ICU Rehabilitation: Clinical Questionnaire

A. Introduction

What is this study about:
This study aims to evaluate the rehabilitation (including the physical, mental, nutritional aspects) provided to critically ill adults within intensive care units, and throughout the recovery pathway to encompass both ward based and community care.

Inclusions:
Patients aged 18 and over, who were admitted to hospital as an emergency and who survived to hospital discharge, following a stay for 4 or more days on a unit that includes level 3 care

Who should complete the questionnaire?:
Questionnaires should be completed by the named intensivist (or by another healthcare professional nominated by the Local Reporter). Please involve relevant members of the MDT to answer the questions related to their clinical area. We will ask that the named rehabilitation lead/ coordinator at each hospital act as a 'study contact', to advise on questionnaire completion, and facilitate the process and to support the Local Reporter to collect the required data.

Please do not include any patient identifiers in the free text boxes.

Questions or help:
Further information regarding this study can be found here: https://www.ncepod.org.uk/ICURehab.html
If you have any queries about this study or this questionnaire, please contact: icurehab@ncepod.org.uk or telephone 020 7251 9060.

CPD accreditation
Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants.

Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

About NCEPOD
The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, and Northern Ireland.

NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

Impact of NCEPOD:
Recommendations from NCEPOD reports have had an impact on many areas of healthcare including:
Development of the NICE 'Acutely ill patients in hospital guideline' (CG50) - following publication of the 2005 'An Acute Problem' report.
Appointment of a National Clinical Director for Trauma Care - following publication of 'Trauma: Who Cares?' 2007.
Development of NICE Clinical Guidelines for Acute Kidney Injury, published in 2013 - 'Adding Insult to Injury' 2009. Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 - 'On the right trach?' 2014.
Development of guidelines from the British Society of Gastroenterology: diagnosis and management of acute lower gastrointestinal bleeding, published 2019 - 'Time to Get Control' 2015.
Development of the British Thoracic Society's Quality Standards for NIV, published 2018 - 'Inspiring Change' 2017.

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Medical & Surgical care.

Please complete the questions about the rehabilitation that the patient received during the index admission to the ICU and following step-down to the ward and discharge from hospital

The admission/discharge dates of the index admission are shown on the previous screen. The information required should be available in the case-note record. Each hospital should have a study contact assigned (usually the Rehabilitation Lead or equivalent), who will be able to assist you if required. Please contact your NCEPOD Local Reporter for further details.

2. What was the age of the patient on admission to hospital?

years ☐ Unknown

3. What was the sex of the patient?

◯ Male ◯ Female

4. What was the patient's ethnicity?

◯ White British/ White other
◯ Black/ African/ Caribbean/ Black British
◯ Asian/ Asian British (Indian, Pakistani, Bangladeshi, Chinese, Other Asian)
◯ Mixed/ multiple ethnic groups
◯ Unknown

If not listed above, please specify here...

5. Please use this space to provide a brief overview of the patient's admission to hospital and hospital stay

Please include the admitting diagnosis and a summary of events throughout the hospital stay including admission to ICU, step down to the ward and discharge from hospital

6. What was the date of admission to hospital?

The admission date displayed on the previous page

☐ Unknown

7. Mode of admission to hospital:
Answers may be multiple, please select all that apply

- ☐ Via the emergency department
- ☐ Referral from general practitioner (GP)
- ☐ Directly to the ward
- ☐ Blue light / ambulance
- ☐ Referred from outpatient clinic
- ☐ Transfer from other hospital

Please specify any additional options here...

8. What was the date of admission to ICU/ level 3 care?
if there were multiple stays in ICU, please record the date of admission for the first one

☐ Unknown

9. Mode of admission to the Intensive Care Unit/ Level 3 care:

- ◯ From the Emergency Department (ED)
- ◯ From a level 0/1 ward (this hospital)
- ◯ From a level 2 ward (this hospital)
- ◯ Transferred from another hospital (level 0/1 ward)
- ◯ Transferred from another hospital (Level 2/ HDU)
- ◯ Transferred from another Level 3 / ICU

If not listed above, please specify here...

10. Please select the types of organ support that the patient received during their stay in ICU?
Answers may be multiple, please select all that apply

- ☐ Respiratory support
- ☐ Cardiovascular support
- ☐ Renal support
- ☐ Neurological support
- ☐ Dermatological support
- ☐ Gastrointestinal support
- ☐ Liver support

Please specify any additional options here...

