DATA SUPPLEMENT - REHABILITATION SURVEY

REHABILITATION FOR SURVIVORS OF CRITICAL ILLNESS FOLLOWING HOSPITAL DISCHARGE

Many thanks for taking the time to complete this survey. It should take 10-20 minutes depending on the level of detail provided. Space is given for further information as necessary. There are some initial questions asking about your hospital and critical care unit(s), a short section asking about practice in relation to the third phase of rehabilitation outlined in CG83 (summarised below), and then greater detail surveying local rehabilitation services, if available, for survivors of critical illness following discharge from hospital.

It is anticipated that one potential outcome from this survey would be to compile a database of available rehabilitation services for patients across different areas of the country.

If you would be happy to be contacted with regard information you have provided in this survey please include your details below. These details will not be passed on to any third person.

AIMS

- To identify provision of post hospital discharge follow-up of critical illness patients in line with NICE CG83 guidelines
- To characterise specific rehabilitation services provided following hospital discharge for survivors of critical illness
- To investigate physical and non-physical components of rehabilitation programmes offered
- To establish outcome measures used to evaluate rehabilitation programmes
- To investigate factors influencing availability of these rehabilitation services

Details
Name:

Position:

Name of Hospital:

Email/phone:

A UK Survey of Rehabilitation Following Critical Illness: Implementation of NICE Clinical Guidance 83 (CG83) Following Hospital Discharge


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Definitions

- Short clinical assessment: a brief clinical assessment to identify patients who may be at risk of developing physical and non-physical morbidity.
- Comprehensive clinical assessment: a more detailed assessment to determine the rehabilitation needs of patients who have been identified as being at risk of developing physical and non-physical morbidity.
- Functional assessment: an assessment to examine the patient’s daily functional ability.
- Short-term rehabilitation goals: goals for the patient to reach before they are discharged from hospital.
- Medium-term rehabilitation goals: goals to help the patient return to their normal activities of daily living after they are discharged from hospital.
- Physical morbidity: problems such as muscle loss, muscle weakness, musculoskeletal problems including contractures, respiratory problems, sensory problems, pain, and swallowing and communication problems.
- Non-physical morbidity: psychological, emotional and psychiatric problems, and cognitive dysfunction.
- Multidisciplinary team (MDT): a team of healthcare professionals with the full spectrum of clinical skills needed to offer holistic care to patients with complex problems. The team may be a group of people who normally work together or who only work together intermittently.

Full guideline available at http://publications.nice.org.uk/rehabilitation-after-critical-illness-cg83


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### SECTION 1  YOUR CRITICAL CARE SERVICES

1) Is your hospital a:  
   - Teaching (University) hospital  
   - District General hospital  
   - Other  

2) Please indicate the number, size and speciality of any critical care areas in your hospital (include all individual intensive care unit (ICU, Level 3), high dependency unit (HDU, Level 2) and/or combined Level areas)

<table>
<thead>
<tr>
<th>CC area</th>
<th>Level</th>
<th>Speciality</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>
SECTION 2  

FOLLOW-UP FOR POST CRITICAL ILLNESS PATIENTS (with reference to CG83)

Are you involved in follow-up for post critical illness patients 2-3 months after discharge?

**YES** □  (please go to Question 1.)  

**NO** □  (please go to SECTION 3)

1. What form does this follow-up take:

- ICU follow-up clinic
- Medical outpatient appointment (as part of other medical follow-up)
- Telephone call
- Postal survey
- Rehabilitation class
- Other (please specify)

2. Who is involved in this follow-up?

- Physiotherapist
- Occupational Therapist
- Critical Care Nurse
- Critical Care Doctor
- Psychologist
- Dietician
- Other (please specify)

3. Does this follow-up involve a functional reassessment based on previous assessment at hospital discharge?

**YES** □  

**NO** □

4. What else is covered in this follow-up?

- Exercise capacity
- Health-related quality of life
- Psychological status
- Nursing-related issues
- Medical status
- Diet/nutrition
- Other (please specify)
SECTION 3  REHABILITATION SERVICES FOLLOWING CRITICAL ILLNESS

Does your hospital offer a rehabilitation programme following hospital discharge specifically for post critical illness patients as part of routine clinical practice?

