

## Developing an Essential Care team in response to COVID-19

### Background:

Royal Papworth Hospital in Cambridge is a tertiary specialist cardiothoracic centre. With its expertise in critical care, as an ECMO centre and reduction in elective surgical activity it has been identified as a Critical Care surge centre for the East of England during the COVID 19 pandemic.

At the end of March 2020, the physiotherapy staff led the development of the proning team. This was due to knowledge that some patients with COVID 19 respond well to proning and recognising that the Therapies staff critical care rehabilitation skill set make them well placed to prone patients.

### Evolution from the Proning Team to the Essential Care Team (ECT)

The Physiotherapy team took the lead in training their AHP colleagues in proning and unproning patients, practicing on one another until all Physiotherapists, Dietitians, Occupational Therapists and Speech and Language Therapists were trained and competent.

It was recognised that during patient repositioning it was highly likely that personal hygiene and linen changes would be required. Hence the proning teams evolved into the Essential Care Team which enabled the bedside nurse to focus on other aspects of patient care.

Essential Care Team Tasks
<ul style="list-style-type: none"><li>• repositioning (approx. every 4 hrs)</li><li>• proning/unproning</li><li>• personal hygiene</li><li>• proned head/arm repositioning (approx. every 2-4 hours)</li><li>• changing bedlinen</li><li>• additional support to patient care where required</li></ul>



### Development of the Essential Care Team

Initially the ECT was made up of mainly physiotherapy staff and other AHPs and then as elective activity in the hospital reduced; staff from other areas of the trust were identified to be redeployed to the ECT. Approximately 120 people from other areas of the Trust have since been redeployed onto the ECT roster. In addition, the ECT has acted as a bridge for some Registered Nurses, to support them to become independent bedside carers in Critical Care. The ECT has a day shift 09:00-18:00 with 5 teams of 4 people, and 21:00-06:00 with 3 teams of 4 people to cover around 45 Critical Care patients.

All staff redeployed to these teams receive regular education sessions with support from the Trust and Critical Care Education Team to ensure consistent and excellent care.

### **Challenges:**

- Physiotherapists and other AHPs have predominantly held the ECT team leader position. As patients with Covid-19 patients improve, the demand for rehabilitation is increasing and there is now a need to withdraw AHPs from these teams to focus on rehab. Non-AHP staff are being trained to be confident and competent in leading the ECTs with ongoing background support from the AHPs.
- Rapid changes to working patterns i.e. staff are needed to work nights and weekends that may never have done this before.
- Physical nature of role: repositioning patients across a 9 hour shift can be physically tiring and requires a good standard of manual handling
- Physiotherapy staff have been moved into ECT roles during a time where other hospitals are pulling non-respiratory physiotherapy staff into Critical Care areas, ours are moving away from their usual respiratory roles.

**The ECT teams have been welcomed into Critical Care, and have supported basic nursing care when nursing ratios are less than the usual standard and ward nurses are drafted into ICU roles. The following are examples of feedback received about ECT:**

*“Just a quick email to say how fantastic the rolling team were on Friday night- made a massive difference”*

*“Great day today, the team I was in was superb! Such camaraderie, seriously blown away with wonderful staff”*

*“It is such a relief when ECT arrives- I did a night shift on Saturday and can vouch for this!”*

**The physiotherapy staff deployed in ECT have been Band 5 & 6, plus our Band 4 Assistant Practitioners. Their feedback regarding this experience is:**

*“Working as a part of the ECT team has been a mental and physical challenge. It involved a complete change of role but something that was exciting to be a part of and to be able to help our nursing colleagues during a difficult time. It also gave opportunities to use our leadership skills, teach others and help them when working in this team whilst giving the best care possible to our patients.”*

*“I think it has reinforced how much we do know compared to other MDT members particularly around ventilation mechanics and sputum clearance”*

*“Lots learnt around basic patient care, medications and process for patient pathway.”*

*“It has been great to see everyone from different areas and backgrounds within the hospital pulling together to form the ECT teams and utilise our different skill sets to help care for patients. “*

*“It is challenging work, but we’ve tried to approach it with calmness and adding some humour into our teamwork. It has been enjoyable getting to know and integrate with staff we probably wouldn’t meet during our normal day to day roles.”*

*“It has been physically tough often rolling up to 20+ patients twice a day”*

*“It is amazing how unstable (COVID) patients are on rolling”*

### **Summary**

Physiotherapy is being recognised for its importance in respiratory care and rehabilitation in the treatment of patients admitted with COVID, and many non-respiratory physiotherapists are upskilling to support their colleagues in acute care. This account demonstrates the resilience and adaptability of physiotherapy staff in rising to a new challenge of setting up a new service and training staff to provide essential care for Critical Care patients and to support nursing teams.

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