Key Points: National Critical Care Rehabilitation Survey

**Aims:** To measure the compliance of NHS Provider critical care units in England, Wales and Northern Ireland, against current standards for rehabilitation after critical illness

**Objectives:** The objectives of the survey were to identify healthcare professionals’ understanding of current rehabilitation standards, to articulate any differences in their interpretation, to highlight any issues that may need to be escalated to the national standards groups and to provide clarity and to generate recommendations for future work; this would support building upon the work of Berry, Cutler and Himsworth (2013)

**Methodology:** The CC3N multi professional rehabilitation sub group developed a survey tool comprising of multiple questions relating to rehabilitation standards and recommendations identified by NHS England (2014), FICM and ICS (2015) and NICE (2009). The Survey was piloted in one network by 20 critical care units; the tool was then adapted before national dissemination. The pilot sites were excluded from final data analysis due to changes in survey questions, and unit anonymity was guaranteed.

**Data Analysis:** Completed surveys were submitted to a central password protected email account for input onto a password protected Microsoft© Excel database for analysis. Free text answers allowed descriptive statistics, and the project was supported by a data analyst.

**Results:** There were a total of 102 responses included in the analysis, which represents a return rate of 44.7%. Key findings as follows;

- 75% declared compliance with performing a rehabilitation assessment within 24 hours of admission to critical care. These were performed by a combination of nursing staff or physiotherapists and documented either as part of a pathway, as a single document or electronically; however only 13% could evidence consistent completion within the timeframe.
- 78% of responders reported compliance with screening for delirium, with the majority using the CAM-ICU assessment tool. Frequency of screening varied from 8-24 hourly.
- 60% reported compliance with assessment of communication and swallowing needs for patients with a tracheostomy, once sedation holds had started. A variety of professionals performed such assessments including Speech and Language Therapists, ‘swallow’ trained nurses, nursing staff, ‘other’ practitioners or a combination of multiple professionals.
- Results indicated that compliance with the amount of patient contact time offered for rehabilitation was difficult to determine, with respondents unclear about the requirements relating to the following standard and how this should be measured:
  
  “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; NICE, 2010b).
• 38% reported that physiotherapy services were adequate to meet the rehabilitation needs of their patients 5 days per week, with 30% reporting a ratio of 1:4 therapists to patient ratio.
• Only 15 units were able to provide outpatient rehabilitation classes specifically following critical illness.
• 42% reported use of a ‘tracking tool’ to quantify rehabilitation outcomes from acute to primary care, however a variety of tools and interpretations were identified.
• 53% of respondents confirmed that rehabilitation prescriptions were available for patients on discharge from critical care, but there was variation in what a ‘prescription’ comprised of.
• 63% reported the provision of a post-critical care Follow-Up Clinic, with the majority of these being nurse led.
• 50% of respondents had access to a consultant in rehabilitation medicine either in their own trust, through a tertiary centre or via their local Critical Care Network.

**Chart 1: Summary of Findings**

**Discussion:** Findings indicate that there is currently good compliance with delirium screening, short clinical assessment of rehabilitation needs within 24 hours of admission and provision of information on discharge from critical care; however it appears that current standards are unclear to practitioners and open to interpretation, with differences identified in the provision of therapy services and resources, with no standard approach to monitoring rehabilitation outcomes in the critical care patient population.

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**Recommendations:** There is a requirement to ensure that standards for critical care rehabilitation are clear and consistent with current quality standards (NICE, 2017). The CC3N rehabilitation sub group plan to use the survey findings to influence National groups in the development of such recommendations. The group also plan to identify key principles for a rehabilitation prescription/pathway, which will assist patients and staff in assessing rehabilitation progress throughout their critical care stay and beyond.

**References:**


NICE (2009) Rehabilitation after critical illness. NICE clinical guideline 83 Available at: https://www.nice.org.uk/guidance/cg83 Last accessed 09/01/17

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