Gateshead collaborative MDT rehab

Developing the GOLD Critical Care Rehabilitation Service

BACCN National Conference
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Critical Care Rehabilitation

hearing
Weakness
Physical
Breathlessness
Communication
Non-physical
Delirium
Relationship
taste
Hallucinations
Mobility
Fatigue
Depression
Anxiety
complications
stress
difficulties
memory
traumatic
related
symptoms
Loss
Nightmares
vision
Confusion
Post
Flashbacks
Pain
Delusions
Changes
Swallowing
problems

NHS

QE Gateshead
Quality and excellence in health

Gateshead collaborative MDT rehab

Collaborative working at all stages utilising nursing, physiotherapy, occupational therapy, dietitians and medical staff

Patient centred goals

Recognised as an area of outstanding practice by the CQC

The Rehabilitation after Critical Illness Team (RaCI) led by nurses, health care assistants and physiotherapists had developed new pathways to help patients recover from critical illness. The team provide rehabilitation while a patient was in the critical care unit, throughout their stay and following discharge.

CQC Report (2016)

Rehabilitation Assistant role

Work on ADL and physio goals on base ward

Enables 45 mins therapy stipulated by GPICS

Continues therapeutic relationship

Shown to have economic benefit

NHS

QE Gateshead
Quality and excellence in health

'My Dad said you are angels'

'Both a star'

'Excellent'

QE Gateshead Star Awards

'the care my mother received was first class'

'very caring and encouraging'

'excellent service'

'the rehabilitation team helped me to achieve personal day to day activities and kept me going! Thanks you for helping me and my family through such a difficult time'

QE Gateshead

Quality and excellence in health

REHAB

Critical Care
- Twice daily physiotherapy
- Early mobilisation
- Individualised exercise programme
- Photo diary
- Nurse practitioner assessment & support
- Rehabilitation manual

Base ward
- Twice daily input from rehabilitation assistant
- Nurse practitioner assessment & support
- Physiotherapy as necessary
- Early input from OT

After Hospital discharge
- Telephone follow up at 2, 4 & 6 weeks
- OT support
- MDT follow up clinic at 8 weeks
- Invite to ICU Steps

Only for patients intubated 72 hours or more

Evaluation of Gold REHAB

- 9 day difference in LOS post discharge
- Proven cost effectiveness

    ICER (Incremental cost effectiveness ratio)

    No GOLD = £0

    GOLD = £545

    ICER = £60

(No GOLD 2007-2009 vs GOLD 2010-2012)

D16 NHS STANDARD CONTRACT FOR ADULT CRITICAL CARE

Assessment of the rehabilitation needs of all patients within 24 hours of admission to Critical Care and NICE 83 eligible patients on discharge from critical care must receive a rehabilitation prescription. NHS 2014

(Also GPICS standard 1.3.1)

Critical Care Rehabilitation and Re-ablement Pathway

Short clinical assessment

Date of Admission to Critical Care:	Signature/Name	Date
Completion of Critical Care Rehabilitation Prescription (within 24 hrs of admission)		
Assessment:		
1 On admission to Critical Care		
2 On step down to Level 2/deterioration		
3 Discharge from Critical Care to the ward		
4 On the ward		

Short clinical Assessment– to be completed at the stated times

	Complete every box (Yes, No, NA)	1 On admission	2 Step down or deterioration	3 Discharge from CC	4 on the ward
Physical	*Anticipated or actual Long :3/2 Stay e.g. >72 hours (local agreement)				
	Obvious significant physical neurological injury				
	Lack of cognitive functioning to exercise unaided				
	Unable to self-ventilate on 35% oxygen or less				
	Presence of pre-existing respiratory mobility problems				
	High risk on nutritional screening tool				
	Other (describe)				
Non-Physical	Recurrent nightmares and insomnia				
	Intrusive memories of pre-admission traumatic events				
	New and recurrent panic attacks				
	Not wanting to talk about illness				
	Continuous sedation				
	Low mood				
	Positive CAM –ICU				
PATIENT AT RISK		Y/N	Y/N	Y/N	Y/N

* If anticipated or actual long L3/L2 stay this automatically deems the patient AT RISK or if any one of the above statements are present the patient is deemed AT RISK and must complete the comprehensive clinical assessment

SCA added to medical clerking

Traffic light system

HIGH	GOLD standard pathway
MEDIUM	Tailored to individual patient needs
LOW	Standard ward based physiotherapy

Making the service available to more patients

Traffic lights system

Patients categorised on discharge summary

Meets rehab prescription standard

Medical staff guided at huddle

Electronic and paper copies of discharge summary to GP and base ward

Expansion to orthopaedics

Building on success of GOLD model

Employed two band 3 rehabilitation assistants to work with selected trauma orthopaedic patients

Have completed comprehensive MDT training package and competencies

Orthopaedic activities room

Further work

Qualification of success – SF36 at 2, 6 and 12 months

Working to decrease length of stay

Culture of rehabilitation trust wide

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