



CHRONIC CONDITIONS SUPPORT PROGRAM (CCSP)
REFERRAL: VIRTUAL HEALTH MONITORING

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Patient information		
Last name		First name
Date of birth YYYY/MM/DD	PHN #	Phone
Address		
Family practitioner		Referring practitioner (if different)
Referral details		
Primary reason for referral: <input type="checkbox"/> COPD <input type="checkbox"/> CHF <input type="checkbox"/> Other: _____		
Additional information outlining the client's interest and need for Virtual Health Monitoring:		
How will this client participate? <input type="checkbox"/> Independently <input type="checkbox"/> With the support of a caregiver <input type="checkbox"/> Both		
The Chronic Conditions Support Program will assess participant suitability; only appropriate clients will be initiated. This voluntary program is not intended to replace or replicate primary care services and is not an emergency response system. Suitability considerations are outlined on the reverse.		
Client-specific thresholds Indicate how you would like the client-specific thresholds to be established:		
<input type="checkbox"/> The CCSP team will establish the thresholds based on the client's baseline and target ranges (BP, HR, O2 sats.). The CCSP team will notify the client's primary care provider with an update if/when the clinical status of a client changes.		
<input type="checkbox"/> The thresholds will be established by the primary care provider. The CCSP team will notify the primary care provider with an update if/when the clinical status of a client changes.		
Indicate if other reporting is requested:		
Physician signature		Date

Information contained in this form is collected, used and disclosed in accordance with Yukon's *Health Information Privacy and Management Act* and other applicable laws. A written statement of Health and Social Services information practices can be viewed at yukon.ca/healthprivacy or by contacting the department's Privacy Officer at healthprivacy@yukon.ca.

Suitability criteria for Virtual Health Monitoring:

- Ability and willingness to provide consent to participate
- Familiarity with technology ie: has a computer, smartphone, or tablet
- Is aware of the client expectations and is Interested and willing to participate
- Engaged in self-management of chronic condition(s)
- Considered compliant with prescribed medications
- No significant cognitive impairments (**Engaged caregiver that could assist with monitoring would be considered*)
- Has, or is suitable for, a COPD and/or CHF Action Plan
- Yukon resident with valid health care card
- Participation would not cause any safety risks for the client
- Participation will not cause them increased anxiety associated with their health status

Monitored vitals

The client will be supplied with a ‘Connected Health Kit’ from Cloud DX. This kit includes an android tablet, a wrist blood pressure cuff, Bluetooth body weight scale, and Bluetooth pulse oximeter. All the supplied equipment connects to the tablet to record the client’s vitals. The client will record their blood pressure, heart rate, body weight, oxygen saturation levels and reply to clinical symptom surveys with this equipment and have it recorded on the Cloud DX software platform.

If or when a client’s data exceeds an established threshold, the CCSP team will be notified, during regular business hours. This platform is not an emergency service. The CCSP team will contact the client, and if an action is required, this will be advised by the CCSP team. Concerns regarding the client’s clinical status will be passed along for your consideration and review.

Default patient thresholds

Blood pressure	High threshold: >155 SYS mmHg or >95 DIA mmHg or change of >30% within 7 days
	Low threshold: <60 SYS mmHg or <40 DIA mmHg
Oximetry	Low threshold: <88 % SPO ²
Weight	10% increase in 14 days, 5% decrease in 7 days
Heart rate	No default threshold
Glucose	High threshold: 11.1mmol