11. Where specified, what type of respiratory support did the patient receive in ICU?
Answers may be multiple, please select all that apply

- ☐ Non-invasive ventilation
- ☐ Invasive mechanical ventilation - intubation
- ☐ Invasive mechanical ventilation - tracheostomy

Please specify any additional options here...

12a. If answered "Invasive mechanical ventilation - intubation" to [11] then:
Date of intubation:

☐ Unknown

12b. If answered "Invasive mechanical ventilation - tracheostomy" to [11] then:
Date of tracheostomy insertion:

☐ Unknown

13a. If answered "Invasive mechanical ventilation - intubation" to [11] then:
Date of extubation/ decannulation:
If there are multiple dates, please include the first one

☐ Unknown

13b. If answered "Invasive mechanical ventilation - intubation" or "Invasive mechanical ventilation - tracheostomy" to [11] then:
Date of liberation from mechanical ventilation:
If there are multiple dates, please include the first date

☐ Unknown

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14. If answered "Invasive mechanical ventilation - intubation" or "Invasive mechanical ventilation - tracheostomy" to [11] then:
In total, how many days of invasive mechanical ventilation did the patient undergo, during their stay on ICU?

Days in total ☐ Unknown

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15. If answered "Non-invasive ventilation" to [11] then:
In total, how many days of non-invasive ventilation did the patient undergo during their stay on ICU?

Days (in total)

C. Patient medical history

1. What comorbidities did this patient have on admission to hospital?
Answers may be multiple, please select all that apply

- ☐ Neurological condition
- ☐ Cardiovascular condition
- ☐ Respiratory condition
- ☐ Gastrointestinal condition
- ☐ Urinary condition
- ☐ Musculoskeletal condition
- ☐ Cancer
- ☐ Mental health condition
- ☐ Liver condition
- ☐ Unknown
- ☐ None of the above

Please specify any additional options here...

2. Please make an estimation of the patient's functional status in the two weeks prior to the admission to hospital:
Using the Rockwood Clinical Frailty score https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2022/02/rockwood-frailty-scale_.pdf

- ◯ 1- Very fit
- ◯ 2- Well
- ◯ 3- Managing well
- ◯ 4- Vulnerable
- ◯ 5- Mildly frail
- ◯ 6- Moderately frail
- ◯ 7- Severely frail
- ◯ 8- Very severely frail
- ◯ 9- Terminally ill
- ◯ Unknown

3a. Does the patient have a known history of contact with mental health services?

- ◯ Yes
- ◯ No
- ◯ Unknown

3b. If answered "Yes" to [3a] then:
Did the patient have any history of:
Answers may be multiple, please select all that apply

- ☐ Depression
- ☐ Anxiety
- ☐ PTSD/ Trauma
- ☐ Psychiatric diagnosis (such as bipolar disorder, schizophrenia)

Please specify any additional options here...

3c. Was a referral made to liaison psychiatry at any time during the patient's hospital stay?

- ◯ Yes
- ◯ No
- ◯ Not required
- ◯ Unknown

4. What was the patient's social history?
please provide a brief summary

5. Does this patient have a history of recreational drug use?

- ◯ Yes
- ◯ No
- ◯ Unknown

6. Does this patient have a history of excessive alcohol use?

- ◯ Yes
- ◯ No
- ◯ Unknown

7a. Was an assessment made by any member of the MDT regarding the patients baseline:
Answers may be multiple, please select all that apply

- ☐ Co-morbidities
- ☐ Functional status
- ☐ Psychological / mental health history
- ☐ Social history
- ☐ None of the above

Please specify any additional options here...

7b. If answered "Co-morbidities" to [7a] then:
When was the assessment of comorbidities recorded?
If the time is not known, please leave it blank

☐ Unknown

7c. If answered "Functional status" to [7a] then:
When was the assessment of functional status recorded?

☐ Unknown

7d. If answered "Psychological / mental health history" to [7a] then:
When was the patient's psychological history recorded?
If the time is not known, please leave it blank

☐ Unknown

7e. If answered "Social history" to [7a] then:
When was the patient's social history recorded?
If the time is not known, please leave it blank

☐ Unknown

7f. If answered to [7a] then:
When was the "other" baseline assessment made:

☐ Unknown

D. Assessment of rehabilitation needs in intensive (Level 3) care

1a. Was an initial assessment to screen for acute rehabilitation needs performed on admission to the ICU?
This a short clinical assessment on admission to ICU to determine the patient's risk of developing physical and non-physical morbidity

◯ Yes ◯ No ◯ Unknown

1b. If answered "Yes" to [1a] then:
When was the initial assessment to screen for acute rehabilitation needs performed?