(separate to generic services such as intermediate care, supported discharge, hospital-at-home or similar)

YES □ (please go to Question 1.)  NO □ (please go to Question 19.)

1. Who is responsible for leading this rehabilitation programme?

   - Physiotherapist □
   - Occupational Therapist □
   - Speech and Language Therapist □
   - Other (please give detail) □

2. If a physiotherapist, is this.....

   - ICU physiotherapist □
   - Rehabilitation physiotherapist □

   Current banding/position .................................................................
   Duration of ICU rehabilitation experience ...........................................

3. How do you select patients for inclusion into the programme?

   Assessment measure (if applicable)

   - Duration of mechanical ventilation in ICU □ .................................................................
   - Duration of ICU admission □ ..............................................................................................
   - Duration of hospital admission □ ........................................................................................
   - Physical function at ICU discharge □ ..................................................................................
   - Muscle strength at ICU discharge □ ....................................................................................
   - Exercise capacity at ICU discharge □ ..................................................................................
   - Health-related quality of life at ICU discharge □ .................................................................

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Physical function at hospital discharge □ .......................................................... 
Muscle strength at hospital discharge □ ..........................................................
Exercise capacity at hospital discharge □ .......................................................... 
Health-related quality of life at hospital discharge □ ..........................................
Not applicable – all post ICU patients are eligible □ ...........................................
Other/comments (please give detail) .............................................................................

FORMAT OF DELIVERY

4. Is your programme:
   Home-based □ Hospital-based □ Community-based □
   Other/comments (please give detail)

5. In your programme, do patients exercise:
   Under supervision □ Independently □ Combination □
   Do you use an accompanying rehabilitation or exercise manual YES □ NO □
   Other/comments (please give detail)

6. Is your programme:
   A stand-alone programme for post critical illness patients □
   Part of existing rehabilitation services including patients with other disease groups □
   If so which
   ...........................................................................................................................
   Other/comments (please give detail)

7. At what time point post hospital discharge does the programme commence:

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Immediately post hospital discharge □ One week post hospital discharge □
Two weeks post hospital discharge □ One month post hospital discharge □
2-3 months post hospital discharge □
Other/comments (please give detail)
...........................................................................................................................................

Does your service have a waiting list: YES □ NO □
If so, how long? ....................................................................................................................

STRUCTURE
8. How many sessions are in the rehabilitation programme e.g. 12 sessions, 16 sessions?
..........................................................................................................................................

9. How often are the sessions?
Weekly □ Twice-weekly □ Fortnightly □
Other ........................................................................................................................................

10. How long is each session?
30 minutes □ 45 minutes □ 1 hour □
Other ........................................................................................................................................

11. Is this a: Rolling programme □ Stand alone □

12. How many patients are in the group? .................................................................

13. Do patients exercise in a: Pre-determined circuit □ Patient-specific plan □

CONTENT
14. Does your rehabilitation programme include an exercise component

YES □ (please continue) NO □ (please go to Question 17.)


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What exercises are included (please tick all that apply)?

<table>
<thead>
<tr>
<th>Cardiovascular</th>
<th>Strength</th>
<th>Balance</th>
<th>Functional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step-ups</td>
<td>Lower limb</td>
<td>Static</td>
<td>Sit-to-stand</td>
</tr>
<tr>
<td>Treadmill</td>
<td>Upper limb</td>
<td>Dynamic</td>
<td>Timed Up and Go</td>
</tr>
<tr>
<td>Static bike</td>
<td>Free weights</td>
<td>Static</td>
<td>Walking</td>
</tr>
<tr>
<td>Cross-trainer</td>
<td>Theraband/resisted</td>
<td>Static</td>
<td></td>
</tr>
</tbody>
</table>

Other/comments (please give detail)

How are these exercises prescribed?

