

# Post COVID-19 Rehabilitation Response Appendices: Pathways, Toolkits & Resources

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# Appendix A

## Post COVID-19 Rehabilitation Strategy Taskforce Recommendations

### Screening

1. **Population 1 (hospitalized)** patients with COVID-19 will be **screened** for potential rehabilitation needs at **each transition of care** using the AHS COVID-19 Rehabilitation Screening Tool (**AHS-CRST**), which is adapted from the COVID-19 Yorkshire Rehabilitation Screening Tool (C19-YRS).
2. **Population 2 (community-only)** patients with COVID-19 will be screened for potential rehabilitation needs using **four key screening questions** (to be finalized) that may be incorporated into existing screening and assessment **tools in primary care**, and **continuing care** (including home care and facility-based continuing care (long-term care and supportive living)).

### Rehabilitation

3. **Functional rehabilitation assessments** of identified issues should be completed at **every level of care** where indicated by the rehabilitation screening. The assessments should include multi-system assessments that build on screening results.
4. Many rehabilitation issues can, and should, be addressed by **self-management**, which must be supported across the care continuum.

### Critical Care – Population 1 Only: Hospitalized Patients

5. **Priority assessments** are required for patients in ICU who (a) require extended mechanical ventilation, sedation and/or prolonged bedrest; (b) are over 65 years of age; or (c) with chronic co-morbidities.

### Acute Care

6. Screening results direct rehabilitation assessments in acute care. These assessments may target the following:
  - **Cognition** (e.g. Saint Louis University Mental Status Exam)
  - **Physical function** (e.g. 6-Minute Walk Test, Timed Up and Go Test, TOR-BSST © or Royal Brisbane swallowing screen)

- **Activities of daily living** (e.g. dressing, feeding, toileting assessments)
- **Other outcomes** (e.g. pulmonary function using spirometry, mental health using Hospital Anxiety and Depression Screen (HADS), AHS Cognitive Screening resources).

### Inpatient Rehabilitation

7. Where patients have **multiple diagnoses** including COVID-19, the **diagnosis with the most impairments** should determine the inpatient rehabilitation trajectory. Consultation with physiatry may facilitate this process.

### Long-Term Care & Supportive Living

8. A **principle-based approach** has patients living in facility-based continuing care following similar recommendations as those living in the community, but providers will customize based on patient needs and goals of care, as well as resources.

### Community and Outpatient Rehabilitation

9. All patients should have **access to educational resources** on anticipated symptoms, exercises, and self-management (e.g. MyHealth.Alberta contains resources like the COVID-19 Discharge Checklist and the self-management resource developed for the Alberta context, called “How to Support Your Recovery and Rehabilitation After COVID-19”).

10. Appropriate **rehabilitation programming** for patients will vary **based on patient functioning and goals**, as well as resource availability. Existing pathways will direct patients to community rehabilitation or home care based on eligibility and needs. Consideration of **hybrid models of virtual and in-person care** may be appropriate.

**Self-Directed Recovery** (particularly for patients never hospitalized for COVID-19)

11. **Primary care** providers are the lead care providers of, and can share resources with, patients who are directing their own recovery. Existing educational resources can support patients, such as Health Link®/RAL and MyHealth.Alberta.

### Discharge and Transition Planning

12. A **process to track and support patients with rehabilitation needs post COVID-19** should **align with the Medical Officer of Health** direction, and should ensure rehabilitation considerations in discharge documents, data monitoring, patient/family involvement, appropriate triage processes, education, evaluation strategies and communication strategies.

13. A central intake or **transition and discharge coordinator** should be embedded within existing services (including Health Link®/RAL or institutions) to identify rehabilitation needs in the community and support patients in wayfinding and transition.

14. **Patient education resource and support packages** should be compiled, particularly for Population 1 (hospitalized), at transition to community. This should include basic exercises, recommendations for recovery, strategies for well-being and mental health, referrals to appropriate community rehabilitation, as well as additional interventions (e.g. resources on smoking cessation, addictions, and vaccination).

15. **AHS Communications** should be **engaged** to raise public awareness and to develop and implement the communication strategies.

### Longitudinal Follow-Up

16. A repeated-measures, **longitudinal follow-up** of all patients with COVID-19 at **3, 6, and 12 months post hospital-discharge** (Population 1) **or post-diagnosis** (Population 2) is recommended for further rehabilitation assessment and management.

17. Two needs-assessment tools are recommended:

- **EQ-5D-5L** (a validated, AHS-approved, general quality of life tool)
- The proposed **AHS Post-COVID19 Long-Term Monitoring Tool (AHS-PLMT)**, which is also based on the **C19-YRS**.

18. Virtual **telehealth** services (e.g. Health Link®/RAL) will follow-up directly with patients to identify unmet rehabilitation needs under the longitudinal follow-up approach.

- The **telehealth clinicians** will **assess patients** recovering from COVID-19.
- Where the AHS-PLMT triggers further rehabilitation assessment, the clinicians will use the **Primary Care Referral Letters** to engage primary care clinicians to follow-up and determine appropriate clinical rehabilitation steps.

19. The **Physicians' Learning Program (PLP)** will undertake the analysis of longitudinal data for **quality improvement and program planning purposes**.

# Appendix B

Post COVID-19 Rehabilitation Response Taskforce & Working  
Groups Membership (not posted due to privacy restrictions)

# Appendix C



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## Acute Care & Inpatient Rehabilitation

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## 1. Acute Care & Inpatient Rehabilitation

Acute Care refers to care that is usually delivered in a hospital setting. It is the type of care provided by a healthcare team when a person is sick, injured, or recovering from a treatment such as surgery (AHS, 2021). Inpatient Rehabilitation refers to clinician or therapy services that a person receives during a stay in hospital.

Adult patients hospitalized with COVID-19 are managed in a number of care settings, such as:

- Emergency Departments
- Critical Care (ICU/CCU/CVICU/Neurological/Burn)<sup>1</sup>
- Acute Inpatient Units
- Inpatient Rehabilitation Units

The Acute Care & Inpatient Post COVID Rehabilitation Pathway is intended to support clinicians in determining a rehabilitation trajectory for a patient regardless of where the patient is admitted.

Prior to the pandemic, there was no streamlined, standardized approach to determine the level of rehabilitation care that COVID-19 patients would require. Through the implementation of this pathway, patients will be referred to the correct level and setting for rehabilitation, according to the functional status of the patient. In order to ensure that COVID-19 related rehabilitation issues are handed off between care settings, the COVID-19 Discharge Checklist will be modified to include items specific to rehabilitation.

## 2. Considerations for Implementation

### Caregivers' Understanding of COVID-19

- Visitor restrictions have prevented families from being present, supporting or advocating for patients during the COVID-19 pandemic. Families who have not been present during the acute phase of illness are often unaware or unprepared for the potential impact of the illness on their family member's psychological and physical wellbeing.
- Assessments and required paperwork are often difficult to complete when families or caregivers are not present.

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<sup>1</sup> ICU – Intensive Care Unit, CCU – Cardiac Care Unit, CVIC – Cardiovascular Intensive Care Unit

### **Staff Burnout**

- Staff may be at increased risk of burn out, moral distress, compassion fatigue, and other psychological and psychosocial impacts because of caring for patients during COVID-19.

### **Capturing Patient Outcomes**

Use a zone or provincial approach to measure patient outcomes. Consider:

- What is the overall provincial strategy for evaluating patient outcomes?
- Who is responsible for capturing patient outcomes?
- How long, and how should, patient outcomes be captured and reported?
- How will patient outcomes be assessed (objective vs. subjective)?
- Who defines patient outcomes (patient, provider, or family)?
- What measurement strategies need to be incorporated into this work?

### **Pathway Sustainability**

Use a zone or provincial approach to sustain the pathway. Consider:

- Who will update the pathway and resources (SCN, province or zones)?
- Who is responsible for updating this process?
- Whose perspectives will inform process evaluation (patients and their families, health care providers, or the health system) for quality improvement?

### **Staff Reassignment**

- Staff may be re-deployed and working in alternative care areas.
- Some services may not be available.

### **Marginalized Populations**

- Indigenous people
- Residents in congregate living or facility living settings
- Alignment to the needs of different ethnic groups
- Transient or homeless population
- Incarcerated population
- Isolated and rural population
- English as a second language

## **3. Potential Challenges**

Nineteen recommendations were originally put forward in the **Final Report: Provincial Post-COVID Rehabilitation Taskforce** (see [appendix 2](#)), six of these recommendations (recommendations 1, 3, 4, 5, 6, and 7) were relevant to the objectives of the Acute Care &



Inpatient Rehabilitation working group. These recommendations were grouped into three areas of focus (Screening for Rehabilitation Needs, Early Rehabilitation & Treatment Considerations, and Discharge & Transition Planning Considerations). All recommendations should be implementable but potential challenges to implementation have been identified and are listed under each of the three areas of focus below.

**Table 1: Potential Challenges and Mitigation Strategies**

**Table 1: Potential Challenges and Mitigation Strategies**

Recommendation	Potential Challenge	Potential Mitigation Strategies
Screening for Rehabilitation Needs – Recommendation 1		
The recommended screening process for COVID-19 rehabilitation is embedded into the <b>Acute Care &amp; Inpatient Pathway for COVID-19 Rehabilitation Pathway.</b>	There is a need to raise awareness of the existence of the pathway and the tools to support screening and triaging of COVID-19 patients for rehabilitation.	<ul style="list-style-type: none"> <li>• Develop and implement an operational process to support use of the screening tools and symptom checklist.</li> <li>• Develop options and methods for patient self-assessment, where possible, to decrease staff workload.</li> <li>• Identify documentation processes that can leverage Connect Care and other electronic health records where possible.</li> <li>• Leverage existing discharge and transition checklists (AHS COVID19 Provincial Pandemic Flowsheet: Patient Discharge from Hospital; AHS COVID Safe Discharge Checklist; My Discharge Checklist) and consider embedding rehabilitation content into these checklists.</li> <li>• Consider providing screening tool as a pocket card, interactive app or QR code.</li> </ul>
Early Rehabilitation & Treatment – Recommendations 3, 4, 5, 6 & 7		
At a zone level, service delivery options will need to be decided to support the care needs throughout the care continuum, and to address the evolving rehabilitation needs of COVID patients.	There is the need to follow the patient journey across the care continuum, provide direction on prioritizing rehabilitation activities, use a principle-based approach in Continuing Care, and emphasize the importance of educational resources and self-management.	<ul style="list-style-type: none"> <li>• Develop an inventory of zone resources. <ul style="list-style-type: none"> <li>○ Provincial and/or zone collaboration of rehabilitation services and knowledge to support a coordinated and integrated, system approach to service delivery.</li> </ul> </li> <li>• Consider ambulatory care needs: <ul style="list-style-type: none"> <li>○ Many services only see urgent referrals due to COVID-19. Waitlists have grown over the past year.</li> <li>○ Some services may not be available in each zone. Consider how virtual rehabilitation could support service availability.</li> <li>○ Demand may exceed current resources (staffing/capacity) may result in challenges with timely access to services.</li> </ul> </li> </ul>

Recommendation	Potential Challenge	Potential Mitigation Strategies
		<ul style="list-style-type: none"> <li>• Make provisions to provide access, for patients, to interdisciplinary team or services at sites that may not include disciplines.</li> <li>• Determine equipment needs and supplies: <ul style="list-style-type: none"> <li>◦ Access to equipment may be limited.</li> <li>◦ Home oxygen availability may be financially challenging for some patients.</li> </ul> </li> <li>• Leverage existing functional assessment tools in Connect Care and other electronic health records.</li> <li>• Support tailored or customized approaches in different care settings, across the care continuum. <ul style="list-style-type: none"> <li>◦ Leverage Virtual Care guidance for Allied Health professionals with aim to maximize virtual opportunities.</li> <li>◦ Adhere to Infection Prevention and Control (IPC) precautions in implementation of rehabilitation and treatment processes.</li> </ul> </li> <li>• Support a broad approach to triage and care planning options (e.g. defining patient need, and prioritization criteria, and explore group and individual rehabilitation, and virtual and in-person options).</li> <li>• Leverage existing services.</li> <li>• Identify and support unique implementation needs for vulnerable populations.</li> </ul>
Discharge & Transition Planning – Recommendations 12, 13, 14 & 15		
Rehabilitation should be a key factor addressed in discharge and transition planning when transferring patients between sites, units or services.	There is need for a process to track and support patient with rehabilitation needs, develop triage processes to standardize inpatient criteria, develop education and communication processes to facilitate planning, and to incorporate rehabilitation needs with existing COVID-19 discharge documents and pathways.	<ul style="list-style-type: none"> <li>• Determine discharge to home transport – COVID patient transport.</li> <li>• Leverage existing discharge and transition checklists (AHS COVID Safe Discharge Checklist; My Discharge Checklist) and consider embedding rehabilitation content into these checklists.</li> <li>• Identify caregiver resources and supports.</li> <li>• Leverage principles of rehabilitation transitions (e.g. communication, preparedness, continuity of care, customized care plans).</li> <li>• Develop appropriate transition and referral criteria and processes where needed.</li> <li>• Leverage existing patient navigator teams, transition coordinators, discharge coordinators and bed coordinators.</li> <li>• Consider embedding patient educational resources and self-management material on <a href="https://myhealth.alberta.ca">MyHealth.Alberta.ca</a></li> </ul>

## 4. Acute Care & Inpatient Rehabilitation Post COVID Pathway

### Quick Links:

[Expanded Details](#)[IP&C Guidance](#)[Rehabilitation Advice Line](#)

Patient presents in acute care setting with post COVID symptoms

More info: [Post COVID definition & symptoms](#)

Consider need for Physiatry Screening, assessment and/or Specialist referral

[Specific Population Considerations](#)

### Complete Post COVID-19 Rehabilitation Screening Tool

Mild functional impairment (Grade 0 to 1):

- Consider Universal Rehabilitation and **Primary Care/Community** rehabilitation interventions

Moderate functional impairment (Grade 2 to 3):

- Consider Targeted Rehabilitation and **Community, Post-Acute** and **Continuing Care** interventions

Severe function impairment (Grade 4):

- Consider Personalized Rehabilitation and **Acute Care & Inpatient Rehabilitation** interventions

[Post COVID-19 Rehabilitation Screening Tool](#)

[Social Determinants of Health](#)

All patients should receive self-management resources, and details about symptom monitoring

### Universal Rehabilitation

Services available to all Albertans  
Self-management resources (i.e.

### Targeted Rehabilitation

Designed for groups of people  
with a common need

### Personalized Rehabilitation

Designed to meet the unique  
needs of an individual

### Primary Care & Community Rehabilitation

- Enhance quality of life and health by facilitating active participation in daily living
- Focus on function
- Person Centered
- Self-Management

**Follow:** Primary Care Pathway

[Zone info](#)

### Continuing Care Rehabilitation

- Enhanced quality of life and health by facilitating active participation in daily living
- Focus on function
- Client centered
- Self-management
- Falls Prevention

**Follow:** Post-Acute & Continuing Care Pathway

[Zone info](#)

### Post-Acute Rehabilitation

- Restorative Care
- Activation-Reconditioning
- Slower Stream Rehabilitation

**Follow:** Post-Acute & Continuing Care Pathway

[Zone info](#)

### Acute Care & Inpatient Rehabilitation

- Tertiary Rehabilitation is provided by an interdisciplinary team providing customized, goal-oriented rehabilitation to each patient
- Incorporates research, technology and innovation
- Specialized rehabilitation supported

[Zone info](#)

Utilize checklists and/or discharge communication tools to convey patient rehabilitation needs

[COVID-19 Safe Discharge Home Checklist](#)

Virtual Rehabilitation

## 5. Pathway Toolkit

### EXPANDED DETAILS

#### Post COVID Definitions

- **Ongoing symptomatic COVID-19:** Signs and symptoms of COVID-19 from 4 to 12 weeks.
- **Post COVID-19 Syndrome:** Signs and symptoms that develop during, or after, an infection consistent with COVID-19; continue for more than 12 weeks; and are not explained by an alternative diagnosis.
- **Long COVID:** Signs and symptoms that continue or develop after acute COVID-19. This includes both ongoing symptomatic COVID-19 and post-COVID-19 syndrome (defined above).

