

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

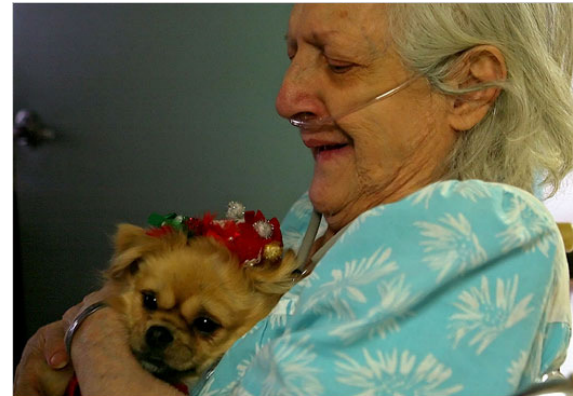
Therapy

- 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



Development of critical care rehabilitation guidelines in clinical practice: a quality improvement project.

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**Critical Care Rehabilitation
Physiotherapy
Rehabilitation Guidelines
Decision Making
PDSA Cycle**



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.



College of
Occupational
Therapists

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?

