National Critical Care Rehabilitation Survey (April 2017)

Dr Michele Platt

Lead Nurse, Mid Trent Critical Care Network
Nurse Consultant Critical Care, Sherwood Forest Hospitals NHS Foundation Trust
On behalf of the CC3N Rehabilitation Subgroup

Aims of the session

- To inform delegates of the findings from a national rehabilitation survey carried out by the CC3N Multi-professional Rehabilitation Subgroup

Aims of the survey

- To measure the compliance of all Trusts with critical care units in England, Wales and Northern Ireland against standards for rehabilitation after critical illness

Objectives were to

- Identify healthcare professionals' understanding of current standards
- Articulate any differences in their interpretation
- Highlight any issues that may need to be escalated to the national standards groups and provide clarity
- Generate recommendations for future work.
- Building on the work of Berry, Cutler and Himsworth (2013)

Methodology

- Multi-professional subgroup of the National CC3N Lead Nurse Group formed (nurses, physios, OTs and SLT)
- Survey tool developed and piloted in one ODN
  - standards from NHS England (2014), FICM and ICS (2015) and NICE (2009)
- Final survey sent to 21 networks across England, Wales and Northern Ireland (Aug-Sept 2016)
  - 228 general and specialist critical care units.
  - *Pilot units did not repeat with the amended questionnaire.*
- Wider sharing of the findings was explicitly acknowledged using the consent question, *I/we agree for the data, after anonymising, to be used in reports and publications.*
- Anonymity of individual unit data was agreed and guaranteed

Data analysis

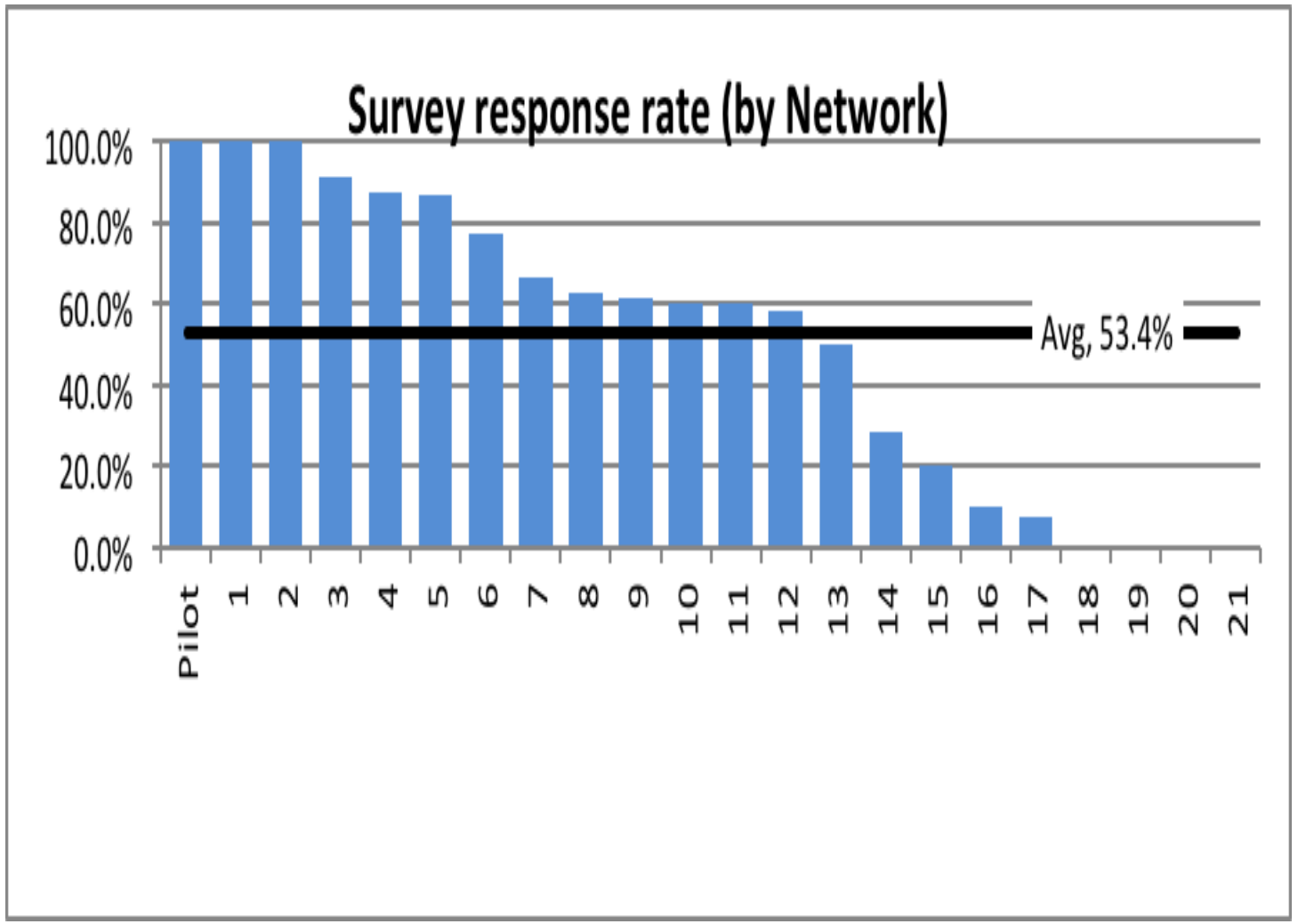
- Submission to a central password protected email account for analysis
- Password protected Microsoft© Excel database
- Descriptive statistics
- Supported by a data analyst

