



**CRITICAL CARE
REHABILITATION
AT
CHESTERFIELD
ROYAL
HOSPITAL**

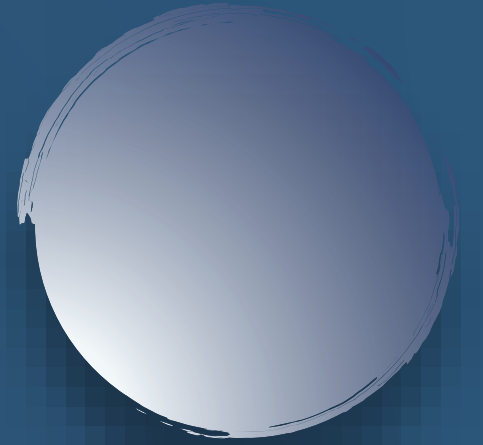
CATHY EMMENS

REHAB PRACTITIONER

MY ROLE :

(Band 4)

- Work with all therapists – supporting rehab sessions & therapy programmes for patients –
- Work within CCOT team
- Follow up patients on the wards & support them up until discharge providing emotional support
- Engage critical care patients in activities & therapy exercises
- Manage & Complete follow up telephone calls
- Manage & assist with monthly follow up clinic
- Run & manage our twice monthly support group
- Run & manage our patient Facebook group
- Health & wellbeing champion for critical care
- Manage activity trolley, beauty box & garden grab box



CHESTERFIELD ROYAL HOSPITAL

**ITU
7/8
BEDS**

**HDU 7
BEDS**

**Mon-Fri
Rehab
team
PT, OT &
SLT**

Early rehabilitation



- **WE AIM TO START REHAB AS EARLY AS CLINICALLY POSSIBLE**
- **In order to:**
- Reduce critical care & hospital stay
- Reduce morbidity and disability
- Improve breathing – reduce risk of chest infections
- Reduce the impact of physical difficulties
- Aid sleep/wake pattern
- Help orientate
- Delirium management
- Reduce the impact of psychological difficulties
- Encourage & aid independence
- Build confidence & mental health/wellbeing
- Help our patients learn to understand this new life event!



Rehab Therapy Equipment

Sara steady, hoist, rotunda, WZF, resistance bands, handheld weights, fine motor activities e.g. pegs, writing, therapy putty & stress balls, communication charts & aids, puzzles & games.....mental stimulation along side physical & emotional.



Patient Diaries & Rehabilitation Goals

NICE guidelines – Rehabilitation after critical illness

DIARIES

Staff & visitors to record about the patient's day

Creates a timeline for patient's

Orientates

Helps to fill in the "missing gaps"

Celebrates achievements

May include photo's

No jargon

Staff, Patient & visitors input

Learn about the person/patient

Goal setting & record of progress

Critical Care/Recovery info & contacts

Generally, for L3 patients

Consent form completed when given to patient- (Consent for diary & photos)

Book is photocopied and added to hospital record

Diaries (incl.RIP) kept for one year - then destroyed



WEEKLY REHAB WARDROUND

- MDT – COLLABORATIVE WORKING
- PICCUPS & GPICS (GUIDELINES FOR THE PROVISION OF INTENSIVE CARE SERVICES)
- RECORDED OUTCOME MEASURES
- PATIENT CENTRED GOALS
- PATIENTS INVOLVED IN GOAL SETTING WHERE ABLE
- CELEBRATES ACHIEVEMENTS
- REDUCES REPETITION & AIDS CONTINUITY OF CARE
- FLUID COMMUNICATION & INFORMATION SHARING

The Power of Fresh Air



- This took years to achieve!
- An initial presentation of our idea to our Royal Academy of Improvement
- Meetings & conversations
- Approvals then lost funding
- Nurses skydive to raise funds
- Begging letters to local community to build a “grab bag”
- Network Funding
- Patient & Staff area
- Fresh air, “feel” the weather, hear life outside of the hospital, nature smells & sounds, family visits for patients e.g. pets & children,
- A peaceful space/calming
- Positive impact on mental health

MUSIC THERAPY – QUIET TIME



- Calming/tranquil music – there's science behind it e.g. tempo
- Dimmed lights
- Provides quiet time for patients, relatives & staff alike
- Gives a daily reference point for patients – can aid orientation to time
- Distraction free hour
- Reduce blood pressure
- Calming effect
- Opportunity to sleep

Step down to the ward



- Often terrifying for our patients – may still be experiencing delirium
- CCOT will visit & review within 24 hours of D/C
- ICU STEPS booklet & recovery information
- Patient diary/ Rehab passport given
- Rehab Practitioner regular visits – emotional support & encouragement
- Critical Care OTs continue to visit & goal set
- Physiotherapy will continue - the medicine/surgical Physio team for mobilization & chest review
- SLT will continue to review if required
- Dieticians monitor if required
- Discharge planning can start

Critical care Aftercare

Our follow up services

Telephone Calls

- Telephone conversations
- Pts called first week after D/C
- Individual plan made for repeat calls
- Minimum time scale- call at 6 weeks & 3 months
- Triaged for FU clinic



Follow Up Clinic

- Monthly clinic
- 3 x morning appointments of 1 hour
- Consultant, OT & RP
- Clinic assessment sheet
- Can view units during visit



Facebook

- Closed FB group created during COVID 19
- Invites only
- We give permission to join
- Recovery Information, SG details, Motivational quotes
- Regularly updated by myself
- Friendships made – problems shared

SUPPORT GROUP

TWICE MONTHLY

LOCAL COMMUNITY CENTRE

REHAB PRACTITIONER & NURSE/STAFF

EVERYONE WELCOME INCLUDING RELATIVES

RECOVERY INFORMATION

MEDICAL ITEMS CAN BE VIEWED

RELAXED ENVIRONMENT & REFRESHMENTS

SAFE SPACE



THANK YOU

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