NICE Guideline [NG188], "COVID-19 rapid guideline: managing the long-term effects of COVID-19" (published December 18, 2020). Online at <https://www.nice.org.uk/guidance/ng188>

**Note:** For the purpose of this pathway, the term **Post COVID** will be used universally to capture patients meeting any of the definitions listed above.

This pathway is intended to identify rehabilitation needs for:

- Patients with confirmed or suspected COVID-19 diagnosis with ongoing symptoms beyond 4 weeks.
- Patients with long standing medical or functional issues as a result of a previous or suspected COVID-19 diagnosis.

#### Rehabilitation Advice Line

- Call 1-833-379-0563
- For more information visit:  
<https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1080775&serviceAtFacilityID=1126573>

#### Common Symptoms

Post COVID Symptoms	
<b>Generalized Symptoms</b> <ul style="list-style-type: none"><li>• Fatigue or low energy</li><li>• Fever</li><li>• Pain</li><li>• Unintentional weight loss</li><li>• Malnutrition</li></ul>	<b>Cardiovascular Symptoms</b> <ul style="list-style-type: none"><li>• Chest tightness</li><li>• Chest pain</li><li>• Palpitations</li></ul>
<b>Respiratory Symptoms</b> <ul style="list-style-type: none"><li>• Breathlessness</li><li>• Cough</li></ul>	<b>Musculoskeletal Symptoms</b> <ul style="list-style-type: none"><li>• Joint pain</li><li>• Muscle pain</li></ul>
<b>Neurological Symptoms</b> <ul style="list-style-type: none"><li>• Cognitive impairment ('brain fog', loss of concentration or memory issues)</li><li>• Headache</li><li>• Sleep disturbance</li><li>• Peripheral neuropathy symptoms (pins and needles and numbness)</li><li>• Dizziness</li></ul>	<b>Gastrointestinal Symptoms</b> <ul style="list-style-type: none"><li>• Abdominal pain</li><li>• Nausea &amp; vomiting</li><li>• Early satiety and poor or loss of appetite</li><li>• Bowel changes: Diarrhea and or constipation</li><li>• Anorexia and reduced appetite</li></ul>

Post COVID Symptoms	
<ul style="list-style-type: none"> <li>Delirium (in older populations)</li> </ul>	
<b>Psychological and Psychiatric Symptoms</b> <ul style="list-style-type: none"> <li>Symptoms of depression</li> <li>Symptoms of anxiety</li> </ul>	<b>Dermatological Symptoms</b> <ul style="list-style-type: none"> <li>Skin rashes</li> </ul>
<b>Ear, Nose and Throat Symptoms</b> <ul style="list-style-type: none"> <li>Tinnitus</li> <li>Loss of taste/ taste changes (ageusia/ dysgeusia)</li> <li>Loss of smell (anosmia)</li> <li>Earache</li> <li>Sore throat</li> <li>Dizziness</li> </ul>	

Adapted from: COVID-19 rapid guideline: managing the long-term effects of COVID-19 (NICE, 2020)

### Establish and Confirm Date of Initial COVID-19 Diagnosis

Establishing the date of symptom onset & date of COVID-19 diagnosis is important for determining if the patient is in the acute recovery phase or if they are experiencing long COVID symptoms. This recommended care pathway should be considered even in the absence of a positive COVID test when symptoms and timing are consistent with a suspected COVID-19 diagnosis.

## Specific Patient Population Considerations

### Critical Care (ICU/CCU/ CVICU/Neurological/Burn)

- Priority Patients
  - Require extended mechanical ventilation, sedation and/or prolonged bedrest
  - Over 65 years of age or with chronic co-morbidities.
- Teams should ensure continued best ICU rehabilitation practice:
  - Early and progressive mobility
  - Delirium prevention (i.e. the ABCDEF delirium management and prevention practice bundle)
  - Airway management
  - Musculoskeletal and skin management
  - Effective communication between patient/family and the providers

### Acute Care Inpatient Units

- Screening results direct rehabilitation assessments in acute care. These assessments may target the following:
  - Cognition** (e.g. Saint Louis University Mental Status Exam)
  - Physical function** (e.g. 6-Minute Walk Test, Timed Up and Go Test)
  - Activities of daily living** (e.g. dressing, eating, toileting assessments)
  - Other outcomes** (e.g. pulmonary function using spirometry, mental health using Hospital Anxiety and Depression Screen (HADS)).

### Inpatient Rehabilitation Units

- Patients have multiple diagnoses including COVID-19; the diagnosis with the most impairments should determine the inpatient rehabilitation trajectory.

## Social Determinants of Health

- **Income** is one of the most important factors that influences health
- Start the conversation with “Do you ever have difficulty making ends meet at the end of the month?”
- Consider this Alberta version of the College of Family Physicians of Canada clinical tool to help identify patients who may be living with financial strain  
[https://portal.cfpc.ca/resourcesdocs/uploadedFiles/CPD/\\_PDFs/Poverty\\_flowAB%202016%20Oct%2028.pdf](https://portal.cfpc.ca/resourcesdocs/uploadedFiles/CPD/_PDFs/Poverty_flowAB%202016%20Oct%2028.pdf)

### Social Determinants of Health that Impact Canadians Include:

- Level of income
- Employment, job security and working conditions
- Level of education
- Access to housing and childhood education
- Access to housing and food
- Social exclusion
- The level of family and community support we have;
- Access to health services;
- Ethnicity, gender and Aboriginal status; and
- Disability

### Considerations at Time of Discharge or Transition in Care

Considerations at Time of Discharge or Transition in Care	
<b>Unable to self-manage (cognitive/ physical) (chronic or acute)</b> <ul style="list-style-type: none"> <li>• Maintain current health status</li> <li>• Perform ADL's</li> <li>• Identify limitations and or changes</li> <li>• Engage and maintain rehabilitation process/ routines/ activities</li> </ul>	<b>Patient is unable to obtain or maintain hydration &amp; nutrition</b> <ul style="list-style-type: none"> <li>• Diarrhea &amp; or vomiting</li> <li>• Cognitive impairment</li> <li>• Poor intake (access to food/ swallowing/ change in taste &amp; smell)</li> <li>• Food insecurity/ preparation</li> </ul>
<b>Access to rehabilitation services</b> <ul style="list-style-type: none"> <li>• Remote living</li> <li>• Transportation/ access via technology</li> <li>• High complex rehabilitation and or medical needs that are not managed at alternative care areas and or in the community</li> <li>• Reduced services available</li> <li>• Equipment and provider services are not available across all sites/zones</li> </ul>	<b>Socially isolated</b> <ul style="list-style-type: none"> <li>• Lives alone</li> <li>• Unable to connect with others through technology</li> <li>• Little to no reliable social network</li> <li>• Caregiver unable to meet the patients' needs</li> <li>• Physical care</li> <li>• Financial resources</li> <li>• Emotional care and support</li> </ul>
<b>Childcare requirements</b>	<b>Receiving homecare support</b>
<b>Financial insecurity to meet basic needs</b> <ul style="list-style-type: none"> <li>• Unable to return to work</li> <li>• Low-income home</li> </ul>	<b>Challenges with health literacy or ability to understand treatment recommendations or isolation expectations.</b> <ul style="list-style-type: none"> <li>• Education level</li> <li>• Language barrier</li> <li>• Technology</li> <li>• Cognitive impairment (acute/chronic)</li> </ul>

## Post COVID Rehabilitation Screening Tool

**Sample Script:** The purpose of this screening tool is to evaluate any functional concerns or lingering symptoms you may be experiencing as a result of COVID-19. This will help us determine what rehabilitation supports you may require moving forward.

This survey will take 5-10 minutes to complete. If there are topics you do not wish to comment on or if you are not currently experiencing issues in an area, please indicate N/A. The first part of the survey will focus on your functional abilities and the second part of the survey will look at the symptoms you are currently experiencing.

### Considerations for Completion:

- The purpose of this screening tool is to identify rehabilitation needs of patients who have been diagnosed or were suspected to have COVID-19.
- This tool can be administered at any time during the patient's journey but it is important to consider the natural progression of the illness when determining rehabilitation needs. Depending on the severity of symptoms & functional impairment, some clients may be better served by starting with a self-management program before being referred to more specialized rehabilitation.
- This tool can be completed by any regulated health care provider (e.g. nursing / allied health / physician).

### Part 1: Post COVID Functional Status Scale (PCFS)

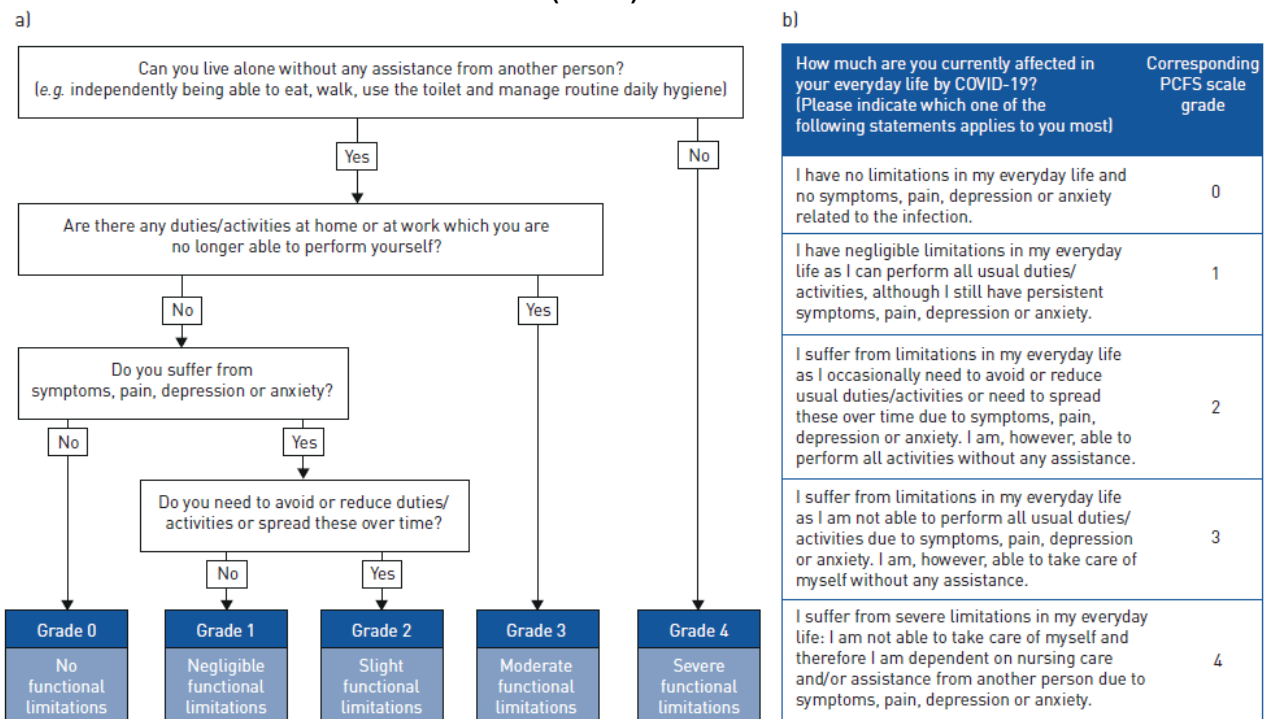


FIGURE 1 Patient self-report methods for the Post-COVID-19 Functional Status (PCFS) scale. a) Flowchart. b) Patient questionnaire. Instructions for use: 1) to assess recovery after the SARS-CoV-2 infection, this PCFS scale covers the entire range of functional limitations, including changes in lifestyle, sports and social activities; 2) assignment of a PCFS scale grade concerns the average situation of the past week (exception: when assessed at discharge, it concerns the situation of the day of discharge); 3) symptoms include (but are not limited to) dyspnoea, pain, fatigue, muscle weakness, memory loss, depression and anxiety; 4) in case two grades seem to be appropriate, always choose the highest grade with the most limitations; 5) measuring functional status before the infection is optional; 6) alternatively to this flowchart and patient questionnaire, an extensive structured interview is available. The full manual for patients and physicians or study personnel is available from <https://osf.io/qgpdv/> (free of charge).



Adapted from: Klok FA, Boon GJAM, Barco S, et al. The Post-COVID-19 Functional Status scale: a tool to measure functional status over time after COVID-19. Eur Respir J 2020; 56: 2001494 [<https://doi.org/10.1183/13993003.01494-2020>] is licensed under [CC BY NC 4.0](https://creativecommons.org/licenses/by-nc/4.0/).

## Part 2: Post COVID Symptom Checklist

**Sample Script:** The next part of the survey we will be discussing any symptoms you are currently experiencing as a result of COVID-19. The symptoms are divided into categories which will help us determine how to best direct your recovery. If you have no symptoms in a category, please indicate N/A and we will move on to the next section. If you are unsure, we will ask more detailed questions. For each question, please indicate if your symptoms are **worse**, the **same** or **better** than before your illness.

Cardiorespiratory Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		Neurological Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure	
Shortness of breath at rest? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty controlling the movement of your body? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Shortness of breath with activity? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty eating, drinking or swallowing (i.e. choking)? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Lingering cough or noisy breathing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty controlling your: Bowels? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Chest pain at rest? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Bladder? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Chest pain with activity? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Issues with concentration, thinking or memory? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Dizziness, fainting or loss of consciousness? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty hearing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
		Difficulty seeing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Musculoskeletal Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		Other Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure	
Generalized muscle weakness? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Extreme fatigue/exhaustion? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Muscle or joint pain? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Worse after physical or mental activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty walking? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you lost your taste or sense of smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty doing own washing & dressing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you been eating less than usual for more than 1 week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty doing your usual activities (i.e. leisure or work)? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you lost or gained a significant amount of weight without trying?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lost <input type="checkbox"/> Gained
Mood Related Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		Issues with pain or discomfort? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Experiencing anxiety? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty sleeping? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Experiencing depression? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Headaches? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better

\* Upon completion, providers should ask clients about additional symptoms that may have been missed





Adapted from: Sivan M, Halpin S, Gee J. Assessing long term rehabilitation needs in COVID-19 survivors using a telephone screening tool (C19-YRS tool). ACNR. 2020; 19 (4): 14-7.  
doi: <https://doi.org/10.47795/NELE5960> is used under [CC BY 4.0](#)

### Scoring/Evaluation:

Rehabilitation needs should be determined using a combination of the PCFS scale and the symptom checklist.

PCFS Grade 0 to 1 (mild functional impairment):

- Consider **universal** rehabilitation interventions (self-management resources)

PCFS Grade 2 to 3 (moderate functional impairment):

- Consider **targeted** rehabilitation interventions

PCFS Grade 3 or 4 (severe functional impairment):

- Consider **personalized** rehabilitation interventions

See tables below for universal, targeted and personalized rehabilitation options in your zone. Please note, **all** patients should be given access to self-management resources.

