

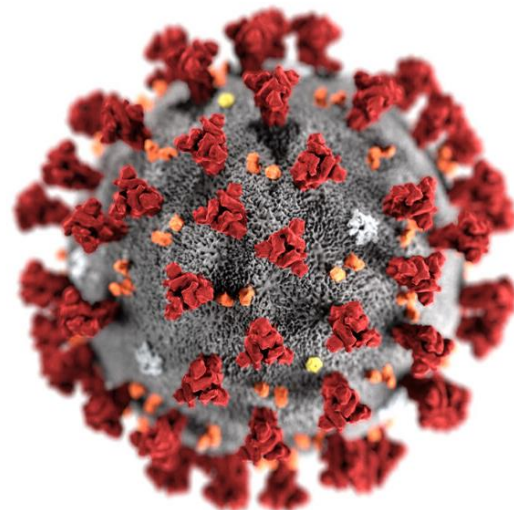
# What the first coronavirus wave taught us- Can we handle a second wave better?

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## BACKGROUND AND METHODS:

The Covid-19 pandemic caught health-care off guard, impacting patient care profoundly. Rehabilitation units share characteristics of both inpatient units and long-term care facilities. Specific mitigation guidance were not specific for rehabilitation units. We distilled our learning from the first wave response to be better equipped to manage future risks. We used a narrative analysis of the steps taken to respond to Coronavirus on a rehabilitation unit. Our learning points are summarized below



### Universal prevention measures:

- Whole team preparedness in implementing prevention: which includes hand hygiene, masking, and distancing; adapting the environment to reduce risks.

### Focus on safety rather than risk:

- Assessing all known individual risk factors, and ensuring steps for protection are in place for all, especially those with higher risks from Covid.

### Personalised care planning:

- Individualised recovery based care-planning, coproduced with patients and with emphasis on each person's rehabilitation needs and safety.

### Collaboration and engagement:

- Enhancing collaborative working through engaging with patients in their recovery programmes and helping to set and achieve personal goals incrementally.

### Leading by example:

- Demonstrating positive attitudes, providing resources supporting patients and staff, following guidance properly and planning ahead.

### Therapeutic activity:

- Maintaining continuity of safe therapeutic activities, designed with patients and suited for the ward and outdoor spaces. Building a sense of cohesion.

### Using data and patient feedback:

- Knowing what is working well and spotting gaps in safety. Streamlining care to reduce workload. Using QI to tailor safety measures.

### Creative technology:

- Sourcing and using IT and digital means to make meetings safer and keeping patients connected with family and community with technology used creatively.

### Holding onto hope:

- Being kind and patient with each other, sharing concerns, solving problems, dealing with fears and holding onto hope. Focus on wellbeing of patients & staff.

### Supporting & enabling staff:

- Making sure staff feel supported and safe and able to voice their anxieties. Offering personalised plans for high risk staff and adapting work patterns.

## CONCLUSIONS:

Steps to reduce COVID risks resonated with collaborative working in rehabilitation units. Our learning showed that we can better manage risks to vulnerable people without compromising the recovery ethos. Resources are needed to deliver vital therapeutic programmes safely. Enabling patients and staff to feel safe and hold onto hope is important.