

# COVID-19: A Lack of Early Testing and Limitations of Telemedicine Leads to Multiple Readmissions

Glenn Slick

Penn State University College of Medicine



## Learning Objectives

- Present a positive COVID-19 patient with multiple comorbidities who was readmitted hours after discharge
- Question how assessment and documentation could affect care
- Highlight how the indirect patient contact of telemedicine could influence exam evaluations

## Introduction

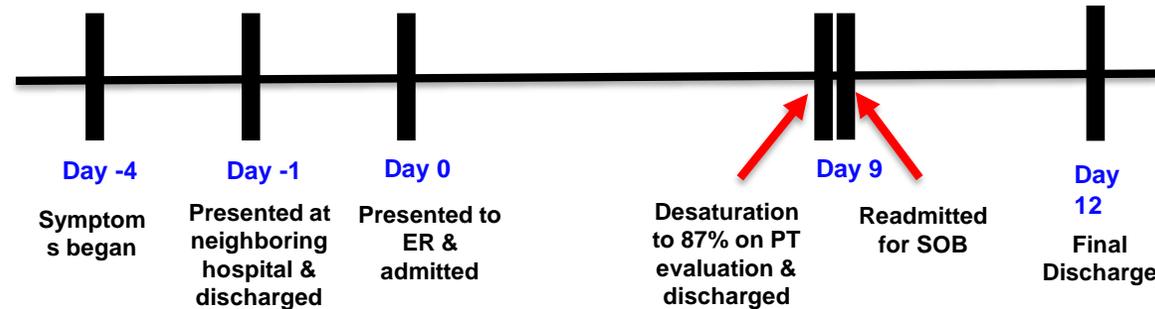
- In recent studies investigating COVID-19, there have been limited cases examining readmittance.
- With telemedicine, providers have been able to indirectly interview suspected COVID-19 patients; however, at what cost to a patient care? Investigating the efficacy of telemedicine's indirect approach during the current pandemic will be pivotal in shaping patient care in the future.

## Patient Initial Presentation

**40-year-old male with history of severe asthma and CHF presented to ED after 4 days of worsening nonproductive cough and shortness of breath.**

- Review of systems without chest pain, palpitations, or dizziness.
- 99% Spo2 on 11L aerosol face mask
- Symptoms similar to asthma exacerbation in the past that lead to intubation
- One day prior was seen at neighboring hospital with recommendation for outpatient COVID-19 test

## Hospital Course



## Initial Work Up

- Vitals:  
37 C, Spo2 99%, BP 142/86, RR 16
- Physical Exam:  
Diffuse wheezing with poor air movement
- Labs:  
Elevated CRP, ESR, LDH, RVP, Ferritin, COVID-19 +
- Imaging:  
Chest X-Ray showed left lower pneumonia with atypical features

## Discharge Evaluation

- Physical Therapy Telemedicine Discharge Evaluation:  
Patient desaturated to 87 % Spo2 during sitting-balancing assessment with an inpatient nurse.
- Inpatient care home suitability questionnaire:  
Lacked questions regarding stairs needed to access home. The Pt. lived on 3<sup>rd</sup> floor apartment with no elevator access.

## Readmission

- Arriving Home After Discharge:  
Patient's shortness of breath worsened while climbing stairs to home & was brought back to hospital same day
- Readmission Presentation:  
Patient appeared short of breath with Spo2 99% on 4L nasal canula and was admitted.
- Discharge:  
Patient remained stable after admission and was discharged three days later.

## Discussion

- limited test access/resources influencing testing approval & turnaround..
- The effect discharge planning and support protocols have on readmission
- Inability to perform critical exam components with telemedicine's indirect patient contact

## Take Home Points

- In addition to the inconsistent documentation across disciplines, this report observed how telemedicine evaluation protocols may also influence patient readmissions. Future research investigating discharge and diagnostic measures will be pivotal in shaping patient care beyond the current pandemic.

## References

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