

Introduction to the Complex Rehabilitation Inpatient Ward 9, CHH during COVID-19

July 2020

Great Staff – Great Care – Great Future

WELCOME TO COMPLEX REHABILITATION IN WARD 9

You have been given this leaflet as you, or someone you know, has been admitted to Ward 9, Castle Hill Hospital for specialist rehabilitation. This leaflet aims to help you understand about Ward 9, what complex rehabilitation is, its purpose and what happens when you stay here.

Part of Ward 9, is a dedicated to specialist rehabilitation. Ward 9 takes a variety of people over the age of 18, from Hull and the East Riding of Yorkshire. We admit patients with varying clinical conditions who have complex rehabilitation needs requiring a multidisciplinary team (MDT) approach. Some of the conditions we treat include those with a traumatic brain injury, neurological disorders, effects of deconditioning due to complex illness and other major types of trauma.

What facilities are available?

Due to the current risks posed by COVID-19 nationally, some of the usual facilities and practices of the rehabilitation ward are currently limited, such as visitation and community assessment. Private areas such as a quiet room and access to the outside courtyard environment can be facilitated. There is also a therapies gym area that patients will attend for treatment where possible.

OUR AIMS

On Ward 9 we aim to provide rehabilitation for patients with specialist needs in order to assist them to achieve their maximum potential for physical, cognitive, social and psychological function, participation in society and quality of living.

We hope to achieve these aims within the limits of the clinical condition, facilities, equipment and personnel available to the service.

The aims will be achieved through the following processes:

1. Provision of MDT assessment based on clinical considerations
2. Delivery of MDT therapy input and rehabilitative environment
3. Goal setting, assessment, review and appraisal
4. Ongoing medical review and input
5. Supporting safe transition from hospital to discharge and liaising with other agencies to plan any long-term needs

Points to remember:

1. The goal of rehabilitation is to help patients be independent — to do as much for themselves as they are able to.
2. Rehabilitation is done **with** a patient, not **to** a patient. The patient must be willing and able to work with the team during active treatment.
3. Rehabilitation will not end when the patient leaves this ward. Rehabilitation is on-going and dynamic as the person's abilities and needs change.

WHAT IS SPECIALIST REHABILITATION?

“Rehabilitation involves working in partnership with you and those important to them so that they can maximise their potential and independence ... It is a philosophy of care that helps to ensure people are included in their communities, employment and education” (NHS England Improving Rehabilitation Services, 2016).

Rehabilitation is a step-by-step process of assessment, treatment and management which may be difficult at times, but is one a patient helps guide. Putting the patient at the centre is fundamental to help ensure their rehabilitation is an active and enabling process. This involves taking into consideration what the patient would like to achieve and what is important to them, not just their physical and mental health.

Ward 9 will help a patient increase their independence and functional skills after injury or illness and aims to support patients to return to as much of their previous ability as possible. Where it is not possible for the patient to return to their previous functional abilities, the rehabilitation process will support the patient to explore new ways of doing things.

Specialist-Rehabilitation may include:

- Physical support to help increase movement, endurance and strength
- Help with mobility, using aids and wheelchairs
- Support with communication and swallowing difficulties
- Support with mental health and emotional difficulties
- Understanding cognition strengths and
- Pain management
- Engaging in activities of daily living and creating a routine
- Learning new ways to look after yourself with an injury or disabilities
- Support and guidance in returning to work, family activities and leisure
- Support arranging home care services, where applicable

YOUR REHABILITATION TEAM

Whilst on Ward 9 you will be cared for by a MDT for rehabilitation, led by Consultants in Rehabilitation Medicine. Whilst you are in hospital, you may expect medical treatment to stabilise your physical condition, nursing care to aid this recovery and help you with some daily tasks.

Other members of the MDT, such as Occupational Therapists, Physiotherapists, Psychologists or Speech and Language Therapists, may ask to work with you to support your rehabilitation, helping you to engage in activities of daily living.

Depending on your injury and rehabilitation needs, you may not see all the listed professionals included within the MDT, below are some ideas about how they help in the rehabilitation process.

Who are we and what do we do?

Doctors (Consultants, Specialist Doctor, Physician Associates)

The medical team specialise in clinical medicine, they diagnose and treat specific illnesses and health issues related to their field of expertise. They often wear their own clothing or medical scrubs.



