

Inpatient Rehab Services' Response to COVID-19 Pandemic

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Introduction

With the onset of the COVID-19 pandemic, the rehabilitation services team had to adapt to the changes in patient caseload, visitor policy, and infectious disease guidelines. This poster aims to describe the process changes and outcomes that the rehab department implemented during the pandemic.

The motivations for our process changes included:

- Minimizing the risk of transmission to ourselves, families, coworkers, patients
- Maintaining a high standard of patient care
- Maintaining a supportive atmosphere to reduce burn out amongst our colleagues
- Learning about COVID-19, how it spreads, and the long term effects on function and cognition
- Patient preference for discharge home over discharge to rehab given the higher COVID-19 infection risk



Process Changes

Minimizing risk of transmission:

- Implementation of staggered start times
- Creation of a virtual huddle board
- Day neutral staffing split into two teams
- Identification of COVID OT/PT
- Purchase of portable stair for in-room use
- Creation of patient fact sheets about energy conservation, staying active while in the hospital, and PICS
- Minimized 1:1 time with patients by calling into their rooms to schedule visits and obtain social history
- Bundling tasks to reduce need for other care providers to enter room

Clinical resources:

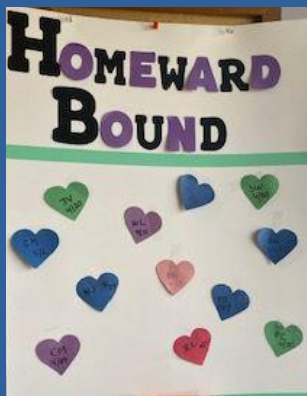
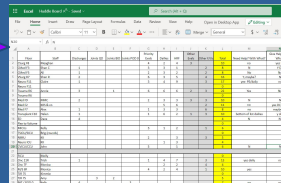
- Team leaders summarized up to date literature about COVID-19 and implications for rehab
- Clinical guidelines were developed to assist with decision making regarding timing of OT/PT interventions
- Weekly case discussions to debrief and educate
- Redeployed per diem and outpatient staff
- Safe Patient Handling team's role in proning team
- Disaster documentation

Discharge planning:

- Use of technology to facilitate family trainings during periods of limited visitation
- Assisted in identifying candidates for transfer to NEBH and Boston Hope to facilitate discharge and throughput
- Increased the frequency of OT/PT visits to promote d/c home rather than rehab when able

Staff comradery:

- Created homeward bound board as a visual representation of patients that rehab services helped discharge home
- Created a pool of therapists to rotate in COVID units
- Runner shifts to support nursing staff
- Wellness rounds, including group yoga



Outcomes

- Continued use of virtual huddle board
- Development of COVID-19 Rehab Intranet that includes fact sheets and up to date clinical information
- Ongoing use of the portable stair
- Streamlined documentation

Conclusion

Rehab Services was able to adapt to patient specific needs during the COVID-19 pandemic, while maintaining quality care, that continue to be utilized to this day.

In the event of another pandemic, Rehab Services now has structures in place to improve communication with patients, families, and staff, while keeping transmission risk low.

Acknowledgements

We would like to thank all of our rehab colleagues who worked tirelessly throughout the pandemic to provide quality patient care.