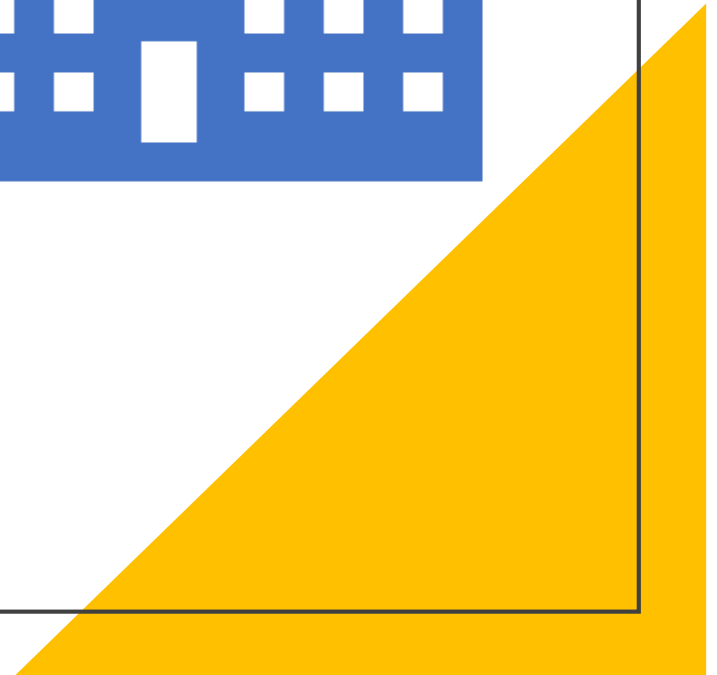


Thrive Time: The Role of the ICU Rehabilitation Nurse



Presented by
Maddy Varley-Hearn (she/her) and
Katie Blackwood (she/her)

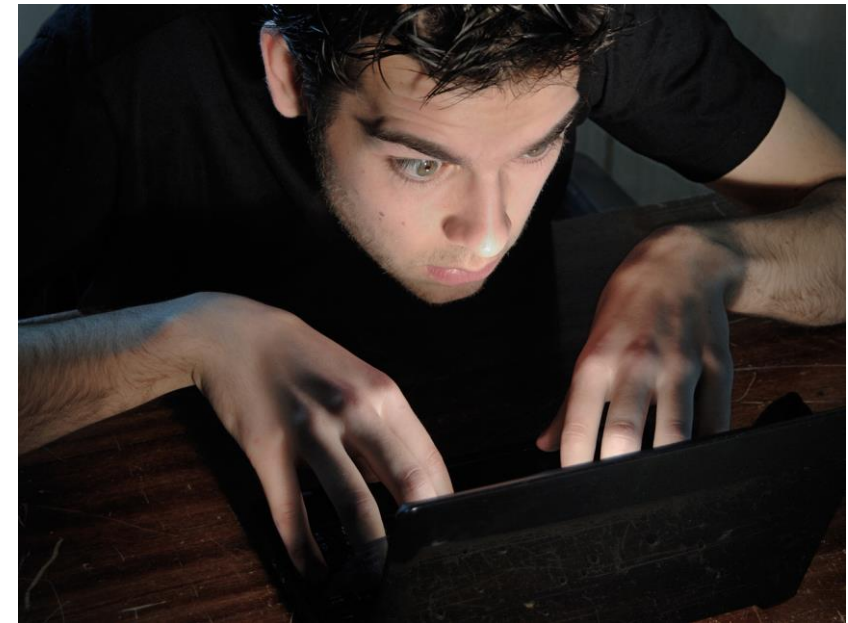


Rehab Nurse?



Internet Sleuthing

- "A nurse who specialises in rehabilitative care and assists the patient in achieving maximum independence" (John Hopkins Medicine, 2024).
- Focuses on:
 - medical care
 - prevention of complications
 - patient and family education (John Hopkins, 2024)



Getty Stock Images- Sleuthing



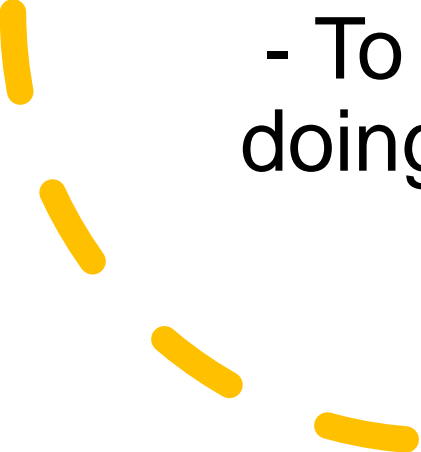
**But what do
we do?**

What do ICU Rehabilitation Nurses do?

