Implementation of Critical Care Rehabilitation Service

Background
Increasing number of patients are surviving Critical Illness and the general awareness among patients, families and most healthcare professionals is that these people undergo a rapid convalescence and recover to their previous life, in terms of both quantity and quality (NICE 2009). This statement was made 10 years ago but still holds some truth in society today.

Surviving Critical Illness is only a small part of the way to full recovery. Rehabilitation on the ward post-critical care and continuing care after discharge is often lengthy and potentially life changing.

In 2016 the CQC inspection at Leeds Teaching Hospitals recognised that a review was needed in line with NICE CG83, Rehabilitation after Critical Illness (2009) within the trust as minimal specialist support was offered.

Aim
A Specialist Critical Care Rehabilitation Team was to be trialled at St James Hospital within CHT. An initial group of patients was identified - those who were ventilated and sedated for >24 hours. This group of patients was followed up daily on the ward for around 45 minutes; the follow up care is based on the patients’ individual needs whether this is physically or psychologically.

The Aim of the service was to:
- Reduce in Hospital length of stay in post ICU patients
- Improve morbidity at point of discharge home
- Improve patient’s relative involvement in treatment plans
- Reduce post ICU Psychological Stress

What we have achieved...
- Reduced Length of stay by an average of 3.5 days
- Improved Patient experience
- Better Physiological and Psychological Outcomes
- Provides a service highlighted by the CQC as “outstanding”
- Provides consistent rehabilitation programmes for patients leaving ICU who have been ventilated for 72 hours or greater
- Provides a service in line with NICE CG83

What we do...
The team collaborate with the nursing staff, medical staff and physiotherapists and ward clerks on discharge to identify where the patients have been transferred to. The Critical Care Rehabilitation team also work with the Outreach team, allowing this team to discharge patients sooner than previously if the patient is medically improving and may require more support with psychological and physiological deficits following ICU.

Once on the ward the Rehabilitation team work in partnership with members of the multi-disciplinary team and the patient to deliver patient centred rehabilitation based on the individual’s physical and psychological needs. The feedback from the wider MDT and members of the ward staff highlights the impact that the team has had.

The Rehabilitation team performs weekly psychological screening to all patients using the IPAT tool (Intensive Care Psychological Assessment tool, Wade, 2014). This allows the team to assess patient’s thoughts and feelings regarding their treatment and time on ICU. The score is out of 20, the higher the score the higher the risk of psychological problems. Over the last 9 months the team has noticed patterns with this assessment; usually the score is initially high but over the weeks reduces. If this does not occur the team are confident to escalate appropriately.

All members of the team have received extra training in psychological support; by undertaking level 2 counselling courses and CBT training, enabling the service to provide evidenced based psychological support.

Feedback from our patients...
“...They were ever cheerful and always happy to do things for me...”
“...The team have helped me through so much, 3 weeks on ICU affected me more than I thought – I don’t know what I would have done without them. I’m so grateful...”
“...Got me motivated, helped me to get my independence back quicker...”

Catherine Lloyd, Critical Care Rehabilitation Team Leader
and Sarah Long, Brand Manager, Intensive Care PGD