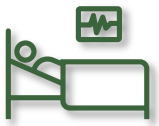
INFOGRAPHIC SUMMARY

While many patients admitted to an intensive care unit (ICU) will make a good recovery, the impact of a stay in an ICU can be profound with long-lasting effects, and people may require ongoing rehabilitation to support their recovery. The population included in this study represented a range of specialities and ward areas, highlighting the need for organisations to recognise the importance of rehabilitation not just within intensive care units but across all specialty areas, wards and in the community.

1,018 patients aged 18 and over who were admitted as an emergency to an ICU for four or more days between 1st October 2022 and 31st December 2022 and who survived to hospital discharge were included. A total of 365 sets of case notes and 671 clinician questionnaires were reviewed, along with 248 primary care clinician questionnaires, 166 organisational questionnaires and 67 community trust organisational questionnaires. In addition, 420 healthcare professional and 102 patient surveys were returned.

KEY MESSAGES



IN INTENSIVE CARE

ON THE WARD

AFTER DISCHARGE

Rehabilitation care was not well co-ordinated throughout the pathway; on admission to an ICU, at step-down to the ward and in the community.

70/166 (42.2%) organisations had a policy or standard operating procedure for the delivery of rehabilitation, and only 24/70 undertook audits against them.

The data showed an absence of good multidisciplinary team working and communication across the recovery pathway as the patient moved between healthcare settings.

Key workers to co-ordinate rehabilitation care were rarely available, yet when present they were associated with improved markers of care quality throughout the rehabilitation pathway.

Initial and subsequent assessments of rehabilitation need to set/update goals were not always undertaken.

104/365 (28.5%) patients had a baseline screen, and 327/574 (57.0%) patients had a comprehensive assessment on the ICU.

80/309 (25.9%) patients had a comprehensive assessment on the ward.

102/210 (48.6%) patients who attended a critical care follow-up following discharge were comprehensively reassessed.

Full multidisciplinary team (MDT) input was rarely available to meet all the rehabilitation needs of patients.

Physiotherapists were most involved in rehabilitation (604/671; 90.0%); other specialties, such as psychologists (37/671; 5.5%) much less so.

111/318 (34.9%) patients had input from the ICU MDT; usually an intensive care nurse (70/111; 63.1%) or critical care outreach (44/111; 39.6%) with less focus on rehabilitation.

98/254 (18.2%) patients did not have all appropriate referrals made.

Ongoing rehabilitation needs/goals were often not shared between healthcare providers as the patient moved through the pathway.

125/671 (18.6%) patients had no evidence of any handover related to rehabilitation needs.

357/576 (62.0%) patients were provided with an ICU follow-up appointment.

GPs were aware that a patient they saw had spent time in the ICU in 170/248 (68.5%) cases.

Information for the patient or their family about the ICU admission and any lasting impact it may have was limited.

The patient and their family were updated in 165/302 (54.6%) instances.

131/435 (30.1%) patients were given a copy of the ICU discharge summary.

40/102 (39.2%) survey respondents reported they were given a leaflet or discharge booklet.