- An emergent specialist role
 - Currently no standard criteria for the role
- Well-established that the nursing role is used to coordinate patient care
 - Focuses on complex, holistic and MDT care to optimise the recovery trajectory (NICE, 2009)



No really, what do ICU Rehab Nurses do?

- Auditing and stats!
 - Conducted a Time and Motion Study
 - To provide a snap-shot of what we spent our time doing
- 

Methodology

- We identified our routine activities and divided them into categories
- Data was collected over 18 weeks across three ICUs (cardiac, general, and neurosurgery)
- This was done to:
 - Define our unique role
 - Examine its place
 - Highlight the benefits to our patient cohort

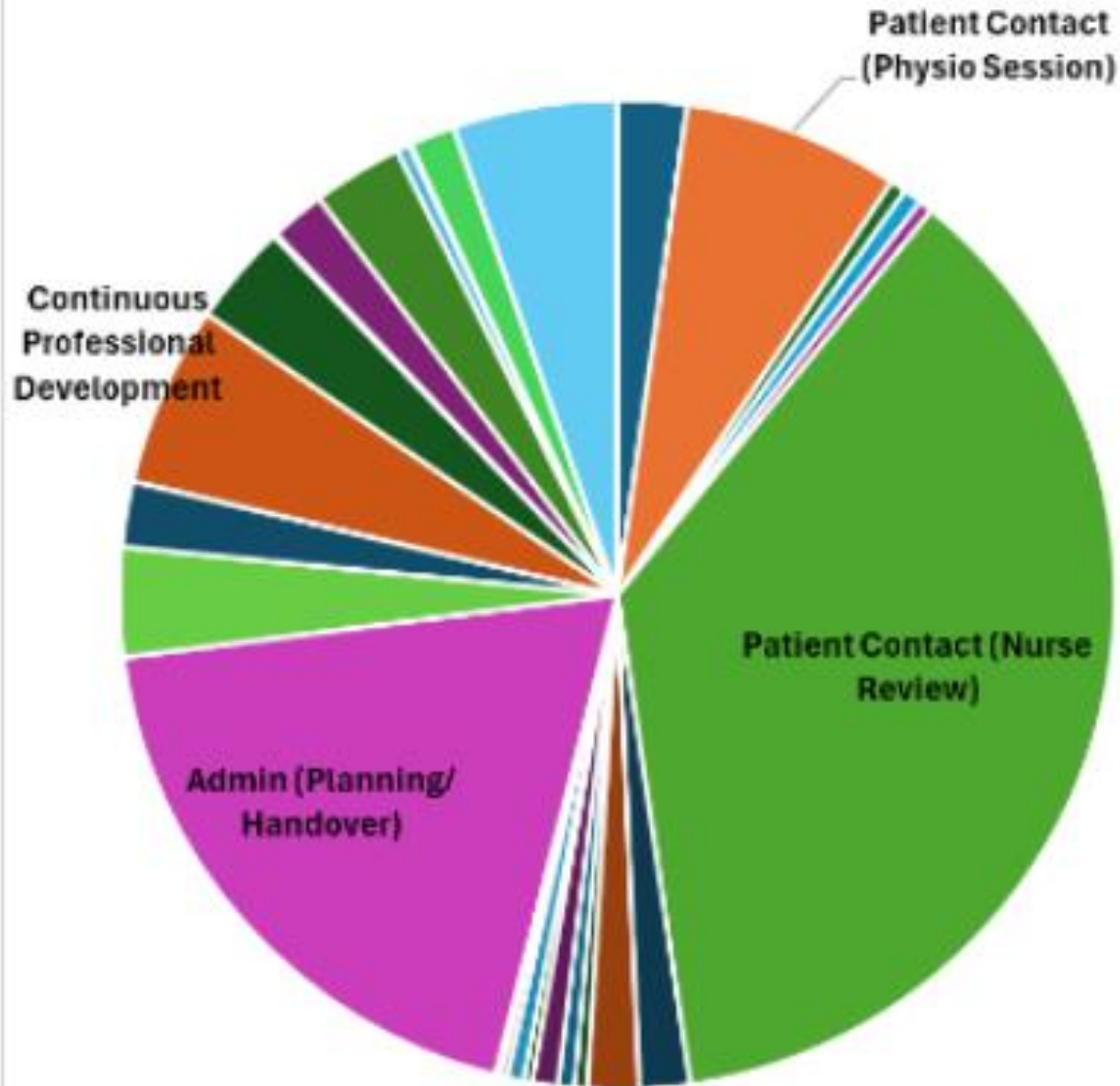


Results: How we spent our TIME*

(*Or
Therapeutic
Interventions for
**Mobilisation and
Engagement**)

