

Abstract

Research poster reflecting on the benefits and challenges of interprofessional collaboration in caring for a patient dealing with long term COVID-19 via simulated Telehealth appointments. Multiple discoveries were made as different professions worked together to overcome technological and educational barriers to care for a patient diagnosed with a poorly understood and novel medical condition. Health professions Involved included: Allopathic Medicine, Osteopathic Medicine, Physician Assistant, Occupational Therapy, Pharmacy, Dental Hygiene, Social Work, Physical Therapy, and Nursing.

Background

Background of the Patient

- Client is a 39-year old female. She lives with her partner Moe and two kids. Amanda was not vaccinated and was hospitalized with Long-haul covid for 11 days. Admitted into the ICU, she was intubated due to a significant decrease of her oxygen levels for six days. After being discharged from the hospital, Amanda experiences dizziness, fatigue, brain fog, shortness of breath, hair loss, and loss of taste and smell. She experiences extreme sensitivity to lights and sounds. She relies on her husband and children to take of her. Her chief complaint is her migraine headaches. Due to her physical and mental impairments from the diagnosis, she is unable to return to her job as a sales-clerk at Home Depot. Amanda hopes to reduce her migraines and play a stronger role as a mother frequently interacting with her children.

Medications

- Lisinopril (Prinivil):5 mg by mouth once a day
- Albuterol inhaler (Proventil) :as needed
- Multivitamins: P.O. once daily

Background of Long-haul COVID

- Long-haul COVID is defined as any patient who experiences continued symptoms for at least 4 weeks after receiving a diagnosis of COVID. A patient diagnosed with Long-haul COVID can display symptoms ranging from mild to severe. Experts do not know the cause of long-haul COVID but have proposed it may be related to an effect of hospitalization. Common symptoms of this diagnosis include cough, chest-pain, stomach-pain, diarrhea, interrupted sleep, dizziness, headaches, joint/muscle pain, fatigue, trouble concentrating, and shortness of breath.

Advantages and Disadvantages of Interprofessional collaboration via telehealth appointments with patient

Which professions were included in the Team? What did each profession do?

- Allopathic and Osteopathic Medicine: Discussion of symptoms, past medical history, and tentative medication plan.
- Physician Assistant: Discussion of symptoms, past medical history and medication history, medication plan.
- Pharmacy: Gave the patient more detailed information on the medications included in the care plan.
- Social Work: connect with resources and formulate treatment plan for individual counseling
- Nursing: Advocate for patient and connect with resources for additional support; Discussion of symptoms and past medical history
- Occupational Therapy, Dental Hygiene and Physical Therapy: assistance with organizing flow of the appointments and choosing what professions should be involved in each.

Disadvantages and advantages of Interprofessional teams:

- Many different inputs coming from each profession had benefits and drawbacks, as it there was a lot of information to go through!
- Limited time to prep together
- Different knowledge levels
- Time limitations

Disadvantages of Telehealth Appointments

- Difficult to establish rapport with patient
- Inability to administer diagnostic testing
- Not all patients comfortable using technology
- Inability to obtain vital signs
- Interruptions between speakers

Advantages of Telehealth Appointments

- Covid safe
- Convenience and flexibility
- Effective transitions of care
- Sharing decision making
- Discussion of symptoms rather than putting patient through further testing
- Unbiased viewpoint to validate her concerns

How we decided to care for the Patient and Why

Methodology

- Each member of the team met with the client for two sessions. Each session consisted of a 20 min patient encounter followed by a 10 min team debrief and then another 20 min patient encounter.

What did the care plan include?

- Switching medications
- Individual counseling using Acceptance and Commitment Therapy)
- Physical Therapy

Vitals (from previous in person appointment):

- BP 138/72mm Hg
- HR 92
- RR 25 rpm
- O2Sat 95%
- Temp. 98.7 degrees F

Medical Hx:

- High Blood Pressure & Exercise induced asthma

Why did we choose specific plans over others?

- Chose Propranolol as prophylaxis for Amanda's migraines versus more reactive treatments such as Sumatriptan
- Discontinuation of Albuterol as it was no longer efficacious and would be further rendered ineffective with the addition of the Propranolol (medication interaction)
- Chose ACT over other modalities because of application for chronic pain, specifically focus on living a valued life despite chronic health concerns



Conclusions

What went well?

- Collaboration with multiple professions
- Effective utilization of Telehealth
- Positive interactions with the patient
- Properly communicate the best interest of the patient
- Followed up with patient regarding care plan and their treatment goals

What went not so well?

- Not enough communication between professions regarding treatment plan
- Time management
- Confusion on prescribed medications
- Lots of medical terminology was used, and the patient had to ask for clarification
- Unclear about who would talk when and for how long
- Team didn't properly validate the patients' Significant others presence

What would we do differently if we could?

- Have a step-by-step plan for interventions
- Meet outside of planned telehealth appointments → Prepare as a group not individually
- Make sure everyone understands the care plan and medications being prescribed

References

Gordon, T., & Borushok, J. (2017). *The ACT Approach*. PESI Publishing & Media.

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