

Improving rehabilitation services for patients, through the implementation of Bitesize Training and improved multi-disciplinary team (MDT) working across 4 Intermediate Care Units.

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Highly Commended in 2020 CHA Innovation and Best Practice Awards

Summary:

To help improve the rehab experience for all our patients, we wanted to ensure all staff working on the units had a good understanding of the key principles of rehab. As we all know, time is pressured in many of our services and this is certainly true in our inpatient units. Therefore, we knew that if we wanted to provide some education sessions for the MDT then they would have to be time efficient. And so, this Bitesize Training idea was developed. A 30 minute weekly practical training session, with topics on a 6-week rolling programme. Once staff have completed all 6 sessions, they receive a certificate for their portfolio and a 'Rehab Champion' pin badge.

As well as the 6 sessions we wanted HCSW's (health care support workers) and therapists to have ring-fenced time to work clinically together, to improve interdisciplinary working and to compliment the training messages in the bitesize sessions. Although interrupted by Covid19 pandemic, we hope that this project will continue to grow with other members of the MDT carrying out Bitesize sessions, such as Nurses or Advanced Nurse Practitioners. To better share the skills and knowledge that each discipline has, with the overall aim of improving the quality of care our patients receive.

The 3rd element of this service improvement project has been the design of Therapy Ward Boards on each of the units. These can be updated regularly with information regarding relevant topics and the importance of rehabilitation 24/7 for staff, patients and families.

The implementation of this project has been beneficial in improving interdisciplinary working, promoting the importance of exercise and rehabilitation in our older adult population. It is being carried out without the need for additional resources.

Background:

The idea of Bite-Size Training came from wanting to improve a 'rehab ethos' on each of our intermediate care units. As well as increasing the opportunity for inter-disciplinary working and sharing of skills and knowledge. The therapists started implementing Bitesize sessions in November 2019 – completing a 6-week programme before Christmas. A second lot of sessions were completed in January 2020. However, the 3rd lot of session only re-started in September 2020, due to the impact of COVID19.

On top of implementing the training sessions, an arrangement was made for the health care support workers to spend additional time working directly with the therapists on the units. Every day of the week a HCSW volunteered to spend an hour or two seeing patients or to have 1:1 support from a member of the therapy team. The aim being to form a more reciprocal relationship, where the therapist has an additional pair of hands to help see patients but also the HCSW has the opportunity to develop their rehab skills, by learning from the therapist. It also gives the therapy staff greater insight into a different set of challenges that HCSW's face. This was working consistently well pre-covid19, and we are currently in the process of getting it re-started across all units.

Another element to this project has been setting up Therapy Boards in the main corridors on each of our units (see photo attached). The idea behind these boards is to have information about key rehab topics

accessible and easy to read, for the MDT, patients and families. It includes information about ensuring rehab occurs 24/7, instructions for how measure walking aids, ward activity timetables and End PJ Paralysis Campaign posters. These boards can be regularly updated with new topics, to share knowledge as widely as possible.

This project is continually developing, now that we have seen the success of therapist implementing these sessions, the plan is for the nursing team to implement some too. We are hoping that these will be on topics such as catheter care, wound dressings and end of bed folder paperwork. The therapy team and new any new members of the MDT would be able to attend these, with the aim to improve the quality of patient care offered by all disciplines.

The idea of 'Bitesize' training is being recognized Trust Wide as a quick and effective way to share knowledge and skills with staff, who are often under a lot of time pressure. As a result of the positive feedback received from this project, all the information and Bitesize presentations have been shared with the Intermediate Care Unit teams in other areas of the Trust.

Description:

All sessions are facilitated by a Physiotherapist or Occupational Therapist and are 30 minutes in length. They happen during the cross over period of the early/late nursing shifts, to ensure adequate staffing on the wards and to offer the opportunity to attend to as many people as possible. With all the sessions we aim to keep them brief, but informative with practical elements that staff can take away and implement themselves. We repeat the 6 weekly sessions every few months to capture new staff or those who have not yet attended certain sessions and we can change topics according to what is most relevant to that unit. Currently the 6 Bitesize Topics are:

Cognition – a brief overview of brain structure, key components of cognition, causes of cognitive impairment and practical ways how cognition can be assessed.