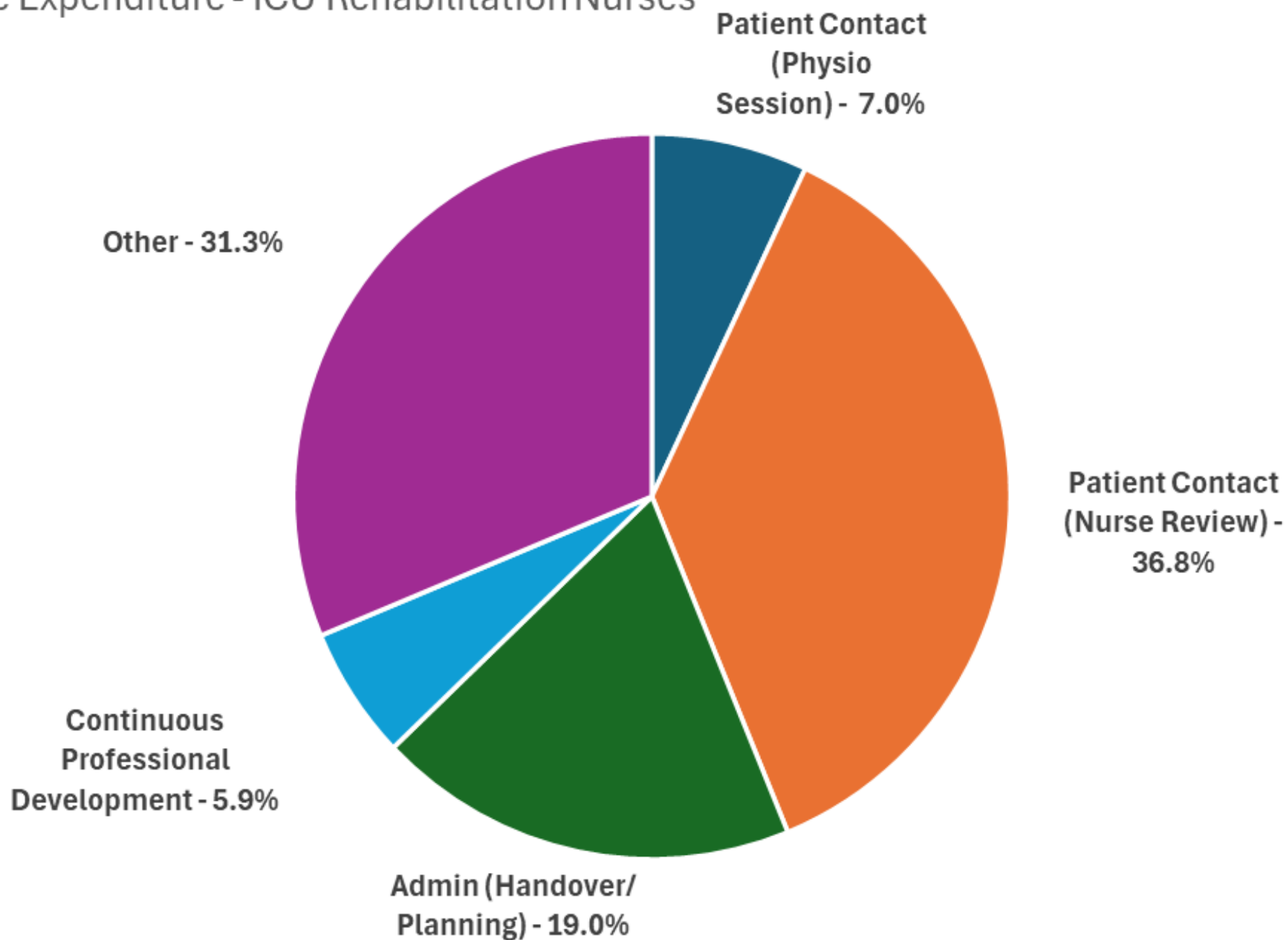
Time Expenditure

	Patient Contact (Nurse Review)	Other	Admin (Planning/ Handover)	Patient Contact (Physio session)	Continuous Professional Development	Total
Time (minutes)	28 050	23 784	14 508	5 370	4 508	76 220
Time (hours)	467.5	396.4	241.8	89.5	75.1	1270.3