☐ Unknown

2a. Was a comprehensive clinical assessment completed to identify the persons current rehabilitation needs?
This is an in depth assessment to determine the rehabilitation needs of patients who have been identified as being at risk of developing physical and non-physical morbidity, including the elements in question 4 (see definitions for more details)

◯ Yes ◯ No ◯ Unknown

2b. If answered "Yes" to [2a] then:
When was the comprehensive assessment of rehabilitation needs completed?
If the time is not available, please leave it blank

☐ Unknown

3a. If answered "Yes" to [2a] then:
In your opinion, based on the physiological condition of the patient, was the comprehensive assessment carried out as early as clinically possible?

◯ Yes ◯ No ◯ Unknown

3b. Please provide details:

4. If answered "Yes" to [2a] then:
Did the comprehensive assessment include:
Answers may be multiple, please select all that apply

- ☐ Physical function
- ☐ Nutritional status
- ☐ Communication
- ☐ Sleep function
- ☐ Family morbidity
- ☐ Spiritual needs
- ☐ None of the above
- ☐ Mobility
- ☐ Swallow function
- ☐ Mental health status / history
- ☐ Previous health / social status
- ☐ Social/ financial status
- ☐ Delirium screening

Please specify any additional options here...

5. If answered "Yes" to [2a] then:
Who completed the assessment?
Answers may be multiple, please select all that apply

- ☐ Doctor
- ☐ Nurse
- ☐ Physiotherapist
- ☐ Occupational therapist
- ☐ Speech and language therapist
- ☐ Dietitian
- ☐ Practitioner psychologist

Please specify any additional options here...

6a. If answered "Yes" to [2a] then:
Were any screening tools used to aid any of the assessments of rehabilitation need?

- ◯ Yes
- ◯ No
- ◯ Unknown

6b. If answered "Yes" to [6a] then:
Please provide details of any screening tool(s) used

7. If answered "Yes" to [2a] then:
Based on the comprehensive clinical assessment were short-term rehabilitation goals agreed for:
Answers may be multiple, please select all that apply

- ☐ Physical rehabilitation
- ☐ Mobility
- ☐ Nutrition
- ☐ Swallow
- ☐ Communication
- ☐ Mental health

Please specify any additional options here...

8. Was an individualised rehabilitation plan devised for the patient?

- ◯ Yes
- ◯ No
- ◯ Unknown

9a. Was the patient screened daily for delirium?

- ◯ Yes
- ◯ No
- ◯ Unknown

9b. Was an "ALL ABOUT ME" (or equivalent) document completed for this patient?
A document listing key information about the patient, including likes and dislike to aid communication aid for people who are not able to express themselves due to illness or disability. https://www.england.nhs.uk/north/wp-content/uploads/sites/5/2018/05/Practical-guidance-Person-centred-care-dementia-depression-and-delirium.pdf

- ◯ Yes
- ◯ No
- ◯ Unknown

9c. If answered "Yes" to [9b] then:
What information was included?
Answers may be multiple please select all that apply

- ☐ What the patient likes to be called
- ☐ The patient's character and preferences
- ☐ Key relationships/ family members
- ☐ Photographs of them or family at home
- ☐ If the patient is hearing/ visually impaired
- ☐ The patient's interests / hobbies

Please specify any additional options here...

E. Multidisciplinary team delivery of identified rehabilitation needs in ICU

1. During their time in the ICU, please select all who were involved in the delivery of rehabilitation care for this patient:
Answers may be multiple, please select all that apply

- ☐ Speech and language therapist (SLT)
- ☐ Nurse
- ☐ Dietitian
- ☐ Practitioner psychologist
- ☐ None of these
- ☐ Doctor
- ☐ Physiotherapist
- ☐ Occupational therapist
- ☐ Unable to answer

Please specify any additional options here...

2a. If answered "Occupational therapist" to [1] then:
When did the Occupational Therapist first see this patient in ICU?

☐ Not Applicable ☐ Unknown

2b. If answered "Occupational therapist" to [1] then:
How often did the Occupational Therapist review/ provide rehabilitation care to the patient during their stay in ICU
During the time when the patient was conscious/clinically able to receive care

- ◯ Daily (Monday - Friday)
- ◯ Every 2-4 days
- ◯ Weekly
- ◯ Less frequently than fortnightly
- ◯ Daily (7 days/ week)
- ◯ Every 4-6 days
- ◯ Fortnightly

If not listed above, please specify here...

