Post- COVID Care Model - v. 2.0 - 10/14/21

As the pandemic evolves, we are learning more about long term impacts of COVID-19 and persistent post-COVID symptoms. A system response to meet the needs of patients and families, as well as health care providers who provide care, is now required. This includes leveraging and expanding existing complementary models, expertise, and resources, and identifying net new resources. In the Nova Scotia context, there have been a number of individuals identified through this process requiring post-COVID supports for persistent symptoms. The Post-COVID Care Model is a comprehensive, patient-focused care model for Nova Scotians struggling with post COVID19 symptoms.

Guiding Principles:

- Focus on patient-centered care with ongoing patient/family engagement.
- Collaboration and integration of care across the health care system.
- Leverage existing resources and expertise where possible.
- Base decisions on emerging, evidence-based best practice.
- Use of a quality improvement lens.

Post-COVID Care Model:

1. Post COVID Navigator: A navigator role who provides Post COVID screening, assessment and navigation supports for both patients and providers to ensure care pathways are accessed in an efficient and consistent way.

2. MyCOVIDRecoveryNS.ca: Virtual platform to support access to patients, families and providers on self-management tools and resources to support COVID recovery along a spectrum of needs.

3. Post COVID Care – Primary Health Care: Aim to increase knowledge, skill and confidence in primary care providers/teams to successfully manage Post-COVID in the primary care setting and support patient self-management.

4. Post COVID Care – Rehabilitative services: Support existing compliment of inpatient and outpatient rehabilitative services provided by NS Health across all four zones for Post COVID-19 care.

5. Post COVID Care – Integrated Chronic Care Service: An integrated care service, inclusive of an interdisciplinary team of clinical experts to address persistent Post- COVID

symptoms and provide treatment and supports.

Post-COVID Outreach Recovery Pathway (Appendix A):

Since the start of the worldwide COVID-19 pandemic in early 2020 almost 6000 residents of Nova Scotia have tested positive for the virus. Wave 3 in the Spring of 2021 saw the highest numbers of positive cases, hospitalizations, and cases in younger age groups (Public Health, 2021). Due to this Wave 3 epidemiology, there have been a number of patients identified with health care needs related to Post-COVID. As Nova Scotia moves through Wave 4, it is anticipated that there will be further patients requiring Post-Covid supports both in the community and hospital settings.

Post-COVID, also known as "long haul" COVID has been identified as a major health concern resulting from the pandemic. Health care clinicians and researchers are working diligently to study and disseminate knowledge of associated symptoms and treatments for Post-COVID. Post-COVID care is often complicated by underlying co-morbidities, complications from acute care treatments (e.g., intubation, immobility) and socio-economic factors that may limit access to health and social services (Greenhalgh et al., 2020).

The purpose of the Post-COVID Outreach Recovery Pathway is to ensure that all Nova Scotians who tested positive for COVID-19 are screened for Post-COVID symptoms and access to health services. Those who screen positive for Post-COVID will be followed up by a Post-COVID Navigator for further assessment of these symptoms, impact on health and life, as current health care providers. The Post-COVID Navigator will then use this assessment data in collaboration with other health care teams at NS Health, such as Primary Health Care and Rehabilitative and Supportive Care, to assist the patient in navigating access to appropriate health care services. See APPENDIX A

As per the Post-COVID Community Pathway, patients who are suffering with Post-COVID are anticipated to be managed by clinicians across five main categories, depending on their symptoms and care needs:

1) Primary Health Care/Family Practice
2) In-Patient Acute Care/Specialty Service or Rehabilitative and Supportive Care
3) Out-patient Rehabilitative and Support Care/Specialty Service
4) Continuing Care
5) Integrated Chronic Care Service.

It is important to note that integral to the Post-COVID Care Model is fostering regular, clear communication of the plan of care to the patient's primary care provider, as well as the promotion of person-centered care with an emphasis of self-management and quality of life. The Outreach component is time-limited, moving forward clear referral pathways to the Post-COVID Navigator will be established for those who test positive for COVID-19 in the future.

Post-COVID Navigator:

The intention of the screening and navigation stream of the Post-COVID Care Model is to identify and connect post COVID patients to resources and services to support their recovery. In addition to establish a screening/assessment process for all post COVID patients, the Post COVID Navigator role will strive to reduce barriers, bridge gaps and facilitate access to the various care pathways across the Post-COVID Care Program.