**\*Tables outlining resources will be built out for each zone**

## Post COVID Rehabilitation: \_\_\_\_\_ Zone Resources

### Universal Rehabilitation / Self-Management Resources

- Services available to all Albertans.
- **Note:** All patients should receive self-management information.

Consider links to provincial Dietician resources and zone specific programs offering support (i.e. AHLP, etc.)

Program	Primary Symptoms	Referral Information
		Alberta Referral Directory Link

### Targeted Rehabilitation

- Services designed for groups of people with a common need.

**\*Build out program options available within your zone**

Program	Primary Symptoms	Referral Information
		Alberta Referral Directory Link

### Personalized Rehabilitation

- Services designed for groups of people with a common need.

**\*Build out program options available within your zone**

Example from Calgary zone:

Program	Primary Symptoms	Referral Information
Community Accessible Rehabilitation (MSK)	Musculoskeletal	Alberta Referral Directory Link
Community Accessible Rehabilitation (Neuro)	Neurological	Alberta Referral Directory Link
Community Accessible Rehabilitation (Pulmonary)	Respiratory	Alberta Referral Directory Link

### Other Services

- Services outside of rehabilitation that can offer support to patients following COVID-19.

**\*Build out program options available within your zone (consider mental health supports, nutrition, post COVID clinics for medical management, etc.)**

Program	Primary Symptoms	Referral Information
		Alberta Referral Directory Link

## About this pathway

- Post COVID-19 Pathways were originally developed in 2021 as part of Post COVID-19 Rehabilitation Strategy Implementation Taskforce which was approved through the ECC Structure of AHS in response to the COVID-19 pandemic.
- They were co-developed with membership from Mosaic PCN, North Edmonton PCN as well as, multiple AHS partners including: Primary Health Care, Health Profession Strategy and Practice, Nutrition Services.
- Special acknowledgement for Calgary Zone PCN community who lead the early design of the original Primary Care COVID-19 Adult Pathway within Alberta. The design, structure and layout of this pathway was strategically aligned to ensure continuity in decision support tools of the primary care community.

## Authors and conflict of interest declaration

This pathway was developed under the auspices of the Neurosciences, Rehabilitation & Vision Strategic Clinical Network™ (NRV SCN™) in 2021, by a multi-disciplinary team of physicians, community rehabilitation providers and patient and citizen advisors. For more information, contact the NRV SCN at [NeuroRehabVision.SCN@ahs.ca](mailto:NeuroRehabVision.SCN@ahs.ca). As COVID-19 is an emergent pandemic, this pathway will be considered a living document for the duration of pandemic response and will be revised as necessary as evidence emerges around best practice.

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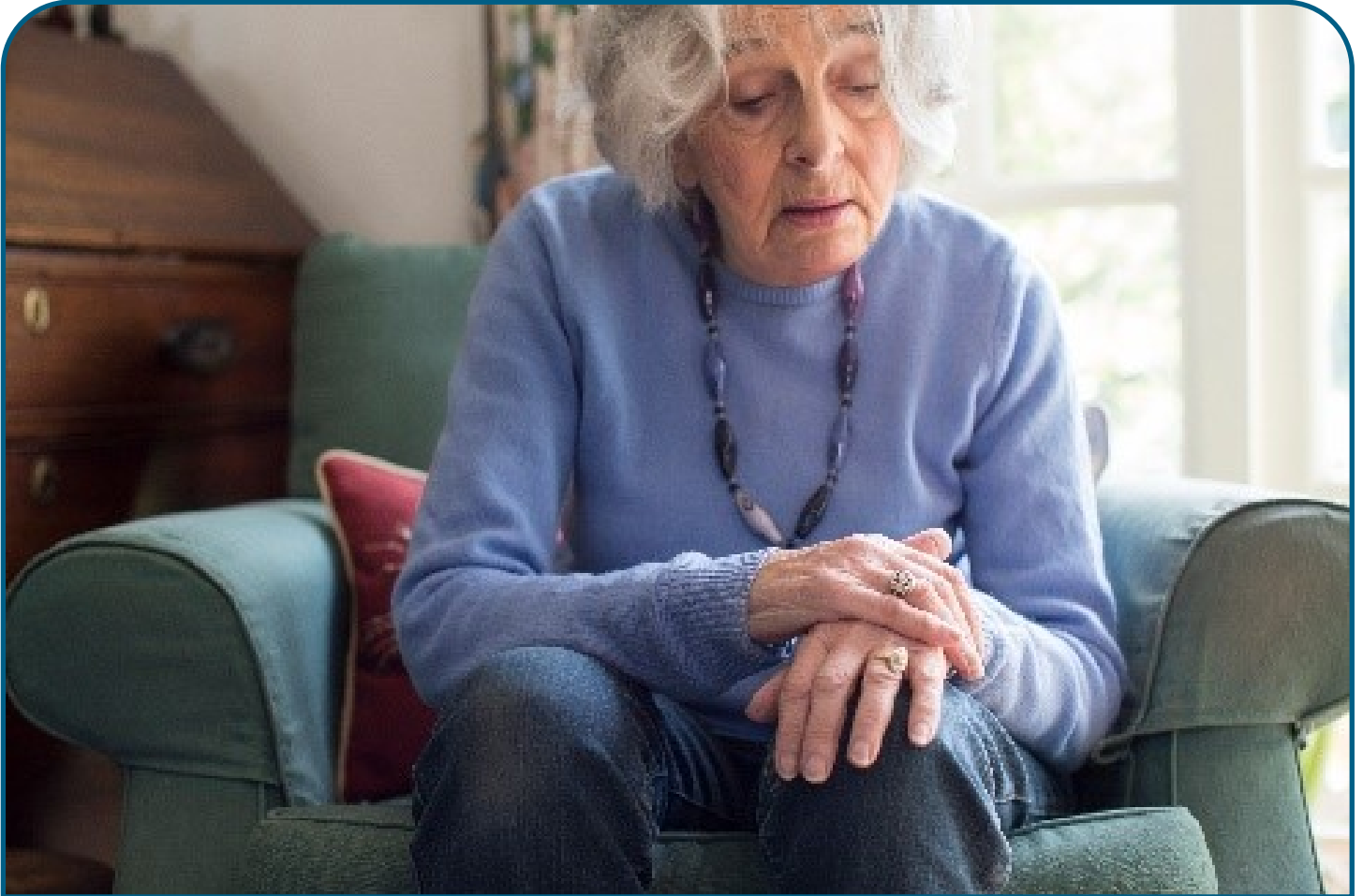


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## DISCLAIMER

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.

# Appendix D



## Primary Care & Community Rehabilitation

### Table of Contents

1. [Primary Care and Community Rehabilitation](#)
2. [Considerations for Implementation](#)
3. [Potential Challenges](#)
4. [Primary Care Pathway for Post COVID-19 Rehabilitation](#)
5. [Pathway Toolkit](#)

## 1. Primary Care & Community Rehabilitation

Primary Care includes all of the services an individual receives for their basic, everyday health needs. It is often their entry point into the health-care system. Primary Care may be a visit to a family doctor, a call to Health Link or an appointment with a therapist. In Alberta, primary care services are provided by both family doctors and Alberta Health Services (AHS, 2021). Community Rehabilitation refers to ambulatory services that are available in outpatient and specialized clinics, community health centres, schools and other community settings across Alberta (AHS, 2021).

The Primary Care & Community Rehabilitation Post COVID Pathway that has been developed is intended to support clinicians in directing patients who present with post COVID symptoms to relevant rehabilitations services, supports or care.

## 2. Considerations for Implementation

### **Knowledge User Considerations:**

- Co-develop an implementation plan for primary care providers and community rehabilitation staff including any necessary training.
- Create a central location for provider resources to serve as a one-stop-shop for clinical information.
- Develop a communication strategy to raise awareness and share new information, as it becomes available.
- Identify baseline best practice information and update the pathway regularly as new evidence emerges.
- Identify zone sponsors to assist in the build out of zone-specific content necessary for pathway implementation.
- Increase the level of expertise specific to post COVID due to it being a complex and emergent disease.

### **Knowledge User Needs:**

- Primary Care Providers (including Nurse Practitioners) and their teams – education regarding pathways, screening tools and post COVID self-management resources for patient, and where to direct patients based on their rehabilitation needs.
- Rehabilitation Managers – education on provincial recommendations, primary care pathways and potential impact to community rehabilitation programs and resources.

- Community Rehabilitation Staff – education regarding pathways and post COVID self-management resources for patients. Education and support on rehabilitation guidelines and expectations when working with post COVID patients.

#### **Patients, Caregivers and Family Education Needs:**

- Care coordination through their most responsible, trusted provider who can share resources and work as a partner to support their recovery from a whole-person perspective.
- Existing educational resources can support patients and their families, such as Health Link, Rehabilitation Advice Line (RAL) and MyHealth.Alberta.ca.

#### **Social Determinants of Health (SDOH):**

- Access for, and consider the needs of, marginalized populations including Indigenous peoples, immigrants, Hutterite communities and people experiencing homelessness.
- Consider the determinants of health and barriers for care: lack of internet access, language barriers, mobility challenges, cognitive impairment, low health literacy, difficulty navigating the healthcare system, etc.
- Consider the unique particularities of urban and rural areas and build in support to address the different needs.
- Consider opportunities to build key partnerships within the local community to meet the needs of those experiencing SDOH challenges.

#### **Healthcare System Capacity:**

- Consider partnership opportunities to address community rehabilitation capacity issues (i.e. consider partnerships with university rehabilitation programs to provide student-led education and exercise programs, collaborate with Alberta Healthy Living Program, virtual care, RAL, etc.).
- Collaborate with rehabilitation program managers to update Alberta Referral Directory profiles and inclusion criteria for post COVID patients.
- Facilitate attachment to a primary care provider and medical home, if needed. Patient attachment to a primary care provider is crucial to this process.
- Find out about access to, and criteria for, admission to appropriate rehabilitation programs to avoid delays and disruption in service.

#### **Discharge and Transitions**

- The final goal of care is for the patient to gain skills and knowledge to sustain and self-manage their condition safely in their home or community. At any time, if a patient has

completed their formal care with a rehabilitation program, a transition summary should be provided to the Primary Care Provider.

### 3. Potential Challenges

The Final Report: Post COVID Rehabilitation Taskforce recommendations (see Appendix A) were reviewed and it was determined that recommendations 2, 3, 4, 9, 10, and 13 were relevant to the objectives of the Primary Care & Community Rehabilitation working group. The recommendations and objectives were grouped into three buckets of work (Screening for Rehabilitation Needs, Rehabilitation Treatment – Intervention, and Discharge & Transition Planning). It is felt that all the relevant recommendations can be operationalized; however, some amendments were made to alleviate potential challenges that could be encountered and to make the application of these recommendations more appropriate to the Primary Care & Community Rehabilitation context.

Recommendation	Amendment
Screening for Rehabilitation Needs – Recommendation 2	
Community-only patients with COVID-19 will be screened for potential rehabilitation needs using four key screening questions.	A modified version of the AHS-CRST tool as well as a functional assessment tool were recommended as more appropriate tools to screen community-only patients.
Rehabilitation & Treatment (Intervention) – Recommendations 3,4,9 & 10	
Comprehensive rehabilitation assessments should be completed at every level of care Self-management must be supported across the care continuum. Access to educational resources for all patients Rehabilitation programming based on patient functioning and goals, as well as resource availability.	Patients with mild functional impairment should also be referred to appropriate community programs. All patients should be provided with self-management resources following a COVID-19 diagnosis. Targeted and personalized rehabilitation services should be reserved for those with moderate to severe functional impairment including post-ICU patients or those with significant co-morbidities
Discharge & Transition Planning – Recommendations 13	
A central intake or transition and discharge coordinator should be embedded with existing services.	Primary care providers are the lead care providers of, and can share resources with, patients who are directing their own recovery. Existing educational resources can support patients, such as Health Link, RAL and <a href="https://myhealth.alberta.ca">MyHealth.Alberta.ca</a>

Quick  
Links:

[Expanded Details](#) >

Patient presents to community/ambulatory health care provider (in person or virtual) with post COVID symptoms

More info: [Post COVID definition & symptoms](#) >

Screen for red flags

[Red Flags](#) >

Establish/confirm date of symptom onset, initial COVID-19 diagnosis and COVID immunization (if applicable)

[More info](#) >

Screen for Social Determinants of Health

[Social Determinants of Health](#) >

#### Complete Post COVID Rehabilitation Screening Tool

Mild functional impairment (Grade 0 to 1):

- Consider **universal** rehabilitation interventions (self-management resources)

Moderate functional impairment (Grade 2 to 3):

- Consider **targeted** rehabilitation interventions

Severe functional impairment (Grade 3 to 4):

- Consider **personalized** rehabilitation interventions

**All patient should receive self-management resources and details about symptom monitoring**

[Post COVID-19 Rehabilitation Screening Tool](#) >

[Self-management Resources](#) >

Consider need for further medical screening/assessment and/or specialist referral

[Specialist Tele-Advice](#) >

#### Universal Rehabilitation

*Services available to all Albertans*

[More info](#) >

#### Targeted Rehabilitation

*Designed for groups of people with a common need*

[More info](#) >

#### Personalized Rehabilitation

*Designed to meet the unique needs of an individual*

- Multidisciplinary services providing individualized rehabilitation programs

[Rehabilitation Advice Line](#) >

[More info](#) >

Ongoing self-management to support functional recovery

[Rehabilitation Advice Line](#) >

[More info](#) >



## 5. Pathway Toolkit

### Expanded Details

#### Virtual appointment information

Upon initial consultation, share decision making with the patient should be applied to determine whether further assessment can be done by telephone, virtual appointment or in person.

Information about virtual care can be found at: <https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care>

#### Rehabilitation Advice Line

- Call 1-833-379-0563
- For more information visit:  
<https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1080775&serviceAtFacilityID=1126573>

#### Post COVID Definitions

- **Ongoing symptomatic COVID-19:** Signs and symptoms of COVID-19 from 4 to 12 weeks.
- **Post COVID-19 Syndrome:** Signs and symptoms that develop during, or after, an infection consistent with COVID-19; continue for more than 12 weeks; and are not explained by an alternative diagnosis.
- **Long COVID:** Signs and symptoms that continue or develop after acute COVID-19. This includes both ongoing symptomatic COVID-19 and post-COVID-19 syndrome (defined above).

NICE Guideline [NG188], "COVID-19 rapid guideline: managing the long-term effects of COVID-19" (published December 18, 2020). Online at <https://www.nice.org.uk/guidance/ng188>

**Note:** For the purpose of this pathway, the term **Post COVID** will be used universally to capture patients meeting any of the definitions listed above.

This pathway is intended to identify rehabilitation needs for:

- Patients with confirmed or suspected COVID-19 diagnosis with ongoing symptoms beyond 4 weeks.
- Patients with long standing medical or functional issues as a result of a previous or suspected COVID-19 diagnosis.