3a. If answered "Practitioner psychologist" to [1] then:
When did the Practitioner psychologist first see the patient on ICU?

☐ Not Applicable ☐ Unknown

3b. If answered "Practitioner psychologist" to [1] then:
How often did the practitioner psychologist review/ provide rehabilitation care to this patient when they were in ICU?
During the time when the patient was conscious/ clinically able to receive care

- ◯ Daily (7 days/ week)
- ◯ Every 2-4 days
- ◯ Weekly
- ◯ Less frequently than fortnightly
- ◯ Daily (Monday - Friday)
- ◯ Every 4-6 days
- ◯ Fortnightly

If not listed above, please specify here...

Communication & swallow

4a. Was an attempt made to establish a form of communication (e.g. speaking valves, alphabet boards)?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not required for this patient

4b. If answered "Yes" to [4a] then:
Please provide details:

5. Was a review made of the patient's ability to swallow?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not required for this patient

6a. If answered "Speech and language therapist (SLT)" to [1] then:
When did the Speech & Language therapist first see the patient in ICU?

☐ Not Applicable ☐ Unknown

6b. If answered "Speech and language therapist (SLT)" to [1] then:
How often did the Speech & Language therapist provide rehabilitation care to the patient during their stay in ICU?
During the time when the patient was conscious/ clinically able to receive care

- ◯ Daily (7 days/ week)
- ◯ Daily (Monday-Friday)
- ◯ Every 2 days
- ◯ Every 3-7 days
- ◯ Weekly
- ◯ Fortnightly
- ◯ Less frequently than fortnightly
- ◯ Unknown

If not listed above, please specify here...

Nutrition

7. Was an assessment completed of pre-admission nutritional status?

- ◯ Yes
- ◯ No
- ◯ Unknown

8. Was there evidence of malnutrition?

- ◯ Yes
- ◯ No
- ◯ Unknown

9. Was an individualised nutritional plan formulated?

- ◯ Yes
- ◯ No
- ◯ Unknown

10. Did they receive their nutritional targets?

- ◯ Yes
- ◯ No
- ◯ Unknown

11. If answered "Dietitian" to [1] then:
When did a dietitian first see this patient?

12. If answered "Dietitian" to [1] then:
How frequently did the dietitian review/ provide rehabilitation care to the patient during their stay in ICU?
During the time when the patient was conscious/ clinically able to receive care

- ◯ Daily (7 days/ week)
- ◯ Daily (Monday - Friday)
- ◯ Every 2-4 days
- ◯ Every 5-6 days
- ◯ Weekly
- ◯ Fortnightly
- ◯ less frequently than fortnightly

If not listed above, please specify here...

Mobility

13. Was there evidence of a physical assessment to include muscle strength and mobility?

◯ Yes ◯ No ◯ Unknown ◯ Not required

14. If answered "Yes" to [13] then:
Was an individualised rehabilitation plan created (e.g. seating plan)?

◯ Yes ◯ No ◯ Unknown ◯ Not required

15a. If answered "Physiotherapist" to [1] then:
When did the physiotherapist first see this patient in ICU

☐ Not Applicable ☐ Unknown

15b. If answered "Physiotherapist" to [1] then:
How often did the physiotherapist review/ provide rehabilitation care for the patient during their stay in ICU?
During the time when the patient was conscious/ clinically able to receive care

◯ More frequently than daily
◯ Daily (7 days/ week)
◯ Daily (Monday-Friday)
◯ Every 2-4 days
◯ Every 4-6 days
◯ Weekly
◯ Fortnightly
◯ Less frequently than forthnightly

If not listed above, please specify here...

F. Multidisciplinary team delivery of identified rehabilitation needs in ICU II

1a. In your opinion, based on the comprehensive clinical assessment and rehabilitation goals, were all aspects of rehabilitation started at the appropriate time (as early as clinically possible)?
Taking into account the physiological condition of the patient

◯ Yes ◯ No ◯ Unknown

1b. If answered "Yes" or "No" to [1a] then:
Please explain further:

2a. In your opinion, following initiation of rehabilitation, was ongoing treatment provided with the required level of consistency (e.g. daily input)?
Taking into account the physiological condition of the patient

◯ Yes ◯ No ◯ Unknown

2b. If answered "No" to [2a] then:
If NO, please provide details:

3a. Was this patient's rehabilitation care discussed at a multidisciplinary ward round?

