CHARTERED SOCIETY OF PHYSIOTHERAPY

CSP COVID-19 Rehabilitation Standards

Palliative rehabilitation and end of life care: physiotherapy service delivery

CSP STANDARD [RS2]

June 2020

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These standards cover rehabilitation and physiotherapy care for adults of 18 years and over with Covid-19 who are approaching the end of their life and are likely to die within 12 months. This includes people who are likely to die from Covid-19 and people with Covid-19 who have advanced, progressive, incurable conditions or life-threatening acute conditions.[1] These standards also cover support for their families and carers.

The standards apply to rehabilitation and physiotherapy delivered in all settings. Rehabilitative palliative care integrates rehabilitation, enablement, self-management and self-care into the holistic model of palliative care.[2] For people at the end of life, responsive and compassionate physiotherapy care ensures that the person is as comfortable as possible if their condition continues to deteriorate.[3]

The standards are for the physiotherapy workforce delivering rehabilitation and care in a multidisciplinary care context. They should be used in conjunction with local policies and procedures.

In the extenuating circumstances of Covid-19, decisions about rehabilitation and physiotherapy needs and where it is delivered for individual people take place rapidly. The standards are key for facilitating safe and rapid decision making and ensuring the delivery of high quality personalised physiotherapy.

Quality standards:

1. Assessment, care planning and review
2. Rehabilitation and symptom management
3. Communication and information
4. Coordinated rehabilitation and care pathways
5. Personal Protective Equipment (PPE) and infection control

1. *End of life care for adults (2017) NICE quality standard QS13*
2. *Tiberini R, Richardson H (2018) Rehabilitative Palliative Care: Enabling people to live fully until the day they die. Hospice UK*
3. *Care of dying adults in last days of life (2017) NICE quality standard QS144*

Quality standard 1: Assessment, care planning and review

Quality statement 1

1. **People with Covid-19 approaching the end of life are offered comprehensive holistic assessments in response to their changing needs and preferences, with the opportunity to discuss, develop and review a personalised, realistic care plan for current and future support and treatment.**

    1.1 Coordinate, carry out and document an initial holistic needs assessment with the person and the multidisciplinary team (MDT) and review regularly to recognise their changing needs and preferences

    1.2 The initial assessment and review informs the identification of people approaching the end of life

    1.3 Families and carers of people approaching the end of life are offered comprehensive holistic assessments to identify their needs and preferences

    1.4 People with Covid-19 and those important to them are given opportunities to discuss, develop and review an individualised care plan in collaboration with the MDT

    1.5 Assessments, care planning and reviews are timely and responsive to the person's likely prognosis.

Rationale

People with Covid-19 may have complex medical, functional, psychological and social needs. Carrying out a holistic needs assessment helps the person and MDT to develop a personalised plan to manage those needs. This could reduce the length of hospital stay and help people maximise their independence and maintain it for as long as possible.

A holistic assessment includes, as a minimum, physical, psychological, social, spiritual, cultural and environmental considerations. This identifies needs and preferences in relation to rehabilitation, care and support. It is likely to be multidisciplinary and may require the input of both health and social care professionals, as well as other appropriate support services.

Identification of people approaching the end of life may be initiated by either health or social care professionals in any setting. People who have signs and symptoms that suggest they may be in the last days of life are monitored for further changes to help determine if they are nearing death, stabilising or recovering.

Families and carers of people approaching the end of life may need practical, psychological and/or emotional support and may benefit from their own assessment.

In the context of people who have severe Covid-19 disease, assessments and personalised care planning should be carried out in a sensitive way and in the best interests of the person approaching the end of life, with appropriate consent. When possible, discuss the risks, benefits and possible likely outcomes of the treatment options with people with Covid-19, and their families and carers. Personalised care planning should encompass all aspects of end of life care, taking into account the preferences of the person approaching the end of life, and their families and carers. Advance care planning is one part of personalised care planning and involves discussions about an individual's preferences and wishes for types of care or treatment available that may be beneficial in the future. This may need to be revisited and revised as the situation changes.

Assessment, care planning and review should be an ongoing and proactive process that is both planned and responsive to changing needs.

