

FREE INDUSTRY TRAINING

Potential Impact and Considerations for Therapy Services During COVID-19





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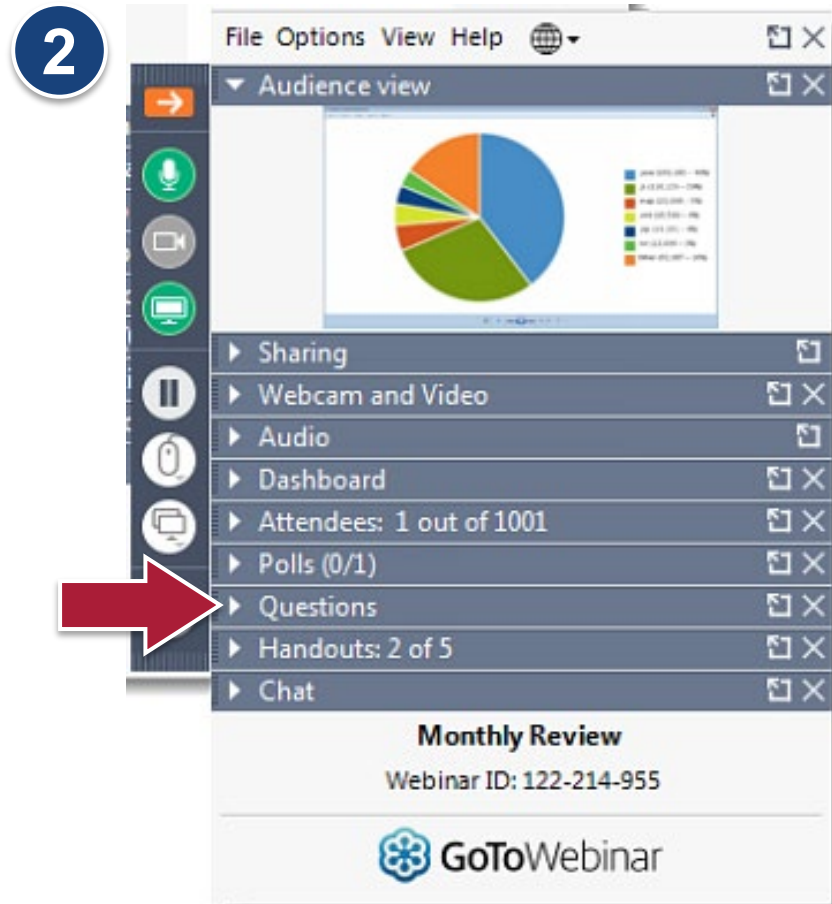
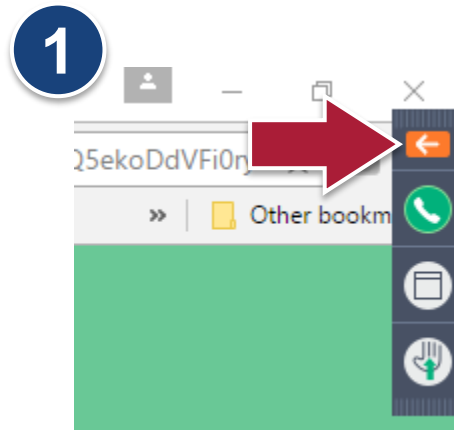
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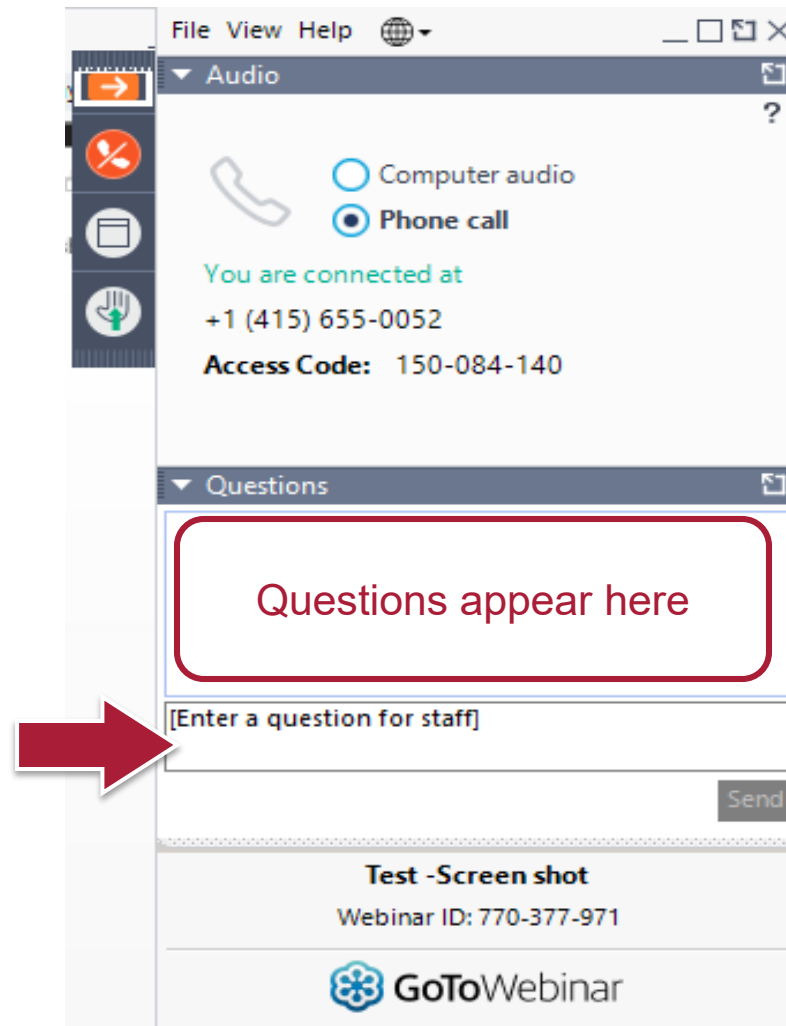
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Go To Webinar Audience View