◯ Yes ◯ No ◯ Unknown

3b. If answered "Yes" to [3a] then:
How frequently was the patient's rehabilitation care discussed in the MDT ward round?

◯ Daily (7 days/ week) ◯ Daily (Monday - Friday) ◯ Every 2-4 days
◯ Weekly ◯ Fortnightly ◯ Monthly
◯ Ad hoc ◯ Unknown

If not listed above, please specify here...

4. If answered "Yes" to [3a] then:
Regarding the outcomes from the MDT ward round, is there evidence in the notes of discussion with:
please select the answer that fits best

◯ The patient ◯ The patient and their family/ next of kin
◯ The patient's family/ next of kin ◯ None of these

If not listed above, please specify here...

5. How frequently were the rehabilitation goals reviewed and updated?

◯ Two times per week ◯ One time per week ◯ One time per fortnight
◯ One time per month ◯ Not at all

If not listed above, please specify here...

G. Rehabilitation: Assessment of needs and delivery post-discharge from ICU

1. What date was the patient discharged from ICU on to the ward?

☐ Not Applicable ☐ Unknown

2. What type of ward was the patient admitted to?

- ◯ Level 2
- ◯ Level 1/0 General Surgical
- ◯ Level 1/0 General Medical
- ◯ Specialist surgical ward
- ◯ Specialist medical ward
- ◯ Specialist neuro ward
- ◯ Specialist trauma ward

If not listed above, please specify here...

3a. Were any outcome measures used to assess the quality/ success of rehabilitation in ICU?

◯ Yes ◯ No ◯ Unknown

3b. If answered "Yes" to [3a] then:
Please give details of the outcome measures used within ICU to assess rehabilitation?

4. Was a comprehensive clinical reassessment performed/ updated immediately before discharge from ICU to identify the person's current rehabilitation needs before discharge from critical care?

◯ Yes ◯ No ◯ Unknown

5. If answered "Yes" to [4] then:
Did the assessment include the following:
Answers may be multiple, please select all that apply

- ☐ Physical function
- ☐ Nutritional status
- ☐ Communication
- ☐ Family morbidity
- ☐ Previous health and social status
- ☐ Screen for delirium
- ☐ Mobility
- ☐ Swallow function
- ☐ Mental health status/ history
- ☐ Sleep function
- ☐ Spiritual needs
- ☐ Unknown

Please specify any additional options here...

6. If answered "Yes" to [4] then:
Who completed the assessment?
Answers may be multiple (please select all that apply)

- ☐ Doctor (ICU)
- ☐ Doctor (ward)
- ☐ ICU / rehabilitation Nurse
- ☐ Ward nurse
- ☐ Physiotherapist (ICU)
- ☐ Physiotherapist
- ☐ Speech & Language therapist
- ☐ Occupational therapist
- ☐ Dietitian
- ☐ Practitioner psychologist
- ☐ Unknown

Please specify any additional options here...

7. If answered "Yes" to [4] then:
Was the outcome of the comprehensive reassessment used to review or update the rehabilitation goals?

- ◯ Yes
- ◯ No
- ◯ Unknown

8. How was information regarding the patients ongoing rehabilitation needs handed over to the ward teams?

- ◯ Documented verbal handover
- ◯ Evidence of structured written handover eg. Handover proforma/sheet
- ◯ Evidence in the notes of both verbal handover and structured written handover
- ◯ No handover recorded
- ◯ Unknown

If not listed above, please specify here...

9. Please select all those who delivered rehabilitation care to the patient on the ward following discharge from ICU .
Answers may be multiple, please select all that apply

- ☐ Physiotherapist
- ☐ Occupational therapist
- ☐ Dietitian
- ☐ Speech and Language therapist
- ☐ Practitioner psychologist
- ☐ Specialist rehabilitation nurse
- ☐ Registered general nurse
- ☐ Doctor
- ☐ Unknown

Please specify any additional options here...

10a. If answered "Physiotherapist" to [9] then:
How frequently did a physiotherapist review/ deliver rehabilitation care whilst on the ward?
During the time when the patient was conscious/clinically able to receive care

- ◯ More frequently than daily
- ◯ Daily:- 7 days per week
- ◯ Daily:- Monday - Friday
- ◯ Every 2 - 4 days
- ◯ Every 4 - 6 days
- ◯ Weekly
- ◯ Fortnightly
- ◯ Less frequently than fortnightly
- ◯ Unknown

If not listed above, please specify here...

