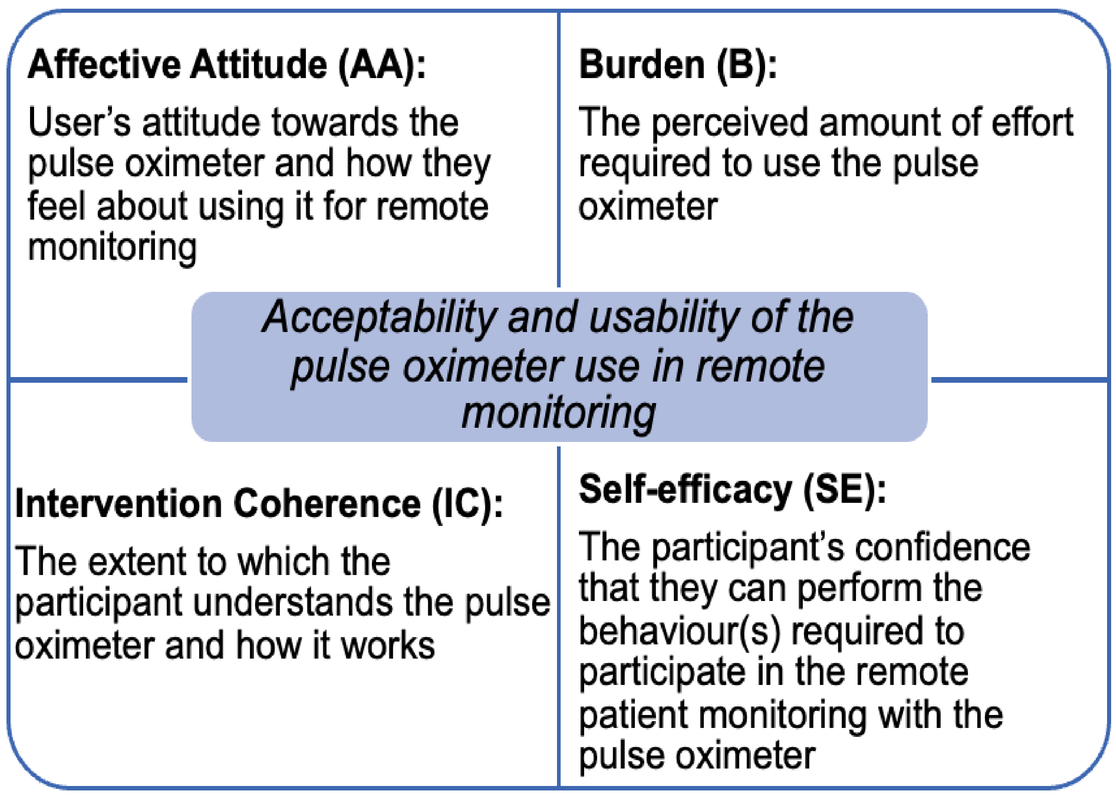

Figure 1. Constructs adapted from the Theoretical Framework of Acceptability

Results

Twenty-one patients and fifteen clinicians completed the interview. Results are reported on Figure 2.

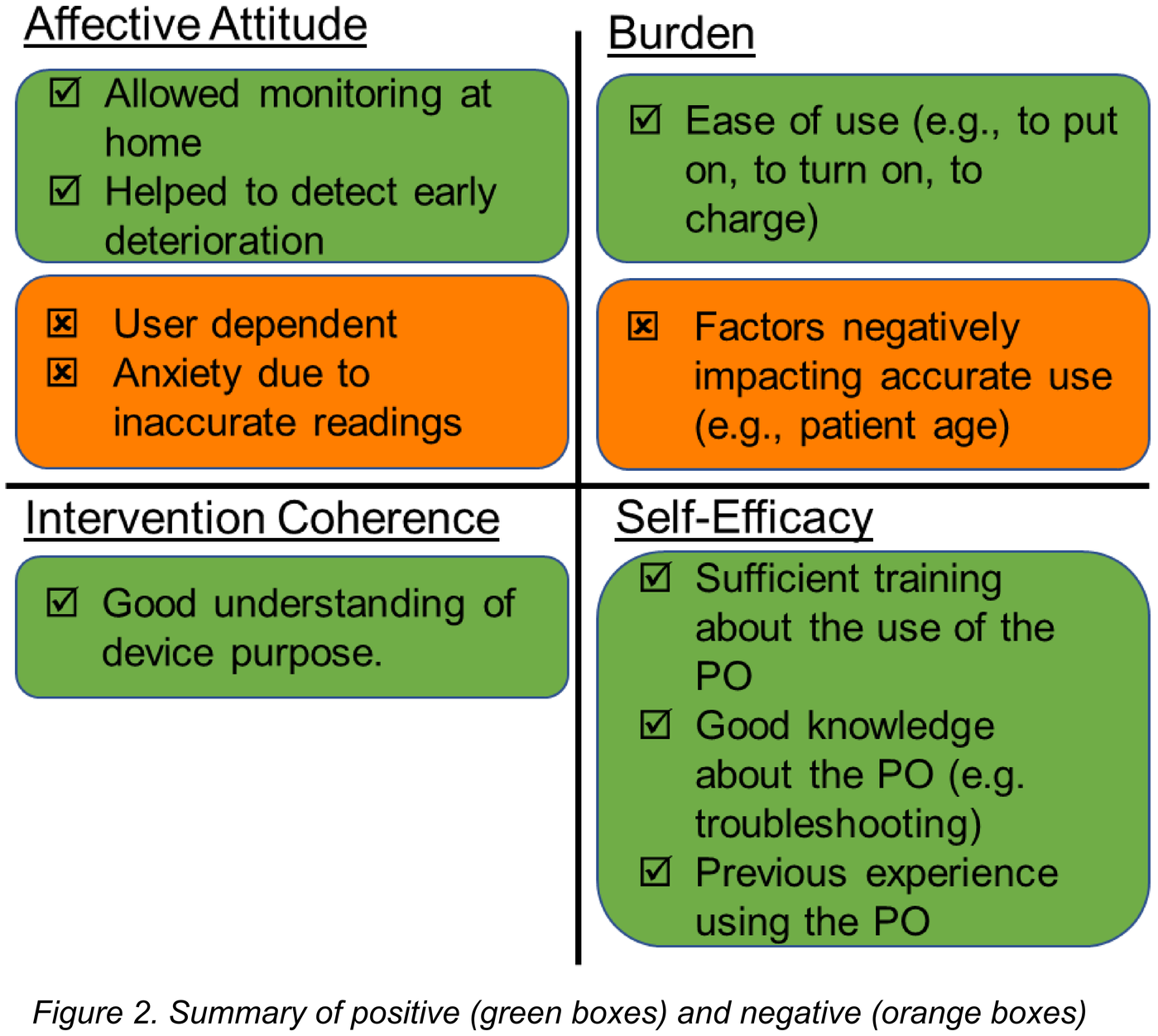

Figure 2. Summary of positive (green boxes) and negative (orange boxes) patients' and clinicians' perceptions about the use of the pulse oximeter in remote monitoring

Conclusions

The use of the PO for COVID-19 remote monitoring was described as easy and highly acceptable to patients and clinicians alike. Additional education may be necessary for some patient cohorts.

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