COVID Positive Discharge Pathway: Calgary Zone

**Background**

COVID positive patient ready for discharge

**Risk Stratification for discharge**

- High risk
  - Anticipated discharge <48 hrs: MD to PCP discussion
- Average risk

**Notification to Primary Care Provider / Primary Care Network**

24-hour virtual safety check

- High risk: Must be PCP
- Average risk: MDT/team may be appropriate

**Patient health status. Patient reports feeling:**

- Worse
  - Follow COVID pathway via Specialist LINK

- Unchanged
  - High risk: Reassess q daily for 5 days from discharge, or 2 weeks post-illness onset – whichever is longer
  - Average risk: Reassess q daily for 14 days post-illness onset or until improved

- Better
  - High risk: Reassess q daily for 5 days from discharge or 2 weeks post-illness onset – whichever is longer
  - Average risk: Reassess q 2 days for 14 days post-illness onset or until improved

If patient reports feeling worse at any time

**Specialist LINK**

COVID tele-advice
PATHWAY PRIMER

This discharge pathway was created to provide guidance for COVID patients who are being discharged from hospital. Patients will typically be admitted during the time where decompensation from COVID is most likely to occur. Therefore, the recommendations for monitoring for primary care are different than for COVID patients not needing acute care admission. Specific changes in monitoring include:

1. A 24-hour post discharge safety visit (must be completed by physician if patient is high risk or may be done by MDT/team if patient average risk as per acute care risk stratification)
2. Duration and frequency changes dependent on discharge risk

If at any point in monitoring, the patient self-reports feeling worse, please move to the COVID-19 pathway found on specialistlink.ca for further guidance.

EXPANDED DETAIL

Risk stratification for discharge

<table>
<thead>
<tr>
<th>High risk</th>
<th>Average risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;65 years old</td>
<td>&lt;65 years old</td>
</tr>
<tr>
<td>Prolonged hospital stay &gt;5 days</td>
<td>Hospitalization &lt;5 days</td>
</tr>
<tr>
<td>Assisted/supported pre-morbid function</td>
<td>Independent pre-morbid function</td>
</tr>
<tr>
<td>ICU admission &gt;48 hours</td>
<td>No ICU admission or &lt;48 hours</td>
</tr>
<tr>
<td>Requires home support</td>
<td>Functionally safe for home</td>
</tr>
<tr>
<td>Chronic conditions requiring monitoring (CHF, COPD, Asthma, Diabetes)</td>
<td></td>
</tr>
<tr>
<td>Palliative home care</td>
<td></td>
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</tbody>
</table>

24-hour post-discharge virtual safety check by primary care provider

1. Reinforce self isolation X14 days post illness onset on until respiratory system resolution (whichever is longer)
2. Ensure household support
   a. Do they have medications?
   b. Do they have food?
   c. Do they have social support?
3. Assess for safety net flags
   a. Socially isolated
   b. Lack of caregiver support
   c. Inability to maintain hydration
   d. Food/financial insecurity
   e. On home care
   f. Challenges with health literacy or concerns with ability to self-manage
4. Reinforce smoking/vaping cessation
5. If on home O2:
   a. Has respiratory therapy company set up equipment?
   b. Is it working/do they feel comfortable with use?
6. Do you have specialist follow ups booked*?
7. Has home care or other resources contacted you*?

*When booked at discharge

NOTE: follow up safety visits may be delegated to MDT/team unless high risk patient who is not improving or average risk patient who is worsening.

BACKGROUND

About this pathway

- Following the emergence of the COVID-19 pandemic in 2020, a team that included specialists from Respirology and Infectious Disease, the AHS Primary Care team, Primary Care Networks and members of the Calgary Zone Specialist LINK task group developed this pathway to help support family physicians to care for their patients.

Authors and conflict of interest declaration

- This pathway was developed and reviewed in April 2020. Names of participating reviewers and their conflict of interest declarations are available on request.

Pathway review process, timelines

- This primary care pathway was created with up to date knowledge at the time it was created (April 6, 2020). It will be reviewed on a consistent basis as the knowledge and process base evolves. If you have concerns or feedback please email info@calgaryareapcns.ca and enter ‘COVID discharge pathway feedback’ in the subject line.

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DISCLAIMER

This pathway represents evidence-based best practice but does not override the individual responsibility of health care professionals to make decisions appropriate to their patients using their own clinical judgment given their patients’ specific clinical conditions, in consultation with patients/alternate decision makers. The pathway is not a substitute for clinical judgment or advice of a qualified health care professional. It is expected that all users will seek advice of other appropriately qualified and regulated health care providers with any issues transcending their specific knowledge, scope of regulated practice or professional competence.
### PROVIDER RESOURCES

| Specialist LINK COVID-19 Resources | https://www.specialistlink.ca/covid19/covid19-resources.cfm |
| AMA: Virtual care | https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care |
| Advanced care planning | https://www.albertahealthservices.ca/info/Page9099.aspx |
| Smoking cessation: healthcare providers | https://healthcareproviders.albertaquits.ca/resources/covid-19 |

### PATIENT RESOURCES

| Patient self-monitor checklist | https://myhealth.alberta.ca/Alberta/Pages/Coronavirus-Disease-(COVID-19)-Care-Instructions.aspx |
| Smoking cessation | https://www.albertaquits.ca/topics/smoking-vaping-covid-19 |
| Advanced care planning | Conversationsmatter.ca |