

# SARS-COV-2 TESTING GUIDELINES FOR PATIENTS ADMITTED TO MRH FOR INPATIENT REHABILITATION

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## What's the Problem?

COVID-19 infection presented a unique challenge to Magee Rehabilitation Hospital in March 2020.

- As a stand-alone, acute rehabilitation hospital, our access is limited in terms of monitoring, stat diagnostics, and treatment interventions necessitated by the COVID-19 pandemic.
- Additionally, our patient population is largely high risk for COVID-19 infection given multiple acute and chronic comorbidities and the communal nature of inpatient rehabilitation.
- Consequently, it became imperative to develop and implement COVID-19 Assessment Guidelines to algorithmically identify patients in need of closer monitoring, SARS-COV-2 testing, and potential transfer for COVID-19 infection treatment.

## Cause analysis

Root causes of this problem included:

- Evolving physician familiarity with clinical presentation of COVID-19 infection
- Differences in physician and staff clinical suspicion for COVID-19 infection
- Lack of access to standard acute care monitoring instruments such as telemetry and diagnostics such as stat labs and chest imaging
- Lack of resources to acutely treat COVID-19 infection and associated complications
- Initial delay in release of, then subsequent ongoing evolution of, general consensus statements from CDC and IDSA regarding testing and treatment in communal settings

## How Might We: Improve identification of patients who need SARS-COV-2 testing to assess for COVID-19 infection?

We implemented a clinical algorithmic approach with an emphasis on symptoms and risk to stratify patients into 3 groups: Acutely Ill COVID Rule Out/PUI, Stable COVID Rule Out/PUI, and COVID OBS.