Findings

- 122 surveys returned
- 53.4% return rate overall

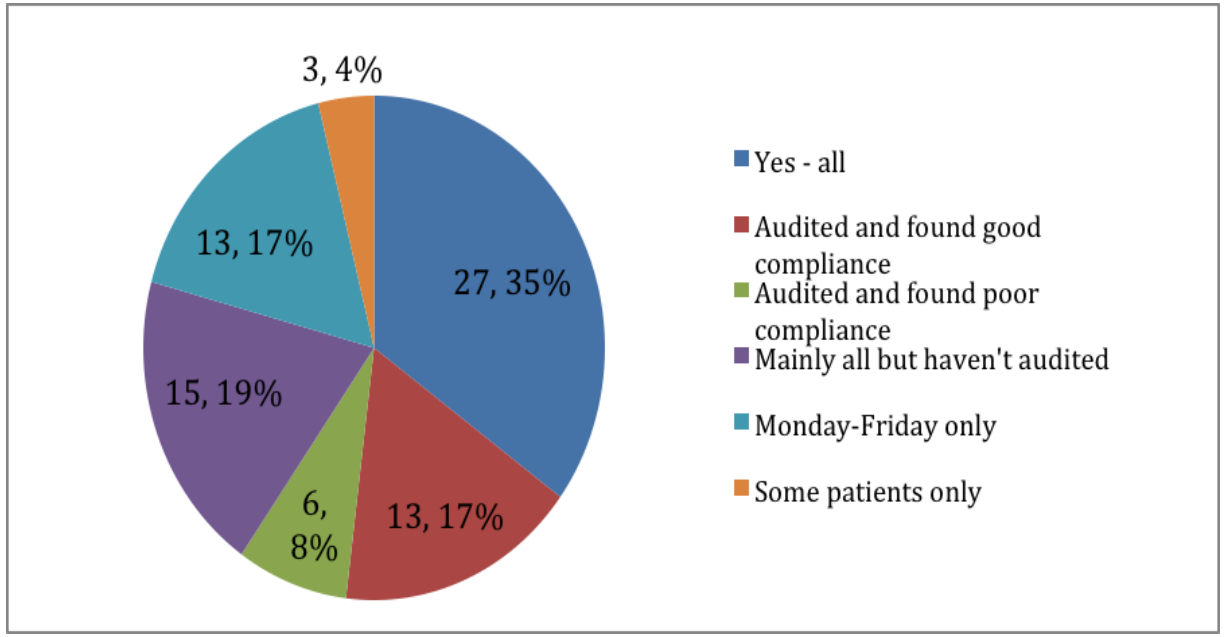
- 3 networks – 100% return rate
- 4 networks – no response

- Findings here formulated from 102 respondents (44.7%)
  - *excluding the initial 20 respondents which were supplied as an appendix to the main report*



All patients must have an assessment of their rehabilitation needs within 24 hours of admission to critical care (NHSE, 2014; FICM and ICS, 2015)

- 77 (75%) declared compliance.
  - 13 (17%) claimed good compliance in 100% of patients with audit trail evidence.
  - Mechanisms are in place, but audited compliance is low.
  - 53 (69%) – documented by physiotherapists in the main
  - 17 (22%) by nurses
- 27 (35%) completed as part of a paper pathway document
- 20 (26%) completed a single document
- 19 (25%) recorded electronically



