Reflections from the Frontline – Working on an in-patient unit during Covid 19
Dr Abimbola Fadipe
Deputy Medical Director / Consultant Old Age Psychiatrist
21st of May 2020

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Background /Context

• 22 Bedded Dementia care ward for the Trust – 4 beds CHC
• Patients are from the 3 local boroughs
• Patients have Behavioural and Psychological symptoms Associated with Dementia (BPSD).
• Multidisciplinary team (Nurses, Consultant Psychiatrist, Clin Psychologist, OT, Physiotherapist, Dietician, HCAs and Core Trainees, Students, Housekeeping and Maintenance staff).
• Multifaceted interventions.
Ward Environment
Our Covid Journey

• 20 patients on the ward. First suspected case on the 12th of March – Clinical symptoms, but test was negative. Transferred to Acute Hospital as he was very unwell.

• Started Physical Health monitoring twice a day on all patients.
• Guidelines emerging nationally and from the Trust.
• Second patient with symptoms on the 19th of March – transferred to Acute Trust,
• Restricted visiting to the ward.
• Working with families and LA to discharge patients – painfully slow
• By Easter weekend 80% of patients on the ward symptomatic and positive for C 19.

• 60% of staff off sick.
• Ward Closed to admissions.
Our Journey continued

• Daily meetings with staff.
• Initial concerns about PPE.
• Concerns about the unknown nature of Covid 19
• Grief reaction from staff
• Sense of helplessness
• Just trying to survive, some therapeutic interventions had to stop
• Problems with isolation.
My Reflections

• IPC processes – should we have lockdown the ward earlier?
• Practical help is very important to staff.
• Importance of being a visible Clinical Leader.
• Acknowledging anxieties and at time what is unspoken.
• People are resilient.
• Time to stop and pause.
• Could I have done anything differently?
And now...

- Hope restored - a number of patients recovered on the ward.
- Some returned from the Acute hospital.
- Staffing levels have improved.
- Daily “time outs” with staff.
- Memorial for the patients that died.
Questions
Thank you

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