Interactive Early Rehab for Patients, Involving Relatives and Health Care Assistants

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WHY?

- Service improvement project undertaken as part of an internal development course for Band 5 and Band 6 nurses.
- 25% of all ICU patients receive early therapy

  (Zanni et al., 2010)
- NICE (2017) Rehabilitation after Critical Illness in Adults guideline.
- Guidelines for the Provision of ICU 2019, Section 3.6 Rehabilitation.

King's

- Rehab should be:

-Started as early as possible

-From admission-discharge

-Provided by trained individuals

- Myopathy: side effect of CCU stay or delayed rehab

- Recovery: 18 months to 2 years

CHALLENGES TO EARLY REHABILITATION

- Barriers linked to: Patient - Provider – Institution.
  (Parker et al., 2013)
- Reasons for not receiving therapy:
  -Over sedation and/or low level of consciousness
  -Lack of available or trained rehabilitation staff
  -Busy shifts

IN ORDER TO OVERCOME THESE BARRIERS WE NEED:

- To create a culture that prioritises early:

- Rehabilitation

- Interdisciplinary coordination

- Communication and teamwork

(Lee and Fan., 2012)

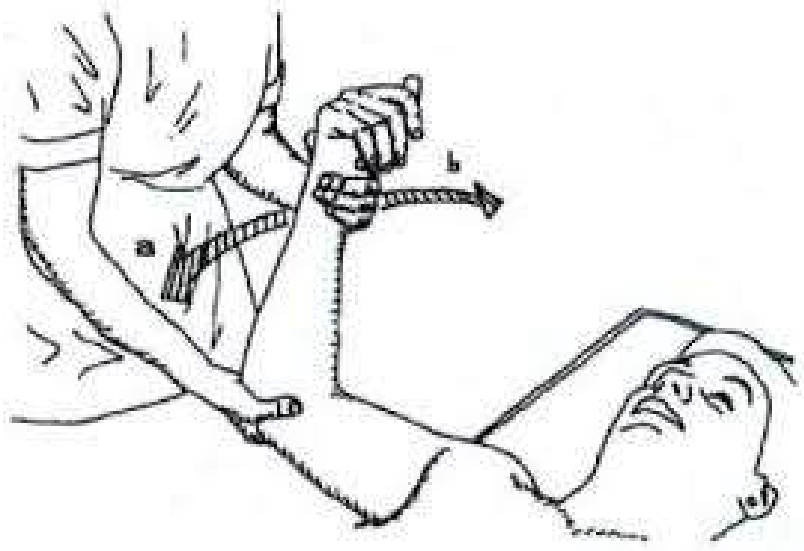
AIMS

- Prevent myopathy.
- Promote human touch in the ICU by an interdisciplinary approach.
- Combine relatives and health care assistants' (HCA) input.
- Offer an additional role outside of their usual routine to HCAs.

WHAT?

- Multidisciplinary collaboration
  - PROM or AROM Exercises
    a. Shoulder flexion
    b. Shoulder abduction
    c. Elbow movement
- Training from physiotherapists
- Trained relatives and HCAs

Intervention: UPPER LIMB REHAB



- Individualised Upper Limb Rehab Plan
- Active / Passive Exercises
- Impairment based

CRITERIA

OF INCLUSION

- Patients / relatives willing to undertake rehab
- ICU patients from day 3 initially assessed
- Relatives willing to join in

- We identified a need for alternative resources for early rehabilitation.

- We sought advice from Physiotherapists and Occupational Therapists and received special training about PROM & AROM exercises.

- Presented rehab option to patients and their relatives.

DATA COLLECTION METHOD

- Risk Assessment:
  - Past medical history
  - History of presenting condition
  - Review of current medications
  - Previous level of function

- Questionnaire for patients and their relatives:
  - Open and closed questions

PATIENTS CHECKLIST

Week	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
a.) Shoulder Flexion b.) Shoulder Abduction C.) Elbow Movements														
1) Is pt. happy with rehab? a.) Yes b.) No, why?	○		○		○		○		○		○		○	
2.) Is the performer happy doing it? a.) Yes b.) No, why?	○		○		○		○		○		○		○	
3) Performed By: a.) Relatives b.) HCA	○		○		○		○		○		○		○	
Any comments/ suggestions														

Shoulder flexion

Therapist`s aim
To stretch or maintain range of the shoulder joint.
Client`s aim
To stretch or maintain range in your shoulder.
Therapist`s instructions
Position the patient in supine with their shoulder extended and elbow flexed a little. Move the shoulder joint to approximately 90 degrees flexion and back.
Precautions
1. Impaired or absent sensation of stretch.

Shoulder abduction

Therapist`s aim
To stretch or maintain range of the shoulder joint.
Client`s aim
To stretch or maintain range in your shoulder.
Therapist`s instructions
Position the patient in supine with their shoulder adducted and elbow flexed 90 degrees. Move the shoulder joint to approximately 90 degrees abduction and back.
Precautions
1. Impaired or absent sensation of stretch.

Elbow movements

Therapist`s aim
To stretch or maintain range of the elbow joint.
Client`s aim
To stretch or maintain range in your elbow.
Therapist`s instructions
Position the patient in supine with their arm extended. Move the elbow joint through full range of motion.
Precautions
1. Impaired or absent sensation of stretch.

TEACHING CHECKLISTS

	M	T	W	Th	F	St	Sn
Teaching Done: a) Shoulder Flexion b) Shoulder Abduction c) Elbow Movements	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
Teaching Done by:							
Teaching Done to:							

Suitable for Upper Limb Program

Approved by :

PHYSIO/ OT

RESULTS

Number of patients	Patient suitable for ULE	Times performed	Times performed by relatives	Times performed by HCAs	Why ULE not performed	Other Comments
1	Yes	15	None	15	None	No relatives
2	Yes	20	20	None	None	Relatives prefered to do it
3	Yes	23	23	None	None	Family said movements are better
4	Yes	10	10	None	None	Patient passed away
5	Yes	18	18	None	None	Patient discharged to the ward
6	Yes	13	10	3	None	Patient said movements are better

Six patients were suitable for upper limb exercise this month

It was carried out 99 times

82% of it was carried out by relatives

18% was carried out by HCAs

OUTCOMES OF PROJECT

- Multidisciplinary cooperation
- More patients get to receive rehabilitation
- Increase of patient's motivation
- Improved sense of "belonging" for relatives and HCAs
- More satisfaction and participation for relatives

OBSTACLES

- Difficulty actualising the aim
- Awaiting and obtaining permission to start project
- Short timeframe

OUR AIMS FOR THE FUTURE

- Family and HCAs involvement in rehabilitation exercises to become a routine aspect of care.
- Promote early reassessment and identify potential patients for early rehab.
- Suitability for rehab exercises to be added to the admission checklist.
- Patients identified for upper limb rehab exercises to be communicated amongst healthcare professionals thereby promoting continuity.

CONCLUSIONS

- Relatives and HCAs can be a resource within Critical Care to assist with rehabilitation.

- Combined approach with the MDT and involvement of relatives helped with the coordination of rehabilitation.

Any Questions?

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