Post COVID Symptoms	
<b>Generalized Symptoms</b> <ul style="list-style-type: none"><li>• Fatigue or low energy</li><li>• Fever</li><li>• Pain</li></ul>	<b>Cardiovascular Symptoms</b> <ul style="list-style-type: none"><li>• Chest tightness</li><li>• Chest pain</li><li>• Palpitations</li></ul>
<b>Respiratory Symptoms</b> <ul style="list-style-type: none"><li>• Breathlessness</li><li>• Cough</li></ul>	<b>Musculoskeletal Symptoms</b> <ul style="list-style-type: none"><li>• Joint pain</li><li>• Muscle pain</li></ul>
<b>Neurological Symptoms</b>	<b>Gastrointestinal Symptoms</b> <ul style="list-style-type: none"><li>• Abdominal pain</li></ul>

Post COVID Symptoms	
<ul style="list-style-type: none"> <li>• Cognitive impairment ('brain fog', loss of concentration or memory issues)</li> <li>• Headache</li> <li>• Sleep disturbance</li> <li>• Peripheral neuropathy symptoms (pins and needles and numbness)</li> <li>• Dizziness</li> <li>• Delirium (in older populations)</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea &amp; vomiting</li> <li>• Early satiety and poor or loss of appetite</li> <li>• Bowel changes: Diarrhea and or constipation</li> <li>• Anorexia and reduced appetite (in older populations)</li> <li>• Unintentional weight loss</li> <li>• Malnutrition</li> </ul>
<b>Psychological and Psychiatric Symptoms</b> <ul style="list-style-type: none"> <li>• Symptoms of depression</li> <li>• Symptoms of anxiety</li> </ul>	<b>Dermatological Symptoms</b> <ul style="list-style-type: none"> <li>• Skin rashes</li> </ul>
<b>Ear, Nose and Throat Symptoms</b> <ul style="list-style-type: none"> <li>• Tinnitus</li> <li>• Loss of taste/ taste changes (ageusia/ dysgeusia)</li> <li>• Loss of smell (anosmia)</li> <li>• Earache</li> <li>• Sore throat</li> <li>• Dizziness</li> </ul>	

### Establish/confirm date of initial COVID-19 diagnosis

Establishing the date of symptom onset and date of COVID-19 diagnosis is important to determine if the patient is in the acute recovery phase or if they are experiencing long COVID symptoms. This recommended care pathway should be considered even in the absence of a positive COVID test when symptoms and timing are consistent with a suspected COVID-19 diagnosis.

### Red Flags

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in chest
- Cold, clammy or pale molted skin
- New onset of confusion
- Blue lips or face
- Becoming difficult to rouse
- Coughing up blood
- Reduced urine output
- Return of cough after period of improvement\* may signal development of COVID pneumonia
- Return of fever after afebrile period\* may signal development of COVID pneumonia
- Oxygen Saturation
  - Helpful tool to indicate disease severity when available
  - If previously healthy lungs or previously documented normal O2 sat – a new reading of < 92% is a red flag
  - If underlying lung disease with documented low normal O2 sat at baseline – a new reading of < 90% is a red flag
  - If patient on home oxygen normally and their O2 requirements increase with COVID illness – this is a red flag

### Red Flag transfer with considerations for goals of care

If Goals of Care are established:

C1 or C2	R1, R2, R3, M1, M2
Severe respiratory distress/pain → RAAPID for in-hospital palliation or community palliative paramedic program	Emergent issues → RAAPID or EMS
Evidence of progressive respiratory failure without distress → palliative home care	Stable but needs short intervention (oxygen support, fluids) → <a href="#">Specialist Advice Line</a>
	Stable but needs longer term intervention → <a href="#">Specialist Advice Line</a>

### Social Determinants of Health

- **Income** is one of the most important factors that influences health
- Start the conversation with “Do you ever have difficulty making ends meet at the end of the month?”
- Consider this Alberta version of the College of Family Physicians of Canada clinical tool to help identify patients who may be living with financial strain  
[https://portal.cfpc.ca/resourcesdocs/uploadedFiles/CPD/\\_PDFs/Poverty\\_flowAB%202016%20Oct%2028.pdf](https://portal.cfpc.ca/resourcesdocs/uploadedFiles/CPD/_PDFs/Poverty_flowAB%202016%20Oct%2028.pdf)

### Social Determinants of Health that Impact Canadians Include:

- Level of income
- Employment, job security and working conditions
- Level of education
- Access to housing and childhood education
- Access to housing and food
- Social exclusion
- The level of family and community support we have
- Access to health services
- Ethnicity, gender and Aboriginal status and
- Disability

## Considerations at Time of Discharge or Transitions in Care

Considerations at Time of Discharge or Transition in Care	
<b>Unable to self-manage (cognitive/ physical) (chronic or acute)</b> <ul style="list-style-type: none"> <li>• Maintain current health status</li> <li>• Perform ADL's</li> <li>• Identify limitations and or changes</li> <li>• Engage and maintain rehabilitation process/ routines/ activities</li> </ul>	<b>Patient is unable to maintain hydration &amp; or nutrient</b> <ul style="list-style-type: none"> <li>• Diarrhea &amp; or vomiting</li> <li>• Cognitive impairment</li> <li>• Poor intake (access/ swallowing/ change in taste &amp; smell)</li> <li>• Access/ preparation</li> </ul>
<b>Access to rehabilitation services</b> <ul style="list-style-type: none"> <li>• Remote living</li> <li>• Transportation/ access via technology</li> <li>• High complex rehabilitation and or medical needs that are not managed at alternative care areas and or in the community</li> <li>• Reduced services available</li> <li>• Equipment and provider services are not available across all sites/zones</li> </ul>	<b>Socially isolated</b> <ul style="list-style-type: none"> <li>• Lives alone</li> <li>• Unable to connect with others through technology</li> <li>• Little to no reliable social network</li> <li>• Caregiver unable to meet the patients' needs</li> <li>• Physical care</li> <li>• Financial resources</li> <li>• Emotional care and support</li> </ul>
<b>Childcare requirements</b>	<b>Receiving homecare support</b>
<b>Financial insecurity to meet basic needs</b> <ul style="list-style-type: none"> <li>• Unable to return to work</li> <li>• Low-income home</li> </ul>	<b>Challenges with health literacy or ability to understand treatment recommendations or isolation expectations.</b> <ul style="list-style-type: none"> <li>• Education level</li> <li>• Language barrier</li> <li>• Technology</li> <li>• Cognitive impairment (acute/chronic)</li> </ul>

## Specialist Tele-Advice Options

### Urgent Advice

- Referral, Access, Advice, Placement, Information & Destination (RAAPID), call 1-800-282-9911, available 24/7
- For RAAPID South, call 1-800-661-1700 or 403-944-4486.
- Visit <https://www.albertahealthservices.ca/info/Page13345.aspx> for more details.

### Non-urgent advice

- COVID-19 tele-advice is available via the Infectious Disease service and is for patient-related questions family physicians may have when managing patients with presumed or confirmed COVID-19 infection. This could include testing, infection prevention and control treatment.
- South Sector (Calgary and South Zones) Family physicians can request this service at [specialistlink.ca](https://specialistlink.ca) (hover over 'COVID' before clicking on 'Infectious Disease') or by calling 403-910-2551 (press 1, 6 to reach the COVID-19 Infectious Disease line). The service is available from 8 a.m. to 5 p.m. (with some exceptions), Monday to Friday (excluding statutory holidays). Calls are returned within one hour. Please note that there is also a COVID-19 Pediatric Infectious Disease service available for patients aged under 18.
- North Sector (Central, Edmonton and North Zones) Family physicians can request this service by calling ConnectMD at 1-844-633-2263. The service is available from 9 a.m. to 6 p.m. Monday to Thursday and 9 a.m. to 4 p.m. on Fridays (excluding statutory holidays). COVID-related calls are returned within 1-3 hour

## Post COVID Rehabilitation Screening Tool

**Sample Script:** The purpose of this screening tool is to evaluate any functional concerns or lingering symptoms you may be experiencing as a result of COVID-19. This will help us determine what rehabilitation supports you may require moving forward.

This survey will take 5-10 minutes to complete. If there are topics you do not wish to comment on or if you are not currently experiencing issues in an area, please indicate N/A. The first part of the survey will focus on your functional abilities and the second part of the survey will look at the symptoms you are currently experiencing.

### Considerations for Completion:

- The purpose of this screening tool is to identify rehabilitation needs of patients who have been diagnosed or were suspected to have COVID-19.
- This tool can be administered at any time during the patient's journey but it is important to consider the natural progression of the illness when determining rehabilitation needs. Depending on the severity of symptoms & functional impairment, some clients may be better served by starting with a self-management program before being referred to more specialized rehabilitation.
- This tool can be completed by any regulated health care provider (e.g. nursing / allied health / physician).

### Part 1: Post COVID Functional Status Scale (PCFS)

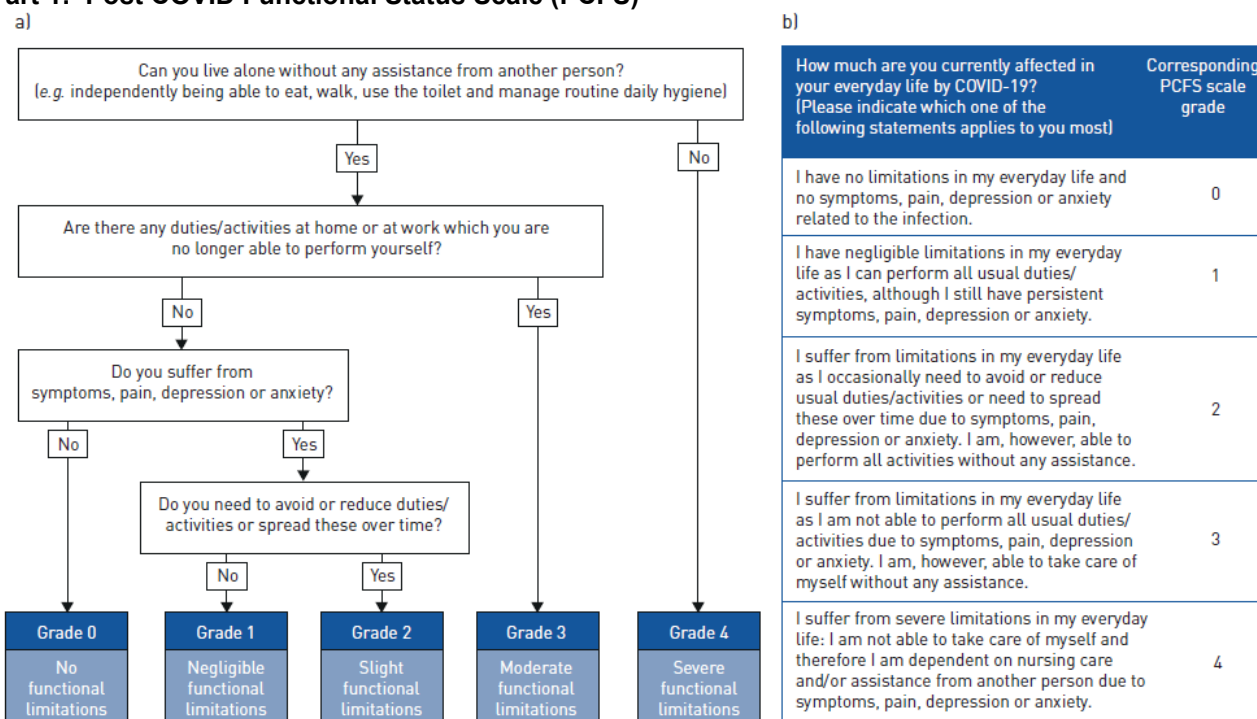


FIGURE 1 Patient self-report methods for the Post-COVID-19 Functional Status (PCFS) scale. a) Flowchart. b) Patient questionnaire. Instructions for use: 1) to assess recovery after the SARS-CoV-2 infection, this PCFS scale covers the entire range of functional limitations, including changes in lifestyle, sports and social activities; 2) assignment of a PCFS scale grade concerns the average situation of the past week (exception: when assessed at discharge, it concerns the situation of the day of discharge); 3) symptoms include (but are not limited to) dyspnoea, pain, fatigue, muscle weakness, memory loss, depression and anxiety; 4) in case two grades seem to be appropriate, always choose the highest grade with the most limitations; 5) measuring functional status before the infection is optional; 6) alternatively to this flowchart and patient questionnaire, an extensive structured interview is available. The full manual for patients and physicians or study personnel is available from <https://osf.io/qgpdv/> (free of charge).



Adapted from: Klok FA, Boon GJAM, Barco S, et al. The Post-COVID-19 Functional Status scale: a tool to measure functional status over time after COVID-19. Eur Respir J 2020; 56: 2001494  
[<https://doi.org/10.1183/13993003.01494-2020>] is licensed under [CC BY NC 4.0](https://creativecommons.org/licenses/by-nc/4.0/).

## Part 2: Post COVID Symptom Checklist

**Sample Script:** The next part of the survey we will be discussing any symptoms you are currently experiencing as a result of COVID-19. The symptoms are divided into categories which will help us determine how to best direct your recovery. If you have no symptoms in a category, please indicate N/A and we will move on to the next section. If you are unsure, we will ask more detailed questions. For each question, please indicate if your symptoms are **worse**, the **same** or **better** than before your illness.

Cardiorespiratory Symptoms? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		Neurological Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure	
Shortness of breath at rest? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty controlling the movement of your body? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Shortness of breath with activity? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty eating, drinking or swallowing (i.e. choking)? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Lingering cough or noisy breathing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty controlling your: Bowels? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Chest pain at rest? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Bladder? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Chest pain with activity? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Issues with concentration, thinking or memory? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Dizziness, fainting or loss of consciousness? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty hearing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
		Difficulty seeing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Musculoskeletal Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		Other Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure	
Generalized muscle weakness? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Extreme fatigue/exhaustion? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Muscle or joint pain? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Worse after physical or mental activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty walking? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you lost your taste or sense of smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty doing own washing & dressing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you been eating less than usual for more than 1 week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty doing your usual activities (i.e. leisure or work)? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you lost or gained a significant amount of weight without trying?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lost <input type="checkbox"/> Gained
Mood Related Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		Issues with pain or discomfort? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Experiencing anxiety? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty sleeping? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Experiencing depression? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Headaches? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better

\* Upon completion, providers should ask clients about additional symptoms that may have been missed.



Adapted from: Sivan M, Halpin S, Gee J. Assessing long term rehabilitation needs in COVID-19 survivors using a telephone screening tool (C19-YRS tool). ACNR. 2020; 19 (4): 14-7.  
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**Scoring/Evaluation:**

Rehabilitation needs should be determined using a combination of the PCFS scale and the symptom checklist.

PCFS Grade 0 to 1 (mild functional impairment):

- Consider **universal** rehabilitation interventions (self-management resources)

PCFS Grade 2 to 3 (moderate functional impairment):

- Consider **targeted** rehabilitation interventions

PCFS Grade 3 or 4 (severe functional impairment):

- Consider **personalized** rehabilitation interventions

See tables below for universal, targeted and personalized rehabilitation options in your zone. Please note, **all** patients should be given access to self-management resources.

**\*Tables outlining resources will be built out for each zone**

## Post COVID Rehabilitation: \_\_\_\_\_ Zone Resources

### Universal Rehabilitation / Self-Management Resources

- Services available to all Albertans.
- **Note:** All patients should receive self-management information.

Consider adding links to provincial Dietician resources and zone specific programs offering support (i.e. AHLP, etc.)

[How to Support Your Recovery and Rehabilitation after COVID-19 \(albertahealthservices.ca\)](https://albertahealthservices.ca)

Program	Primary Symptoms	Referral Information
		Alberta Referral Directory Link

### Targeted Rehabilitation

- Services designed for groups of people with a common need.

\* Build out program options available within your zone

Program	Primary Symptoms	Referral Information
		Alberta Referral Directory Link

### Personalized Rehabilitation

- Services designed for groups of people with a common need.

\* Build out program options available within your zone

Example from Calgary zone:

Program	Primary Symptoms	Referral Information
Community Accessible Rehabilitation (MSK)	Musculoskeletal	Alberta Referral Directory Link
Community Accessible Rehabilitation (Neuro)	Neurological	Alberta Referral Directory Link
Community Accessible Rehabilitation (Pulmonary)	Respiratory	Alberta Referral Directory Link

### Other Services

- Services outside of rehabilitation that can offer support to patients following COVID-19.

