



The long march to recovery

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Ruth Smith, Active Care Group's chief executive, reviews neurorehabilitation for post-acute Covid patients and the challenges facing the medical sector ahead of the predicted second wave of the pandemic later this year

According to Statista, as of July there were 14,657,108 reported cases of Covid-19 worldwide – with the worst affected countries being the US with 3,898,550, Brazil with 2,099,896, India with 1,119,412 and Russia with 777,486 cases. The UK also fared poorly with 294,792 cases reported – a high infection rate when set against the size of its population – with the highest rates reported as 44,331 in the Northwest, 34,694 in the Southeast and 34,604 in London.

Worldwide the advance of the pandemic has led to unprecedented demand for intensive care services and medical staff being stretched

to breaking point. The only light at the end of the tunnel being that – according to the University of Bristol and Royal United Hospitals Bath NHS Trust in their latest review – “as the pandemic has progressed and various factors combine, survival of patients admitted to ICU has significantly improved”.

According to the British Society of Rehabilitation Medicine (BSRM) now, more than ever, it is crucial that critical care, acute medical and specialist rehabilitation teams work together closely to develop rehabilitation pathways for patients recovering following treatment in intensive care.

Physical, psychological and neuropsychological complications

Covid-19 is a multisystemic condition and some of the effects are long-lasting. Research from the BSRM reveals that of the patients discharged from hospital in China and Italy following treatment for Covid-19, at least a third had significant neurological needs and a similar proportion required assistance in activities for daily living.

It is noted that some factors to consider that may affect an individual's rehabilitation include:

- Personal and environmental circumstances
- Comorbidities
- Premorbid functional abilities
- Psychological mindset, for example, previous coping mechanisms, self-efficacy and resilience
- The home environment or place to which that the individual will be discharged
- Individuals' social context and economic circumstances
- Occupation, whether paid, 'informal' or voluntary work.

Part of the rehabilitation pathway offered by neurological rehabilitation provider Christchurch Group – a division of UK complex care provider Active Care Group – includes assessments designed to evaluate the aforementioned factors so they can be addressed as part of the rehabilitation process.

Physical complications in patients recovering from Covid-19 include diabetes, obesity, fatigue and cardiovascular issues.

Psychological and neuropsychological complications in patients recovering from Covid-19 include delirium/acute confusional state in the early stages of rehabilitation, ongoing cognitive impairment, depression, anxiety, protracted grief response, adjustment disorder and post-traumatic stress disorder.

Expertise

At Christchurch we work closely with our NHS partners to ensure that rehab starts while the patient is still in intensive care. On step-down from ICU our rehabilitation provision is delivered by comprehensive multidisciplinary rehabilitation teams including consultants in rehabilitation medicine, clinical neuropsychologists, rehabilitation nurses, physiotherapists, occupation therapists, speech and language therapists, therapy technicians, and specially trained rehabilitation assistants.

Rehabilitation commences with a detailed assessment, followed by treatment and management to maximise physical functioning, cognitive ability and social and psychological wellbeing. Our goal is to optimise the patient's quality of life and reintegrate them back into their normal lives, following a period of inpatient rehabilitation within our units.

Patient goals

Patients requiring complex rehabilitation go through an admissions process which involves identifying clearly defined goals and receive:

- Multidisciplinary rehabilitation led by a rehabilitation medicine consultant
- Intensive, bespoke and structured therapy programmes
- Access to specialist equipment, such as functional electrical stimulation cycling, electrical stimulation, postural management, mobility, gait and limb rehabilitation
- Services which are well-integrated into the community with working relationships with local leisure centres and specialist rehab clinics
- Support from community dietetics and nutrition nurse services and regular GP reviews.

Patient goals are typically focused on restoration of functional independence and co-ordinated discharge planning with a view to continuing rehabilitation in the community. Patients typically require intensive rehabilitation from one-to-three therapy disciplines as part of relatively short rehabilitation six-week programmes and receive rehabilitation in the context of their Covid-19 diagnosis, encompassing specialist nursing input.

All of our services are specialist and are led by specialist consultants.



Ruth Smith, Active Care Group

Robust discharge planning and evaluation

On discharge patients and NHS commissioners receive a discharge report clearly outlining achievements and featuring quantitative data – for example, Functional Independence Measure, a global measure of disability that can be scored alone or with the additional 12 items that formulate the Functional Assessment Measure, a Supervision Rating Scale which measures the level and type of supervision that a patient/subject receives from caregivers and Supervision Rating Scale, as well as other UK specialist Rehabilitation Outcomes Collaborate measures.

The challenges

Patients with Covid-19 display a wide range of symptoms which appear two-to-14 days after exposure to the virus and typically encompass fever or chills, a cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, loss of taste or smell, a sore throat, congestion or runny nose, nausea or vomiting

and diarrhoea. But this list is by no means definitive – it is evolving on a daily basis, as is the treatment of Covid-19. With no long-term data available, navigating our way through a disease which manifests itself in so many different ways presents a huge challenge. It's crucial that medical staff actively share their findings – for example, when it came to light that Covid-19 patients are more susceptible to strokes, all patients were contacted and were advised and treated where appropriate to avert the risk.

Covid-19 is also taking an emotional and psychological toll on medical staff who are typically working extended hours under intense pressure. The Active Care Group – including Christchurch and Remeo Healthcare – supported staff, providing them with a self-care app and psychological support programme, showing our appreciation and thanking them on a daily basis for going beyond the call of duty and being strong for those faltering under the pressure. This ultimately impacts and helps to maintain the high quality of care delivered to patients. Support in the form of transport to and from work to limit the risk of infection posed by public transport has also been much valued by staff.

Fresh air, regular walks and exercise groups to stimulate the production of serotonin – the 'happy' chemical – have been integrated into the daily schedule to help staff maintain their wellbeing. Those required to self-isolate have received regular pastoral calls, food parcels when they can't go shopping and alternative accommodation when required to limit the risk to families. Letters have also been sent home thanking the children of staff for their understanding and celebrating their mum or dad as a 'superstar' which has improved the wellbeing of their families.

Second wave contingency planning

With the World Health Organization warning that millions more people may die in the event of a second wave of coronavirus infections, as was the case with Spanish Flu, we – like our peers worldwide – are currently gearing up to manage effectively a significant patient influx forecast for October.

Having completed a scoping exercise to evaluate and predict potential national geographical hotspots, we are now expanding capacity

organically by reconfiguring current services to achieve further growth potential and leveraging existing resources and capabilities across all our business divisions.

We have also actively sought opportunities to expand our geographical reach in new locations and have two new developments and six extensions in the pipeline that will create 51 additional beds.

About the author

Ruth Smith is chief executive of Active Care Group

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