Post hospitalization follow-up **Evaluation on the COVID ward** Prepare for discharge within 24 hours One of the criteria met (x24H) **CoviCare Post Hosp** 1. Unable to weane O2 or not back to normal All criteria met (x24H) O2 value 1. Off O2 or back to normal O2 value Normal follow-up 2. T: 38.5-39°C Intensive follow-up 2. T<38.5°C RR: 20-24 3. RR<20 Comorbidities¹ or psychosocial needs 4. No comorbidities¹ **CoviCare Post Hosp follow-up** Intensive care during hospital stay Medical students supervised by a multi-disciplinary team of specialists (internal medicine, pulmonary, infectious disease) (a) Pulmonary disease COPD stage II-IV (GOLD criteria), Intensive follow-up Normal follow-up Emphysema, Uncontrolled or severe asthma, Interstitial lung disease, Active lung cancer, Pulmonary hypertension, Pulmonary vascular disease, Active sarcoidosis, Cystic fibrosis, Call patient at Day 1 Chronic lung infections, Ventilated patients (regardless of Stable/Improved Stable/Improved cause), Sleep apnea with other risk factors) (b) Cardiovascular disease, Hypertension, Diabetes (c) Immunosuppressive treatment, Cancer, Transplantation 2 Serious/danger signs Call patient 1x/day Call patient at Audible breathing difficulty (unable to make full sentences, audible wheezes, broken sentences, witness describing the D2 to D5 D3 and D5 RED flags² Serious/ **Frailty** situation) NYHA Stage IV; Worsening general condition (unable to stand up) Performance status > 3; Altered level of Danger signs² criteria² consciousness (confusion); Vital signs and parameters if available: Pulse <40,> 130bpm, Systolic blood pressure <90 or> 180mmHg, SaO2 <93%, GCS <15) Stable/Improved at D5 Stable/Improved at D5 Medical consensus Suggest resources Worsening cough; Fever > 39 C that is worsening or not responding to medication: Clear breathing difficulty felt. available / interfering with activities of daily living (eating, climbing stairs, showering) NYHA Stage III; Moderate to severe chest Teleconsultation/In-person closer pain; Worsening general condition (fatigue) Performance STOP follow-up consultation at home or in the STOP follow-up status 2-3; Altered level of consciousness (feeling faint, follow-up fatigue) urgent care unit Frailty criteria High level of anxiety (HADS ≥ 11), Special psychosocial environment (isolation, lack of help, etc.) Unable to care for loved ones, social needs Readmission

Post-Hospitalization follow-up for the elderly **Expected discharge within 24h** Pre-Discharge Assessment Call the primary care doctor. For patients without a PCP, call volunteering physicians or the Community Geriatric Unit (a specialized unit in our ambulatory care center) Home healthcare provider Yes No Inability to stay at home Follow-up with home Call patient and/or next of kin at D1 Follow-up without home Assessment*: healthcare provider healthcare provider 1. Symptoms (Danger/Serious signs, red flags) Autonomy (Activities of daily living) Stability/Improvement Stability/Improvement 3. Mood Help available Listen, assist, inform Call patient or next of kin Call patient and home 1x/day for 7 days and healthcare provider à D7 depending on condition Stability/Improvement Danger/ **RED flag** Stability/Improvement **Frailty Serious** signs Close Home visit Resume regular follow-up Resume regular follow-up follow-up (Resources available) Readmission In the absence of patient and / or the **Home visit** therapeutic representative's refusal

Danger/Serious signs

Audible breathing difficulty Hemodynamic instability, chest pain Increase in O2 needs or O2 Saturation <93% Confusion / Agitation or GCS <15

Red flags

Difficulty breathing limiting ADL's Fever, Unusual cough, hemoptysis, cognitive impairment Decrease in general condition Gastrointestinal disorder Pain or falls

Frailty criteria

Psychiatric disorders

Specific psychosocial environment (isolation, refusal of assistance, lack of supervision, etc.) Need for help: shopping / activities of daily living or others

Resources available

Telephone / video / face-to-face consultation Social and psychiatric resources (Palliative care, psychiatric care, social network) Social / psychological counseling

^{*}First home assessment at D1 post discharge can be conducted by the home healthcare provider in coordination with the primary care physician. For patients not requiring a home healthcare provider, an assessment can be done by phone by the primary care doctor or during a home visit if new patient.