\*Build out program options available within your zone (consider mental health supports, nutrition, Post COVID clinics for medical management, etc.)

Program	Primary Symptoms	Referral Information
		Alberta Referral Directory Link

About this pathway



- Post COVID-19 Pathways were originally developed in 2021 as part of Post COVID-19 Rehabilitation Strategy Implementation Taskforce which was approved through the ECC Structure of AHS in response to the COVID-19 pandemic.
- They were co-developed with membership from Mosaic PCN, North Edmonton PCN as well as, multiple AHS partners including: Primary Health Care, Health Profession Strategy and Practice, Nutrition Services.
- Special acknowledgement for Calgary Zone PCN community who lead the early design of the original Primary Care COVID-19 Adult Pathway within Alberta. The design, structure and layout of this pathway was strategically aligned to ensure continuity in decision support tools of the primary care community.

### Authors and conflict of interest declaration

This pathway was developed under the auspices of the Neurosciences, Rehabilitation & Vision Strategic Clinical Network™ (NRV SCN™) in 2021, by a multi-disciplinary team of physicians, community rehabilitation providers and patient and citizen advisors. For more information, contact the NRV SCN at [NeuroRehabVision.SCN@ahs.ca](mailto:NeuroRehabVision.SCN@ahs.ca). As COVID-19 is an emergent pandemic, this pathway will be considered a living document for the duration of pandemic response and will be revised as necessary as evidence emerges around best practice.

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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.

# Appendix E



## Post-Acute & Continuing Care

### Table of Contents

1. [Post-Acute & Continuing Care](#)
2. [Considerations for Implementation](#)
3. [Potential Challenges](#)
4. [Post-Acute & Continuing Care Pathway](#)
5. [Pathway Toolkit](#)

## 1. Post-Acute & Continuing Care

Post-Acute Care is an encompassing specialty, which refers to departments that are not typically a standard acute care, rehabilitation, addictions and mental health or designated continuing care spaces. This would refer to beds and units previously called post-acute, community support beds, sub-acute, restorative care, transition or alternate level of care units. Continuing Care is a range of services that support the health and well-being of individuals living in their own home, or in a supportive living or long-term care setting. Continuing care provides services to patients across the age continuum based on their care needs.

The Post-Acute and Continuing Care Working Group reviewed the Final Report: Provincial Post-COVID Rehabilitation Task Force recommendations for sub-acute, restorative care, hospice, home care, designated supported living and long-term care and divided the work into four sections:

1. Screening
2. Assessment & Treatment
3. Discharge & Transition Planning
4. Longitudinal Follow-up

It was determined that recommendations 1-4 and 7-14, 16-18 of the report were applicable to Post-Acute and Continuing Care.

The Post-Acute & Continuing Care Pathway that has been developed is intended to support clinicians in navigating to the appropriate services for post-COVID rehabilitation dependent on the patient's rehabilitation needs and goals of care.

## 2. Considerations for Implementation

Follow-up actions and recommendations for implementation are based on current processes and evidence. As processes change (e.g. changes in Electronic Medical Record or operational design) and as new evidence emerges, the actions and recommendations in this report for screening, assessment, treatment, discharge, transfer and longitudinal follow up should be reviewed.

As new information about COVID-19 and its longitudinal impacts on health and wellness are known, recognition and assessment of post COVID symptoms should become part of the

diagnostic toolkit for all clinicians. The actions and recommendations provided aim to assist in building that toolkit and enhancing knowledge based on current information related to post COVID rehabilitation in the Post-Acute and Continuing Care populations.

Independence and self-management are key principles in Post-Acute and Continuing Care. In an effort to promote the provision of the right care in the right place by the right provider (2020, AHS), these principles should be first considered when discussing with patients and families their options for care and required follow-up. Integration of these recommendations into current processes will take additional time, development and coordination. Screening tools will need to be built into the existing clinical information systems and forms. Educational resources for clinicians will require development and implementation.

### 3. Potential Challenges

Recommendation	Potential Challenge	Mitigating Strategy
Screening – Recommendations 1 & 2		
<p>Screening should be completed on admission to Post-Acute and Continuing Care using the <a href="#">Screening Tool for COVID-19 Patients in Post-Acute and Continuing Care</a>.</p> <ul style="list-style-type: none"> <li>For individuals who respond YES to the first screening question (i.e. Have you ever received a positive lab-confirmed test result for COVID-19?), screening for change in functional or health status should be repeated at 3, 6 and 12 month intervals (see recommendations on longitudinal follow up).</li> <li>Screening both for positive lab confirmed diagnosis and for change in status will provide key foundational information that can inform future resource decisions related to rehabilitative needs of this new patient population.</li> </ul>	<p>Questions related to specific symptoms were determined to be a duplication of existing intake, screening and comprehensive assessment processes for Continuing Care.</p>	<p>The proposed screening questions recommended in the Final Report: Provincial Post-COVID Rehabilitation Task Force were modified to target screening for a history of a positive lab confirmed COVID-19 diagnosis and a change in functional or health status.</p>
Assessment & Treatment - Recommendations 3,4,7, 8, 9 & 10		
<p>Education and information specific to post COVID symptoms and management should be provided to all Post-Acute and Continuing Care clinicians who are involved in assessment and treatment of patients.</p>	<p>No perceived challenge</p>	<p>The current assessment tools and processes to establish care and treatment plans in Post-Acute and Continuing Care were determined to be sufficient to meet the recommendations.</p>

Recommendation	Potential Challenge	Mitigating Strategy
Discharge & Transitions – Recommendations 11, 12, 13 & 14		
<p>Additional education and information, specific to Post-Acute and Continuing Care patients, be developed to ensure post COVID instructions for rehabilitation needs are fully addressed. Education should include information about:</p> <ul style="list-style-type: none"> <li>• Post COVID symptoms</li> <li>• Potential need for rehabilitation</li> <li>• Management of recovery (included in the My Discharge Checklist resource)</li> <li>• Information about self-referral to continuing care</li> </ul> <p>Access to Post-Acute and Continuing Care should also be included in all patient teaching and discharge instructions from acute care.</p>	No perceived challenge	The existing Post-Acute and Continuing Care processes and requirements related to information transfer and self-management post discharge were reviewed and determined to be sufficient to meet the recommendations.
Longitudinal Follow-up – Recommendations 16, 17 & 18		
<p>Development of a formal process to screen for longitudinal change in status utilizing the post COVID screening tool to support data collection, reporting and to help show the longitudinal experience of post COVID in Post-Acute and Continuing Care populations.</p> <p>For the purpose of longitudinal follow-up in Continuing Care, screening for change in status should occur at 3, 6 and 12 month intervals and prior to discharge or transfer is recommended. Screening should be done by the most appropriate Post-Acute and Continuing Care staff member for all patients with a post COVID diagnosis. The Frequency of Screening, Assessment and Re-Assessment table in the Pathway Toolkit provides additional detail for specific client groups and care streams.</p> <ul style="list-style-type: none"> <li>• <b>Home Care</b> – Staff should complete screening for change in status and report findings to the case manager to ensure that self-management is promoted and that all opportunities to observe a change in status is provided. The patient's most responsible health provider (Primary Care Network,</li> </ul>	There is currently no formal documentation or screening process to identify change in status. Informal processes may include shift report, team huddles and reports from healthcare providers to case managers.	<p>Existing comprehensive assessment should be utilized, as appropriate, in accordance with established processes in Post-Acute and Continuing Care. The post COVID screening tool (for post-Acute and continuing care) should be implemented and utilized to document change in status at the recommended intervals appropriate for the client group or care area.</p> <p>The EQ-5D-5L (validated, AHS-approved, general quality of life tool) and AHS Post COVID Longitudinal Monitoring Tool (AHS PLMT), as per the Final Report, should be added to the available comprehensive assessments and education developed to promote knowledge and understanding of appropriate utilization in the Post-Acute and Continuing Care environment.</p>

Recommendation	Potential Challenge	Mitigating Strategy
<p>physician, nurse practitioner) should assume responsibility for oversight of longitudinal follow-up.</p> <ul style="list-style-type: none"> <li>• <b>Post-Acute and Hospice</b> – Longitudinal follow-up may not be required based on typical length of stay but should be considered when any change in status occurs or if length of stay exceeds 3 months.</li> <li>• <b>Designated Supportive Living</b> – Timeframes for longitudinal follow-up in Designated Supportive Living environments should adhere to the 3, 6 and 12-month intervals established in the Final Report and should be completed by the most appropriate staff member. This should not duplicate existing processes for re-assessment and evaluation on admission and at one-year intervals following.</li> <li>• <b>Long Term Care</b> – Timeframes for longitudinal follow-up in long-term care environments should adhere to the 3, 6 and 12-month intervals established in the Final Report and should be completed by the most appropriate staff member. Existing timeframes for quarterly re-assessment and evaluation should not be duplicated but documentation of screening for change in status for patients with a previous COVID-19 diagnosis should be utilized to enhance knowledge and understanding of patient rehabilitation needs in this care stream.</li> </ul>		<p>Consider using the EQ-5D-5L:</p> <ul style="list-style-type: none"> <li>• To determine a patient's independence.</li> <li>• With patients who do not have routine interventions as part of their plan of care.</li> <li>• With patients who are self-managing symptoms.</li> </ul>



Recommendation	Potential Challenge	Mitigating Strategy
Special Populations		
Include the pediatric population within the scope for this work.	The separation of the pediatric population from the workflow could result in challenges and gaps in care especially for children with complex needs (including children with complex airway needs).	Discussion was initiated with the Maternal Newborn Child & Youth Strategic Clinical Network to follow up on recommendations from the Final Report for the pediatric population.
Consider young adult patients transitioning back to facility	Risks for elderly patients transitioning back to facility were specifically noted in the Final Report, but young adults also experience risk in transitions to facility.	Apply or modify strategies of elderly to support youth transitioning back to facility, as the considerations and risks are similar.
Consider Indigenous populations	First Nations and Metis individuals experience limitations and service gaps in accessing continuing care services. There is limited access to home care and facility living through the First Nations and Inuit Health Branch (FNIHB).	There are several service models in the province for home care including contracts with Alberta Health Services to provide home care services in some northern First Nations' communities. Care providers should become familiar with and understand the requirements and limitations to accessing continuing care services for Indigenous populations.
Consider isolated and rural populations (often referred to as rural and remote populations in continuing care)	Continuing Care service delivery ("basket of services") is not same in all areas of the province.	Consider the scope of clinician required for interventions and follow-up, frequency of care provision and distance to access treatment and supplies for individuals requiring continuing care services who live in rural and remote areas. Clinicians should reach out to their local home care office,

Recommendation	Potential Challenge	Mitigating Strategy
		<p>transitions services or discharge planner to discuss possible modifications to care and treatment plans, including self-management and virtual care options, when continuing care services are required.</p>



**Quick Links:**

[Expanded Details](#) >

[Rehabilitation Advice Line](#) >

[Post-Acute & Continuing](#) >

Patient presents with potential rehab needs for post-acute or continuing care setting

More info: [Post COVID definition & symptoms](#) >

**Continuing Care**

[Accessing Continuing Care](#) >

**Post-Acute Care**

Is patient currently receiving Continuing Care services?

[What to expect when moving to a facility](#) >

Sub-Acute Care

Restorative Care

YES

NO

Send referral forward to current case manager or site

Complete post COVID [screening](#) and follow regular processes for intake

Review post COVID [screening from Acute Care](#)

[Seniors Health Bedded Restorative Care Framework](#) >

Complete Post COVID [screening](#) and assess for change in health status of service needs

Send referrals for rehabilitation/Allied Health assessment where unmet needs are identified

Complete admission and send referrals and /or Allied Health assessment where unmet needs determined

**Universal Rehabilitation Services** available to all Albertans

[Continuing Care](#)

**Targeted Rehabilitation**  
Designed for groups of people with a common need

[Continuing Care](#)

[Post-Acute Programs](#)

**Personalize Rehabilitation** Designed to meet the unique need of the individual

[Continuing Care Individualized treatment](#)

[Post-Acute Programs](#)

[Calgary Zone](#) >

[Central Zone](#) >

[Edmonton Zone](#) >

[North](#) >

[South Zone](#) >

[Virtual Rehabilitation](#)

## 5. Pathway Toolkit

### Post COVID Definitions

- **Ongoing symptomatic COVID-19:** Signs and symptoms of COVID-19 from 4 to 12 weeks.
- **Post COVID-19 Syndrome:** Signs and symptoms that develop during, or after, an infection consistent with COVID-19; continue for more than 12 weeks; and are not explained by an alternative diagnosis.
- **Long COVID:** Signs and symptoms that continue or develop after acute COVID-19. This includes both ongoing symptomatic COVID-19 and post COVID-19 syndrome (defined above).
- NICE Guideline [NG188], "COVID-19 rapid guideline: managing the long-term effects of COVID-19" (published December 18, 2020). Online at <https://www.nice.org.uk/guidance/ng188>

**Note:** For the purpose of this pathway, the term **Post COVID** will be used universally to capture patients meeting any of the definitions listed above.

This pathway is intended to identify rehabilitation needs for:

- Patients with confirmed or suspected COVID-19 diagnosis with ongoing symptoms beyond 4 weeks.
- Patients with long standing medical or functional issues as a result of a previous or suspected COVID-19 diagnosis.

### Rehabilitation Advice Line

- Call 1-833-379-0563
- For more information visit:  
<https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1080775&serviceAtFacilityID=1126573>

### Post COVID Symptoms

Post COVID Symptoms	
<b>Generalized Symptoms</b> <ul style="list-style-type: none"><li>• Fatigue or low energy</li><li>• Fever</li><li>• Pain</li><li>• Unintentional weight loss</li><li>• Malnutrition</li></ul>	<b>Cardiovascular Symptoms</b> <ul style="list-style-type: none"><li>• Chest tightness</li><li>• Chest pain</li><li>• Palpitations</li></ul>
<b>Respiratory Symptoms</b> <ul style="list-style-type: none"><li>• Breathlessness</li><li>• Cough</li></ul>	<b>Musculoskeletal Symptoms</b> <ul style="list-style-type: none"><li>• Joint pain</li><li>• Muscle pain</li></ul>
<b>Neurological Symptoms</b> <ul style="list-style-type: none"><li>• Cognitive impairment ('brain fog', loss of concentration or memory issues)</li><li>• Headache</li><li>• Sleep disturbance</li><li>• Peripheral neuropathy symptoms (pins and needles and numbness)</li><li>• Dizziness</li></ul>	<b>Gastrointestinal Symptoms</b> <ul style="list-style-type: none"><li>• Abdominal pain</li><li>• Nausea &amp; vomiting</li><li>• Early satiety and poor or loss of appetite</li><li>• Bowel changes: Diarrhea and or constipation</li><li>• Anorexia and reduced appetite</li></ul>

Post COVID Symptoms	
<ul style="list-style-type: none"> <li>Delirium (in older populations)</li> </ul>	
<b>Psychological and Psychiatric Symptoms</b> <ul style="list-style-type: none"> <li>Symptoms of depression</li> <li>Symptoms of anxiety</li> </ul>	<b>Dermatological Symptoms</b> <ul style="list-style-type: none"> <li>Skin rashes</li> </ul>
<b>Ear, Nose and Throat Symptoms</b> <ul style="list-style-type: none"> <li>Tinnitus</li> <li>Loss of taste/ taste changes (ageusia/ dysgeusia)</li> <li>Loss of smell (anosmia)</li> <li>Earache</li> <li>Sore throat</li> <li>Dizziness</li> </ul>	

Adapted from: COVID-19 rapid guideline: managing the long-term effect of COVID-19 (NICE, 2020)

### Recommended Screening Tool for Post COVID-19 Patients in Post-Acute & Continuing Care

<b>Question 1</b> Have you ever received a positive lab confirmed test result for COVID-19?  <input type="checkbox"/> YES <input type="checkbox"/> NO Comments:	<b>Question 2</b> Following your COVID-19 illness, have you ever been told of or received a diagnosis of: a. Post-ICU Syndrome b. Post-Viral Fatigue Syndrome c. Permanent Organ Damage d. Long Term COVID Syndrome  <input type="checkbox"/> YES <input type="checkbox"/> NO Comments:	<b>Question 3</b> Are you experiencing any new symptoms, problems or ongoing symptoms since your COVID-19 illness?  <input type="checkbox"/> YES <input type="checkbox"/> NO Comments:	<b>Question 4</b> Are you back to doing your usual activities (walking, self-care, work school, hobbies; for continuing care patients this includes usual activities as per existing care plan)? If not, what is preventing you from returning to those activities?  <input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
--	--	---	--

## Post COVID Rehabilitation Screening Tool (for patients transitioning from acute care)

\*This tool is included for information purposes only as clinicians will need to be familiar with the screening process in acute care. Clinicians completing Post COVID screening in Post-Acute and continuing care should use the applicable screening tool.