<table>
<thead>
<tr>
<th>Results of walking tests</th>
<th>Results of balance assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results of physical function assessment</td>
<td>Repetition maximum principle</td>
</tr>
<tr>
<td>Target heart rate</td>
<td>Target Borg (please specify range)</td>
</tr>
<tr>
<td>Clinician judgement</td>
<td></td>
</tr>
</tbody>
</table>

Other/comments (please give detail)

15. How do you monitor and/or progress exercise intensity during the exercise session?

<table>
<thead>
<tr>
<th>Heart rate targets</th>
<th>SpO₂</th>
<th>Borg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual analogue scale</td>
<td>Clinical observation/judgement of patient</td>
<td></td>
</tr>
<tr>
<td>Patient verbal feedback</td>
<td>No formal monitoring</td>
<td></td>
</tr>
</tbody>
</table>

Reassessment of baseline measures


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Other/comments (please give detail)

........................................................................................................................................................................

16. Does your rehabilitation programme include an education component

YES □ NO □

If YES....what topics are included

<table>
<thead>
<tr>
<th>Subject</th>
<th>Delivered by (please list MDT member)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise</td>
<td></td>
</tr>
<tr>
<td>Stress management</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td>Return to work</td>
<td></td>
</tr>
<tr>
<td>Energy conservation</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
</tr>
<tr>
<td>What to expect of recovery</td>
<td></td>
</tr>
<tr>
<td>Motivational coaching/training</td>
<td></td>
</tr>
<tr>
<td>Other (please give detail)</td>
<td></td>
</tr>
</tbody>
</table>

........................................................................................................................................................................

EVALUATION

17. What outcome measures do you use with patients participating in your rehabilitation programme?

Strength-based e.g. repetition maximum, maximum weight □

Please specify................................................................................................................................................................

Exercise capacity e.g. field walking tests (e.g. 6 Minute Walk Test, cardiopulmonary exercise testing (VO₂max) □

Please specify................................................................................................................................................................


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Health-related quality of life e.g. SF-36 survey, Hospital Anxiety and Depression scale

Please specify......................................................................................................................................................

Mental/cognitive assessment e.g. Montreal Cognition Assessment

Please specify......................................................................................................................................................

Functional performance e.g. Timed Up and Go, Short Physical Performance Battery

Please specify......................................................................................................................................................

Other (please specify)

........................................................................................................................................................................

18. Any other comments regarding your post critical illness rehabilitation programme?
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

NO AVAILABLE REHABILITATION SERVICE

19. If the answer to offering a rehabilitation service/programme at the start of this section was ‘NO’ please give details as to limiting factors for availability of these services........

<table>
<thead>
<tr>
<th>All reason</th>
<th>Main reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>(tick all that apply)</td>
<td>(tick one only)</td>
</tr>
<tr>
<td>Lack of sufficient staff numbers</td>
<td>□</td>
</tr>
<tr>
<td>Lack of suitably trained staff</td>
<td>□</td>
</tr>
<tr>
<td>Lack of available space/venue</td>
<td>□</td>
</tr>
<tr>
<td>No evidence to suggest benefit</td>
<td>□</td>
</tr>
<tr>
<td>Lack of funding</td>
<td>□</td>
</tr>
<tr>
<td>Not considered required service at managerial level</td>
<td>□</td>
</tr>
<tr>
<td>Insufficient patient numbers to justify</td>
<td>□</td>
</tr>
<tr>
<td>Not sure what to include in a rehabilitation programme</td>
<td>□</td>
</tr>
<tr>
<td>Resources prioritised to other patient groups/clinical areas</td>
<td>□</td>
</tr>
</tbody>
</table>
Extra-contractual (out-of-area) patient caseload  □  □
Other (please specify)

...............................................................................................................................

20. Do you refer ICU patients routinely into other rehabilitation programmes/services, either in-patient or community-based?

YES  □  (please continue)  NO  □  (please go to Question 21.)
Pulmonary rehabilitation  □  Cardiac rehabilitation  □
Exercise on prescription (or similar)  □  Community gym sessions  □
Other (please specify)

...............................................................................................................................

21. Does your organisation offer a post hospital discharge rehabilitation programme to survivors of critical illness as part of a research study?

YES  □  NO  □

If able, please provide contact detail for lead researcher

.............................................................................................................................

(End of survey – many thanks for completing)