Source guidance

COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community (2020) NICE guideline NG163, recommendation 2

End of life care for adults: service delivery (2019) NICE guideline NG142, recommendations 1.1-1.3, 1.5-1.7, 1.9, 1.10

Patient experience in adult NHS services (2019) NICE quality standard QS15, standards 3-6

Care of dying adults in last days of life (2017) NICE quality standard QS144, standards 1 and 2 QS144

End of life care for adults (2017) NICE quality standard QS13, standards 1-4, 7 and 9

Transition between inpatient hospital settings and community or care home settings for adults with social care needs (2016) NICE quality standard QS136, standard 2

COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care. Version 2 (2020) Northern Care Alliance NHS Group and the Association for Palliative Medicine of Great Britain and Ireland

End of life care guidance when a person is imminently dying from COVID-19 lung disease (2020) Scottish palliative care guidelines, NHS Scotland

End of Life Care in Frailty (2020) British Geriatrics Society guidance series, rehabilitation chapter

Palliative and End of Life Care Delivery Plan (2017) NHS Wales and the Welsh Government, themes 1-5

Palliative Care Adult Network Guidelines. 4th edition (2016) Watson M et al, last days of life chapter

National care standards: hospice care (2005) Scottish Executive, standard 2

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principle 3

Quality standard 2: Rehabilitation and symptom management

Quality statement 2

2. People with Covid-19 approaching the end of life are offered holistic, timely rehabilitation and/or symptom management which is realistic and appropriate to their current needs and preferences.

2.1 Rehabilitation and symptom management is holistic and undertaken in discussion with the multidisciplinary team (MDT) taking into account the person's clinical needs and preferences

2.2 Rehabilitation and symptom management is individualised and flexible in response to the person's changing needs and preferences

2.3 Timing of rehabilitation and symptom management is appropriate to the person's needs and preferences

2.4 Families and carers of people approaching end of life are offered holistic support appropriate to their current needs and preferences.

Rationale

The physiotherapy workforce should work collaboratively with the MDT to optimise the person's independence and social participation. This includes supporting and working with the person, their carers and those involved in helping them to achieve their personal goals.

Palliative care integrates rehabilitation, enablement, self-management, self-care and symptom management into the holistic model of palliative care. People approaching end of life may deteriorate quickly and the aim of symptom management will be to achieve optimum comfort level.

All rehabilitation, physiotherapy care and support should be tailored to the individual. Proactive recognition and response to early changes in function can help reduce falls risks, further functional deterioration and other complications. Regular review by the MDT can ensure the provision of equipment and adaptations is responsive to the person's changing needs. Providing equipment and adaptions without delay maximises the impact on the person's quality of life, their functional ability and reduces the likelihood of harm from adverse events. Rehabilitation may also enable people to remain in their own home when this is their preferred place of care.

Support for families and carers may include emotional and psychological support. Training on practical issues should be available for those caring for people approaching the end of life.

Source guidance

COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community (2020) NICE guideline NG163, recommendations 3-7

Patient experience in adult NHS services (2019) NICE quality standard QS15, standards 3, 4 and 6

End of life care for adults (2017) NICE quality standard QS13, standards 4-7

Motor neurone disease (2016) NICE quality standard QS126, standards 3 and 5

COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care. Version 2 (2020) Northern Care Alliance NHS Group and the Association for Palliative Medicine of Great Britain and Ireland

Clinical guide for the management of palliative care in hospital during the coronavirus pandemic. Version 2 (2020) NHS England specialty guide for patient management during the coronavirus pandemic

End of life care guidance when a person is imminently dying from COVID-19 lung disease (2020) Scottish palliative care guidelines, NHS Scotland

Palliative and End of Life Care Delivery Plan (2017) NHS Wales and the Welsh Government, theme 4

Palliative Care Adult Network Guidelines. 4th edition (2016) Watson M et al, last days of life chapter

Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 (2014) National Palliative and End of Life Care Partnership, ambition 1

National care standards: hospice care (2005) Scottish Executive, standard 2

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principle 3

Tiberini R, Richardson H (2018) Rehabilitative Palliative Care: Enabling people to live fully until the day they die. Hospice UK

Quality standard 3:
Communication and information

Quality statement 3

3. People with Covid-19 approaching the end of life and their families and carers are communicated with effectively, and offered information, in an accessible and sensitive way in response to their needs and preferences.