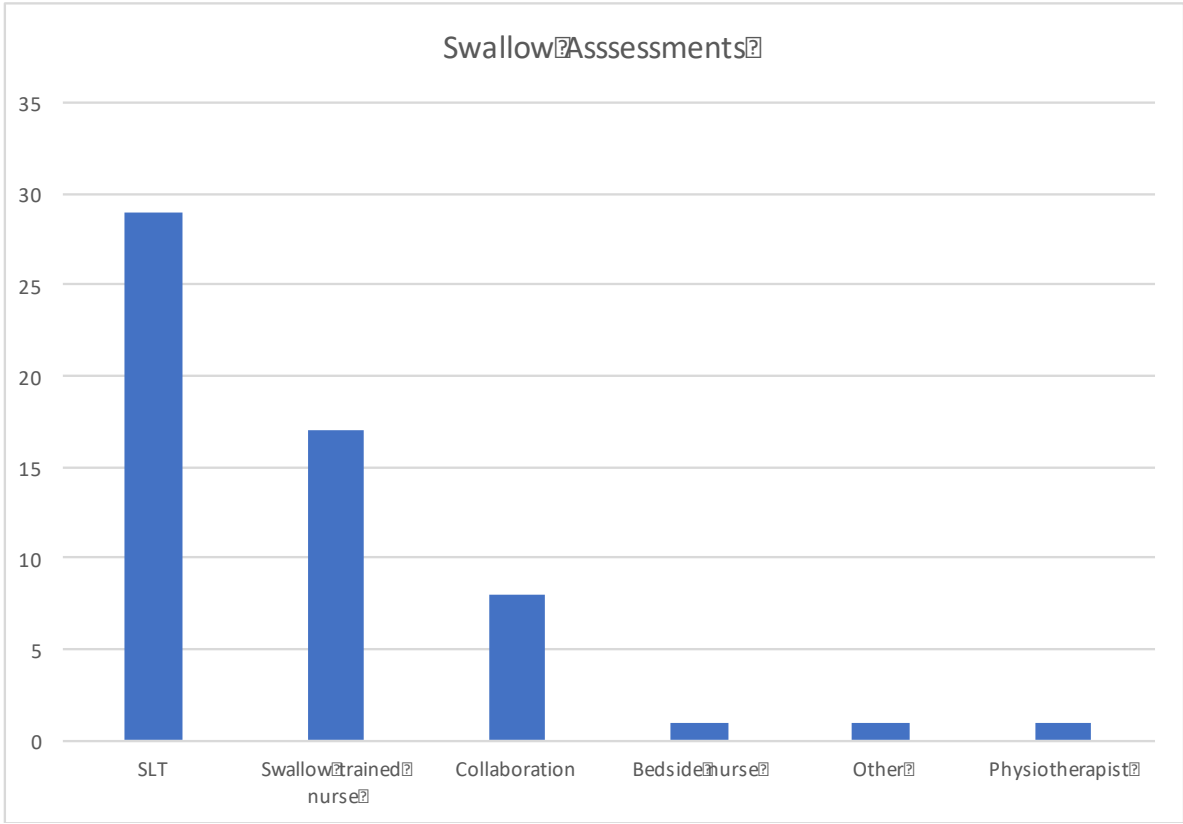
All patients must be screened for delirium during their ICU stay (FICM and ICS, 2015).

- 80 respondents (78%) reported compliance
- CAM-ICU was the tool of choice for the majority (95%; n= 76)
- All did so within the minimum frequency of 24 hourly, but most did this more frequently
  - every 24 hours in 30% (n=23)
  - every 12 hours in 45% (n=34)
  - every 8 hours or more frequently in 25% (n=19).

All patients with a tracheostomy must have communication and swallowing needs assessed when the decision to wean from the ventilator has been made and the sedation hold has started (FICM and ICS, 2015).

- 61 respondents (60%) reported compliance with this standard.

- 57 of these respondents identified
  - SLT in 29 cases (50%)
  - A 'swallow-trained' nurse in 17 (29%)
  - Bedside nurse in 1 case (2%)
  - *Other* practitioner in 1 case (2%)
  - A physiotherapist in 1 case (2%)
  - Collaboratively in 8 cases (14%)



All patients receiving rehabilitation are offered a minimum of 45 minutes of each active therapy that is required, for a minimum of five days a week, at a level that enables the patient to meet their rehabilitation goals for as long as they are continuing to benefit from the therapy and are able to tolerate it
(FICM and ICS, 2015 – Quality Standards for Stroke – NICE, 2010).