Washing and Dressing – A review of the physical and cognitive abilities that can be assessed during washing and dressing. Prompts to think about the 'normal' routine or environment for the patient. Washing and dressing aids.

Gait and Mobility – reviews sit to stand technique with helpful prompts for patients. Looks at gait pattern and specifically common gait abnormalities seen in older adults. Informing staff around exercise rehabilitation to improve mobility in our patients.

Miami J collars and Braces - A brief overview of Miami j collar care and other braces that the MDT might want to know more about. For example; how to make a collar and cuff for a patient, knee braces, how to put poly slings on correctly or what ankle foot-orthotic and foot ups are used for.

Night-times and Transfers – This session includes an overview of why rehab 24 hours a day is so important. How to complete night intensity forms correctly. Ways to support patients with transfers and toileting overnight.

Frailty and Hospital Associated Deconditioning – This session is designed to increase understanding of the identification and management of Frailty. And the risks of hospital associated deconditioning for our patients whilst on the Intermediate Care Units. Includes ideas of exercises and activities that all staff can implement with patients to keep them active during their hospital stay.

Once all 6 sessions have been completed, the staff member receives a certificate and 'Rehab Champion' pin badge (see certificate and photo of the badge attached). This is a positive way to recognize that staff have engaged in the sessions, and that their rehabilitation skills and knowledge will have improved as a result.

Time restraints pose the biggest challenge to this project, both in terms of therapists setting time aside and HCSW's being released from clinical duties on the wards, but with some flexibility around daily staffing levels, it is working. On the flip side, other than time, no additional financial resources have been required to implement this idea. The pin badges were obtained through a Physiotherapy Charity.

Feedback from ward managers, advanced nurse practitioners and therapists has been very positive. Feedback has been obtained from the HCSW's after each session and we have adapted the sessions from their comments. Many HCSW's also like the idea of having the recognition of a pin badge on completion of the sessions.

The therapists have been really engaged and happy to facilitate the sessions, and for some it has been a nice opportunity to show case presentation and leadership skills.

This project has made us think differently about how we deliver training. It has also improved the working relationships between nursing and therapy teams.

I cannot comment objectively on the benefit to the patients on the units, as we haven't completed formal measures to assess this, but if the messages from the trainings are being put into practice then it should lead to:

1. More patients out of bed and moving more
2. HCSW's encouraging patients to do their exercises when therapy staff are not around
3. Patients being encouraged to try activities for themselves e.g. during washing and dressing or toileting
4. Staff being more aware of cognitive impairments and acute confusion
5. Thinking about activities that could be done to increase cognitive and social well-being of patients.
6. Better prompting for patients when standing and walking
7. More appropriate use of walking aids
8. Better re-application of braces and slings
9. Night staff encouraging independence and filling out night logs correctly
10. More joined up working to help patients achieve their goals and get home!

Another way, in which we hope to increase patient involvement in this project, is to ask for feedback from patients about what their priorities are for staff training. What areas do the patients feel that staff should have a greater understanding of when providing their care? This will be done through a written questionnaire or focus discussion groups, with current inpatients on the units.

We are hoping that the Frailty and Hospital Associated Deconditioning session is going to be used Trust wide to support staff, across many disciplines and services, to meet their competencies, which are being developed for Frailty.



I Can...

On this unit the team may go through an 'I Can' board with you. These will have specific activities on that you can complete on your own to help you achieve your rehabilitation goals.

The activities could include things like, set exercises, sit to stand and mobility practice or functional tasks like getting washed.

Please help me achieve my goals by

#EndPjparalysis

"Patients like me are the most important currency in health and social care" - Prof. Brian Doherty, CBE, EN

Up to 50% of older patients experience **postoperative delirium** after hip/knee replacement (Hogerman et al 2012)

Deconditioning in hospitalised older people can cause serious harm

PJ paralysis...

