

## What's the Problem?

After diagnosis and recovery from COVID-19 many patients are left with significant functional and cognitive impairments. Patients can have difficulty performing activities of daily living and concentrating for days to months post COVID diagnosis and may have difficulty returning to prior level of function independently. Therefore PM&R and physical/occupation/speech therapy may be needed to improve function and quality of life of these patients.

## Cause analysis

Root causes of this problem included:

- Evolving understanding of functional problems faced by COVID-19 patients
- Lack of in-person PM&R and therapy appointments after COVID diagnosis
- Lack of knowledge on improving function and endurance independently
- Lack of understanding of which patients are in need of skilled care

## How Might We Ensure appropriate outpatient follow up for the functional/cognitive deficits patients face post COVID-19 illness

We developed a screening tool of questions to determine which patients would benefit from outpatient PM&R visits after discharge from the hospital/ED that included: four questions looking at function, shortness of breath and cognition. Screening questions were created so a YES response triggers a referral to PM&R to assess functional and cognitive needs for the patient.

Screening questions are:

- Do you have difficulty doing activities like getting dressed or taking a shower?
- Do you avoid doing things because they take longer than usual?
- Do you have difficulty walking for more than 15 minutes?
- Do you have trouble keeping track of what you're doing during the day?

When a YES response is given to the care coordinator following up with patients after a COVID diagnosis or hospital stay a referral to PM&R is created. Once the patient schedules a telehealth appointment with PM&R the PROMIS outcome measure will be used to determine self reported level of function/cognition.

For patients that are appropriate PM&R will refer to physical/occupation/speech therapy to address deficits and return the patient to prior level of function. The PROMIS tools will be used as well as the appropriate functional measure to determine patient improvement after treatment.