A CASE STUDY ANALYSIS OF THE SCOPE OF THE OCCUPATIONAL THERAPY ROLE IN CRITICAL CARE

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AIMS

TO EVALUATE THE OCCUPATIONAL THERAPY (OT) ROLE VIA THE CRITICAL APPRAISAL OF A CASE STUDY

TO FACILITATE THE IMPROVEMENT OF SERVICES, OUTCOMES AND THE DEVELOPMENT OF THE OT ROLE IN CRITICAL CARE BY THE REVIEW OF CURRENT LITERATURE
OT IN CRITICAL CARE

- MULTI-ORGAN SUPPORT, VENTILATOR SUPPORT
- EXPERIENCE SIGNIFICANT LONG-TERM COMPLICATIONS (SANJAY ET AL, 2011)
- A SINGLE DAY OF BED REST = LONG LASTING IMPACT ON WEAKNESS, PHYSICAL FUNCTION (PUTHUCHEARY ET AL, 2013)
- EARLY INTERVENTION, COGNITIVE REHABILITATION AND ENGAGEMENT IN FUNCTIONAL ACTIVITIES (FICM, 2015)
- INDIVIDUALISED REHABILITATION (NICE, 2009)
UHN M REHABILITATION TEAM

- DAILY WARD ROUNDS
- WEEKLY REHABILITATION WARD ROUNDS
  - REHAB GOALS AND PROGRESS DISCUSSED
- MDT APPROACH
- JOINT WORKING
- SOLE OT - ONE CURRENT VACANCY
- THERAPY TECHNICIAN WORKING
CASE STUDY

81 YEAR OLD LADY - WITH GALLSTONE PANCREATITIS

PAST MEDICAL HISTORY – TYPE 2 DIABETES, HYPERTENSION & ANAEMIA

SURGICAL ASSESSMENT UNIT –

THEATRE FOR A TOTAL CHOLECYSTECTOMY & BACK TO THEATRE 2 DAYS LATER

SEDATED AND VENTILATED - TRANSFERRED TO CRITICAL CARE

SAME DAY REFERRAL TO PHYSIOTHERAPY

MOOD AND ENGAGEMENT DETERIORATED

REFERRED TO OCCUPATIONAL THERAPY ON DAY 12 OF HER CRITICAL CARE STAY – 27 DAYS INTO HER HOSPITAL STAY.
‘ALL ABOUT ME’

- INFORMATION GATHERING
- COMPLETED WITH PATIENT AND FAMILY
- IDENTIFIED HER INTERESTS AND HOME CIRCUMSTANCES
- HOLISTIC AND PERSONALISED INTERVENTIONS.
- SUPPORTED MOOD AND ENGAGEMENT
- RESTRICTIVE NOTES SYSTEM
GOAL SETTING

- Short and long term goals set with patient
  - To wash hair
  - To go outside
  - To talk
- Set daily goals with patient and MDT involvement
- Morning and weekly MDT rounds
- Environment restricting goal display
PHYSICAL REHABILITATION

- EARLY INTERVENTION – PHYSICAL AND COGNITIVE (PARKER ET AL, 2013)
- SITTING OUT LONGER
- WASHING AND DRESSING
- WRITING
- IMPROVED ENGAGEMENT WITH WEANING
- PROVISION OF THERAPY
  - ? MINIMUM 45 MINUTES THERAPY
  - REHABILITATION 7 DAY SERVICE
  - THERAPY TECH SUPPORT
ORIENTATION, SLEEP AND DELIRIUM PREVENTION

- Delirium – Confusion Assessment Method in the Intensive Care Unit (CAM-ICU)

- Non-pharmacological Interventions (NICE, 2010)

- No daily structure - Orientation boards and clocks

- Poor sleep - Sleep diaries

- No natural light - Daylight therapy

- Progressed to self ventilating

- Sleep diaries not always completed – Difficult to determine impact of interventions
CRITICAL CARE DISCHARGE

- 45 DAYS ON CRITICAL CARE
- PATIENT NOW SELF VENTILATING
- WALKING 5 M
- STEP ROUND TRANSFERS
- WASHING AND DRESSING WITH ASSISTANCE
- INITIAL ASSESSMENT - IDENTIFIED WARD PLAN
- ELECTRONIC NOTES AND WARD INITIAL ASSESSMENT DIFFERENT
HANDOVER TO THE WARD

- ELECTRONIC TRANSFER OF LAST 5 DAYS OF THERAPY NOTES
- VERBAL AND WRITTEN HANDOVER – GOALS & INITIAL ASSESSMENT
- NO JOINT ASSESSMENT OR WARD FOLLOW UP POSSIBLE/NEEDED
- DISCHARGED HOME AFTER 12 DAYS WITH CARE PACKAGE
- ATTENDED FOLLOW UP CLINIC WITH REHABILITATION COORDINATORS
- NO OT INPUT IN FOLLOW UP CLINICS
- ATTENDED PHYSIOTHERAPY LED GYM SESSION
- LACK OF OUTCOME MEASURES
ACTION PLAN

- TO UPDATE OT REFERRAL CRITERIA
- TO ESTABLISH A SERVICE DEVELOPMENT GROUP – GOAL SETTING
- TO IMPROVE SLEEP DIARY FORMS WITH NURSING STAFF
- TO RESEARCH POSSIBLE OUTCOME MEASURES
- TO MATCH UP ELECTRONIC & PAPERWORK FORMS
- TO AUDIT – 45 MINUTES OF OT 5 TIMES A WEEK
- TO REVIEW THE DISCHARGE PROCESS TO THE WARD
- TO DEVELOP AN OT CRITERIA FOR WARD FOLLOW UP
- TO LOOK AT THE FEASIBILITY OF OT IN FOLLOW UP CLINICS
CONCLUSION

- NOT ALL OT INTERVENTIONS UTILISED WITH THIS CASE STUDY
- NOT ABLE TO STATE HOW THE OT INTERVENTIONS ALONE IMPACTED ON THE PATIENT
- ALLOWED FOR REFLECTION ON A SINGLE CASE STUDY AND THE PROCESSES INVOLVED
- IDENTIFIED AREAS TO PRIORITISE FOR IMPROVEMENT
- ABLE TO LINK INTERVENTIONS WITH CURRENT LITERATURE TO EVIDENCE THE OT ROLE IN CRITICAL CARE
- DEMONSTRATED THE MDT SUPPORT AVAILABLE AT UHN M
- PATIENT FEEDBACK FOR FUTURE REVIEWS
REFERENCES


- FACULTY OF INTENSIVE CARE MEDICINE (2015) GUIDELINE FOR PROVISION OF INTENSIVE CARE SERVICES

- NATIONAL INSTITUTE OF CLINICAL EXCELLENCE (2009) REHABILITATION AFTER CRITICAL ILLNESS IN ADULTS CLINICAL GUIDELINES

- NATIONAL INSTITUTE OF CLINICAL EXCELLENCE (2010) DELIRIUM: PREVENTION, DIAGNOSIS AND MANAGEMENT

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THANK YOU

Any Questions?

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