Responsibilities:

- Explore symptoms more in depth with clients who had COVID-19.
- Assess impact on activities of daily life as it relates to any symptoms identified as being worse since having COVID-19
- Prioritize access to services
- Provide a case summary to present to referring providers
- Support clients through their journey with post COVID, including self-management

MyCOVIDRecoveryNS.ca

The MyCOVIDRecoveryNS.ca is a new NS Health website that provides self-management information, resources, education materials and symptom management tools to support individuals, family members and caregivers of those experiencing post-COVID symptoms. A communications campaign highlighting this website for target audiences – patients, family, caregivers, providers & key partners will serve to promote access. In addition, the Outreach team will promote the website during the screening process.

Post COVID Care – Primary Health Care

As the providers of primary care services to Nova Scotia, primary health care teams, including Family Physicians and Nurse Practitioners, are essential to the Post-COVID Care Model. Coordinating treatments, self-care management, behavioral change and consulting with other services involved in the patient's Post-COVID care. Practice development and supports for clinicians to learn about Post-COVID include learner-centered webinars offered by Doctors Nova Scotia and Nova Scotia Health. A web-based platform (i.e., Timed Right™) will also be launched, offering a community of practice for primary health care providers. This virtual venue provides a space for providers to share information, network with peers and exchange knowledge about this evolving medical condition.

Post COVID Care – Rehabilitative services

For Post-COVID patients' rehabilitative services will be offered in a person-centered approach, with a focus on evaluation and treatment of patients whose functional abilities have been impaired. Rehabilitative therapy is provided by various disciplines who organize and integrate a program of care, in either an inpatient or outpatient setting. Post-COVID rehabilitative therapy is focused on physical deconditioning, muscle weakness, activities of daily living, swallowing impairments, communication impairments and lung impairment. It will also serve to support rehab needs of patients who may be experiencing complications from severe acute COVID-19, such as ICU-acquired weakness and post-intensive care syndrome.

Post COVID Care – Integrated Chronic Care Service

The Post COVID Care – Integrated Chronic Care Service will provide services for post COVID patients directly and through partnership such as those with rehabilitation services (e.g., outpatient OT/ PT), Community Health Teams, specialty services (e.g., neuro) and others. With the goal of optimizing patients function following a diagnosis of COVID-19. The ICCS team will be content experts across the continuum of care for patients with complex, functional impairments because of their COVID diagnosis. The focus of care at ICC is the integration of the individual's physical, psychosocial and environmental needs as opposed to the disease(s)/condition(s), improving functional health, improving quality of life and acceptance and behavior change.

Communication

A communication campaign for Post COVID Care model will focus on dissemination of information to both the public, health care providers (e.g., Primary Health Care, MH & A etc.) and key partners (e.g., 811, Doctors Nova Scotia). Resources for the Post-COVID Care Model will be posted to the COVID-Hub, with staff and employee updates communicated via the Coronavirus update.