**Sample Script:** The purpose of this screening tool is to evaluate any functional concerns or lingering symptoms you may be experiencing as a result of COVID-19. This will help us determine what rehabilitation supports you may require moving forward.

This survey will take 5-10 minutes to complete. If there are topics you do not wish to comment on or if you are not currently experiencing issues in an area, please indicate N/A. The first part of the survey will focus on your functional abilities and the second part of the survey will look at the symptoms you are currently experiencing.

### Considerations for Completion:

- The purpose of this screening tool is to identify rehabilitation needs of patients who have been diagnosed or were suspected to have COVID-19.
- This tool can be administered at any time during the patient's journey but it is important to consider the natural progression of the illness when determining rehabilitation needs. Depending on the severity of symptoms & functional impairment, some clients may be better served by starting with a self-management program before being referred to more specialized rehabilitation.
- This tool can be completed by any regulated health care provider (e.g. nursing / allied health).

### Part 1: Post COVID Functional Status Scale (PCFS)

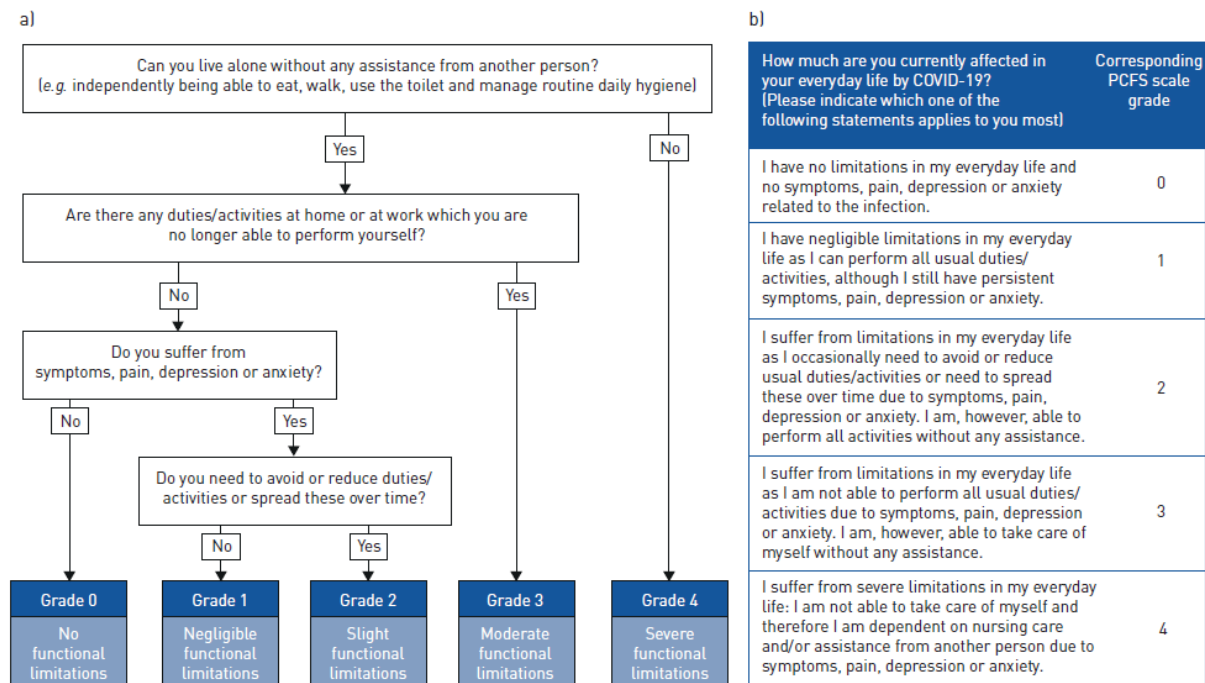


FIGURE 1 Patient self-report methods for the Post-COVID-19 Functional Status (PCFS) scale. a) Flowchart. b) Patient questionnaire. Instructions for use: 1) to assess recovery after the SARS-CoV-2 infection, this PCFS scale covers the entire range of functional limitations, including changes in lifestyle, sports and social activities; 2) assignment of a PCFS scale grade concerns the average situation of the past week (exception: when assessed at discharge, it concerns the situation of the day of discharge); 3) symptoms include (but are not limited to) dyspnoea, pain, fatigue, muscle weakness, memory loss, depression and anxiety; 4) in case two grades seem to be appropriate, always choose the highest grade with the most limitations; 5) measuring functional status before the infection is optional; 6) alternatively to this flowchart and patient questionnaire, an extensive structured interview is available. The full manual for patients and physicians or study personnel is available from <https://osf.io/qgpdv/> (free of charge).

## Part 2: Post COVID Symptom Checklist

**Sample Script:** The next part of the survey we will be discussing any symptoms you are currently experiencing as a result of COVID-19. The symptoms are divided into categories which will help us determine how to best direct your recovery. If you have no symptoms in a category, please indicate N/A and we will move on to the next section. If you are unsure, we will ask more detailed questions. For each question, please indicate if your symptoms are **worse**, the **same** or **better** than before your illness.

Cardiorespiratory Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		Neurological Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure	
Shortness of breath at rest? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty controlling the movement of your body? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Shortness of breath with activity? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty eating, drinking or swallowing (i.e. choking)? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Lingering cough or noisy breathing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty controlling your: Bowels? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Chest pain at rest? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Bladder? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Chest pain with activity? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Issues with concentration, thinking or memory? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Dizziness, fainting or loss of consciousness? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty hearing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
		Difficulty seeing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Musculoskeletal Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		Other Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure	
Generalized muscle weakness? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Extreme fatigue/exhaustion? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Muscle or joint pain? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Worse after physical or mental activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty walking? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you lost your taste or sense of smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty doing own washing & dressing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you been eating less than usual for more than 1 week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty doing your usual activities (i.e. leisure or work)? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you lost or gained a significant amount of weight without trying?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lost <input type="checkbox"/> Gained
Mood Related Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		Issues with pain or discomfort? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Experiencing anxiety? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty sleeping? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Experiencing depression? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Headaches? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better

\* Upon completion, providers should ask clients about additional symptoms that may have been missed.



Adapted from: Sivan M, Halpin S, Gee J. Assessing long term rehabilitation needs in COVID-19 survivors using a telephone screening tool (C19-YRS tool). ACNR. 2020; 19 (4): 14-7.  
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### **Scoring/Evaluation:**

Rehabilitation needs should be determined using a combination of the PCFS scale and the symptom checklist.

PCFS Grade 0 to 1 (mild functional impairment):

- Consider **universal** rehabilitation interventions (self-management resources)

PCFS Grade 2 to 3 (moderate functional impairment):

- Consider **targeted** rehabilitation interventions

PCFS Grade 3 or 4 (severe functional impairment):

- Consider **personalized** rehabilitation interventions

See tables below for universal, targeted and personalized rehabilitation options in your zone. Please note, **all** patients should be given access to self-management resources.

**\*Tables outlining resources will be built out for each zone**

## Considerations at Time of Discharge or Transition in Care

Considerations at the Time of Discharge or Transition in Care	
<b>Unable to self-manage (cognitive/ physical) (chronic or acute)</b> <ul style="list-style-type: none"> <li>• Maintain current health status</li> <li>• Perform ADL's</li> <li>• Identify limitations and or changes</li> <li>• Engage and maintain rehabilitation process/ routines/ activities</li> </ul>	<b>Patient is unable to maintain hydration &amp; or nutrient</b> <ul style="list-style-type: none"> <li>• Diarrhea &amp; or vomiting</li> <li>• Cognitive impairment</li> <li>• Poor intake (access to food/ swallowing/ change in taste &amp; smell)</li> <li>• Food insecurity/ preparation</li> </ul>
<b>Access to rehabilitation services</b> <ul style="list-style-type: none"> <li>• Remote living</li> <li>• Transportation/ access via technology</li> <li>• High complex rehabilitation and or medical needs that are not managed at alternative care areas and or in the community</li> <li>• Reduced services available</li> <li>• Equipment and provider services are not available across all sites/zones</li> </ul>	<b>Socially isolated</b> <ul style="list-style-type: none"> <li>• Lives alone</li> <li>• Unable to connect with others through technology</li> <li>• Little to no reliable social network</li> <li>• Caregiver unable to meet the patients' needs</li> <li>• Physical care</li> <li>• Financial resources</li> <li>• Emotional care and support</li> </ul>
<b>Childcare requirements</b>	<b>Receiving appropriate continuing care support</b>
<b>Financial insecurity to meet basic needs</b> <ul style="list-style-type: none"> <li>• Unable to return to work</li> <li>• Low-income home</li> </ul>	<b>Challenges with health literacy or ability to understand treatment recommendations or isolation expectations.</b> <ul style="list-style-type: none"> <li>• Education level</li> <li>• Language barrier</li> <li>• Technology</li> <li>• Cognitive impairment (acute/chronic)</li> </ul>

## Post COVID Rehabilitation Continuing Care – Frequency of Screening, Assessment and Reassessment

### Rehabilitation Needs are Identified for Adults 18 Years and Older During:

- Screening – identifies any new symptom, change in condition or reduction in function after recovery from COVID-19.
- Care plan review – identifies any new symptom, change in condition or reduction in function after recovery from COVID-19.

### Admission to Continuing Care Programs

- Upon admission to a continuing care program, complete or review post COVID-19 screening based on a previous diagnosis of COVID-19 and the applicable client group, clinical area or program.
- Complete comprehensive admission assessment in accordance with established clinical area or program timelines.
- Discuss post COVID-19 symptoms and any recommended interventions with patient, family or decision maker and interdisciplinary team for care and treatment plan development.
- Provide education to the patient, family or decision maker regarding risk factors and strategies for management of long-term recovery from post COVID-19 symptoms.
- Encourage self-management of rehabilitation needs (as able or with the support of family or caregiver).

### Prioritization of Referrals, Assessment and Reassessment

- Referrals, assessment and reassessment of patients with post COVID-19 symptoms should be prioritized in accordance with routine referral and treatment processes.
- Prioritization should include consideration of risk for acute care admission, risk for higher level of care needs, patient struggling to manage in current care stream, risk of social isolation, length of outbreak (longer outbreak = higher risk for functional, cognitive and overall decline).

### Discharge from Continuing Care Programs

- Provide discharge instructions and education to patient and family or caregiver.
- Ensure patient and family or caregiver has required information to initiate and maintain self-management of rehabilitation needs.
- Communicate discharge and any follow up needs to primary care provider (Primary Care Network, physician, nurse practitioner).

Patient Population, Clinical Area or Program	Initial Screening	Assessment	Reassessment
Post-Acute: Adult 18 years and older			
Sub-Acute Restorative Care	<ul style="list-style-type: none"> <li>• Review screening completed in acute care within 24 hours of admission, (ideally within 8 hours) OR if no screening has been completed:               <ul style="list-style-type: none"> <li>○ Complete within 7 days after recovery (<b>14 days from positive test or absence</b>)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Complete comprehensive assessment and treatment plan in accordance with established timeframes</li> <li>• Identify Allied Health disciplines needing to be included in</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate and reassess treatment plan at 3, 6 and 12 month intervals and when there is a significant change in patient's health status or functional ability</li> </ul>



Patient Population, Clinical Area or Program	Initial Screening	Assessment	Reassessment
	<p><b>of symptoms)</b> and/or</p> <ul style="list-style-type: none"> <li>○ Complete within 24 hours prior to discharge or</li> <li>○ Complete within 24 hours prior to transfer to another unit and/or facility</li> </ul>	<p>interdisciplinary team (IDT)</p> <ul style="list-style-type: none"> <li>• Initiate rehabilitation intervention plan</li> </ul>	<ul style="list-style-type: none"> <li>• Reassess prior to transfer to another unit and/or facility</li> </ul>
<b>Home Care Home Living and Non-Designated Supportive Living (Adult 18 years and older)</b>			
Short Term Acute Client Group (STAC)	<ul style="list-style-type: none"> <li>• Review screening completed in acute care during established intake process and upon first visit, or</li> <li>• Complete the appropriate screening tool with established intake process or upon first visit</li> </ul>	<ul style="list-style-type: none"> <li>• Complete comprehensive assessment and treatment plan in accordance with established timeframes</li> <li>• Identify Allied Health disciplines needing to be included in IDT</li> <li>• Initiate rehabilitation intervention plan</li> </ul>	<ul style="list-style-type: none"> <li>• When post COVID rehabilitative need is identified, reassess prior to discharge to establish self-management plan</li> <li>• Evaluate effectiveness of rehabilitation intervention plan.</li> </ul>
Acute, Rehab, End of Life and Wellness Client Groups	<ul style="list-style-type: none"> <li>• Review screening completed in acute care during established intake process and upon first visit, or</li> <li>• Complete the appropriate screening tool with established intake process or upon first visit</li> </ul>	<ul style="list-style-type: none"> <li>• Complete comprehensive assessment and treatment plan in accordance with established timeframes</li> <li>• Identify Allied Health disciplines needing to be included in IDT</li> <li>• Initiate rehabilitation intervention plan</li> </ul>	<ul style="list-style-type: none"> <li>• When post COVID rehabilitative need is identified, reassess at 3, 6 and 12 month intervals and/or prior to discharge to establish self-management plan (as appropriate)</li> <li>• Reassess when there is a significant change in health status (e.g. change in functional</li> </ul>

Patient Population, Clinical Area or Program	Initial Screening	Assessment	Reassessment
			<p>status after acute care admission or due to symptom exacerbation)</p> <ul style="list-style-type: none"> <li>Evaluate effectiveness of rehabilitation intervention plan.</li> </ul>
Long Term Supportive/Maintenance Client Groups	<ul style="list-style-type: none"> <li>Review screening completed in acute care during established intake process and upon first visit, or</li> <li>Complete the appropriate screening tool with established intake process or upon first visit</li> </ul>	<ul style="list-style-type: none"> <li>Complete comprehensive assessment and treatment plan in accordance with established timelines</li> <li>Identify Allied Health disciplines needing to be included in IDT</li> <li>Initiate rehabilitation intervention plan</li> </ul>	<ul style="list-style-type: none"> <li>When post COVID rehabilitative need hasn't previously been identified, screen for change in status at 3, 6 and 12 month intervals</li> <li>When post COVID rehabilitative need has been identified, reassess treatment and intervention plan at 3, 6 and 12 month intervals, and</li> <li>Reassess when there is a significant change in health status (see interRAI definition for significant change in status)</li> <li>Evaluate effectiveness of rehabilitation</li> </ul>

