#### Rehab Nurses: Should we bother getting out of bed?

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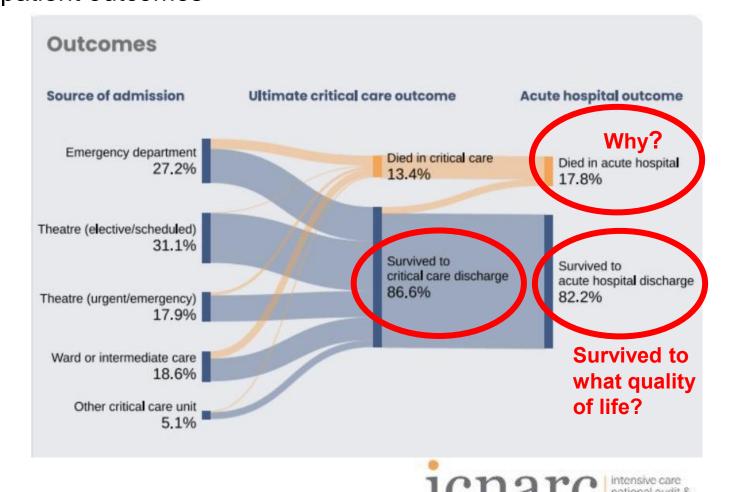
Please cast your vote at the end of the session



#### Background

ICU rehabilitation nurses have no defined job description

There is **no evidence** on how ICU rehabilitation nurses impact patient outcomes





#### Avoidable Deaths Post-ICU Discharge

- Vollam et al. (2021) found:
  - 08% of patient deaths were 'probably avoidable'
  - o 26% of patient deaths had a 'degree of avoidability'



🚺 Transitions are harmful 🧥





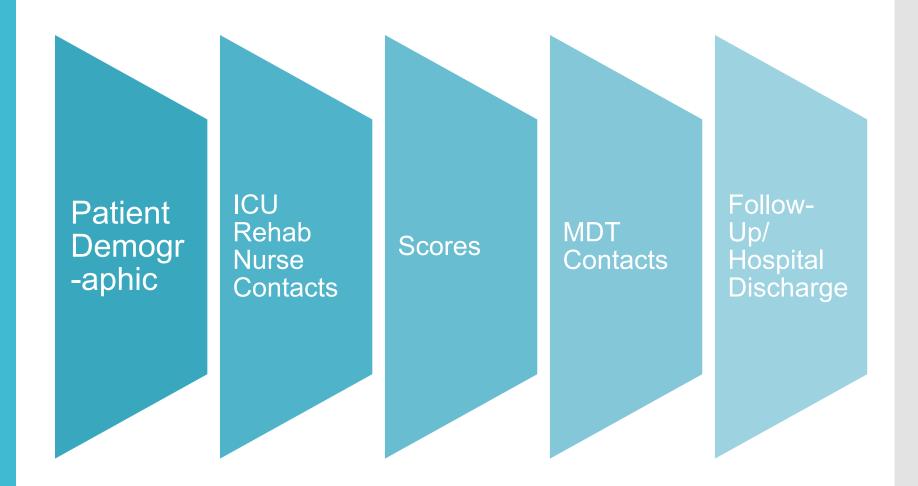
# Why do we need specialist nurse roles in rehabilitation?

 Specialist nurses have additional knowledge and skills in a certain area (Jokiniemi and Miettinen, 2020)