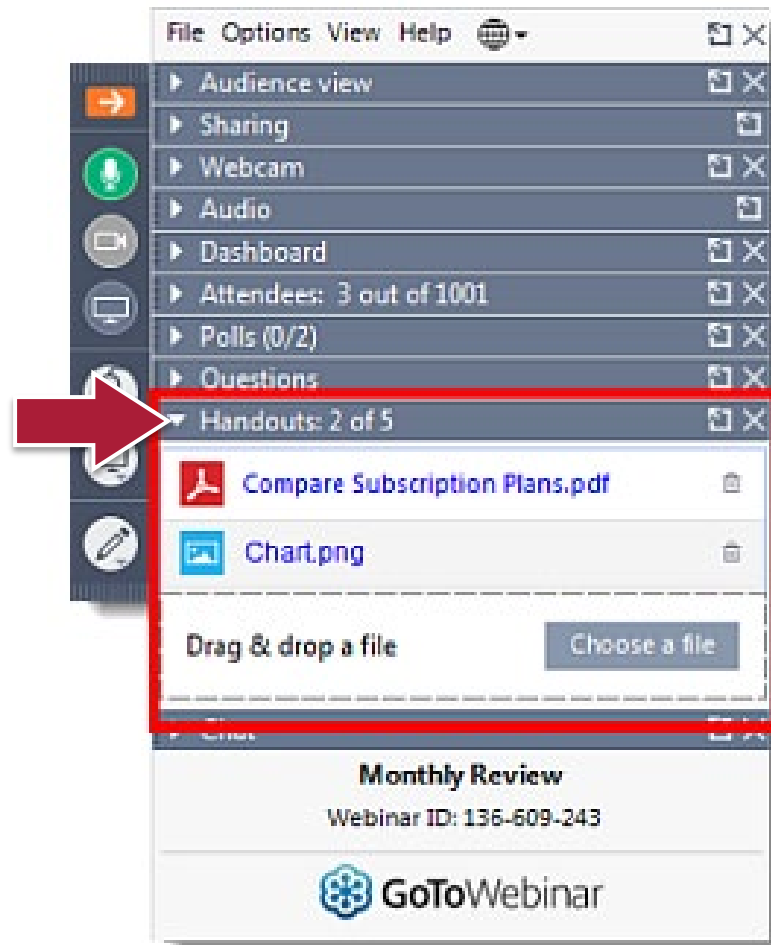
Where to ask Questions



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To Retrieve/Download Handouts