3.1 Information should be communicated in an appropriate, accessible and timely way with the person who is approaching the end of life and when information is requested or useful in order to make choices or decisions

3.2 Personalised information is communicated by the most appropriate member of the multidisciplinary team (MDT)

3.3 Families and those close to the person should be involved in discussions and decision making as far as possible and in line with the person's wishes.

Rationale

All communication and information provision should be sensitive to the needs and preferences of the person approaching the end of life and their families and carers, including those who do not wish to have such conversations at the present time. Those who do not wish to have information should have their preferences respected.

Responsive communication and information provision recognises that communication is a two-way process and that a person's circumstances are likely to change over time. It is also tailored to individual circumstances.

Families and carers can play a significant role in helping people with Covid-19 return home after a hospital admission. It is therefore important that they are involved in decisions about the person's discharge plan, if they and the person agree. They can provide information about the person's needs and circumstances beyond medical conditions or physical needs. This means discharge planning can be more comprehensive and may reduce the likelihood of the person being readmitted to hospital.

Honest conversations with people and their families may be challenging, but it is important that they do take place. It is important that there is a coordinated MDT approach to communication. Palliative care teams are skilled at these conversations and may be able to offer support. A good knowledge of local palliative care services is needed to ensure appropriate referral when required.

People with Covid-19 may become ill and deteriorate quite quickly and may not be able to fully participate in decision making. Every effort should be made to involve those close to them in decision making.

Conversations may need to take place using Personal Protective Equipment (PPE) or remotely. The physiotherapy workforce should be mindful of how this may affect communication with the person, families and carers.

Source guidance

COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community (2020) NICE guideline NG163, recommendation 1

Patient experience in adult NHS services (2019) NICE quality standard QS15, standards 2-6

End of life care for adults (2017) NICE quality standard QS13, standard 2

Transition between inpatient hospital settings and community or care home settings for adults with social care needs (2016) NICE quality standard QS136, standard 5

COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care. Version 2 (2020) Northern Care Alliance NHS Group and the Association for Palliative Medicine of Great Britain and Ireland

Clinical guide for the management of palliative care in hospital during the coronavirus pandemic Version 2 (2020) NHS England specialty guide for patient management during the coronavirus pandemic

End of life care guidance when a person is imminently dying from COVID-19 lung disease (2020) Scottish palliative care guidelines, NHS Scotland

Palliative and End of Life Care Delivery Plan (2017) NHS Wales and the Welsh Government, themes 1, 4 and 5

National care standards: hospice care (2005) Scottish Executive, standard 2

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principle 3

Standards of proficiency-Physiotherapists (2013) Health and Care Professions Council, standard 8

Quality standard 4: Coordinated rehabilitation and care pathways

Quality statement 4

4. People with Covid-19 approaching the end of life receive personalised rehabilitation and care that is seamlessly coordinated within multidisciplinary teams (MDTs), and across all relevant settings and services.

4.1 Ongoing and regular assessments are completed to ensure that people are referred to the most appropriate services/team at the right time

4.2 Liaise with the coordinator or coordination teams responsible for the person's transfer between settings and services to ensure that:

- timely and effective transfer arrangements, including equipment provision and appropriate referrals for the necessary rehabilitation and ongoing care, are in place
- transfers are rapid and well coordinated to ensure that a person in the last days of life is able to die in the place that they wish
- information, including documentation, is communicated between settings, services, MDTs, the person and their family as appropriate

4.3 The physiotherapy workforce is aware of local rehabilitation and palliative care pathways, referral criteria, follow-up arrangements and safety-netting arrangements where urgent care may be required.

Rationale

Coordination of care is important for ensuring timely, safe and effective person transfer including appropriate documentation, rehabilitation and care packages, equipment and medication. Effective information sharing is essential to delivering urgent care that is personalised.

People with Covid-19 approaching the end of life should have care that is coordinated between health and social care practitioners within and across different services and organisations, to ensure good communication and a shared understanding of the person's needs and care. In-house hospital and/or local community palliative care teams may be able to provide advice and support.

A person's clinical condition, needs and preferences may change rapidly therefore regular assessment, discussions and reviews of palliative rehabilitation and care plans are needed.

All people identified as being in the last days or weeks of their life need rapid and well coordinated transfer to the care of community and/or palliative care teams..

