Clinical management, medical liaison and staff wellbeing
Three groups of patients:

- Mild or no symptoms, able to self-isolate with capacity, mental health stable.
- Mild illness but difficulties self-isolating.
- Acutely medically unwell due to COVID-19
Isolation and agitation

- Tailored OT activity packs
- iPads
- 1:1 nursing
- E-Cigarettes
- Family contact (Attend Anywhere)
- Optimising medication/ sedation
- Use of PICU if necessary
Medical illness (1)

- Close ties with neighbouring acute medical trust
- Outreach clinics conducted by consultants
- Good understanding of our facilities and client groups.
Medical illness (2)

- Early virtual conferences for advice and planning:
  - Clinical profile of COVID-19
  - Treatment priorities and pitfalls (VTE prophylaxis, renal failure, antibiotic cover)
  - Patient risk factors
  - Oxygen and palliative management
    → older adult wards for frail or elderly people

- Teaching from Respiratory nurse specialist (oxygen)
Medical illness (3)

- Acutely unwell patients: more intensive nursing and physical monitoring, ongoing dialogue with medical teams

- Some patients moved frequently between our ward and the medical wards
- Collaborative management; thresholds agreed
Staffing

• Nursing and support staff – forming a new team
  - Assigning a matron to the ward
  - Recruitment of community nurses with physical health training.

• Domestic staff shortages

• Other roles: “housekeeper”; Infection Control Lead
A change of role

• From acute assessment ward to managing medical symptoms and isolation of COVID-19 patients

• Mental health nurses now caring for medically unwell people

• Both challenge and opportunity

• Improvement in skills, oxygen management, phlebotomy training
Staff Welfare (1)

• Unprecedented pandemic – international anxiety.
• Personal fears.

Plus:
• Managing acute medical illness
• Limiting transmission of virus
• Rapidly-evolving national guidelines
  → High levels of staff stress
Staff Welfare (2)

• Flexibility and “mucking in”

• Structured day and structured reviews – keeping it simple

• Daily Safety Huddle (and MDT trouble-shooting)

• Weekly reflective group
• “I felt completely overwhelmed and frightened of catching the virus myself, and trying to look after really sick patients”
• “There was so much uncertainty – we didn’t know how PPE worked, how to weigh up all the risks if someone wouldn’t stay in the their room”
• “Everything took so long… changing PPE between each room meant that morning medication rounds lasted until lunchtime”
• “I started to realise that Sapphire was actually a safer place to be, because we knew all our patients had it and we had these really clear protocols for them”
• “As time passed I think my anxiety just fell gradually – I got used to this new normal”
• “The reflective group was a really helpful way to process things and emotions came out that I didn’t even know were there”
• “I’ve felt very close to the people I’ve worked with through this”