- Compliance was difficult to measure and evaluate from the data
- Lack of clarity regarding definition of 'active therapy'
- Difficult to draw conclusions while the definitions from the national standards remain unclear.

- Discrepancy regarding how the 45 minutes might be apportioned
  - 45 minutes with several therapists for safety
  - 3 therapists for 15 minutes
  - Did it include note writing?
  - Might include nursing activity

Adequacy of physiotherapy resources

- Responses overall indicated that these were limited.

- 39 respondents (38%) were able to provide a five-day service to meet the rehabilitation goals of their patient group
- 31 respondents (30%) were able to provide a level of service with a 1:4 therapist to patient ratio

- 67 respondents (66%) reported resources were inadequate to meet the 45-minute per day for five days per week
  - 31 respondents (30%) declared that they had adequate resources

- Access to other therapies was not explored by this survey, but it is noted that the standard indicates 45 minutes of each *therapy* is required. *This was a critique of the survey rendered by the physiotherapy respondents.*

Outpatient rehabilitation classes for critical illness rehabilitation

- 15 respondents stated that they were able to provide classes
- 85 (83%) did not.
- Two respondents did not answer this question.

- No definition or parameters for such a class is provided by the national guidance
- Participants did not provide a definition.

Patients must have all rehabilitation outcomes quantified using a tool that can track progression from the acute sector into primary care to facilitate care needs in the community
(FICM and ICS 2015)

- 43 (42%) declared use of a tracking tool
- Comments highlighted lack of clarity around this standard.
- Findings indicate that there is currently no standard approach to monitoring rehabilitation outcomes in the critical care patient population.

Diversity of tools identified in use:

- 18 used the Chelsea Physical Assessment Tool (CPAx),
- 24 used non-standardised (unnamed) outcome measures
- 7 identified use of a pathway of assessments
- 3 identified a combination of measures and pathways

On discharge from critical care, NICE 83 eligible patients must receive a rehabilitation prescription (NHSE, 2014, FICM and ICS 2015).

- A rehabilitation prescription was provided for patients on discharge in 54 units (53%)
  - For most (n=39; 38%), this was a physiotherapy-only plan – not MDT
  - For 21 respondents (21%), the prescription formed part of a rehabilitation pathway document
  - For 15 respondents the 'prescription' was interpreted as a discharge summary.

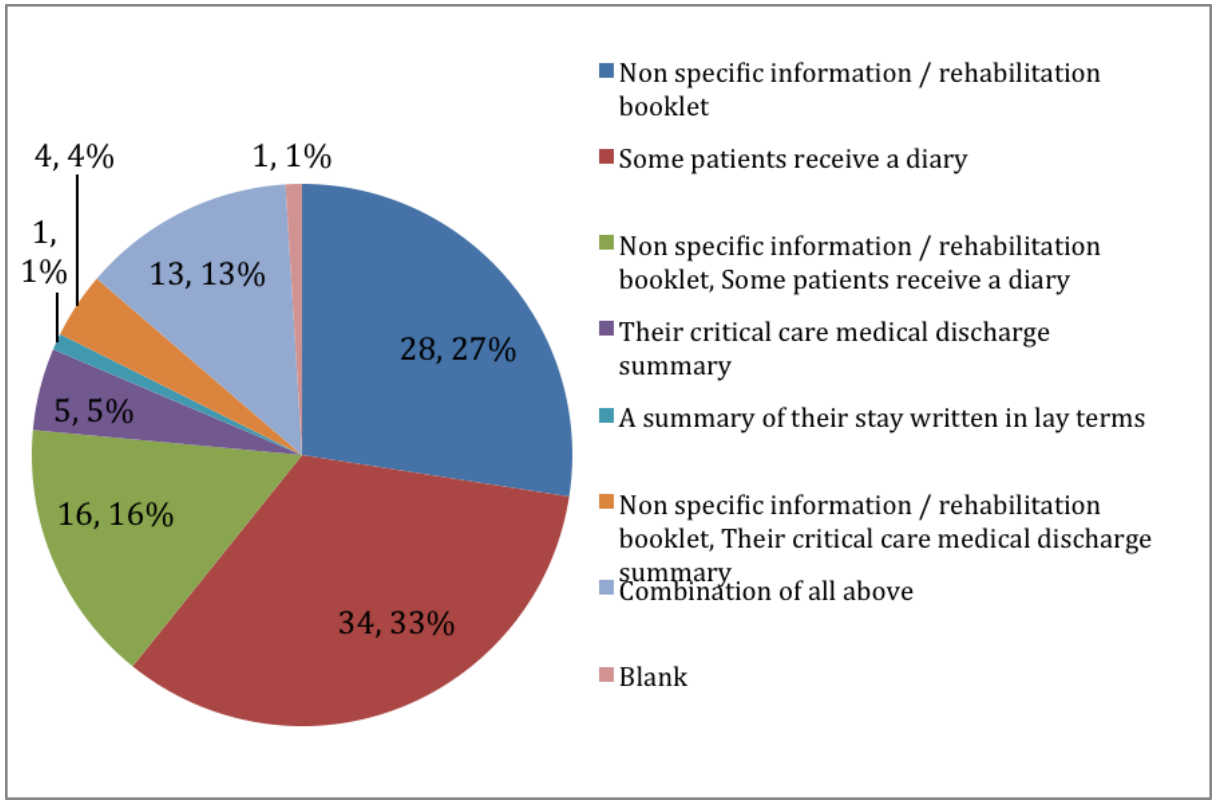
- Again, there was lack of clarity around the definition of a 'prescription' and this may have influenced the responses and subsequent findings