10b. If answered "Dietitian" to [9] then:
How frequently did a dietitian review/ deliver rehabilitation care whilst on the ward?
During the time when the patient was conscious/clinically able to receive care

- ◯ More frequently than daily
- ◯ Daily:- Monday - Friday
- ◯ Every 4 - 6 days
- ◯ Fortnightly
- ◯ Unknown
- ◯ Daily:- 7 days per week
- ◯ Every 2 - 4 days
- ◯ Weekly
- ◯ Less frequently than fortnightly

If not listed above, please specify here...

10c. If answered "Practitioner psychologist" to [9] then:
How frequently did a practitioner psychologist review/ deliver rehabilitation care whilst on the ward?
During the time when the patient was conscious/clinically able to receive care

- ◯ More frequently than daily
- ◯ Daily:- Monday - Friday
- ◯ Every 4 - 6 days
- ◯ Fortnightly
- ◯ Unknown
- ◯ Daily:- 7days per week
- ◯ Every 2 - 4 days
- ◯ Weekly
- ◯ Less frequently than fortnightly

If not listed above, please specify here...

10d. If answered "Occupational therapist" to [9] then:
How frequently did an occupational therapist review/ deliver rehabilitation care whilst on the ward?
During the time when the patient was conscious/clinically able to receive care

- ◯ More frequently than daily
- ◯ Daily:- Monday - Friday
- ◯ Every 4 - 6 days
- ◯ Fortnightly
- ◯ Unknown
- ◯ Daily:- 7 days per week
- ◯ Every 2 - 4 days
- ◯ Weekly
- ◯ Less frequently than fortnightly

If not listed above, please specify here...

10e. If answered "Speech and Language therapist" to [9] then:
How frequently did a speech and language therapist review/ deliver rehabilitation care whilst on the ward?
During the time when the patient was conscious/clinically able to receive care

- ◯ More frequently than daily
- ◯ Daily:- Monday-Friday
- ◯ Every 4-6 days
- ◯ Fortnightly
- ◯ Unknown
- ◯ Daily:- 7 days per week
- ◯ Every 2-4 days
- ◯ Weekly
- ◯ Less frequently than fortnightly

If not listed above, please specify here...

11a. Was any ongoing rehabilitation provided by the ICU MDT once the patient has stepped down to the ward?

- ◯ Yes
- ◯ No
- ◯ Unknown

11b. If answered "Yes" to [11a] then:
Who provided this?
Answers may be multiple please select all that apply

- ☐ ICU Doctor
- ☐ Physiotherapist
- ☐ Dietitian
- ☐ Practitioner psychologist
- ☐ ICU specialist nurse
- ☐ Occupational therapist
- ☐ Speech & Language therapist
- ☐ Rehabilitation specialist nurse

Please specify any additional options here...

12a. In your opinion (and with the benefit of hindsight), regarding the rehabilitation needs of this patient, was this provided with an appropriate level of consistency?
Taking into account the patient's physiological condition

- ○ Yes
- ○ No
- ○ Unknown

12b. If answered "No" to [12a] then:
If NO, please provide details:

13a. Was any review provided by an ICU follow up team?

- ○ Yes
- ○ No
- ○ Unknown

13b. If answered "Yes" to [13a] then:
Please provide details:

Discharge from hospital

2. What date was the patient discharged from hospital?

☐ Not Applicable ☐ Unknown

3. What was the patient's discharge destination?

- ◯ Home
- ◯ Other hospital (secondary care)
- ◯ Community hospital (eg for inpatient rehabilitation)
- ◯ Hospice
- ◯ Care home
- ◯ Unknown

If not listed above, please specify here...

4. Please make an estimation of the patient's functional status on discharge from hospital?
Using the Rockwood Clinical Frailty score https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2022/02/rockwood-frailty-scale_.pdf

- ◯ 1-Very fit
- ◯ 2-Well
- ◯ 3-Managing well
- ◯ 4-Vulnerable
- ◯ 5-Mildly frail
- ◯ 6-Moderately frail
- ◯ 7-Severely frail
- ◯ 8-Very severely frail
- ◯ 9-Terminally ill
- ◯ Unknown

5a. At the time of discharge from hospital, was a comprehensive clinical reassessment performed to identify the person's current rehabilitation needs?

