

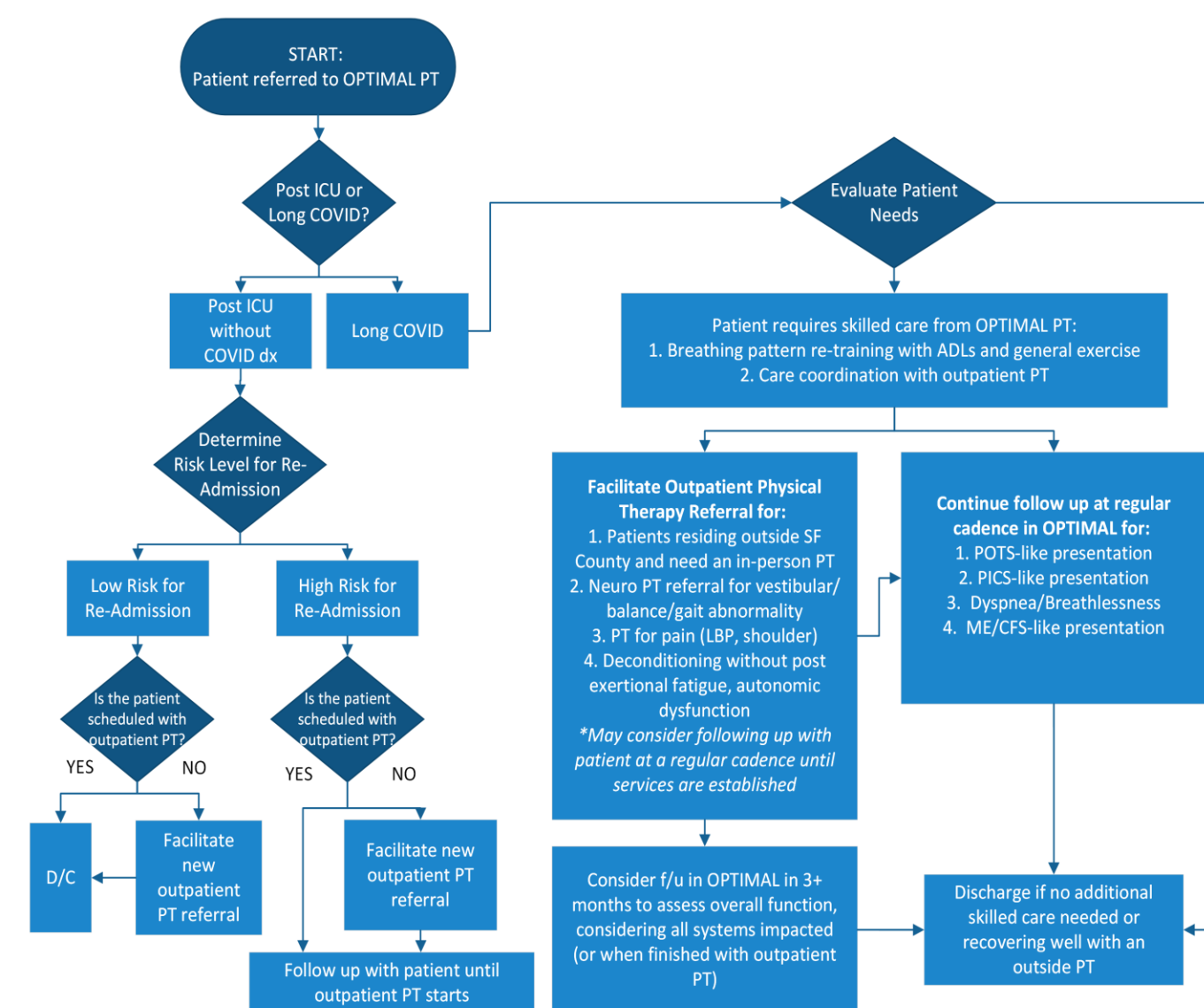
Purpose

Physical Therapy (PT) is recommended for patients with Post Intensive Care Syndrome and Long COVID, but current care models struggle to provide access to PT services post discharge and acute illness.^{1,2} The lack of coordinated care may delay initiation of services and recovery for patients experiencing complex presentations following COVID-19. This may prolong disability and contribute to higher risk for hospital re-admission(s) and/or increased burden of care. This special interest report describes the development and impact of novel integration of physical therapy in a multidisciplinary team at an academic medical institution. The authors highlight the role of physical therapists to meet this need and improve care handover after acute care discharge. Additionally, the early identification of patients experiencing what is now known as Long Covid presents a unique opportunity to address this population and assist with short- and long-term symptom management through physical therapy interventions within this clinic.

Description

The UCSF (University of California San Francisco) OPTIMAL Post-ICU and Long COVID clinic was created to establish a new standard of care for patients discharged from the hospital after acute illness that includes a multidisciplinary team of Pulmonologists, Clinical Pharmacists, Physical Therapists, Occupational Therapists and Social Workers. A clinical workflow was developed to facilitate patient access to PT care after discharge and reduce risk of readmissions. In addition, the workflow would triage and expedite referrals for patients with other needs due to recent or associated illness, such as: vestibular or balance dysfunction, orthopedic related pain, speech and/or swallow dysfunction.