Evaluation

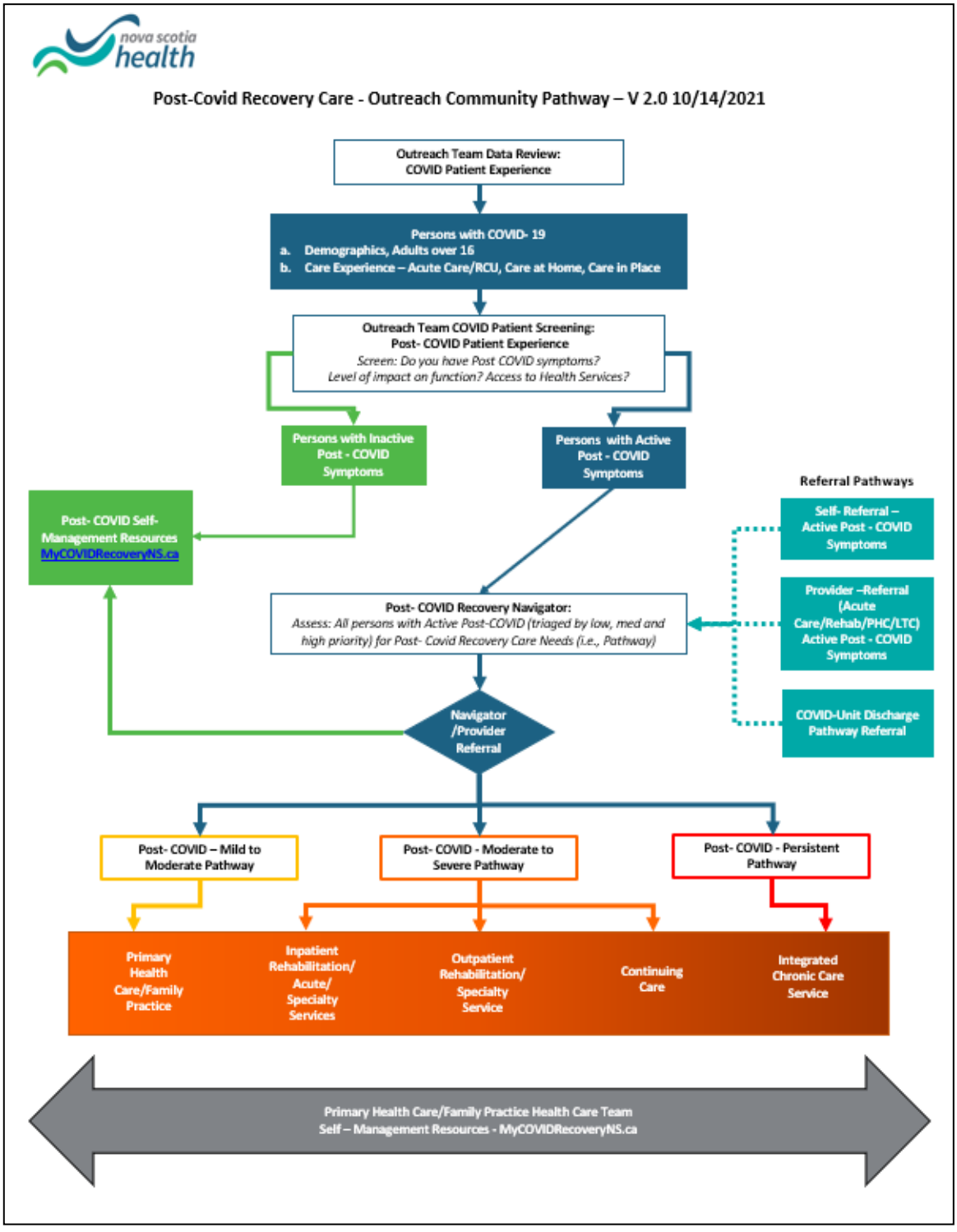
An evaluation framework is being developed and implemented to understand the success of this service and the experience of users.

References

Greenhalgh, T., Knight, M., A'Court, C., Buxton, M., Husain, L. (2020). Management of post-Covid 19 in primary care. *BMJ 2020, 370, 3026.* http://dx.doi.org/10.1136/bmj.m3026

Government of Nova Scotia (2021) Public Health Agency: Coronavirus (COVID-19) case data. https://novascotia.ca/coronavirus/data/

Appendix A


Post-Covid Recovery Care - Outreach Community Pathway – V 2.0 10/14/2021
Outreach Team Data Review:
COVID Patient Experience
Persons with COVID- 19
a. Demographics, Adults over 16
b. Care Experience – Acute Care/RCU, Care at Home, Care in Place
Outreach Team COVID Patient Screening:
Post- COVID Patient Experience
Screen: Do you have Post COVID symptoms?
Level of impact on function? Access to Health Services?
Persons with Inactive Post - COVID Symptoms
Persons with Active Post - COVID Symptoms
Post- COVID Self-Management Resources
MyCOVIDRecoveryNS.ca
Referral Pathways
Self- Referral – Active Post - COVID Symptoms
Provider –Referral (Acute Care/Rehab/PHC/LTC) Active Post - COVID Symptoms
COVID-Unit Discharge Pathway Referral
Post- COVID Recovery Navigator:
Assess: All persons with Active Post-COVID (triaged by low, med and high priority) for Post- Covid Recovery Care Needs (i.e., Pathway)
Navigator /Provider Referral
Post- COVID – Mild to Moderate Pathway
Post- COVID - Moderate to Severe Pathway
Post- COVID - Persistent Pathway
Primary Health Care/Family Practice
Inpatient Rehabilitation/ Acute/ Specialty Services
Outpatient Rehabilitation/ Specialty Service
Continuing Care
Integrated Chronic Care Service
Primary Health Care/Family Practice Health Care Team
Self – Management Resources - MyCOVIDRecoveryNS.ca