Role of the Occupational Therapist in Critical care

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Objectives

• Critical Care Services at Medway Hospital
• Identifying a need for OT
• NICE / GPICS guidelines
• Introducing OT into critical care
• Where next?
Critical Care at Medway Hospital

**Critical Care Beds**
- 9 bedded ITU
- 10 beds Surgical HDU
- 6 beds Medical HDU

**Therapy**
- Physiotherapy Staffing 2.10 WTE
- Should be 6.25 WTEs
- OT nil staffing
- Should be 5.5 WTEs
Rehabilitation at Medway

Continually developing rehabilitation
• Putting the patient first
• Developing gym sessions
• Developing rehabilitation guidelines
• Pathways in place
• More than just physical therapy
• Looking to develop follow up therapy service
Identifying a need for OT

• Physiotherapists felt they were not meeting full needs of patients:
  • Hand dexterity
  • Feeding
  • Personal care
  • Splinting
  • Cognitive assessment and input
  • Anxiety management

• Not delivering holistic care – could do better!
Introducing OT into Critical Care

- OTs integrated into Medway NHS Foundation Trust in August 2015
  - Chance to alter service delivery as previously only commissioned for discharges
  - OT- Emily had interest in critical care
  - Supporting Chief Therapist who recognised that early therapy input is beneficial

- OT commenced on ITU January 2016
  - 0.16 WTE
OT commencing on ITU
Emerging Role

• Background as a ward based OT in variety of settings.

• Experience in community mental health, orthopaedics, elderly, community rehab and medical/respiratory wards.
Therapeutic use of Occupation

• Philosophies of OT
• Person-centred
• Holistic
• Ax whole person, mind, body, spirit and environment.
• OTs recognise that being able to perform everyday activities are crucial to health and well-being.
OT

• “Occupational therapists can help people of all ages with everyday activities, such as getting out of bed in the morning, getting washed, preparing meals, going to work or school”
  *College of Occupational Therapists 2016.*

• But how could I translate this to ITU?
Evidence

• Initially looked at evidence

• Shows better outcomes for patients who are involved with OT from ITU – mainly abroad
UK-wide

• Other OTs across the country are working in ITU however it is an emerging area of practice so no standardised guidelines.
Role Emerging

• Joint assessments with the physios enabled me to get close to pt’s to ax in more detail when lacking confidence.

• 1-1 nursing on ITU also made me feel more at ease.
What I have been doing

• The past 6 months..................
Identifying pt needs

• Maintaining personal care on ITU through promotion of independence and specialist techniques – used as a rehab tool.

• Cognitive ax, maintaining and training – standardised ax’s Coma Recovery Scale. – assist with treatment planning and prognostic ax.

• MOCA/HADS
Pt needs

- Identifying depression and anxiety – anxiety management and breathing techniques.
- Guided relaxation to help manage anxiety.
- Fine motor skills training.
- Splinting
- Upper limb ax, stretching/exercise
- Positioning
- Maintaining ROM, mob and functional t/f with phyiso
Pt needs

• Oedema Relief.

• Identifying meaningful occupation – helping pt’s to overcome boredom.

• Building relationships with families which may help with treatment and future care.

• Providing link between ITU/HDU and wards.
Promotion of my role

• Importance of promoting my role on ITU to all health professionals.
Case Study

- Young man admitted following a collapse
  Initially seen with physio.
- Long admission and very complex d/c.
- Promoted independence on ward.
- Close relationship forged.
- Acquired peripheral nerve damage due to pronation.
Case Study

- Daily upper limb strengthening exercises/stretching, fine motor skills. Helped him write a card for his mums birthday.
- Seating.
- Theraputty.
- Personal care on ward.
- Meaningful occupations.
- Liaison with family
Case Study

• Followed J to HDU and ward.
• Home visit with J after 3 months in hospital.
• Adaptations made to his home.
• Reassurance about d/c.
• Referrals to community services.
• Follow-up visit.
• Still working with J.
FEEDBACK

Staff

- Nurses on ITU have given very positive feedback and reported noticing a difference in patient outcomes and mood.
- Value the variation in therapeutic approach.
- Ease of arranging and fitting equipment

Patients

- Patients report they like the variety in therapy.
- Value the continuity in care from ITU to HDU.
- Improved efficiency of day to day activities.
Everyday more challenges and opportunities

- Continue to need to promote my role on ITU.
- The role is ever expanding.
- Only the beginning.........
What next?

• Need to undertake audit to evaluate impact on LOS / clinical outcomes

• Increase OT to HDU’s and gym session

• Introduction of Therapy Assistant.

• Joint Notes

• Joint outcome measures

• Business case to increase therapy numbers in line with recommendations

• Follow up service / Outpatient Gym
Questions?