- Patient Contact 1.1 (ETT/complex management i.e. CVVHD)
- Patient Contact 1.2 (Physio session)
- Patient Contact 1.3 (SLT/OT/Dietician)
- Patient Contact 1.4 (Psychology)
- Patient Contact 1.5 (Volunteers/AAT)
- Patient Contact 1.6 (Nurse Review)
- Patient Contact 1.7 (MDT Clinic)
- Staff Contact 2.1 (MDT)
- Staff Contact 2.2 (Managerial)
- Staff Contact 2.3 (Spontaneous teaching -ICU or ward)
- Staff Contact 2.4 (Support Staff)
- Staff Contact 2.5 (Pastoral)
- Relative Contact 3.1 (Update)
- Relative Contact 3.2 (Pastoral)
- Relative Contact 3.3 (MDT)
- Relative Contact 3.4 (Other)
- Admin 4.1 (Planning Day/Handover)

Time Expenditure - ICU Rehabilitation Nurses



Patient Contact (Nurse Review)

Review of background and clinical stability for Rehabilitation

Screening for eligibility for research

Discussion of transition to the ward

Provision of resources

Delirium assessment and management

Meaningful goal setting

Patient Diary explanation/ support

Developing a personalised, holistic, MDT plan

Delivery of humanised Nursing care

Signposting for future contact/ follow-up

Admin (Planning/ Handover)

Rehab Nurse
Handover
(ICU and ward
patients)

Rehab MDT
Handover
(SALTs, OTs,
Physios,
Dietitians,
Pharmacists,
Doctors,
Psychologists)

Allocation
and
prioritisation
of workload

Co-ordinating
Rehab Legend
volunteers

MDT referrals

Management
of resources

Patient Contact (Physio Session)



Assessment of patient's physical condition



Collaboration with Physiotherapists to identify appropriate timing and level of intervention



Assistance with implementation of early mobilisation strategies



Alignment of exercise goals within overall care plan



Monitoring and safety of patients with complex medical needs

Post-graduate
University Courses
(Critical Care Course;
Evidence Informed
Practice)