#### Design

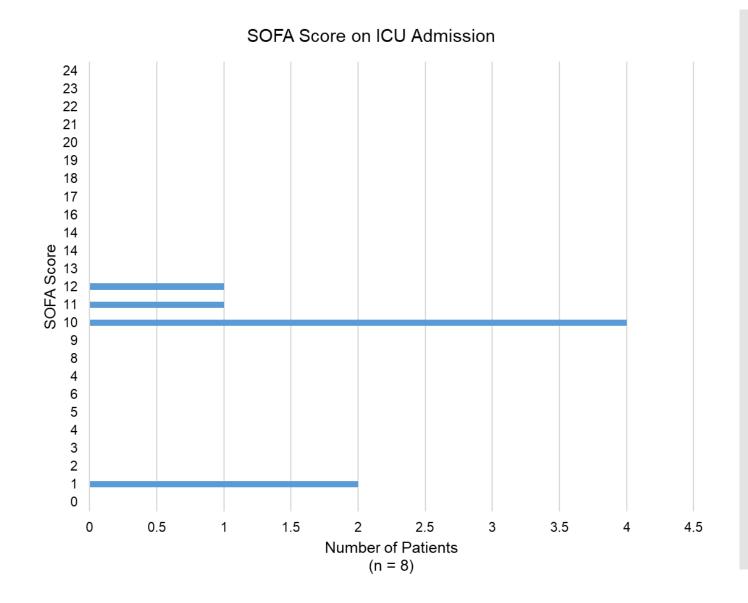
- 33 question survey
- Purposive sampling of 8 patients (n=8)
- Data collected retrospectively



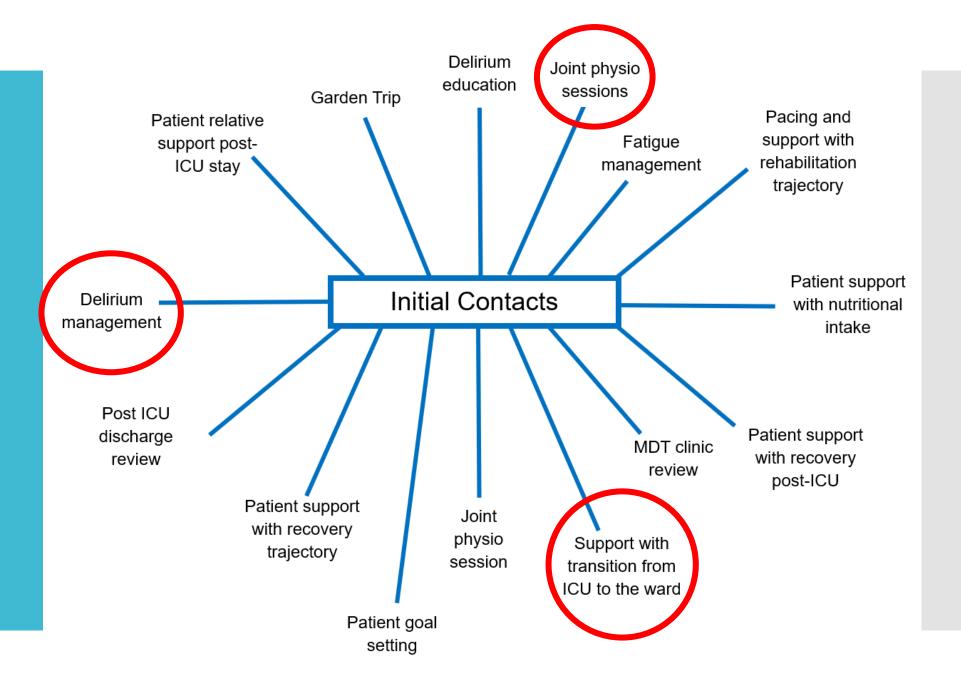
#### Results

Admissions were due to varied causes, including TBI, SAH, polytrauma, overdose with low GCS, cardiogenic shock, pancreatitis, and emergency laparotomy