COVID-19 Impact

- Long Term Care Residents
- Acute/Post-Acute Residents with COVID-19
- Impact on Institution/Delivery of Care



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Risks Areas

Isolation/Decreased Mobility

- Deconditioning/weakness
- Flexibility/ROM/Contracture Management
- Pain
- Mobility
 - Bed Mobility
 - Transfers
 - Gait
 - WC mobility
- Positioning/Skin Integrity
- Continence
- Decrease in ADL/IADL
- Communication
- Cognition
- Behaviors
- Anxiety/Depression
- Dysphagia/safe swallow
- Falls
- Respiratory

Comprehensive Therapy Screening Process

- Each Resident Screened by PT, OT and ST
- Screening of following
 - Function/mobility
 - Functional and cognitive status
 - Behavior and mood
 - Swallow/feeding
 - Skin integrity
 - Urinary continence
 - Participation in restorative program.
- **42 total residents were screened.**
- A few residents were already receiving services from 1 or more disciplines of therapy (2 on PT caseload, 3 on OT caseload).
- 2 residents were on hospice care.



Within Two Weeks of Strict Isolation

Findings of 42 Residents Screened

- PT - 11, indicating needs were identified in 26% of the screened population.
- OT - 8, indicating needs were identified in 19% of the screened population.
- SLP - 5, indicating needs were identified in 12% of the screened population.
- Ultimately, 14 total patients were referred for 1 or more therapy disciplines.
- This equates to identified needs in a total of 33% of the screened population.
- Note: of the 42 patients screened, 9 patients had been recently discharged from PT, 8 recently discharged from OT, and 2 recently discharged from SLP.



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Trends Noted in Screening Process

- Changes in mood and behavior — depression, agitation, decreased motivation, and/or decreased participation in mobility, ADLs, restorative programs
- Changes in urinary continence — increased instances of incontinence, increased urgency, and/or diagnosed UTI
- Changes in PO intake with associated dehydration and/or weight loss



Interventions – Therapy Department

- Comprehensive and frequent screening, with special attention to the detection of any changes in mood or behavior, depressed thoughts, and changes in urinary continence
- Frequent care coordination for LTC and short-term rehab patients involving the IDT to ensure needs are met.

Activities Department

- Offers to connect patients with families/support system through FaceTime
- Engages in 1:1 visits and offers for activities such as games, puzzles, magazines and newspapers
- Daily hydration cart with music and beverages to encourage hydration and interact with patients in a positive way



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Strategies for Monitoring LTC Residents

- Education to non therapy staff
 - Signs/symptoms
 - Appropriate referrals to therapy
- Assign Buddies
 - Therapists assigned specific LTC residents to “monitor”
 - Discussion with staff (nursing/CNA/Activities)
 - Visits to resident
 - Referral to appropriate disciplines for screening when decline/changes to status are noted
- Rounds
- Therapists “keep an eye” on roommates of residents they are treating



Strategies for Monitoring LTC Residents

- Screening high risk residents
- Screen residents currently on Functional Maintenance or Restorative Programs
- Review of Casper Report
 - ID resident's who have had decline per MDS



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COVID-19

Signs and Symptoms

- Fever
- Dry Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Sputum Production
- Myalgia/arthralgia
- Sore throat
- Headache
- Chills, nausea / vomiting, nasal congestion, diarrhea, hemoptysis, conjunctival congestion
- Loss of taste or smell

COVID-19

Journal of Rehabilitation Medicine March 20, 2020

- Asymptomatic or Mild = 80% cases
- Severe Infection (requiring oxygen) = 15%
- Critical requiring ventilation and life support = 5%
- 42% patients admitted to hospital require oxygen therapy
- 5% require admission to ICU