◯ Yes ◯ No ◯ Unknown

5b. If answered "Yes" to [5a] then:
Who carried out the assessment of rehabilitation needs at to discharge?
Answers may be multiple, please select all that apply

- ☐ Consultant intensivist
- ☐ Trainee doctor
- ☐ Clinical nurse specialist
- ☐ Registered nurse
- ☐ Physiotherapist
- ☐ Rehabilitation specialist
- ☐ Speech & language therapist
- ☐ Occupational therapist
- ☐ Dietitian
- ☐ Unknown

Please specify any additional options here...

5c. If answered "Yes" to [5a] then:
Did this assessment include:
Answers may be multiple, please select all that apply

- ☐ An assessment of physical morbiditiy
- ☐ Physical function
- ☐ Mobility
- ☐ Nutritional status
- ☐ An assessment of non-physical morbidity
- ☐ A review of medications prescribed
- ☐ Medications plan
- ☐ Swallow function
- ☐ Mental Health status
- ☐ Social status
- ☐ A treatment plan for rehabilitation post discharge
- ☐ Unknown
- ☐ None of these

Please specify any additional options here...

6. If answered "Yes" to [5a] then:
Did the comprehensive assessment of rehabilitation needs identify continuing rehabilitation needs?

◯ Yes ◯ No ◯ Unknown

7. Which services was the patient referred to for continuing care post-discharge?
Answers may be multiple, please select all that apply

- ☐ Specialist rehabilitation clinic at this hospital
- ☐ Community rehabilitation clinic
- ☐ Occupational therapy
- ☐ Psychology/ mental health
- ☐ Speech and language therapy
- ☐ Medical specialist secondary care follow-up
- ☐ Unknown
- ☐ Dietitian
- ☐ Nurse-led clinic
- ☐ Physiotherapy
- ☐ Rehabilitation home visit
- ☐ Surgical specialist secondary care follow-up
- ☐ GP appointment

Please specify any additional options here...

8. Was a review of the patients medications performed to remove any no longer required?

◯ Yes ◯ No ◯ Unknown

9. Before discharge, were all discharge documents completed and forwarded to the following:
Answers may be multiple, please select all that apply

- ☐ The patient
- ☐ The patient's GP
- ☐ The patient's carer/ family
- ☐ Post-discharge services that the patient was referred to
- ☐ Unknown

Please specify any additional options here...

10. Was the patient given the contact details of the healthcare professional(s) coordinating their rehabilitation pathway on discharge from hospital?

◯ Yes ◯ No ◯ Unknown

Follow-up appointment

11. Was a follow up appointment arranged for this patient?

◯ Yes ◯ No
◯ Unknown ◯ Appointment arranges but did not attend

12. If answered "Yes" to [11] then:
How long after discharge did this take place?

months ☐ Not Applicable ☐ Unknown

13. If answered "Yes" to [11] then:
Was a comprehensive reassessment of rehabilitation needs carried out at the follow up appointment following discharge?

◯ Yes ◯ No ◯ Unknown ◯ Not applicable

14. If answered "Yes" to [13] then:
Did the assessment include:
Answers may be multiple, please select all that apply

☐ An assessment of on-going physical health needs
☐ An assessment of functional status
☐ An assessment of social care needs
☐ An assessment of psychological needs- new/ ongoing psychological sequelae eg PTSD
☐ A review of previously identified rehabilitation needs

Please specify any additional options here...

15. If answered "Yes" to [13] then:
Was this assessment:

◯ At a face to face appointment at this hospital
◯ At a face to face appointment in the community
◯ At a face to face appointment at another hospital
◯ A telephone consultation ◯ A video call appointment

If not listed above, please specify here...

16. If answered "Yes" to [13] then:
Who carried out the assessment?
Answers may be multiple, please select all that apply

☐ Clinical psychologist ☐ Liaison psychiatrist ☐ Doctor- consultant
☐ Doctor - trainee ☐ Clinical nurse specialist ☐ Registered nurse
☐ Physiotherapist ☐ Occupational therapist ☐ Speech & language therapist
☐ Dietitian ☐ Unknown

Please specify any additional options here...

17a. If answered "Yes" to [11] then:
At the follow-up appointment, was the rehabilitation plan altered/ updated?

◯ Yes ◯ No ◯ Unknown ◯ Not applicable

17b. If answered "Yes" to [17a] then:
If YES, please provide details:

18a. Is there a named person or key worker responsible for coordinating the patients rehabilitation? (e.g. follow up nurse, rehabilitation coordinator)

◯ Yes ◯ No ◯ Unable to answer

18b. If answered "Yes" to [18a] then:
Please provide details:

19a. Did this patient die within 12 months of hospital discharge?