All units should provide patients with information on discharge from critical care. This may take the form of an information booklet, and/or a discharge summary, and/or a diary

(NICE, 2009; FICM and ICS, 2015)

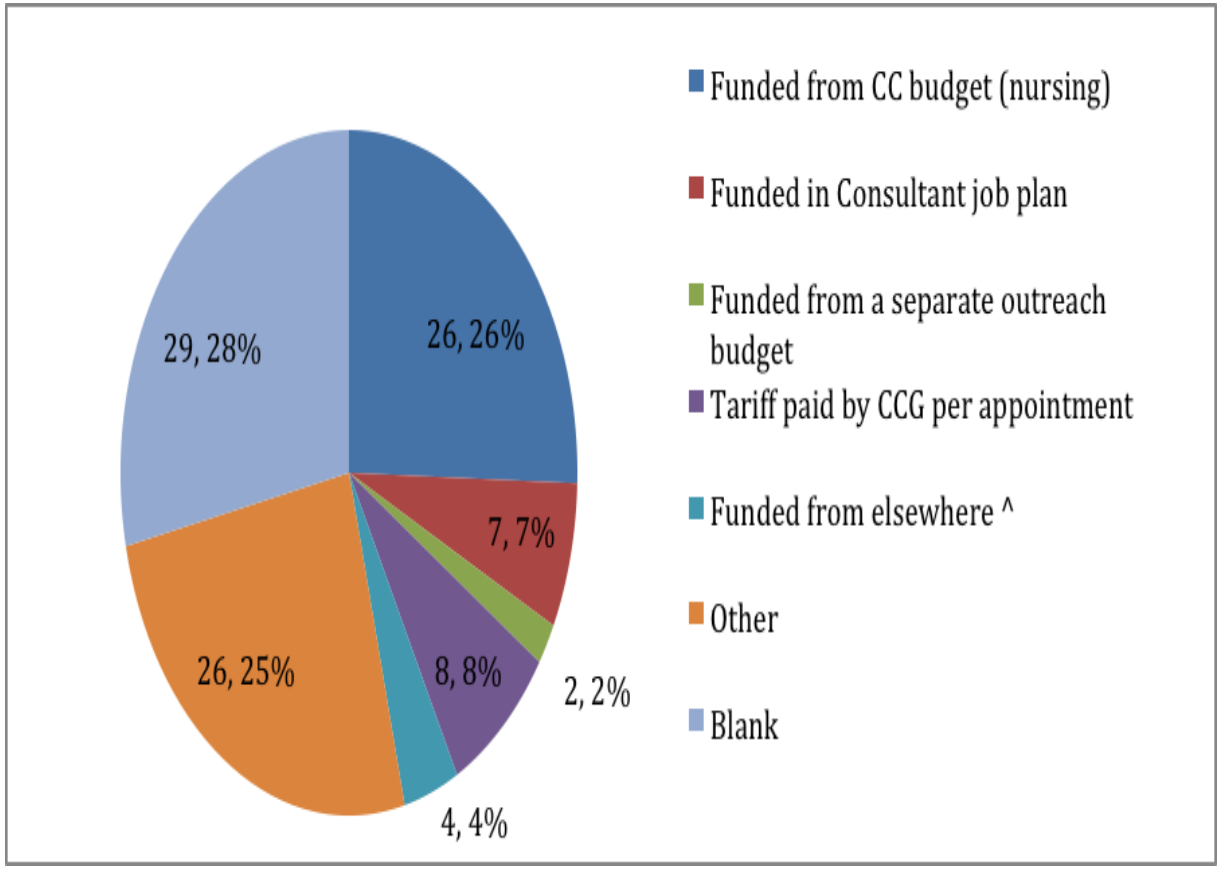
- 28 respondents provided a non-specific rehabilitation information booklet
- 34 provided a patient diary
- In 16 units patients received both a diary and an information booklet.
- 5 units provided a medical discharge summary
- 13 provided a combination of a booklet, diary and discharge summary.