Patient Population, Clinical Area or Program	Initial Screening	Assessment	Reassessment
			intervention plan.
<b>Designated Supportive Living (Adult 18 years and older)</b>			
Long Term Supportive/Maintenance Client Groups	<ul style="list-style-type: none"> <li>Review screening completed in acute care within 24 hours of admission, ideally within 8 hours or</li> <li>Complete the appropriate screening tool with established intake process or within 24 hours of admission</li> </ul>	<ul style="list-style-type: none"> <li>Complete comprehensive assessment and treatment plan in accordance with established timelines</li> <li>Identify Allied Health disciplines needing to be included in IDT</li> <li>Initiate rehabilitation intervention plan</li> </ul>	<ul style="list-style-type: none"> <li>When no prior post COVID rehabilitative need is identified, screen for change in status at 3, 6 and 12 month intervals</li> <li>When post COVID rehabilitative need is identified, reassess treatment and intervention plan at 3, 6 and 12 month intervals, and</li> <li>Reassess when there is a significant change in health status (see interRAI definition for significant change in status)</li> <li>Evaluate effectiveness of rehabilitation intervention plan.</li> </ul>
<b>Long Term Care (LTC) Facility Living (Adult 18 years and older)</b>			
LTC	<ul style="list-style-type: none"> <li>Review screening completed in acute care within 24 hours of admission, ideally within 8 hours or</li> </ul>	<ul style="list-style-type: none"> <li>Complete comprehensive assessment and treatment plan in accordance with</li> </ul>	<ul style="list-style-type: none"> <li>When no prior post COVID rehabilitative need is identified,</li> </ul>

Patient Population, Clinical Area or Program	Initial Screening	Assessment	Reassessment
	<ul style="list-style-type: none"> <li>Complete the appropriate screening tool with established intake process or within 24 hours of admission</li> </ul>	<p><b>established timelines</b></p> <ul style="list-style-type: none"> <li>Identify Allied Health disciplines needing to be included in IDT</li> <li>Initiate rehabilitation intervention plan</li> </ul>	<p>screen for change in status at 3, 6 and 12 month intervals</p> <ul style="list-style-type: none"> <li>When post COVID rehabilitative need is identified, reassess treatment and intervention plan quarterly, and</li> <li>Reassess when there is a significant change in health status (see interRAI definition of significant change in status)</li> <li>Evaluate effectiveness of rehabilitation intervention plan.</li> </ul>
<b>Hospice (Adult 18 years and older)</b>			
Hospice	<ul style="list-style-type: none"> <li>Review screening completed in acute care within 24 hours of admission, ideally within 8 hours or</li> <li>Complete the appropriate screening tool with established intake process or within 24 hours of admission</li> </ul>	<ul style="list-style-type: none"> <li>Complete comprehensive assessment and treatment plan in accordance with established timelines</li> <li>Identify Allied Health disciplines needing to be included in IDT</li> <li>Initiate rehabilitation intervention plan</li> </ul>	<ul style="list-style-type: none"> <li>When post COVID rehabilitative need is identified, reassess treatment and intervention plan in accordance with clinical need related to symptom management, and</li> </ul>

Patient Population, Clinical Area or Program	Initial Screening	Assessment	Reassessment
			<ul style="list-style-type: none"> <li>• Reassess with significant change in health status (e.g. change in functional status)</li> <li>• Evaluate effectiveness of rehabilitation intervention plan.</li> </ul>

### About this pathway

- Post COVID-19 Pathways were originally developed in 2021 as part of Post COVID-19 Rehabilitation Strategy Implementation Taskforce which was approved through the ECC Structure of AHS in response to the COVID-19 pandemic.
- They were co-developed with membership from Mosaic PCN, North Edmonton PCN as well as, multiple AHS partners including: Primary Health Care, Health Profession Strategy and Practice, Nutrition Services.
- Special acknowledgement for Calgary Zone PCN community who lead the early design of the original Primary Care COVID-19 Adult Pathway within Alberta. The design, structure and layout of this pathway was strategically aligned to ensure continuity in decision support tools of the primary care community.

### Authors and conflict of interest declaration

This pathway was developed under the auspices of the Neurosciences, Rehabilitation & Vision Strategic Clinical Network™ (NRV SCN™) in 2021, by a multi-disciplinary team of physicians, community rehabilitation providers and patient and citizen advisors. For more information, contact the NRV SCN at [NeuroRehabVision.SCN@ahs.ca](mailto:NeuroRehabVision.SCN@ahs.ca). As COVID-19 is an emergent pandemic, this pathway will be considered a living document for the duration of pandemic response and will be revised as necessary as evidence emerges around best practice.

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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.

# Appendix F

## COVID-19 Yorkshire Rehab Screen (C19-YRS)

Patient name and NHS number:

Time and date of call:

Staff member making call:

*We are getting in touch with people who have been discharged after having had a diagnosis of coronavirus disease (Covid-19). The purpose of this call is to find out if you are experiencing problems related to your recent illness with coronavirus. We will document this in your clinical notes. We will use this information to direct you to services you may need and inform the development of these services in the future.*

*This call will take around 15 minutes. If there's any topics you don't want to talk about you can stop the conversation at any point. Do you agree to talk to me about this today? Yes ☐ No ☐*

### Opening questions:

Have you had any further medical problems or needed to go back to hospital since your discharge?
Re-admitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:
Have you used any other health services since discharge (e.g. your GP?)
Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:

*I'll ask some questions about how you might have been affected since your illness. If there are other ways that you've been affected then there will be a chance to let me know these at the end.*

1. Breathlessness	On a scale of 0-10, with 0 being not breathless at all, and 10 being extremely breathless, how breathless are you:  (n/a if does not perform this activity)	Now	Pre-Covid
	a) At rest?	0-10: ____	0-10: ____
	b) On dressing yourself?	0-10: ____ N/a <input type="checkbox"/>	0-10: ____ N/a <input type="checkbox"/>
	c) On walking up a flight of stairs?	0-10: ____ N/a <input type="checkbox"/>	0-10: ____ N/a <input type="checkbox"/>

2. Laryngeal/ airway complications	<p>Have you developed any changes in the sensitivity of your throat such as troublesome cough or noisy breathing? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) <b>0</b> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b> <input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/></p>
3. Voice	<p>Have you or your family noticed any changes to your voice such as difficulty being heard, altered quality of the voice, your voice tiring by the end of the day or an inability to alter the pitch of your voice? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) <b>0</b> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b> <input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/></p>
4. Swallowing	<p><i>Are you having difficulties eating, drinking or swallowing such as coughing, choking or avoiding any food or drinks?</i> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) <b>0</b> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b> <input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/></p>
5. Nutrition	<p>Are you or your family concerned that you have ongoing weight loss or any ongoing nutritional concerns as a result of Covid-19? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Please rank your appetite or interest in eating on a scale of 0-10 since Covid-19 (0 being same as usual/no problems, 10 being very severe problems/reduction) <b>0</b> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b> <input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/></p>
6. Mobility	<p>On a 0-10 scale, how severe are any problems you have in walking about? 0 means I have no problems, 10 means I am completely unable to walk about.</p> <p>Now: <b>0</b> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b> <input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/></p> <p>Pre-Covid: <b>0</b> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b> <input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/></p>
7. Fatigue	<p>Do you become fatigued more easily compared to before your illness? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>If yes, how severely does this affect your mobility, personal cares, activities or enjoyment of life? (0 being not affecting, 10 being very severely impacting)</p> <p>Now: <b>0</b> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b> <input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/></p> <p>Pre-Covid: <b>0</b> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b> <input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/></p>
8. Personal-Care	<p>On a 0-10 scale, how severe are any problems you have in personal cares such as washing and dressing yourself? 0 means I have no problems, 10 means I am completely unable to do my personal care.</p> <p>Now: <b>0</b> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b> <input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/></p> <p>Pre-Covid: <b>0</b> <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b> <input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/></p>
9. Continence	<p>Since your illness are you having any <u>new</u> problems with:</p> <ul style="list-style-type: none"> <li>• controlling your bowel <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li>• controlling your bladder <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> </ul>



10. Usual Activities	<p>On a 0-10 scale, how severe are any problems you have in do your usual activities, such as your household role, leisure activities, work or study?</p> <p>0 means I have no problems, 10 means I am completely unable to do my usual activities.</p> <p>Now:      0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
11. Pain/discomfort	<p>On a 0-10 scale, how severe is any pain or discomfort you have?</p> <p>0 means I have no pain or discomfort, 10 means I have extremely severe pain</p> <p>Now:      0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
12. Cognition	<p>Since your illness have you had new or worsened difficulty with:</p> <ul style="list-style-type: none"> <li>concentrating? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>short term memory? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>
13. Cognitive-Communication	<p><i>Have you or your family noticed any change in the way you communicate with people, such as making sense of things people say to you, putting thoughts into words, difficulty reading or having a conversation?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
14. Anxiety	<p>On a 0-10 scale, how severe is the anxiety you are experiencing?</p> <p>0 means I am not anxious, 10 means I have extreme anxious.</p> <p>Now:      0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
15. Depression	<p>On a 0-10 scale, how severe is the depression you are experiencing?</p> <p>0 means I am not depressed, 10 means I have extreme depression.</p> <p>Now:      0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
16. PTSD screen	<p>a) Have you had any unwanted memories of your illness or hospital admission whilst you were awake, so not counting dreams? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much do these memories bother you?</p> <p>(is the distress: mild <input type="checkbox"/> / moderate <input type="checkbox"/> / severe <input type="checkbox"/> / extreme <input type="checkbox"/>)</p> <p>b) Have you had any unpleasant dreams about your illness or hospital admission? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much do these dreams bother you?</p> <p>(is the distress: mild <input type="checkbox"/> / moderate <input type="checkbox"/> / severe <input type="checkbox"/> / extreme <input type="checkbox"/>)</p> <p>c) Have you tried to avoid thoughts or feelings about your illness or hospital admission? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much effort do you make to avoid these thoughts or feelings?</p> <p>(mild <input type="checkbox"/> / moderate <input type="checkbox"/> / severe <input type="checkbox"/> / extreme <input type="checkbox"/>)</p> <p>d) Are you currently having thoughts about harming yourself in any way? Yes <input type="checkbox"/> No <input type="checkbox"/></p>



## Post COVID-19 Rehabilitation Screening Tool

**Sample Script:** The purpose of this screening tool is to evaluate any functional concerns or lingering symptoms you may be experiencing as a result of COVID-19. This will help us determine what rehabilitation supports you may require moving forward.

This survey will take 5-10 minutes to complete. If there are topics you do not wish to comment on or if you are not currently experiencing issues in an area, please indicate N/A. The first part of the survey will focus on your functional abilities and the second part of the survey will look at the symptoms you are currently experiencing.

### Considerations for Completion:

- The purpose of this screening tool is to identify rehabilitation needs of patients who have been diagnosed or were suspected to have COVID-19.
- This tool can be administered at any time during the patient's journey but it is important to consider the natural progression of the illness when determining rehabilitation needs. Depending on the severity of symptoms & functional impairment, some clients may be better served by starting with a self-management program before being referred to more specialized rehabilitation.
- This tool can be completed by any health care provider (e.g. nursing / allied health / physician).

### Part 1: Post COVID Functional Status Scale (PCFS)

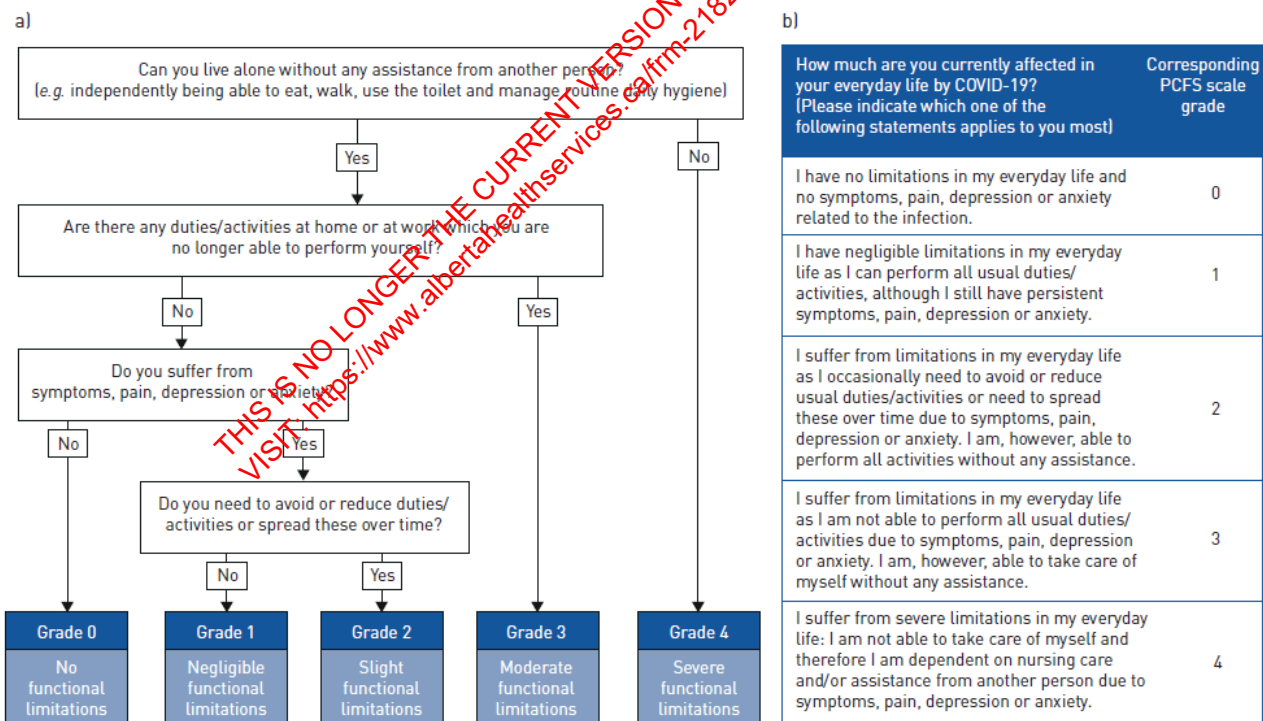


FIGURE 1 Patient self-report methods for the Post-COVID-19 Functional Status (PCFS) scale. a) Flowchart. b) Patient questionnaire. Instructions for use: 1) to assess recovery after the SARS-CoV-2 infection, this PCFS scale covers the entire range of functional limitations, including changes in lifestyle, sports and social activities; 2) assignment of a PCFS scale grade concerns the average situation of the past week (exception: when assessed at discharge, it concerns the situation of the day of discharge); 3) symptoms include (but are not limited to) dyspnoea, pain, fatigue, muscle weakness, memory loss, depression and anxiety; 4) in case two grades seem to be appropriate, always choose the highest grade with the most limitations; 5) measuring functional status before the infection is optional; 6) alternatively to this flowchart and patient questionnaire, an extensive structured interview is available. The full manual for patients and physicians or study personnel is available from <https://osf.io/qgpdv/> (free of charge).

**Part 2: Post COVID Symptom Checklist**

**Sample Script:** The next part of the survey we will be discussing any symptoms you are currently experiencing as a result of COVID-19. The symptoms are divided into categories which will help us determine how to best direct your recovery. If you have no symptoms in a category, please indicate N/A and we will move on to the next section. If you are unsure, we will ask more detailed questions. For each question, please indicate if your symptoms are **worse**, the **same** or **better** than before your illness.