Nursing Team

Nurses provide round the clock care. Every shift you will be allocated nurses who are responsible for overseeing your care, led by a Registered Nurse. They offer support with day to day living if needed and will also dispense medications when required.



Sister (female) and Charge Nurse (male)

These nurses are in charge of their department. They wear navy uniform with white piping.



Staff Nurse/Senior Staff Nurse

Registered Nurses make up the main body of staff. They wear light blue uniform with white piping.

Auxiliary Nurses and CSW

Auxiliary Nurses and Clinical Support Workers (CSW's) assist Registered Nurses in many aspects of care. They wear white with navy stripes and white piping. CSWs have navy piping.



Student Nurse

They wear a white tunic with navy tabs on the shoulder and navy trousers.



	1 Stripe = First Year Students
	2 Stripes = Second Year
	3 Stripes = Third Year

Physiotherapy

The purpose of physiotherapy is to help patients achieve their maximum physical potential. An initial assessment is carried out by a qualified member of staff and a treatment program is developed based on the patient's goals. Treatment may be carried out by a qualified Physiotherapist, Exercise practitioner and Therapy Assistant. Exercises may be provided for patients to carry out on their own between therapy sessions. Physiotherapy treatments can take place on the ward or in the Therapy Treatment Room. They wear a white top with navy piping and navy trousers.



Occupational Therapy

Occupational therapy will assess how your injury or illness has affected your ability to complete day-to-day tasks, considering both your cognitive and physical difficulties. Your therapy will use daily tasks such as showering, eating, meal preparation, shopping, cleaning and leisure activities, to enable you to return to doing things you need to do and enjoy. If you require a wheelchair or supportive seating, we will provide one to meet your needs. We may need to assess your home environment, issue equipment and make recommendation for adaptations in order to improve your independence and quality of life for discharge. They wear a white top with green banding and green trousers.



Clinical Psychology

There is also a Clinical Psychologist available. Psychologists support patients who have experienced emotional, behavioural or cognitive difficulties as a result of changes to their health. By its nature, being in hospital can be frightening. People lives have often changed a lot and talking to a Psychologist can help you to understand these changes and maintain good well-being in order to best benefit from rehabilitation. They may also be involved in cognitive assessments for patients who have sustained brain injury as well as helping patients learn new techniques to manage any identified difficulties. Clinical Psychologists/Assistants often wear their own clothes.



Speech and Language Therapy



Speech and Language Therapists work with individuals whose speech, language; swallowing and eating may be affected. They help inform the Rehabilitation Team and family about communication methods and work with the individual to develop verbal and non-verbal strategies of communication if needed. They wear a white top with black piping and black trousers.

Dietitian

If required, the Dietitian will assess your nutritional needs to provide the most appropriate route of nutrition support e.g. oral intake, tube feeding or intravenous feeding. In addition, the Dietician may prescribe oral nutritional supplements or tailored feeding regimens which help to meet your nutritional requirements. They wear a white top with light blue piping and navy trousers.



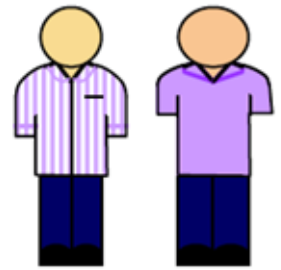
House Keeper and Domestic Support

The domestic staff's role is to ensure the ward is hygienic, tidy and fit for use. They help to provide a clean, comfortable environment. The Housekeeper also supports the ward in some organisational and recreational activities. They wear a burgundy top with navy trousers.



Catering Team

The Catering Team prepare and deliver food. They wear a purple polo or white shirt with purple stripes and navy trousers.



Ward Clerk

The Ward Clerk helps with the general day to day running of the ward such as answering phone calls and the organisation and scheduling of appointments off the ward. They will often direct visitors and are often responsible for the medical record keeping.

TEAM COMMUNICATION

Patients on Ward 9 are cared for by an MDT. Communication between the different team members is essential and will be carried out constantly and consistently, with patients at the centre. Below are a few of the meetings which take place that enable the team to effectively plan your treatment.

