

Your Guide to **SWeET** **S**trategic **W**orkforce **E**ducation and **T**raining

This edition of the 'Keeping You Informed' bulletin focusses on the Rehabilitation Practitioner Role that ensures patients moving from critical care to an inpatient ward experience a seamless transition.

Matron for Critical Care, Maxine Hardy



“We knew from the Guidelines from National Institute for Health and Care Excellence, alongside the Provision of Intensive Care Services that Rehabilitation after Critical Illness was an area that needed more focus. Those guidelines emphasised the importance of the improved identification of need, access and quality of rehabilitation during the critical care admission. This was both within the wider hospital and upon hospital discharge into the community.

“Following a review of our Critical Care services we recognised that the role of rehabilitation within the recovery pathway of survivors of critical illnesses was vital and something that was lacking from our care of patients following critical illness. In order to enhance the rehabilitation offered to our patients during and after critical illness we decided to introduce a new role into the Critical Care Outreach Team.

“In order to meet the needs of this patient group it was decided that the Critical Care Rehabilitation Practitioner would work within both nursing and physiotherapy teams. The introduction of this role has been hugely beneficial and feedback from patients has been fantastic.

Cathy Emmens - Rehabilitation Practitioner

“This is a brand new role to the trust that I started on 1st April, moving from a position as a support worker in Theatres. As a support worker I didn't have a great deal of patient contact (well, conscious ones!) and that was one of the things that attracted me to the job; I have previously worked in a rehabilitation role which I had enjoyed so, when this opportunity arose I jumped at the chance as it sounded like such a varied and interesting role, also the fact it was brand new and in development appealed greatly.

“The role came about because guidelines specified that rehabilitation must be offered to patients following a critical care illness. There was already an outreach team of three nurses who provide follow up services but they also treated patients within HDU and ITU whereas the department wanted someone who was purely focussed on rehab.

Cathy Emmens - Rehabilitation Practitioner

“That was where the role came from and the main aim is to ensure continuity of care, reduce length of stay and prevent re-admittance. It’s concentrating on the patients who have spent time on ITU or HDU but have recovered enough to have moved to one of our inpatient wards. It can be a major adjustment which is why the guidelines were introduced.

“Because I’m based on HDU, chances are I will have seen these patients before so when I check with the outreach team to see if there are any patients who have just been moved to an inpatient ward, I will be a familiar face when I go to see them.

“Some patients are so poorly when they’re in critical care that they don’t remember their time there, so that adjustment to a different ward is huge and they may have many unanswered questions. They might struggle to come to terms with their condition so, acting as that link, I can be there to reassure and help with that transition.

“We keep diaries for our critical care patients along with photographs that we can show them when they’re ready and with their consent. It forms part of their patient notes and can serve as a reminder of how far they’ve come in their recovery, particularly if their memory is patchy. This is a big part of my role, to talk to these patients and encourage them during their therapy and treatment. Because they know me, they’re more willing to participate and help themselves, trusting me as I’ve been a part of their journey up to that point.

“On the clinical side I’ve learnt a number of new skills and am still learning. Part of my role involves completing IPAT tests, which is a psychological assessment to identify any issues that may have arisen from their critical care stay. I work closely with the critical care physiotherapists, also to assist with rehabilitation programmes on HDU and ITU. I have previously worked in speech and language therapy so am able to bring some of my experience from this into the role.

“On the wards I’m an extra pair of hands and eyes, especially with some of our formerly critical patients with enhanced needs. I’m available to give these patients a mood boost that can be essential to put them in the right frame of mind to undergo their rehabilitation. I might see up to eight patients a day on the wards, depending on service needs, with the outreach team and physiotherapists, but I also assist with the critical care outreach follow up clinics for patients who have been discharged home

“We always look to prepare our patients for discharge as soon as they’re ready which can be a daunting prospect. It’s important for patients to retain their independence, always a factor in a discharge plan, and the clinics are an opportunity for our former patients to come in, be assessed, find out how they’re doing and provide or signpost them to any support they might need. This happens one Friday per month but they’ve been so successful that we’re hoping to extend them to twice a month. We also offer follow up telephone calls for advice and reassurance which previous patients feel are very beneficial. On a personal note, it is always nice to hear how well they are doing – it is like a perk of the job.

“Leaving critical care can be so difficult. The environment changes from almost one to one care to a busy ward environment and can be unsettling, the change of pace requires a level of adjustment and part of my role is to help that adjustment by providing that continuity of care and support that they need.

“It’s a great role, I love doing it and we’re building on a model that is being used at other neighbouring hospitals, learning from each other as we go. We’re always gathering feedback from our patients to make sure we can provide the best service possible. I’m so pleased to be involved more directly in patient care and to see the difference it’s making to our patients is a real privilege.”



For more information contact...

Maxine Hardy (Matron Critical Care) – Extn: 6166 or eMail: maxine.hardy@nhs.net