Journal Club

Living Leadership

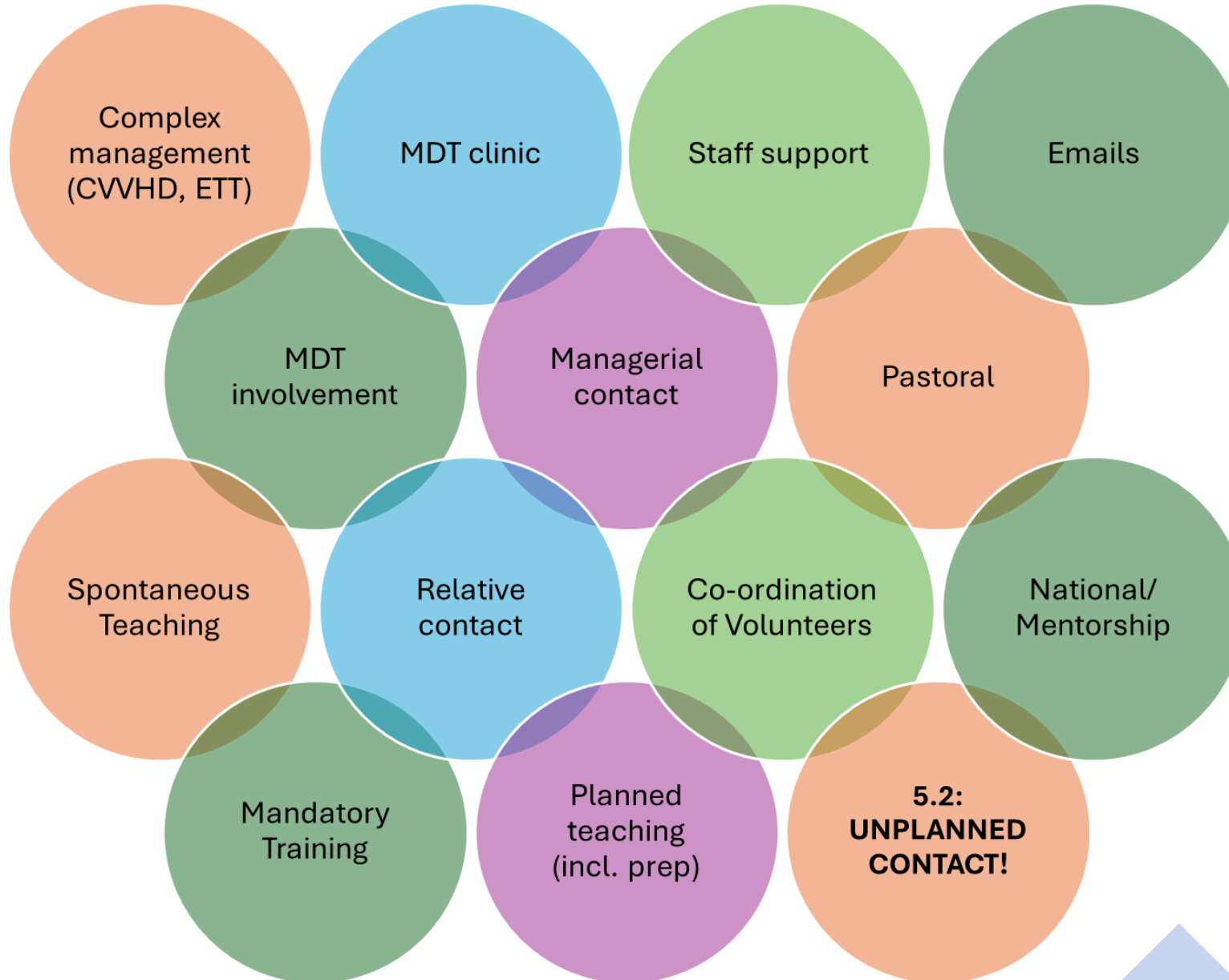
Compassionate
Leadership

BACCN Turbo Teaches

Mental Health First
Aider Course

**Continuous Professional
Development**

Advanced Life Support



“Other”

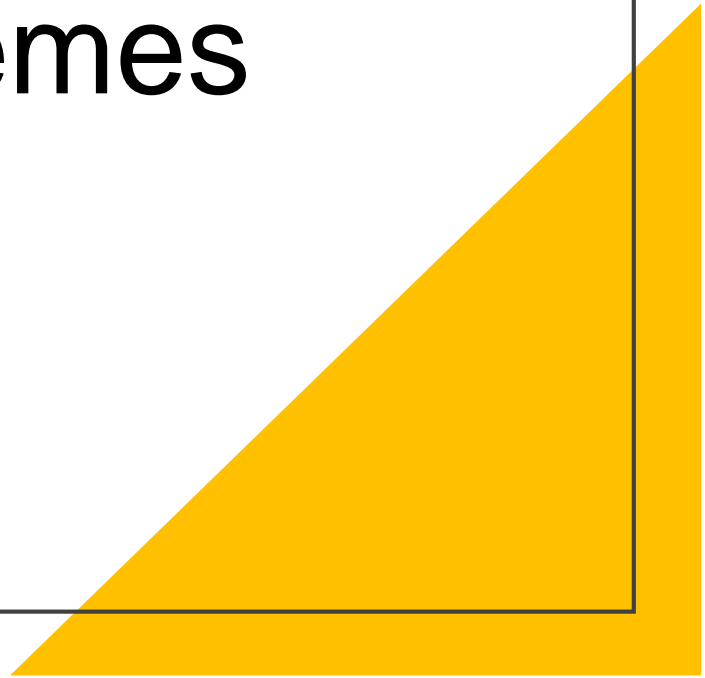
Analysis

- The ICU Rehabilitation Nurse role is **diverse** and difficult to define:
- Role characterised largely by **patient interaction** (>43%)
- **Complex** patients, complex needs, complex planning
- CPD prioritised for **personal development** and high-quality **role evolution**
- Broad yet **intricate skillset** required (>30% time spent as 'Other')



Teamworking
Humanisation
Reablement
Influence
Vision
Empowerment and Education

Key Themes





Using the data collected to move forwards...

- Continue to develop and evidence our unique role so that we may support our patients to not just survive, but to THRIVE:
 - Future measurement of local patient outcomes
 - Measurement of local unmet patient need to inform need for ICU Rehabilitation Nurse investment and service development and expansion
-

Implications for future practice

- Identification of ICU Rehabilitation Nurse role highlights need for provision within GPICs guidelines (ICS, 2022)
- Centralising the ICU Rehab Nurse role within a national Rehabilitation strategy
- Altering the NHS trajectory to support meaningful patient recovery



www.petitionforrehab.com



My mission in life
is not merely to survive,
but to thrive; and to do so
with some passion, some compassion,
some humour and some style.

— Maya Angelou

Thanks for
listening.
Questions?

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