Ward Rounds

These are medical reviews and are conducted by the Medical Team, often involving a Consultant in Rehabilitation Medicine. They focus on the physical aspects of your care and usually take place on a Monday or a Wednesday. They are also an opportunity for the patient to engage and ask any questions you may have for the medical staff. There is also daily medical ward cover provided by Junior and Middle Grade Medical personnel (doctors).

Multi-Disciplinary Team (MDT) meetings

MDT meetings take place on a Thursday and involves a variety of specialities who come together to discuss your care, progress and treatment plan. This tends to be for the professionals involved in the patient's care. However patients can always ask for something to be brought to MDT to be discussed by the wider team.

Goal setting meetings (GSM)

We have goal setting meetings for each patient on the ward, to establish what they want to achieve from their rehabilitation experience. The first goal-setting meeting usually happens after an initial two-week assessment period. These meetings aim to establish what the patient's realistic long-term goal is and what their short-term goals will enable them to work towards this. The patient and/or family will be given a copy of the goals agreed to after the meeting. Staff will guide you on deciding on your goals but want these to be personal and meaningful to the patient. There will usually be a member of staff representing each discipline actively involved in the patient's care who will talk about their work with them and feedback about their treatment so far. These meetings will be repeated regularly throughout admission to track progress and review therapeutic goals towards discharge. At present, due to social distancing, family members / friends are able to attend these meetings virtually if wished. If you are a family member or friend wishing to attend please let the ward know.

Discharge planning meetings (DPM)

Although discharge will be spoken about from the beginning of your stay on Ward 9, these meetings aim to specifically focus on factors that will be involved in your discharge and follow a similar pattern to goal setting meetings.

REHABILITATION ROUTINE

All staff will wear appropriate Person Protective Equipment (PPE) for all patient contact to reduce the risk of infection which is removed and replaced between each patient.

06:00 – 08:00: Waking up and getting ready for the day. Patients will be encouraged to wash and dress themselves and join in with their personal cares wherever possible. However, if required the Nursing Team will also help you to prepare for the day. Occupational therapy may also provide support to work on personal care by engaging in showering and dressing.

08:00 – 09:00: Breakfast – if required patients will be supported to eat meals throughout the day, dependent upon needs. There are medication rounds at different times throughout the day where nursing staff will provide patients with their prescribed medication.

09:00 – 12:00: Individual rehabilitative therapy sessions may take place during this time. This is dependent on therapy goals and assessments. Between these times, patients may also wish to take part in some recreational activities.

12:00 – 13:00: Lunch is served. This is a protected mealtime on the ward where no clinical activities take place, other than in an emergency. This is to ensure patients are comfortable and have no interruptions, allowing them to meet their nutritional needs to support rehabilitation.

13:00 – 17:00: Individual rehabilitative therapy sessions may also take place during this time if required. Therapies will be discontinued after 17:00 and will start again in the morning. Again, patients also may wish to take part in some recreational activities. We also encourage patients to access outside areas if feasible as this can support wellbeing. There is a courtyard which is regularly accessible.

17:00-18:00: Evening meal is served. The catering staff will also offer patients a menu so that they can determine what food you would like for the rest of the day/following day. This is also a protected mealtime.

18:00: This is the patient's own personal time, which you can utilise as you would like to. Sleep is an essential part of recovery and rehabilitation and patients are encouraged to try to build a good sleeping pattern. Patients will be helped to get ready for bed at whatever time they choose. Some patients may also require assistance to reposition through the night in order to manage pressure areas and maintain good skin integrity.

Why is it important to have this structure?

Patients on Ward 9 are undergoing an intensive recovery from serious injury or change in health condition. This process of rehabilitation can be very exhausting, and many patients have suffered a brain injury or significant illness, causing further fatigue. The ward needs to manage the level of stimulation and activity each patient is exposed to, protecting the rehabilitative environment; ensuring patients are able to engage in their rehabilitation in order to support patients to gain their best therapeutic outcomes. Patients will likely have individualised care plans to manage their needs, but having a structured environment around them can also support recovery.

PRACTICAL CONSIDERATIONS

Personal belongings

Lengths of stay on Ward 9 can vary; we recommend bringing enough day and nightwear, toiletries and footwear for 7 days and arrange regular laundry with family / carers.

