

Post Acute COVID Team (PACT) Service Standards

A Pulmonary Critical Care Medicine, Physical Medicine & Rehabilitation, Home Care Group Collaborative

GOAL

To establish an interdisciplinary standardized approach to address the unique needs of COVID-19 survivors upon hospital discharge.

BACKGROUND

- The number of people with COVID-19 increases daily
- Approximately 20-30% of these patients currently require hospitalization, and about 5-12% will be treated in an intensive care unit (ICU).
- Severely ill in-patients commonly experience “[Post-Hospital Syndrome](#)” (or [Post-Intensive Care Syndrome \(PICS\)](#) for critical illness survivors).
- This syndrome includes markedly impaired strength/physical ability, worsened mood/anxiety/post-traumatic stress disorder, difficulties with thinking/memory, and increased use of healthcare resources.

ASSUMPTIONS

- Each Hospital will integrate site specific policy, resource and regulatory considerations to meet PACT clinical standards.
- Development of a PACT Service can be leveraged to establish a broader Post-Intensive Care Team (PICT) Service

CLINICAL STANDARDS

MINIMUM CARESTREAMS

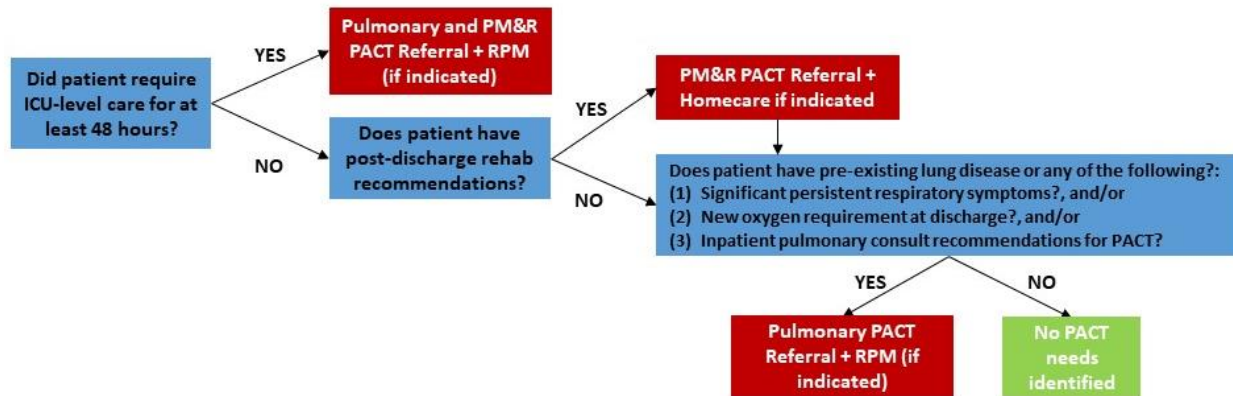
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| <ul style="list-style-type: none"> • Physician Management <ul style="list-style-type: none"> ○ Pulmonary ○ Psychiatry | <ul style="list-style-type: none"> • Outpatient Rehabilitation <ul style="list-style-type: none"> ○ Physical and Occupational Therapy ○ Speech Language Pathology ○ Psychology | <ul style="list-style-type: none"> • Home Care <ul style="list-style-type: none"> ○ Physical and Occupational Therapy ○ Speech Language Pathology ○ Nursing ○ Remote Patient Monitoring (RPM) |
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Specialty services: Develop a system and identify resources for targeted referrals to other subspecialties, including Psychiatry, Neurology, Cardiology, Infectious Disease, Dermatology, Nephrology, and Hematology as needed.

KEY WORKFLOW

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| <ul style="list-style-type: none"> • Coordinated Discharge Processes <ul style="list-style-type: none"> ○ Integration of PACT eligibility criteria into discharge workflow (Figure 1) ○ RPM referral if indicated (Figure 2) ○ Appointments to appropriate services in hand and MyChart enrollment. | <ul style="list-style-type: none"> • Clinic Evaluations and Synchrony <ul style="list-style-type: none"> ○ Utilization of harmonized evaluation templates for Pulmonary and PMR ○ Use of PACT core clinical outcomes set ○ PACT coordinated rounds (Pulmonary, PMR physician, Home Care team) | <ul style="list-style-type: none"> • Care Transitions <ul style="list-style-type: none"> ○ Establish system to transition patients from home care to outpatient rehabilitation ○ Effective communication with PCP. |
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FIGURE 1. PACT (POST-ACUTE COVID TEAM) CLINIC ELIGIBILITY FOR PATIENTS POST-HOSPITAL DISCHARGE

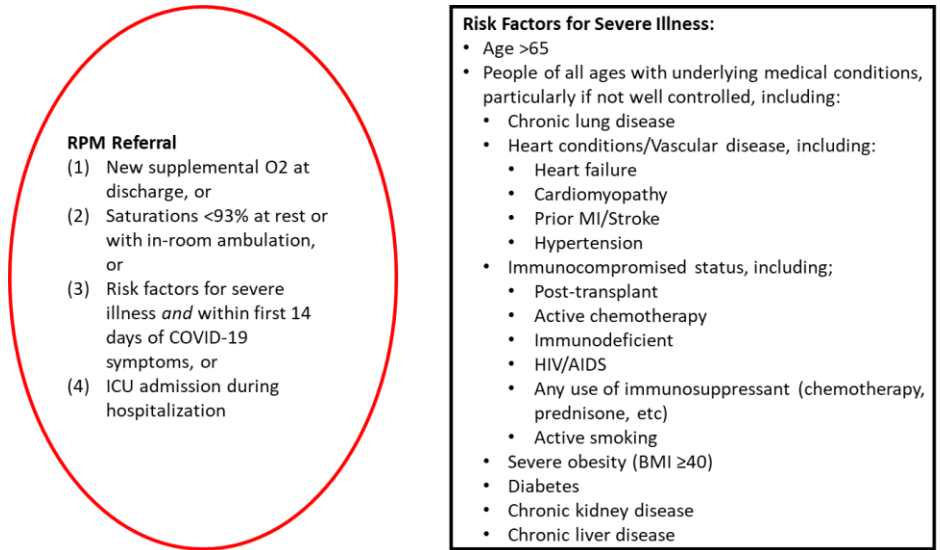


*If patient has an established pulmonologist, schedule follow-up with that pulmonologist instead of Pulmonary PACT.

*Outpatient rehabilitation services should *not* be delayed until Psychiatry appointment if deemed appropriate at the time of discharge.



FIGURE 2. COVID AMBULATORY REMOTE PATIENT MONITORING (RPM)



*These are guidelines and should not replace use of clinical judgement, rather inform judicious use of this service.

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To establish a Post-Acute COVID Team (PACT) Service or Post Intensive Care Team (PICT) Service please contact Ann Parker, MD at aparke36@jhu.edu or Michael Friedman, PT, MBA at mfried26@jhmi.edu



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