Report of the WHO-China Joint Mission on Coronavirus Disease 2019

- Mild to Moderate = 80%
 - Includes non-pneumonia and pneumonia
- Severe Disease = 13.8%
 - dyspnea, respiratory frequency ≥ 30 /minute, blood oxygen saturation $\leq 93\%$, PaO_2/FiO_2 ratio < 300 , and/or lung infiltrates $> 50\%$ of the lung field within 24-48 hours
- Critical 6.1%
 - Respiratory failure, septic shock, and/or multiple organ failure

Risk Factors for Developing Severe Disease (CDC)

- 65 years and older
- Reside in nursing centers or long term care facilities
- Pre-existing co-morbidities
 - Chronic cardiovascular disease
 - Hypertension
 - Chronic respiratory disease
 - Diabetes
 - Severe obesity
- Immunocompromised
 - CA treatment
 - Smoking
 - Bone marrow or organ transplants
 - Immune deficiencies etc.
- Chronic kidney disease undergoing dialysis
- Liver disease



COVID-19

- Respiratory insufficiency
 - Commonly recognized respiratory symptoms
- Also additional complications noted
 - Dyskinesia
 - Neuromuscular impairment
 - Wide range of cognitive and psychological disorders
 - Delirium
 - Seizures
- Posterior reversible encephalopathy syndrome
- Myopathy / Neuropathy
- Effect of central nervous system
- Stroke
- Symptoms of skeletal muscle damage
- Thrombosis
- Wide variety of challenges requiring post-acute care

Medically Complex Patient

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Areas Impacting Function

- Respiratory issues (Shortness of breath, decreased endurance, etc.)
- Deconditioned (weakness)
- Neurological issues
- Muscle tightness/decreased range of motion/contractures
- Skin integrity issues related to immobility
- Pain
- Cognitive issues
- Communication issues related to decrease breath support
- Dysphagia — Swallowing
- Weight loss



Impact on Function

- Respiratory
 - Energy conservation
 - Work simplification
- Mobility
 - Bed
 - Wheelchair
 - Transfer
 - Ambulation
- ADL
 - Bathing
 - Dressing
 - Toileting
 - Eating
- IADL
- Safe Swallow
- Communication / Voice
 - Expressive/receptive Language
- Endurance/Tolerance
- Psychosocial changes
- Cognition
 - Executive functioning
 - Medication Management

Therapy Evaluation - KEY

Acute or Post-acute

- Comprehensive Evaluation
 - Review of Medical History
 - Review of Current Medications
 - Comprehensive Physical Exam
 - Respiratory examination
 - Functional and cognitive assessment
 - Prior level of function
 - Home/work
 - Psychosocial factors
 - Include support system
 - Comprehensive Treatment Plan



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Rehabilitation – Treatment Plan

Acute & Post Acute

- Infection Control
 - Driven by evaluation and status of patient
 - Address all areas of impairment impacting function
 - Interventions will be based on acuity of patient
 - Start slow, monitor, progress as clinically appropriate
 - Coordination of treatment between disciplines and with nursing
 - PLAN every intervention
 - Early mobilization, Range of Motion, positioning
 - Airway clearance
 - Infection control, PPE
- Positioning
 - Respiratory
 - Skin integrity
- Sessions may be very short initially
 - Prioritize
- Constant monitoring of HR, RR, BP, SP02**
- Breathing techniques, energy conservation, work simplification
- Discharge planning begins at admission
 - Med management
 - Safety
 - Infection control



Implementation Strategies

- Infection Control
- PPE
- Break into dedicated teams
- Treat COVID (or quarantined) patients at the end of the day
- Initiation/Continuation of treatment under a single discipline
- Alternate days
- Leverage technology
- Assisting partner facility floor staff
- Dedicated units



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References

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Additional Considerations

- Focused Infection Control Survey
- Competencies for staff outside of normal job functions
- Training Resources
 - Hand Hygiene Practices Training Program
 - PPE In-service Training Program

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