

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*)

UHNM 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
- ❖ NICE (2009) AND NICE (2010) RECOMMENDATIONS
- ❖ RESTRICTIVE NOTES SYSTEM

University Hospitals of North Midlands **NHS**
NHS Trust

All About Me

Name:

Name I prefer to be called:

All About Me can be completed by the person themselves or by the person or persons who know the patient best.

The information provided will assist us to get to know you better and help plan your care and rehabilitation.

Date completed:

Completed by:

Relationship to patient:

I currently live with:

Pets:

Hand dominance:

Languages spoken/written:

Hearing (any hearing aids):

Vision (glasses):

GOAL SETTING

❖ SHORT AND LONG TERM GOALS SET WITH PATIENT

❖ TO WASH HAIR

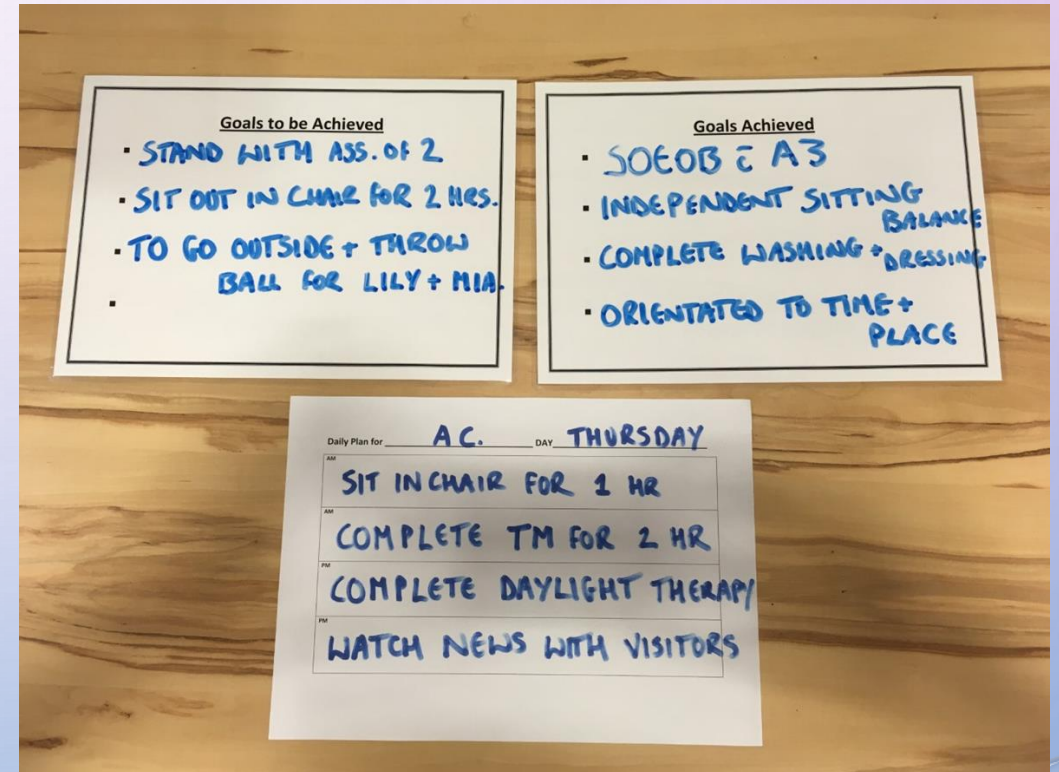
❖ TO GO OUTSIDE

❖ TO TALK

❖ SET DAILY GOALS WITH PATIENT AND MDT INVOLVEMENT

❖ MORNING AND WEEKLY MDT ROUNDS

❖ ENVIRONMENT RESTRICTING GOAL DISPLAY



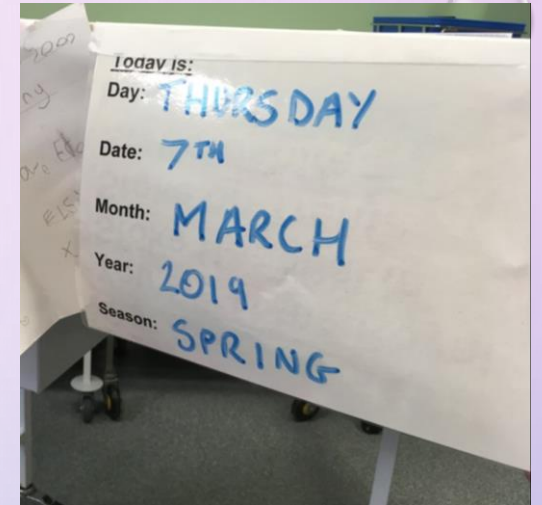
PHYSICAL REHABILITATION

- ❖ 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



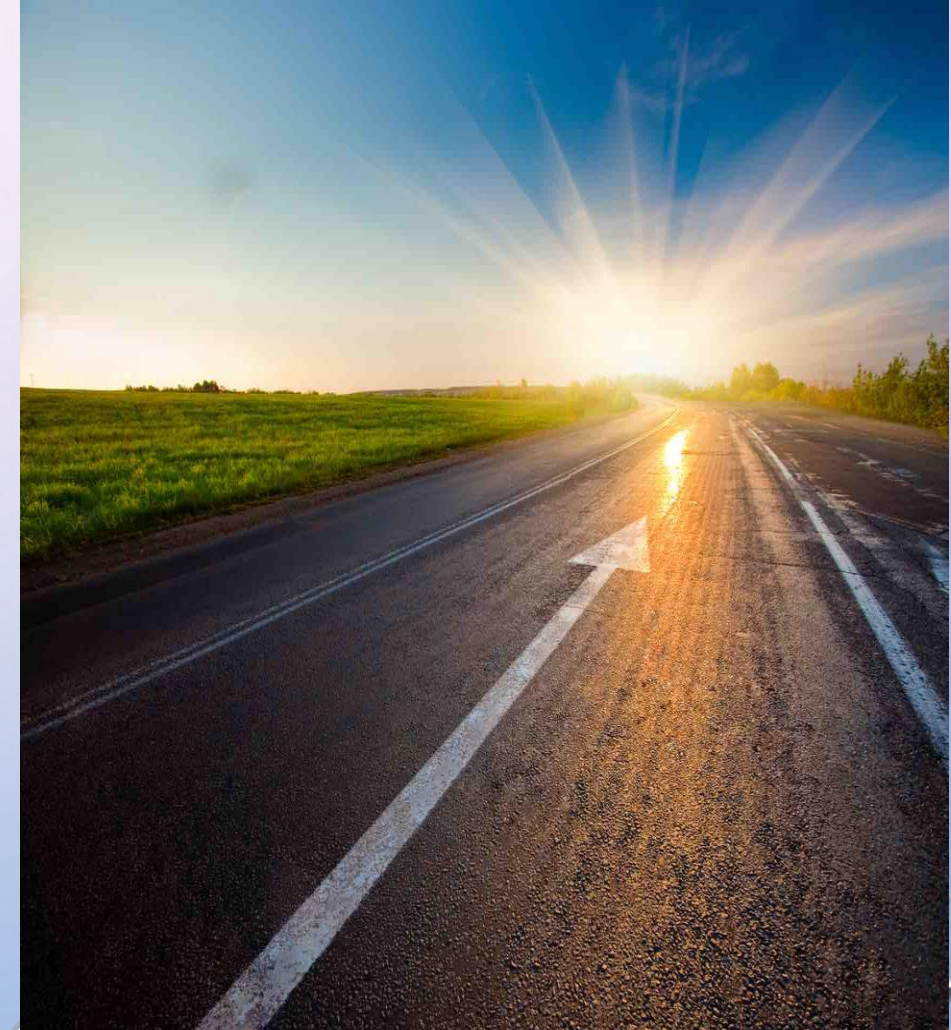
ORIENTATION, SLEEP AND DELIRIUM PREVENTION

- ❖ 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 UHNM
- ❖ PATIENT FEEDBACK FOR FUTURE REVIEWS

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THANK YOU

**Any
Questions?**

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