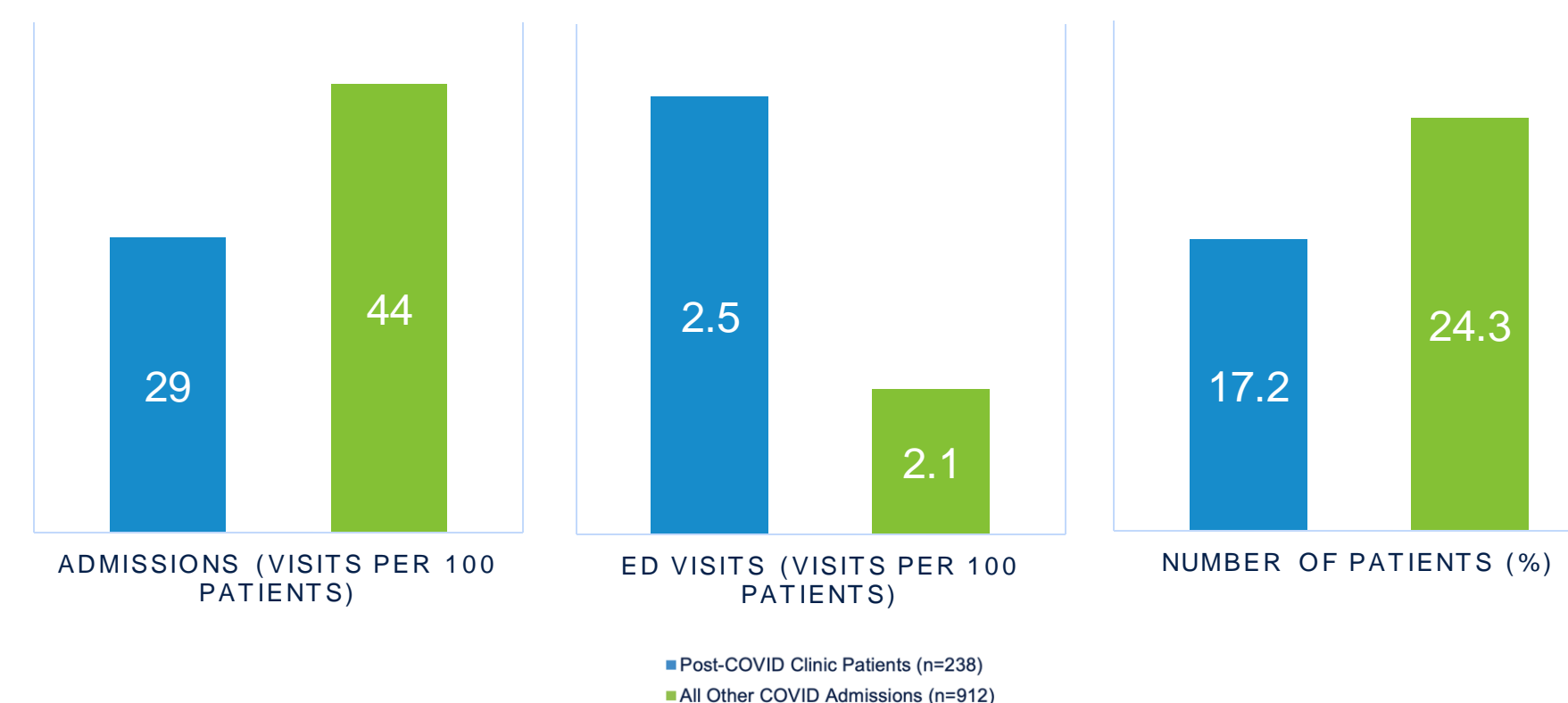
OPTIMAL Clinical Workflow



Summary of Use

Since initiating multidisciplinary services for patients post hospital discharge, 17.2% of patients seen in OPTIMAL had ED (Emergency Department) visits or readmissions, compared to 24.3% of all other COVID discharges.³ Physical therapy interventions in the OPTIMAL clinic included instruction of breathing techniques, empathetic and supportive listening, activity pacing and symptom modulation, as well as individualized exercise progressions to optimize patient's function and participation in their desired activities.^{4,5,6} Physical therapy and streamlined care coordination with the multidisciplinary team has resulted in positive patient feedback and verbally reported self-efficacy in management of symptoms for those with COVID-19 regardless of hospitalization. Overall impact of this comprehensive clinic includes a reduction in hospital readmissions, gaps in care, patient/provider burden of care, and increased geographical reach with telehealth as an adjunct to in-person care.

Outcomes



Data Adapted from CHEST³

Between March 2020 and December 2021, 47 patients were seen by PT in OPTIMAL clinic from the greater Northern California region.

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Importance to Members

This novel integration of physical therapy in a multidisciplinary Post-ICU/Hospitalization and Long COVID Clinic demonstrates a significant opportunity for physical therapists to be a crucial piece of ensuring comprehensive care handover in this complex patient population. Physical therapists are uniquely equipped to add meaningful value to these teams utilizing strategies already established as part of our scope of practice. By simultaneously treating patients in the weeks to months following hospitalization, we can not only act as a liaison for access to other disciplines, but also aid in the management of current symptoms to optimize patient function and reduce the risk of hospitalization or burden of care due to delayed access to the necessary medical providers.

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Contact

Maureen Soliman, PT, DPT
Maureen.Soliman@ucsf.edu
Yumi Kawakami, PT, DPT
Yumi.Kawakami@ucsf.edu