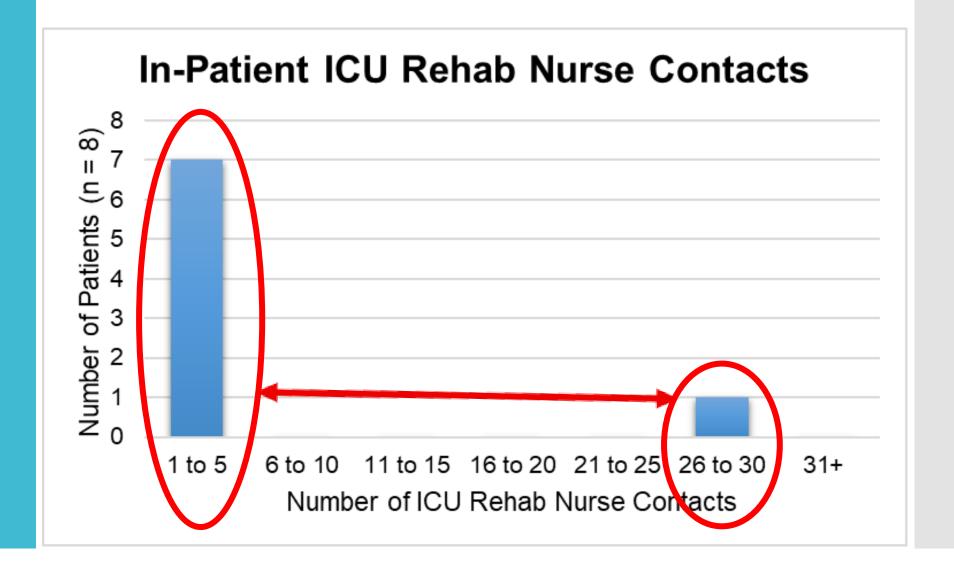
The patients sampled had similar illness severity



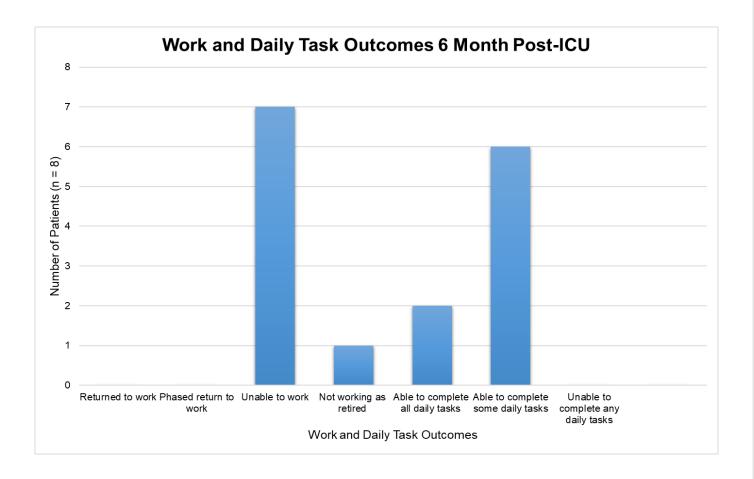
#### Initial Contact Activities



# Number of Contacts During In-Patient Stay



#### Outcomes Six Months Post-ICU Discharge



#### Analysis

Strengths	Weaknesses
Retrospective study method reduces bias	Small sample size, n = 8
Demonstrates need for further research	Does not account for indirect or non-documented contacts
Further insight into high-risk rehab areas in the hospital	Not longitudinal data

