

ARTICLE

A Paradigm for the Pandemic: A Covid-19 Recovery Unit

Renuka Gupta, MD, FHM, FACP, Alka Gupta, MD, Arnab K. Ghosh, MD,, MA,, MSc, FACP, Joel Stein, MD, Leroy Lindsay, MD, FABPMR, Akinpelumi Beckley, MD, MBA, Angelena M. Labella, MD, Rudy Tassy, PA-C, MS, Lisa Rivera, MS, OTR/L, German Rodriguez, MSN, RN, Melissa D. Katz, MD, Lauren Hartstein Howard, MPH, Amelia Shapiro, MBA, Emme L. Deland, MBA, Katherine L. Heilpern, MD

Vol. No. | May 29, 2020

DOI: 10.1056/CAT.20.0238

Recovering Covid-19 patients share many of the physical, psychological, and cognitive challenges typical of recovering critical care patients, such as generalized deconditioning, pulmonary dysfunction, loss of mobility, and difficulty with activities of daily living.¹ Covid-19 patients also have the added complexity that accompanies a novel disease with an unknown pattern of disease progression. NewYork-Presbyterian/Weill Cornell Medical Center created a 30-bed Covid-19 Recovery Unit to provide a multi-disciplinary, comprehensive treatment model for those recovering from Covid-19 critical illness, with a critical eye toward medicine, rehabilitation, and neuro-psychological needs.



Table 1. Patient Eligibility Criteria

Current Inclusion Criteria*	Exclusion Criteria
Medically stable, with ongoing medical + rehabilitative needs Able to tolerate >30+ min PT/OT each daily Anticipation of final discharge to acute or sub-acute rehabilitation Anticipation of at least one additional week of inpatient-level of care Able to interact well with staff & other patients Need for peritoneal dialysis is not an exclusion	Active suicidal ideation, severe dementia & active delirium, or need for a 1:1 sitter Bedbound patients with little expectation of improvement in mobility or physical functioning or previously poor baseline Chronically ventilated patients, requirement of 6 liters nasal cannula or more, or increasing O2 requirement

*Plan to expand patient criteria to include stable trach-care patients in the near future Source: NewYork-Presbyterian/Weill Cornell Medical Center

FIGURE 1

Staffing Model for 30-Bed Unit



Source: The authors

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

A Day in the Covid-19 Recovery Unit

Patient Perspective

- Daily, predictable schedule, including physical and occupational therapy 5-6 days per week
- Rest and uninterrupted mealtimes to minimize disruption of therapeutic activities
- Bed-to-chair daily when possible
- Structured individual & group behavioral therapy offerings
- Virtual structured offerings: Chair Yoga, Mindfulness Meditation
- Virtual unstructured offerings: Music, meditation, web resources via individual tablet
- Occasional unstructured socialization opportunities: Shared mealtimes in common room, Virtual reality sessions

Family Experience

- Daily updates for families when patients unable to effectively communicate independently
- Encouragement of family involvement during/after rounds

Clinician Experience

- Morning rehab-focused huddles
- Early afternoon interdisciplinary rounds
- Team-based structure



'When Am I Coming Home?': A Tough Month Inside a Virus Recovery Unit

The front lines of the Covid-19 fight have shifted from I.C.U.s towards where the sickest patients relearn how to walk and eat without choking.



Hannah Cates assisting her husband, Charlie Blueweiss, 33. Mr. Blueweiss spent 15 days on a while undergoing treatment for the coronavirus. Andrew Seng for The New York Times

Last Patient in COVID Recovery Unit Goes Home

Tears flow as Agustin Tlathuetl sees his children for the first time in months and thanks his caregivers at NewYork-Presbyterian/Weill Cornell Medical Center for giving him a second chance at life.