Let's not **paralyse** **patients** **in** **mobility**, ending them to get home to their loved ones safer & sooner

If you had 1000 days left, how many would you want to spend in hospital? That's why **every day** matters

FACT: Reduces mobility
FACT: Loss of strength
FACT: Loss of independence
FACT: Longer stay in hospital

Therapy on Our Unit

A Board for the Therapy Team to inform Staff, Patients and Visitors with Regular Updates

Syncope
Standing upright helps the body to become accustomed to positional changes, lessening risk of hypotension.

Tissue viability
Standing relieves sustained pressure on body tissues and promotes circulation.

Arousal
Assisting a person to stand provides insight into their level of cognition, awareness and state of arousal.

Normalisation
Regular stands normalise the behaviour rather than the promotion of being supine/seated.

Deconditioning
Deconditioning is prevented by regular activity, and a regular stand is very effective.

HELP PATIENTS STAND IT'S A POWERFUL MEDICINE

#EndPjParalysis

What does an Occupational Therapist (OT) do?

Assess and provide equipment for your home to help you independent

Carry out Assessments on Practical Function

Carry out Cognitive assessments and support families with ideas to support their loved ones

Provide advice and support on local services including MCV and local shopping providers.

OT in the heart of general care

Carry out walking and dressing assessments and refer to local services to support your needs, if you are eligible.

Provide a listening ear to you and your family regarding concerns about your home care and functional abilities.

What services are you best at? (e.g. vision and risk)

Check your ability to get on and off your bed, chair, toilet and transport independently

Occupational Therapy Equipment

Perching stool - to assist in the kitchen or bathroom

Kitchen Trolley - useful in the transfer of food

RED LEVER - fits beneath the mattress and bed base to assist with transfers in and out of the bed.

Toilet Surround frame.

Combined toilet seat and frame

Raised Toilet Seat - to assist getting on and off the toilet.

Commode - for right-time use to prevent accident getting to the toilet.

Leg lifter to support elevation of heavy legs/feet and to support getting in and out of bed.

Mobile commode

Please note this equipment requires assessment specifically for each individual and as such would not necessarily be available for all patients.

Measuring for a Walking Aid

Here are the steps to measure for a walking aid:

- Put on your patient's usual footwear.
- Stand your patient in an upright position as possible, with their arms held naturally and comfortably at their sides, and with their shoes laced.
- Place the walking aid near to the wrist and adjust so that the middle of the handle line up with the wrist crease. If between settings use the lower one.

As a therapy team we have Occupational Therapists, Physiotherapists and Therapy Technicians. We are available on the ward on weekdays 8-4 (subject to staffing levels).

Your rehabilitation will take place on this unit with involvement of the whole ward team. The nursing team are vital in how you progress with your rehabilitation goals as they are present on the ward 24 hours a day to support you.

If you would like to contact the therapy team directly, please see information below.

Therapy Office - 01243623623
Email - sc-tr.bognorththerapy@nhs.net

Leslie Smith Ward Activity Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Seated Exercise Group 11-12 Dayroom		Seated Exercise Group 11-12 Dayroom	Health Champion Visit 10-11 Remembrance Group 11-12 in the Dayroom	Seated Exercise Group 11-12 Dayroom
Lunch in the Dayroom	Lunch in the Dayroom	Lunch in the Dayroom	Lunch in the Dayroom	Lunch in the Dayroom
	Hairdresser in the Dayroom 2 o'clock		Zac - Pets on Therapy Dog Visits 2 o'clock	

What does a Physiotherapist do?

Assess and create a challenge and give unique to each individual, creating goals and targets for discharge

Assess and monitor on stairs and stairs

Provide a listening ear to you and your family regarding concerns about mobility and so on

Setting exercise goals and aims

Provide Group exercises and activities. Goals to encourage motivation for therapy and improve self-esteem

Assess for the correct mobility aid

For further information contact: Steffibailey@nhs.net