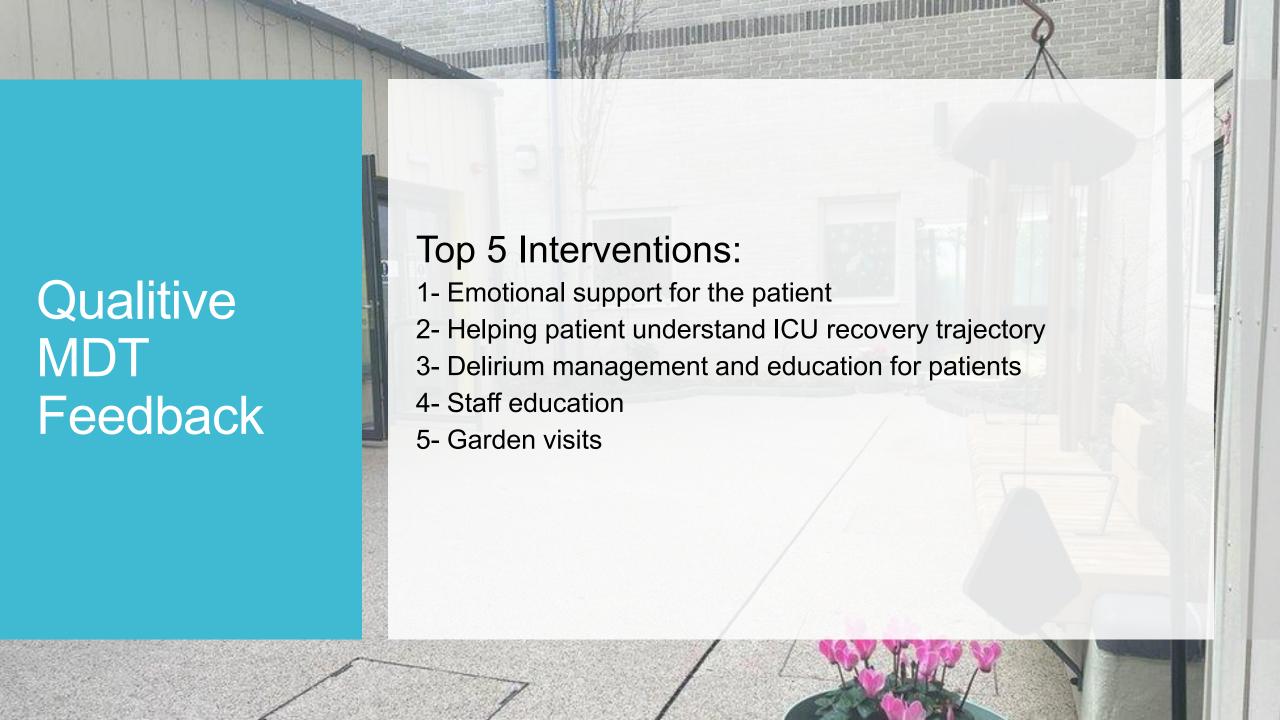
#### Qualitative Feedback from MDT

Feedback survey from the wider MDT about the perceived impact of ICU rehabilitation nurses by staff

Collected data used Likeit scales and open-ended questions

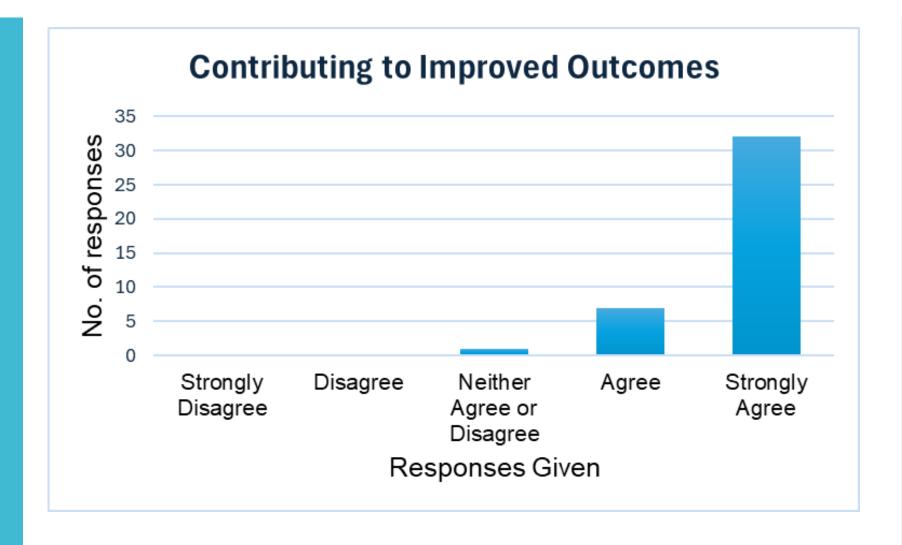
Majority of responses are from staff who work on the wards