<b>Cardiorespiratory Symptoms?</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		<b>Neurological Symptoms?</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure	
Shortness of breath at rest? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty controlling the movement of your body? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Shortness of breath with activity? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty eating, drinking or swallowing (i.e. choking)? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Lingering cough or noisy breathing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty controlling your: Bowels? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Chest pain at rest? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Bladder? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Chest pain with activity? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Issues with concentration, thinking or memory? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Dizziness, fainting or loss of consciousness? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty hearing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
		Difficulty seeing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
<b>Musculoskeletal Symptoms?</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		<b>Other Symptoms?</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure	
Generalized muscle weakness? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Extreme fatigue/exhaustion? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Muscle or joint pain? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Worse after physical or mental activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty walking? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you lost your taste or sense of smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty doing own washing & dressing? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you been eating less than usual for more than 1 week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty doing your usual activities (i.e. leisure or work)? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Have you lost or gained a significant amount of weight without trying?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lost <input type="checkbox"/> Gained
<b>Mood Related Symptoms?</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Unsure		Issues with pain or discomfort? <input type="checkbox"/> N/A	
Experiencing anxiety? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Difficulty sleeping? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better
Experiencing depression? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better	Headaches? <input type="checkbox"/> N/A	<input type="checkbox"/> Worse <input type="checkbox"/> Same <input type="checkbox"/> Better

\* Upon completion, providers should ask clients about additional symptoms that may have been missed.

## Appendix G

### Scoring/Evaluation:

Rehabilitation needs should be determined using a combination of the PCFS scale and the symptom checklist.

PCFS Grade 0 to 1 (mild functional impairment):

- Consider **universal** rehabilitation interventions (self-management resources)

PCFS Grade 2 to 3 (moderate functional impairment):

- Consider **targeted** rehabilitation interventions

PCFS Grade 3 or 4 (severe functional impairment):

- Consider **personalized** rehabilitation interventions

See tables below for universal, targeted and personalized rehabilitation options in your zone. Please note, **all** patients should be given access to self-management resources.

**\*Tables outlining resources will be built out for each zone**

THIS IS NO LONGER THE CURRENT VERSION  
VISIT: <https://www.albertahealthservices.ca/fim-21820.pdf> FOR NEW VERSION



Adapted from: Klok FA, Boon GJAM, Barco S, et al. The Post-COVID-19 Functional Status scale: a tool to measure functional status over time after COVID-19. Eur Respir J 2020; 56: 2001494  
[<https://doi.org/10.1183/13993003.01494-2020>] is licensed under [CC BY NC 4.0](https://creativecommons.org/licenses/by-nc/4.0/).

\* Upon completion, providers should ask clients about additional symptoms that may have been missed.

### Scoring/Evaluation:

Rehabilitation needs should be determined using a combination of the PCFS scale and the symptom checklist.

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PCFS Grade 2 to 3 (moderate functional impairment):

- Consider **targeted** rehabilitation interventions

PCFS Grade 3 or 4 (severe functional impairment):

- Consider **personalized** rehabilitation interventions

See tables below for universal, targeted and personalized rehabilitation options in your zone. Please note, **all** patients should be given access to self-management resources.

**\*Tables outlining resources will be built out for each zone**



Adapted from: Klok FA, Boon GJAM, Barco S, et al. The Post-COVID-19 Functional Status scale: a tool to measure functional status over time after COVID-19. Eur Respir J 2020; 56: 2001494  
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# Appendix H

Post COVID-19 Rehabilitation: \_\_\_\_\_ Zone Resources

## Universal Rehabilitation / Self-Management Resources

- Services available to all Albertans.
- Note: All patients should receive self-management information.

\*\* Include link to provincial self-management resource

\*\* Consider links to provincial Dietician resources and zone specific programs offering support (i.e. AHLP, etc.)

Program	Primary Symptoms	Referral Information
		Alberta Referral Directory Link

### Targeted Rehabilitation

- Services designed for groups of people with a common need.

\*\* Build out program options available within your zone

Program	Primary Symptoms	Referral Information
		Alberta Referral Directory Link

## Personalized Rehabilitation

- Services designed for groups of people with a common need.

\*\* Build out program options available within your zone

Example from Calgary zone:

Program	Primary Symptoms	Referral Information
Community Accessible Rehabilitation (MSK)	Musculoskeletal	Alberta Referral Directory Link
Community Accessible Rehabilitation (Neuro)	Neurological	Alberta Referral Directory Link
Community Accessible Rehabilitation (Pulmonary)	Respiratory	Alberta Referral Directory Link

## Other Services

- Services outside of rehabilitation that can offer support to patients following COVID-19.

**\*\* Build out program options available within your zone (consider mental health & Spiritual Care supports, nutrition, Post-Covid clinics for medical management, etc.)**

Program	Primary Symptoms	Referral Information
		Alberta Referral Directory Link



# Appendix I

## COVID-19 Patient Resources

Resource Name and Link	Description
<b>General Information and Support</b>	
<a href="#">Health Link or 811</a>	One number. All your trusted health advice.
<a href="#">AH: COVID-19 information for Albertans</a>	Government of Alberta COVID information.
<a href="#">AHS: COVID-19 information for Albertans</a>	Provides the latest information about COVID-19 including testing (self-assessment), getting test results, visitation (restrictions), schools, business and more.
<a href="#">COVID-19 Resources for Specific Health Conditions</a>	AHS landing page to different patient-facing resources.
<a href="#">AHLPP Provincial webpage</a>	Alberta Healthy Living Program.
<b>Rehabilitation and Self-Management</b>	
<a href="#">Rehabilitation Advice Line 1-833-379-0563</a>	The Rehab Advice Line is a telephone service providing free rehabilitation advice and general health information for Albertans >18 years of age.
<a href="#">How to Support Your Recovery and Rehabilitation Following COVID-19</a>	Searchable-by-symptom self-management resource for Albertans recovering from COVID-19.
<a href="#">Coronavirus Disease: How to manage symptoms</a>	MyHealth Alberta resource.
<a href="#">Patient and Caregiver Guide to Managing COVID-19 Patients at Home</a>	A guide to help patients and caregivers of patients with COVID-19 that are discharged home. Includes a home exercise program.
<a href="#">WHO Support for Rehabilitation: Self-Management after COVID-19</a>	This leaflet assists in self-rehabilitation and recovery management, addressing specifically the common residual COVID-19 symptoms.
<a href="#">WHO Rehabilitation Self-Management after COVID-19 Video Gallery</a>	
<a href="#">Post COVID-19 Care and Recovery</a>	Self-Management patient resources from BC
<a href="#">John Hopkins: Coronavirus Recovery: Breathing Exercises</a>	
<a href="#">Post COVID pacing diary</a>	Activity, rest and sleep diaries.
<a href="#">How to manage post-viral fatigue after COVID-19</a>	

Nutrition	
<a href="#">COVID-19: Nutrition for Recovery</a>	Resource to help patients manage their nutrition and support recovery during a COVID infection.
<a href="#">Nutrition and COVID-19</a>	Tips on maintaining a healthy diet during a COVID-19 infection.
<a href="#">Nutrition Education Materials</a>	Patient handouts and resources to support common nutrition concerns.
<a href="#">Stay Strong with Nutrition: Seniors and COVID-19</a>	A guide to support older adults with recovery from COVID-19 with nutrition.
Seniors / Continuing Care	
<a href="#">Accessing Continuing Care</a>	Accessing the continuing care system can be initiated by ANYONE.
<a href="#">What to expect when moving to a facility</a>	Resources that help you or your loved one organize a more seamless transition through your healthcare needs.
<a href="#">Seniors Wellness in Challenging Times</a>	
Mental and Spiritual Health	
<a href="#">Mental Health Help Line</a> 1-877-303-2642	Mental Health help and advice.
<a href="#">EaseCare</a>	Free virtual Mental Health support.
<a href="#">Spiritual Practices to Support Your Resilience, Well-being, and Coping in a Disaster or Emergency</a>	Spiritual Resiliency and COVID.
<a href="#">Spiritual Practice Worksheets to Support Well-being in a Disaster or Emergency</a>	Spiritual Resiliency and COVID: nine universal spiritual practice worksheets to help strengthen relationships, improve social connections, and help you cope with change or loss.
<a href="#">Multi-Faith Resources: Alienation &amp; Separation During a Pandemic</a>	A guide to support discovery of your own meaning through pandemic-related experiences of alienation and separation, drawing upon diverse religious wisdom and the spiritual practice of contemplative reading.
Cancer and COVID	
<a href="#">COVID-19: Cancer Treatment Information</a>	Cancer Care Alberta.
<a href="#">COVID-19: Virtual Cancer Clinic Appointments</a>	Cancer Care Alberta.
<a href="#">COVID-19: Getting Help</a>	Cancer Care Alberta.
<a href="#">Cancer Care Alberta</a>	Cancer and COVID-19 patient resource landing page.
Other	
<a href="#">Grieving Together</a>	
<a href="#">Smoking, Vaping and COVID-19</a>	

<a href="#">COVID-19 &amp; Pregnancy, Birth, Postpartum, &amp; Breastfeeding: Information for Expectant &amp; New Parents</a>	
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# Appendix J

Resource Name and Link	Description
<b>General Resources and Support</b>	
<a href="#">Health Link or 811</a>	One number. All your trusted health advice.
<a href="#">Specialist Link</a>	
<a href="#">Connect MD</a>	
<a href="#">AHS COVID-19 Information for AHS Staff &amp; Health Professionals</a>	Alberta specific resources for providers
<a href="#">Information for Community Physicians</a>	Alberta specific resources for Primary Care providers
<a href="#">COVID Corner</a>	Recording from University of Calgary – series providing updates on several aspects of the emerging COVID-19 pandemic.
<a href="#">Health Quality Council of Alberta (HQCA)</a>	COVID-19 Experiences and Impact Survey.
<a href="#">AHS' Scientific Advisory Group COVID-19 Recommendations</a>	Information for focused areas of healthcare in relation to COVID-19 created to provide research informed advice to AHS physicians, staff, patients and families. Reports are updated frequently based on emerging evidence or concerns.
<a href="#">World Health Organization COVID-19 Information</a>	Interactive, web-based, knowledge-transfer platform offering online courses to improve the response to health emergencies including COVID-19.
<a href="#">ICHOM: International Consortium for Health Outcome Measurement</a>	COVID-19 Standard Set – information on measuring health outcomes.
<a href="#">Infection, Prevention &amp; Control (IPC)</a> <a href="#">Internal IPC Resource 1</a> <a href="#">Internal IPC Resource 2</a>	Infection Prevention and Control (IPC) is dedicated to preventing infections acquired within healthcare facilities.
<a href="#">Alberta Health's Bedded Restorative Care Framework</a>	The Framework outlines core elements that support a standardized approach to BRC for Albertans.
<b>Mental and Spiritual Health</b>	
<a href="#">Mental Health Help Line</a> 1-877-303-2642	Mental Health help and advice.
<a href="#">EaseCare</a>	Free virtual Mental Health support.
<b>Primary Care</b>	
<a href="#">COVID-19: Remote Assessment in Primary Care</a>	

<a href="#">Home to Hospital to Home Transitions: Primary Health Care Integration Network</a>	
<a href="#">Information for Community Physicians: COVID-19</a>	
<a href="#">Novel Coronavirus FAQ for Community Physicians</a>	
<b>Rehabilitation and Self-Management</b>	
<a href="#">Rehabilitation Advice Line</a> 1 (833) 379 0563	The Rehab Advice Line is a telephone service providing free rehabilitation advice and general health information for Albertans >18 years of age.
<a href="#">How to Support Your Recovery and Rehabilitation Following COVID-19</a>	Searchable-by-symptom self-management resource for Albertans recovering from COVID-19.
<a href="#">Final Report: Provincial (Alberta) Post-COVID Rehabilitation Taskforce</a>	
<a href="#">COVID-19: Interim Guidance on Rehab in Hospital and Post-Hospital Phase</a>	Interim recommendations for the rehab in the hospital and post-hospital phase in COVID-19 and post-COVID-19 patients, from the European Respiratory Society and American Thoracic Society-coordinated International Taskforce.
<a href="#">Cochrane Library. Special Collection - Coronavirus (COVID-19): Evidence Related to Clinical Rehabilitation</a>	The Special Collection focused on rehabilitation interventions for long-COVID.
<a href="#">Physiotherapy Management of Long COVID-19</a>	This webinar covers emerging evidence regarding the experience and prevalence of chronic symptoms of COVID-19 infection, sometimes termed “long-COVID”, and the implications for physiotherapists.
<a href="#">Clinic Blueprint for Post-Coronavirus Disease 2019 Recovery</a>	Review - General principles, elements of design, and challenges of a successful multidisciplinary model to address the needs of COVID-19 survivors.
<a href="#">John Hopkins landing page: Physical Medicine and Rehabilitation: Activity and Mobility Promotion (AMP)</a>	A compilation of different rehabilitation resources from John Hopkins University.
<a href="#">Physical Medicine and Rehabilitation: Activity and Mobility Promotion (AMP)</a>	A compilation of different rehabilitation resources from John Hopkins University.
<a href="#">Quick Guide for Occupational Therapist: Rehab for COVID-19 Recovery</a>	Provides practice recommendations for OTs working with post-COVID patients across the care continuum.

<a href="#">Long COVID Physiotherapy Podcast</a>	Space for PTs, support workers and other AH professionals to share their stories of living with long-COVID through a rehab lens.
<b>Continuing Care</b>	
<a href="#">Accessing Continuing Care</a>	Accessing the continuing care system can be initiated by ANYONE.
<a href="#">Continuing Care and COVID-19: Resources and FAQs</a>	Provincial resource to support residents/clients and caregivers in continuing care facilities.
Continuing Care Zone Specific Resources <a href="#">North Zone</a> <a href="#">Edmonton Zone</a> <a href="#">Central Zone</a> <a href="#">Calgary Zone</a> <a href="#">South Zone</a>	
<b>Nutrition</b>	
<a href="#">COVID-19 : Nutrition for Recovery</a>	Resource to help patients manage their nutrition during a COVID infection.
<a href="#">Nutrition and COVID-19</a>	Tips on maintaining a healthy diet during a COVID-19 infection.
<a href="#">Nutrition and COVID-19: School-aged Children</a>	
<a href="#">Post COVID-19: Nutrition for Recovery and Rehabilitation (Adults)</a>	<p>The purpose of this Nutrition Guideline is to provide:</p> <ul style="list-style-type: none"> <li>• Health professionals with consistent, evidence-based messaging for adults following a COVID-19 infection.</li> <li>• Answers to commonly asked questions.</li> <li>• Awareness for currently known nutrition-related post-COVID-19 side effects that may put adult patients at increased nutrition risk.</li> </ul>
<a href="#">Stay Strong with Nutrition: Seniors and COVID-19</a>	
<a href="#">Nutrition Education Materials</a>	Nutrition education resources to provide patients, nurses, physicians, and health professionals with consistent, evidence-based resources for key nutrition topics. They support providers in their practice and align with the <a href="#">Nutrition Guidelines</a> .
<b>Special Health Conditions</b>	

<a href="#">COVID-19 Resources for Specific Health Conditions</a>	
<a href="#">Assessing Dyspnea by Telephone or Video</a>	
<a href="#">Resources for Myalgic Encephalomyelitis (ME) / Chronic fatigue</a>	A compilation of links and resources focused on Myalgic Encephalomyelitis (ME) and chronic fatigue.