- All respondents (except one) identified the use of one of the options, thus some information was given in 99% of cases.



Patients discharged from critical care must have access to a critical care Follow-Up Clinic (FICM and ICS, 2015, NHSE, 2014)

- Compliance with the provision of Follow-Up Clinics was 63% (n=64)
  - 31 of the clinics (48%) were nurse-led.
  - Involvement of other allied healthcare professionals in 61% (n=39)
- Overall, external funding mechanism for these clinics was unclear
  - 26 were funded from the critical care nursing budget
  - 7 funded from intensivitists' job plans.
- There was clear commissioning provision for Follow-Up Clinics in only 8 respondents
- There was lack of clarity around definition of what constitutes a clinic and variation in number of appointments provided
  - Patients were seen at 2-3 months, 6 months and 12 months
  - In most cases (n=42), patients were given as many repeat appointments as required.



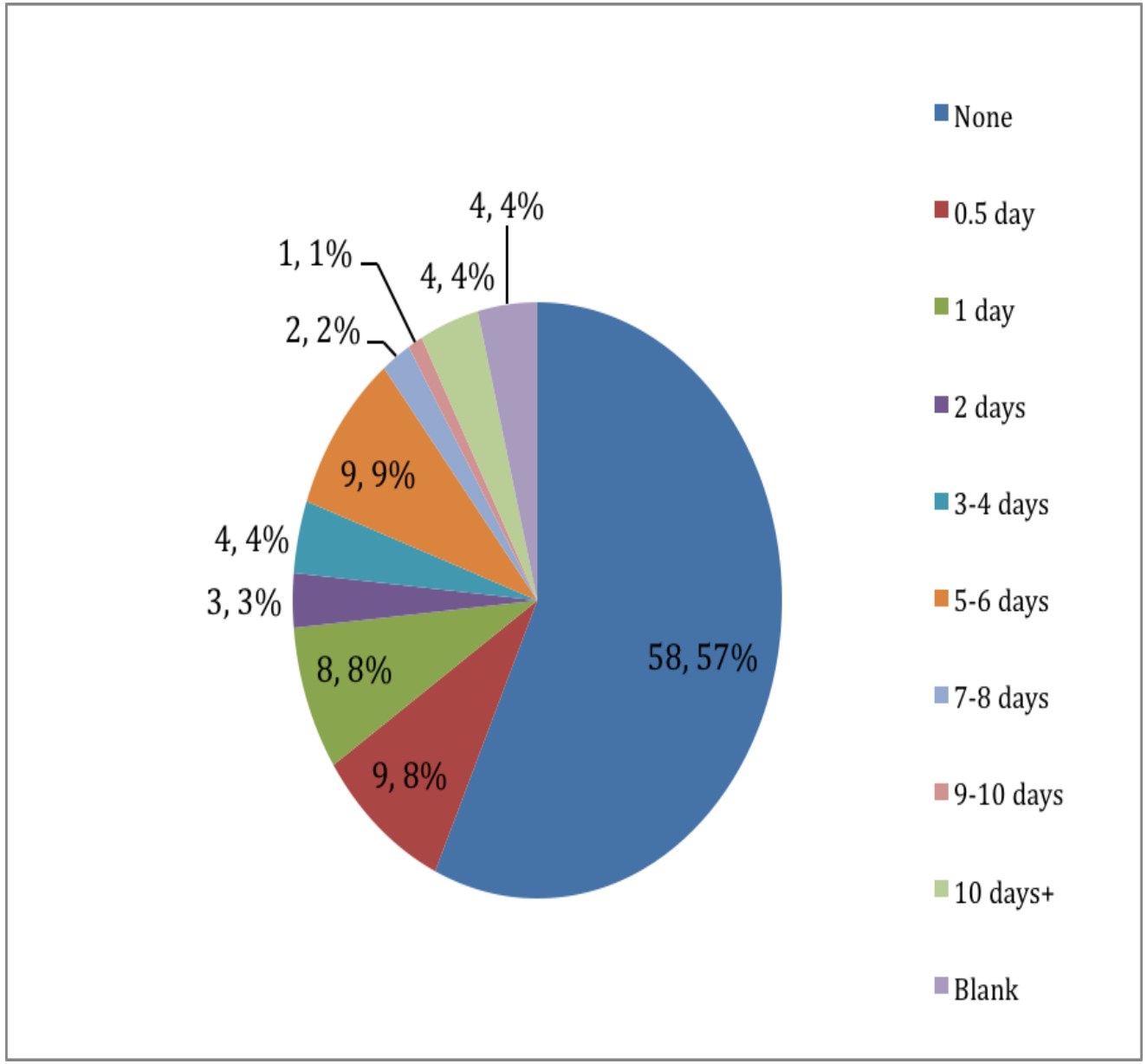
Healthcare professionals in critical care should be able to demonstrate an awareness of additional standards from the British Society of Medicine (BSRM) document *Rehabilitation for patients in the acute care pathway following severe disabling illness or injury (BSRM, 2014).*

