International Rehabilitation Forum

Getting Home after COVID-19

Frequently Asked Questions (updated 04-15-20)

What is Getting Home after COVID-19?

The International Rehabilitation Forum, a global organization of rehabilitation specialists, designed the Getting Home after COVID-19 forms and processes to help hospitals help patients get stronger faster. It works through assessment, planning, education, exercise and support.

- **Assessment** – A simple questionnaire assesses patients when they are admitted and determines at the outset what barriers they may face in recovery and getting home safely.
- **Planning** – Patients start with going home in mind. They know what it will take for them to get healthy and can begin working on it as soon as possible.
- **Education** – A handout teaches patients in isolation or on busy wards how and why to do basic rehab exercises on their own.
- **Exercise** – IRF is designing simple exercise videos that bedridden patients can watch and participate in.
- **Support** – Through ongoing assessment, nurses can determine what a patient needs for discharge to home or a rehabilitation facility.

What are you trying to achieve with these rehab protocols?

We know that COVID-19 patients are weak, and spending a long time in a bed makes them frail. If we can keep them moving and teach them how to function, we can get them home faster and safer. In addition, we can free up beds for other very sick people who need them.

How does it work on a patient?

Let's say a 65-year-old woman comes into the hospital because COVID-19 has made it very hard for her to breathe. She and her family fill out the Getting Home Patient Success Tool to describe what she was capable of doing beforehand and what her social support is. Then she and the family get a handout on how to work towards discharge. Along the way, she does some simple exercises and stretches on her own. When she's physically more stable, the nurses work

with her using other forms that determine if she needs an expert rehab team, or if she can go home with the people, equipment and medications she has.

Can you give me an example of a patient who has used these and healed quicker?

[specific case] or, 'We are just beginning this process in our hospital. Colleagues elsewhere have been using it for a few weeks and find it extremely useful.

Why is it important that doctors consider rehab even when patients are still sick?

If someone lies in bed for two weeks, it may take them two months to fully recover. COVID-19 patients report significant neurological complications including stroke, impaired consciousness and skeletal muscle injuries (*Neurology Today*, March 27, 2020). Strong muscles mean healthier lungs and bodies, better attitude, and more rapid recovery. Also, it's important to realize that things like eating, going to the bathroom and getting safely out of bed are really important if people are to be discharged safely to home. Finally, we're discovering that COVID-19 and the time on ventilators may cause nerve and brain damage, and rehabilitation medicine can address that.

How did you develop these protocols?

A decade ago, the International Rehabilitation Forum launched the first-ever meeting on rehabilitation after disasters like earthquakes and floods. In early 2020, IRF's African and American rehabilitation doctors, who have met weekly for years, realized that the world was facing a health crisis. This group understood they needed to act quickly to address the COVID-19 disaster. They brainstormed about what was needed, then built tools that can be used in any type of healthcare setting. Colleagues around the world reviewed and suggested improvements based on their experiences, then through consensus a group of documents was finalized.

What are the benefits?

With a well-organized rehabilitation plan, hospitals can help people get stronger earlier and home again faster and healthier, freeing up needed resources and making the recovery smoother. But most acute hospitals and disaster experts don't know how to organize this kind of rehabilitation. By designing the process and tools, IRF made it easy for leaders in this crisis to provide rehab from the day of admission.

How do you know they work?

The rehabilitation community is still very early in its experience with COVID-19. But the approach was built with more than a decade of global experience in planning and responding to other disasters. Also, the rehabilitation principles for physical issues connected to lung diseases are well known and apply here.

Do they work on everyone?

The information can help every patient and their clinical team to plan. Whether these plans can be executed depends on many things: the situation in the hospital, the patient's prior physical condition, intelligence and motivation, family support, and the severity of their disease are important.

Who shouldn't use them?

Every COVID-19 patient admitted to a hospital should use at least some aspect of these materials. The exercises can be tailored to individual needs, and the simple approach means less work for nurses.

What are the dangers? Could they make a patient worse if he/she isn't ready for them?

Planning isn't dangerous, and it's the most important part of our protocol. There are very few reasons why a sick person—even a person on a ventilator—should not exercise and have their limbs stretched.

What happens if to a patient if a hospital doesn't use these protocols?

IRF's experience in other disaster situations indicates that several bad things can happen. Stiff joints, pressure sores of the skin, very weak muscles, and hopelessness are common when rehab is not started from Day One. Then there are people who come in the hospital with specific disabling conditions and get worse without attention. If we don't recognize and treat these problems, hospitals whose beds and staff are stretched to the limits end up taking care of people who could be at home.

Why should a hospital use valuable resources on this when they might be needed elsewhere?

Certainly, a disaster means that some things are absolute priorities, like resuscitating a patient or doing emergency surgery. But every patient who is saved by these heroic interventions will be in the hospital for weeks if not longer. The resources saved by planning ahead means staff, beds, and equipment can be available for the next heroic save.

Do these save money for the hospital or for patients?

It's not the money that we worry about –it's lives and quality of life. Having said that, for decades it's been shown that every dollar spent on rehab saves ten dollars for society. Additionally, faster discharge and fewer staff and equipment use can mean less expenditures of money for the hospital.

What's next?

The IRF is working with doctors and hospitals around the world to collect data and learn about the effectiveness of the protocols. Additionally, it is overseeing the development of a multi-disciplinary book focused on COVID-19 rehabilitation.

Where can I learn more about this?

Visit the International Rehabilitation Forum's website www.rehabforum.org, or contact the IRF's president Andrew Haig, M.D. at andyhaig@umich.edu or 734-660-0083. Also at our hospital you can talk to media relations.

What are some questions patients might need to answer for a news reporter?

- What's your name?
- Where are you from?
- How long were you in the hospital with COVID-19?
- What were your symptoms?
- What did the medical staff do along the way to get you ready for discharge?
- Did they follow the protocols mentioned by the IRF?
- How has that made a difference?
- Do you think it's made your recovery a little easier?
- Are you prepared to keep working on this at home?

What is the IRF?

The International Rehabilitation Forum (IRF) is a 501c3 organization that brings together people and institutions that have the passion, expertise and interests in solving issues abroad relating to rehabilitation medicine. It works with universities, governments, and NGOs to enhance medical rehabilitation around the world. For more information, see www.RehabForum.org.

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