

# Lessons learned in our rehabilitation facilities during the COVID-19 pandemic: to be ready next time

During the first waves of the SARS-CoV-2 pandemic, a provincial contingency plan was deployed in inpatient rehabilitation facilities designated to receive people who tested positive for COVID-19 and who needed functional rehabilitation. These facilities adapted their care and modified their environment to receive people who tested positive in “hot zones” while maintaining services for other people. The lessons learned are invaluable in developing optimized guidelines for rehabilitation in times of crisis.

SARS-CoV-2 pandemic

Contingency plan: designated rehabilitation facilities

Challenges: adapt the environment, trajectories and serve a new clientele

Approach

quantitative and qualitative Research

5 recommendations for effective and humane care in times of crisis

## Findings



### Profiles of COVID+ people

In the hot zones of designated facilities, between March 2020 and July 2021, there were:

- 299 people from all client programs (physical health > neurology > others)
- 51% were admitted with a positive test from another institution, 76% of which had no diagnosis other than COVID-19
- 49% contracted COVID-19 during their stay in rehabilitation. Of these nosocomial infections, 40% required rehospitalization while still in rehabilitation.

### Comparative analysis and lived experience

Comparison of medical charts for COVID+ (positive for SARS-CoV-2), COVID- (negative for SARS CoV 2) and pre-COVID (admitted the previous year) groups, combined with consultations (patients, therapists, managers) report:

#### • Comparable progress, but an extended stay

Despite greater limitations on admission and discharge, the COVID+ group made physical and cognitive gains in a similar proportion to the COVID- and pre-COVID groups. Rehabilitation of people with the nosocomial infection was slowed mainly by their unstable medical state.

#### • Extended isolation is not helpful

Like COVID+ people, COVID- people received many bedside treatments, where equipment and space are inadequate for intensive therapeutic activities and those similar to daily life.

#### • A trajectory that neglects the rehabilitation reality

Therapists working in hot zones lacked the expertise to serve all client programs. Patients and loved ones complained of inadequate preparation for discharge.

#### • Lack of independence in local management

Staff members applied guidelines that were poorly adapted to the local public health situation.

#### • A serious human impact

67% of patients reported psychological and emotional needs (boredom, social isolation) that negatively impacted their rehabilitation

« I would have liked more treatments, even if I was physically unable! »

COVID+ patient

«Rehabilitation hospitals are in kind of a gray area. We were always wondering which rules to follow, those of CH [acute care hospitals] or CHSLD [residential and long-term care facilities] »

Hot zone manager

« To achieve quality rehabilitation, we would have had to create care environments [...] similar to a living environment »

Cold zone therapist

# Approach

 x8 researchers  
 x5 Quebec universities

 x7 rehabilitation facilities

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 >1000 audits of medical charts  
 299 COVID+ | 309 COVID- | 308 pre-COVID

 x88 consultations about lived experiences

 x10 participants in a deliberative workshop

# Conclusion

Inpatient rehabilitation facilities can be resilient, effective and humane during times of crisis.

It is crucial that specific crisis plans be developed for these key facilities in the care continuum.

The guidelines should consider medical needs specific to nosocomial infections and ensure both the psycho-emotional and physical security of service users by integrating loved ones and by adapting the environment for holistic rehabilitation.

# Recommendations

1. **Create hot-zone environment favourable to therapeutic activities:**

Encourage physical activity and daily-life situations through technology and enriched environments.

2. **Encourage adapted local management:**

Proximity management can take into account the local resources and health situation to maintain client-program standards.

3. **Value families:**

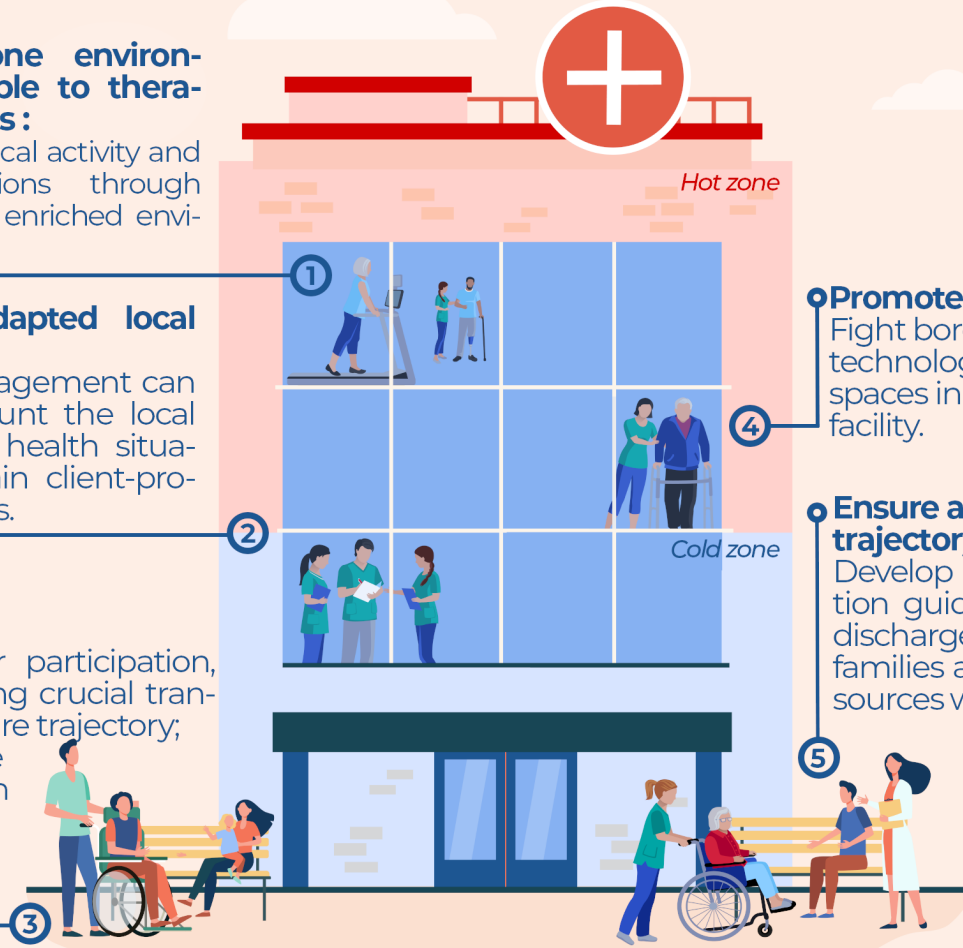
Reinforce their participation, especially during crucial transitions in the care trajectory; strike a balance between health prevention and psychosocial security.

4. **Promote socialization:**

Fight boredom through technology and adapted spaces in the rehabilitation facility.

5. **Ensure a safe care trajectory:**

Develop specific rehabilitation guidelines, prepare for discharge by integrating families and community resources when available.



# For more information

**2020 contingency plan :** Ministère de la Santé et des Services sociaux (MSSS); 2020. Ministerial directive DGPF-032 (French)

**Guidelines:**

Institut national d'excellence en santé et en services sociaux (INESSS). COVID-19 et pratiques en réadaptation physique en contexte d'isolement préventif à la chambre [COVID-19 and physical rehabilitation practices in a context of preventive isolation to room]. Québec, Qc: INESSS; 2020. (French)

Smith et al. (2020). Canadian Stroke Best Practice Guidance during the COVID-19 Pandemic. Canadian Journal of Neurological Sciences, 47(4).

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