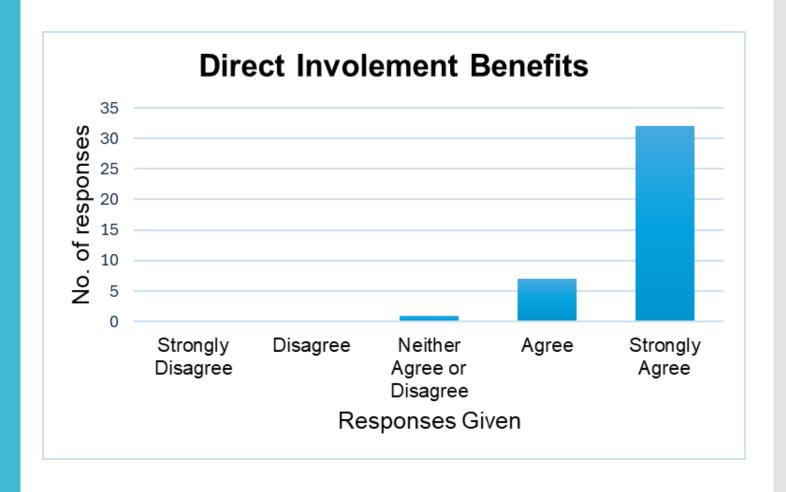
### Staff Feedback:

"On a scale of 1 - 5, how do you agree or disagree with this statement, 'In my experience ICU rehab nurses contribute to improving patient outcomes'."



# Staff Feedback:

On a scale of 1 - 5, how do you agree or disagree with this statement, 'ICU rehab nurses direct involvement benefits to patients and their care.'





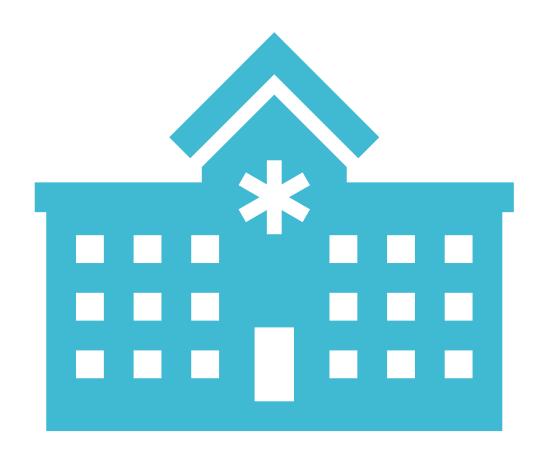
#### Survey Quote

"I have noticed that they provide great continuity of care for patients stepping down from ICU. They help the patient and their family make sense of their experience so far and what to expect from ongoing rehab. They will often arrange joint visits with other members of the MDT. They advocate for patients a lot and provide a holistic approach- often advocating and making the wider MDT aware of details of the patient's care that might otherwise go under the radar."

### Summary of Results

ICU rehab nurses may not be needed for every patient

One patient benefitted and it is possible our intervention prevented them "falling through the gaps"

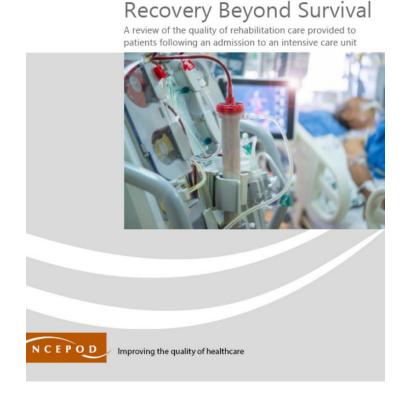


## Implications for practice

Calls for a retrospective comparison of data from patients prior to ICU rehabilitation nurse provision

ICU rehabilitation nurse role fulfils part of recommendation 1 set out in NCEPOD (2025)

ICU rehabilitation nurses can bridge gaps caused by transitions



Improve the co-ordination and delivery of rehabilitation following critical illness at both an organisational level and at a patient level.