Local palliative care services will differ in their provision and referral criteria, therefore the physiotherapy workforce needs to be aware of local services and refer as appropriate.

People need to be informed of safety-netting arrangements and urgent care provision available if their clinical condition, needs and preferences change.

Source guidance

Patient experience in adult NHS services (2019) NICE quality standard QS15, standards 2-4 and 6

End of life care for adults (2017) NICE quality standard QS13, standard 8 and 9

Motor neurone disease (2016) NICE quality standard QS126, standards 3 and 5

Clinical guide for the management of palliative care in hospital during the coronavirus pandemic. Version 2 (2020) NHS England specialty guide for patient management during the coronavirus pandemic

Covid-19 hospital discharge service requirements (2020) Department of Health and Social Care

Covid-19 hospital discharge service requirements (Wales) (2020) Welsh Government

Covid-19 prioritisation within community health services (2020) NHS England and NHS Improvement

Palliative and End of Life Care Delivery Plan (2017) NHS Wales and the Welsh Government, themes 1-5

Palliative Care Adult Network Guidelines 4th edition (2016) Watson M et al, pathways and frameworks chapter

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principle 3

Quality standard 5: Personal Protective Equipment (PPE) and infection control

Quality statement 5

5. When providing face to face rehabilitation and/or physiotherapy care for people with or after Covid-19, the physiotherapy workforce, families and carers have access to the correct and appropriate level of Personal Protective Equipment (PPE).

5.1 Refer to local infection control policies, in conjunction with national guidance on PPE so that:

5.1.1 People with or after Covid-19, families and carers and the physiotherapy workforce are appropriately protected from spreading or receiving the virus during physiotherapy care and rehabilitation sessions

5.1.2 Further risk assessment is considered in specific situations if deemed necessary, to ensure staff have access to appropriate PPE prior to physiotherapy care and rehabilitation sessions

5.1.3 Adequate training is available to ensure confidence in the application and removal of PPE prior to and after physiotherapy care and rehabilitation sessions

5.1.4 The physiotherapy workforce is aware of reporting procedures if the correct level of PPE is not available.

Rationale

Healthcare-associated infections are caused by a wide range of microorganisms including the Covid-19 virus. These infections can exacerbate existing or underlying conditions, delay recovery and adversely affect quality of life. Employers are under a legal obligation to adequately control the risk of exposure to hazardous substances where exposure cannot be prevented. The provision and use of PPE, including respiratory protective equipment (RPE), will ensure that the risk of spreading the virus to staff and other people is minimal.

Employees have an obligation to make full and proper use of any control measures, including PPE, provided by their employer. Ultimately, where the physiotherapy workforce considers there is an increased risk to themselves or the individuals they are caring for, they should carry out local risk assessments to determine what level of PPE is required. There is also a need to ensure that training is provided to ensure the correct type of PPE is used, applied, removed and disposed of safely. The physiotherapy workforce should familiarise themselves with local policies and procedures regarding PPE access for carers.

Source Guidance

COVID-19: how to work safely in domiciliary care in England (2020) Department of Health and Social Care

COVID-19: infection prevention and control guidance (2020) Department of Health and Social Care

Coronavirus (COVID-19): unpaid carers providing personal care (2020) Scottish Government

Guidance: COVID-19 personal protective equipment (PPE) (2020) Department of Health and Social Care, Section 4

Guidance for those who provide unpaid care to friends or family (2020) Department of Health and Social Care

Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 (2020) Department of Health and Social Care

Personal protective equipment (PPE) – resource for care workers delivering homecare (domiciliary care) during sustained COVID-19 transmission in England (2020) Public Health England

PPE waste from home healthcare workers treating patients with COVID-19: RPS C5 (2020) Department of Health and Social Care

Personal protective equipment (PPE) FAQs (2020) Chartered Society of Physiotherapy

COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community (2020) NICE guideline NG163, recommendations 1 and 10

Healthcare-associated infections: prevention and control in primary and community care (2017) NICE quality standard CG139, standards 1.1.1-1.1.3

National care standards: hospice care (2005) Scottish Executive, standard 2

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1.1, 1.3, 3

Standards of proficiency-Physiotherapists (2013). Health and Care Professions Council, standard 15

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