- Over half the respondents (58%; n=59) declared they were unaware of this document and its associated standards.
- Half of the respondents (50%; n=51) reported access to a consultant in rehabilitation medicine either in their own Trust, a tertiary centre or within their Critical Care Network.

Time allocated for coordinating rehabilitation

- Respondents were asked to make a rudimentary estimate of the time allocated to coordinating rehabilitation, using an (un-validated) formula

- In most cases (n=58; 57%) no time was allocated specifically to rehabilitation coordination.

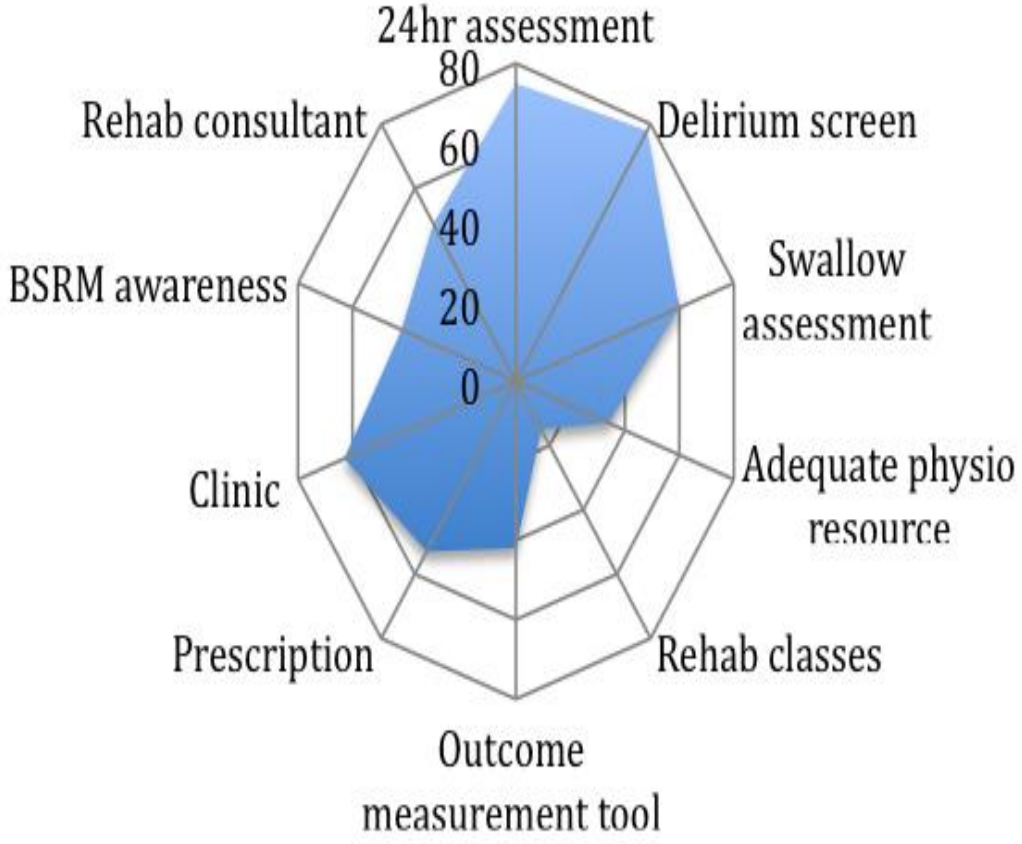


N= No of healthcare professionals x number of days per week

Summary of findings

- Good compliance identified with delirium screening (78%) and the 24hr short clinical assessment (75%) and information on discharge (99%)
  - Swallow assessments – 60%
  - Tracking tool – 42%
  - Prescription – 53%
  - FU clinic – 63%
  - *45 mins therapy – 30%*
- Identified a clear need for greater clarification of current standards
- Highlighted gaps in therapy services
- The CC3N Rehabilitation Group has demonstrated itself to be a key group of expert practitioners that will drive the agenda forward through the ODNs.

- *The following recommendations have been made*



Recommendations

(a precis from the full report)

- National groups to provide greater clarity of definition in current standards
- Consider the value of performing an initial rehabilitation needs assessment within 24 hours of admission to critical care.
- To continue to support member organisations to implement delirium assessment tools (NICE, 2010).

- Standardisation of swallowing assessments.
- Clarity around the requirement for 45 minutes active therapy.
- Standardised outcome measures
- CC3N Rehabilitation Group to support the development and publication of a standardised national rehabilitation prescription (or other title to be decided).

- CC3N Rehabilitation Group to link with patients and families through ICU STEPS forum, via their Network organisations to explore the utility of various information formats and make recommendations as required, to ensure its usefulness to patients. Resources can be shared and developed as required through the CC3N Rehabilitation Group.

