

## Acute Care Physical Therapy and COVID-19: How Can We Add the Greatest Value?

### **a. Value of acute PT? (Brian, Kyle)**

- i. Acute care is the new rehabilitation
- ii. Expedite transfer from ICU
- iii. Expedite discharge home
- iv. Be part of the huddle/team
- v. How can the team float?

### **b. ICU (Jim, Patricia, Sujoy)**

- i. Covid-19 = ARDS (c/lead to ventilation)
- ii. ICU rehab (early mobilization or early rehab)
- iii. ABCDEF
  1. E=early mobility and exercise
  2. Decrease ventilator use
  3. Not just walking (although important)
  4. Reduce delirium; improve cognition
- iv. Prevention
  1. Post intensive care syndrome
  2. Less of a need for PT after the ICU stay
  3. Prevention of illness
- v. What do we expect as a PT? We've never treated this before
  1. Another infectious agent
  2. We've done this before—ARDS, pneumonia
  3. If we can reverse the pneumonia we can prevent the progression to ARDS
  4. Airway management and mobility progression
  5. Treat the patient, not the lab!
  6. Observe the response to activity; physiological response with activity
- vi. Know your institutions policies; follow PPE use; be disciplined.
- vii. Response dependent progression
  1. Supine—step wise progression of mobility

### **c. Emergency Department (ED) (Megan)**

- i. Reduce burden on physician & nurse colleagues
- ii. CT scan secondary to dizziness, step in and focus on differential diagnosis; wound care; gait training (i.e., crutch training off nurses to do list)
- iii. Do what we can to avoid the admission
- iv. Pain management, mobility (ortho referrals)
- v. Be mindful of not spreading the virus
- vi. If you aren't already in the ED, many places do not want to add in additional people now. Idea: we can provide education; provide consultation; create relationships
- vii. Working in ED: risk of exposure. You must be willing to accept this risk. Enter/go in well informed.

### **d. General Acute Care (Kyle)**

- i. Expert consultants that contribute beyond mobility, as well as with mobility
- ii. Not just what is our role, but what could our role be?
  1. LOS
  2. Risk of return
  3. How function ties in

- iii. Key points to discharge to home (safe & expeditious)
  - 1. Consider the potential lack of resources available
- iv. Care rounds on inpatient units
- e. How to work with Covid 19 r/o or positive patient**
  - i. Work with ID recommendations and policies
  - ii. PT dept. recommendations and policies
  - iii. PPE
  - iv. Should I see this patient now, later or never?
    - 1. Prevent spread and exposure
    - 2. Material resource constraints
- 1. No post-acute care space that will take Covid-19 + or Covid-19 r/o in his space
  - a. Only option is to go home (if positive)—what support is there?
  - b. If negative then post-acute space
- f. Lessons learned from the Front line (Maurine, John)**
  - i. Capacity building; be prepared
  - ii. Everyone being able to cover everyone, everywhere
  - iii. Encourage people to talk to you (work or home concerns)
  - iv. Frequent and controlled communication from a reliable source
    - 1. Rumor mill controlled/quieted—we don't need hysteria
  - v. How do we care for ourselves (clinicians & manager, directors)
    - 1. Understand that there are no reference points
    - 2. Managing uncertainty –we all do it differently
      - a. Put words to what you are feeling & doing
      - b. Stay in the moment but stay loose with it
    - 3. Data, transparency and information in the right dose at the right time.
      - a. Town hall meeting
    - 4. Self-care
      - a. Basics become important
        - i. Physical activity
        - ii. Eating & eating well
        - iii. Routines or practices to calm your mind
          - 1. 5-4-3-2-1
            - a. 5 things you can see, list them
            - b. 4 things you can hear, list them
            - c. 3 things you can feel, list them
            - d. 2 things you can smell, list them
            - e. 1 thing you can taste, list them
  - iv. Baking, cooking, unplug, family time
  - v. Be careful of social media and news—can be consuming
  - vi. Sleep

**Closing remarks:**

- Pediatric – brush up on your skills with new onset
- Practice to full scope of our skills
- Stay engaged and learn
- Let's help others become comfortable with discomfort

- Cool heads will prevail
- Transparency and good communication
- Interprofessional model (OT, physicians, nurses)—share roles for all hands-on deck
- Settle into a marathon, not a sprint
- Review of how to take care of yourself

What do patients need and what can we do to maximize outcomes and get people to home?

Over-communication from a leadership stand point over the organization

Overkill = the Win!