- Recommended toiletries include shampoo, conditioner, soap, shower gel, deodorant and any creams you may need.
- Recommended clothes include comfortable bottoms (e.g. joggers), T-shirts, jumpers and underwear, as well as sensible indoor and outdoor shoes.
- There are cupboards in each patient bed-space to store some personal belongings.
- The ward cannot be responsible for personal belongings and recommend items of value remain or are returned home.

Telephones and Tablets / iPads: Patients own mobile phones or tablets are allowed on the ward, however some patients may find using them confusing, over-stimulating and fatiguing. This may therefore be managed clinically to support rehabilitation. Please be aware that taking photographs of other patients is not permitted. People are asked to remain respectful in how they use their mobile phones.

Electrical items: In accordance with safe practice, our electrician must check all electrical items brought into hospital. Please liaise with the nurse in charge so that this can be arranged to minimise inconvenience for you. This will include mobile chargers, laptop computers and their accessories

Ward Access

A coded door is used on the unit. This enables staff to monitor the safety of those patients who would be at risk if they were to leave the unit unsupervised and patient / staff movement around the hospital site is limited at present due to COVID-19 management. Please alert staff if you wish to leave the ward.

Visitors

Currently, no visitors are permitted on the Hospital site, unless in highly exceptional circumstances. This is to maintain social distancing and reduce any risk of COVID-19 infection spreading, protecting our patients and healthcare workers.

We understand contact with loved ones is vital in maintaining wellbeing and supporting recovery. We are encouraging the use of virtual visitation, though voice or video-calling. All patients have a phone service provided by Hospedia at their bedside, which is currently free to use for patients to call people during the COVID-19 period. If you would like to know the number for this phone to call, please just ask the ward, although there may be a charge for people calling patients directly.

Ward Address

Some people may wish to send personal items to patients currently admitted, such as snacks, home comforts or entertainment. Please check with the ward that these are appropriate before sending. The full address and postcode is: Entrance 2, Complex Rehabilitation Ward 9, Castle Hill Hospital Castle Road Cottingham East Yorkshire HU16 5JQ.

PREPARING FOR DISCHARGE

- Discharge planning will begin from the point of admission to Ward 9 and is a continuous process as well as a key focus rehabilitation planning. We will work with the patient and their family / carer to help us create a safe discharge from hospital. Once a discharge date has been agreed between the patient, their care team, and if appropriate their family / carer, the ward staff will arrange everything needed such as medication, transport, outpatient appointment and in some circumstances equipment to help facilitate a safe discharge home.
- Occasionally staff may need to attend a person's home in order to assess its suitability for discharge and any need for equipment. We ask that people advise the ward if any household members are displaying symptoms of COVID-19 and maintain appropriate social distancing during these times.
- The MDT will work closely with the patient and their family / carer to ensure a safe discharge to a suitable setting, whether this is the patient's home or a more appropriate care setting. This may also include making referrals for any specialist equipment to help you move around safely in your home, referrals for adaptations to the home, as well as any care support that may be needed.
- Prior to discharge, weekend or day leave may be appropriate in order to help ease the transition and ensure the environment is suitable.
- Following discharge patients may have on-going needs, if so an onward referral for Community Therapy to continue rehabilitation will be made as appropriate. This will be at the most appropriate location for your needs and requirements. Discharge from Ward 9 is not the end of rehabilitation.

General Advice and Consent

Most of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion with the healthcare team.

Information about you

We collect and use your information to provide you with care and treatment. As part of your care, your information will be shared between members of the healthcare team, some of whom you may not meet. Your information may also be used to help train staff, to check the quality of our care, to manage and plan the health service and to help with research. Wherever possible we use anonymous data.

We may pass on relevant information to other health or social organisations that provide you with care. All information is treated as strictly confidential and is not given to anyone who does not need it. If you have any concerns please ask your doctor, or the person caring for you.

Under the General Data Protection Regulation and the Data Protection Act 2018 we are responsible for maintaining the confidentiality of any information we hold about you. For further information visit the following page: [Confidential Information about You](#).

If you or your carer needs information about your health and wellbeing and about your care and treatment in a different format, such as large print, braille or audio, due to disability, impairment or sensory loss, please advise a member of staff and this can be arranged.

This leaflet was produced by the Rehabilitation Ward, Hull University Teaching Hospitals NHS Trust and will be reviewed in July 2023.

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