- CC3N to use the findings of this survey to influence the development of national rehabilitation standards (NICE) with specific reference to FU Clinics

Any questions?

Michele.Platt@sfh-tr.nhs.uk

References

- Berry A, Cutler L, Himsworth A (2013) National survey of rehabilitation after critical illness. *Journal of the Intensive Care Society* [JICS] 14 (4) October 2013: 334-339
- British Society of Rehabilitation Medicine (2014) Rehabilitation for patients in the acute care pathway following severe disabling illness or injury: BSRM core standards for specialist rehabilitation. Found at http://www.bsrm.org.uk/downloads/specialist-rehabilitation-prescription-for-acute-care-28-11-2014-ja--(ap1-redrawn).pdf Last accessed 10/01/17
- Faculty of Intensive Care Medicine [FICM] and Intensive care Society (2015) *Guidelines for the Provision of Intensive Care Services*. Found at https://www.ficm.ac.uk/sites/default/files/gpics_-_ed.1_2015_v2.pdf Last accessed 10/01/17
- NICE (2009) *Rehabilitation after critical illness.* NICE clinical guideline 83 Found at https://www.nice.org.uk/guidance/cg83 Last accessed 09/01/17
- NICE (2010) *Delirium: prevention, diagnosis and management* NICE clinical guideline 103 Found at https://www.nice.org.uk/guidance/cg103 Last accessed 09/01/17
- NHS England (2014) *D16 (D5) Service Specification for Adult Critical Care*. Found at https://www.engage.england.nhs.uk Last accessed 09/01/17

APPENDIX: DATA FROM PILOT SITES	Pilot sites	National survey
Assessment of rehabilitation needs carried out within 24 hours in critical care	85%	75%
Performance of delirium screening assessment	95%	78%
Communication and swallowing assessments for tracheostomised patients prior to ventilatory weaning	25% have SLT	60% 28% with SLT
Adequacy of resources for 45 minutes of active therapy per day	35%	30%
Use of a rehabilitation outcomes tool	25%	42%
Use of a rehabilitation prescription	25%	53%
The provision of information for patients on discharge was not asked		
Provision of Critical Care Follow-up Clinics	60%	63%
Awareness of British Society of Rehabilitation Medicine (BSRM) guidelines (BSRM, 2014)	40%	42%
Critical Care units with dedicated time allocated to coordinate rehabilitation – 65%, although 54% of these reported having a day or less per week. (42%, although 38% of these reported having a day or less per week)	65% 54% <1 day per week	42% 38% < 1 day per week