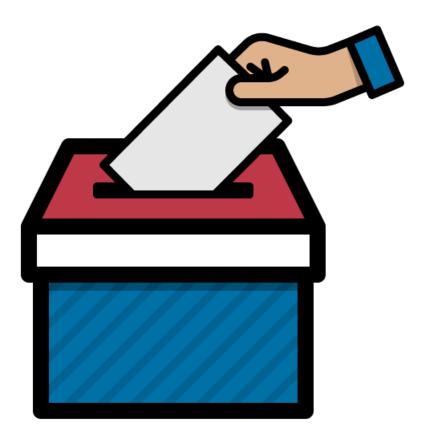
At an organisational level by assigning a trust/health board rehabilitation lead with oversight and responsibility for the provision of holistic rehabilitation.

At a patient level by having a named rehabilitation care co-ordinator(s) role to oversee patients' rehabilitation needs within the ICU, on the ward and in the community.

Commissioners, integrated care boards, hospital trusts/health boards



#### Your Decision



Thank you for Listening. Questions?



#### References

Al-Mallah M, Farah I, Al-Madani W, Bdeir B, Habib S, Bigelow M, Murad M and Ferwana M (2016). 'The Impact of Nurse-Led Clinics on the Mortality and Morbidity of Patients with Cardiovascular Diseases A Systematic Review and Meta-analysis'. Journal of Cardiovascular Nursing. Vol 31 (1) DOI:10.1097/JCN.000000000000224

Ashour H, Banakhar M, and Elseesy N (2022) 'Clinical leadership behaviours among critical care nurses inprivate and governmental hospital: A cross-sectional survey'. *International Journal of Nursing Science*. Vol.9; Issue 3. Pgs. 357 – 363. doi: 10.1016/j.ijnss.2022.06.017

Eaton T, McPeake J, Rogan J, Johnson A, and Boehm L (2019). 'Caring for the Critical Illness Survivor: Current Practices and the Role of the Nurse in ICU Aftercare'. *American Journal of Critical Care*. Vol. 28; Issue 6. Pgs. 481 – 485. DOI:10.4037/ajcc2019885

Intensive Care National Audit and Research Centre. (ICNARC). (2024). Case Mix Programme Public Report 2022-23: Summary Statistics. https://www.icnarc.org/wp-content/uploads/2024/05/CMP-Public-Report-2022-23-Summary-Statistics.pdf.pdf

Jokiniemi K and Miettinen M (2020). 'Specialist Nurses' Role Domains and Competencies in Specialised Medical Healthcare: A Qualitative Descriptive Study'. International Journal of Caring Sciences. Vol. 13 (1) [online access] Available at: https://internationaljournalofcaringsciences.org/docs/20\_jonkiniemi\_original\_13\_1.pdf (accessed 12/04/25)

Kamdari B, Suri R, Suchyta M, Digrande K, Sherwood K, Colantuoni E, Dinglas V, Needham D and Hopkins R (2020). 'Return to work after critical illness: a systematic review and meta-analysis' *Thorax*. Vol. 17 (1) pgs. 17 to 27. [online access] DOI: 10.1136/thoraxjnl-2019-213803

National Confidential Enquiry into Patient Outcome and Death (NCEPOD), Rehabilitation following critical illness (2025) https://ncepod.org.uk/2025icur/Full%20report\_Recovery%20Beyond%20Survival.pdf

Vollam, S., Gustafson, O., Young, J.D., Attwood, B., Keating, L., Watkinson, P. (2021). *'Problems in care and avoidability of death after discharge from intensive care: a multi-centre retrospective case record review study'*. Critical Care, 6, 25(1), pp.10. DOI: 10.1186/s13054-020-03420-5.