◯ Yes ◯ No ◯ Unknown

19b. If answered "Yes" to [19a] then:
If known, what was the date of death

☐ Unknown

19c. If answered "Yes" to [19a] then:
If known what was the cause of death?

I. Readmission to hospital

1. Was the patient readmitted to hospital within the first 12 months after ICU discharge?

◯ Yes ◯ No ◯ Unknown

2. If answered "Yes" to [1] then:
How many times was the patient readmitted during the first year following discharge after the index admission?

☐ Not Applicable ☐ Unknown

3a. If answered "Yes" to [1] then:
Please state the date of the first re-admission to hospital in the 12 months following discharge from the index hospital stay.

☐ Not Applicable ☐ Unknown

3b. If answered "Yes" to [1] then:
Please state the date of discharge

☐ Unknown

3c. If answered "Yes" to [1] then:
What was the reason for the re-admission?

3d. If answered "Yes" to [1] then:
What was the mode of admission?
For the first readmission following discharge from the index admission

◯ Emergency department
◯ GP referral
◯ Direct referral to secondary care following eg clinic attendance/ telephone consultation
◯ Hospital transfer
◯ Referral from the community
◯ Outreach

If not listed above, please specify here...

3e. If answered "Yes" to [1] then:
Was the patient re-admitted to ICU during this re-admission to hospital?

◯ Yes ◯ No ◯ Unable to answer

3f. If answered "Yes" to [3e] then:
Date re-admitted to ICU

☐ Not Applicable ☐ Unknown

3g. If answered "Yes" to [3e] then:
Date of discharge from ICU

☐ Not Applicable ☐ Unknown

3h. If answered "Yes" to [1] then:
Was a comprehensive re-assessment of rehabilitation needs carried out?

◯ Yes ◯ No ◯ Unable to answer

3i. If answered "Yes" to [3h] then:
Please provide details of assessments of rehabilitation needs and delivery of rehabilitation care during this readmission

4. If answered "Yes" to [1] then:
Please state the dates and details of any subsequent re-admissions to this hospital, during the 12 months following discharge after the index admission:
Including details of rehabilitation care

5a. If answered "Yes" to [1] then:
In your opinion, could any of these readmissions have been prevented?

◯ Yes ◯ No ◯ Unable to answer

5b. If answered "Yes" to [5a] then:
Please write details of how further readmissions to hospital could have been prevented

6a. If answered "Yes" to [1] then:
Were any of these readmissions related to the critical care stay or related morbidity?

◯ Yes ◯ No ◯ Unknown

6b. If answered "Yes" to [6a] then:
Please provide details:

J. Patient-centred care

1a. Was a diary kept during the patients time in critical care?

◯ Yes ◯ No ◯ Unknown

1b. If answered "Yes" to [1a] then:
Was the patient given a copy of the diary from their ICU stay?

◯ Yes ◯ No ◯ Unknown

2. Was the patient offered a visit to the ICU following discharge from hospital?

◯ Yes ◯ No ◯ Unknown

3. Was the patient given a copy of the critical care discharge summary?

◯ Yes ◯ No ◯ Unknown

4. Is there evidence of patient involvement in rehabilitation discussions in ICU?

◯ Yes ◯ No ◯ Unknown

5a. Is there evidence of family/ next of kin/ carer involvement in rehabilitation discussions in ICU?

◯ Yes ◯ No ◯ Unknown

5b. Is there evidence of patient involvement in rehabilitation discussions on the ward (following step-down)?

◯ Yes ◯ No ◯ Unknown

5c. Is there evidence of family/ next of kin/ carer involvement in rehabilitation discussions on the ward (following step-down)

◯ Yes ◯ No ◯ Unknown

6a. Is there evidence of patient involvement in rehabilitation discussions at hospital discharge?

◯ Yes ◯ No ◯ Unknown

6b. Is there evidence of family/ next of kin/ carer involvement in rehabilitation discussions at hospital discharge?

◯ Yes ◯ No ◯ Unknown

7. Is there evidence that, before discharge from hospital, the patient was given information on the following:
Answers may be multiple, please select all that apply

- ☐ Their physical recovery based on goals set
- ☐ Managing their activities of daily living
- ☐ Information about local statutory and non-statutory support services (such as support groups)
- ☐ General guidance, especially for the family and/or carer, on what to expect and how to support the per
- ☐ What to do if they become acutely unwell
- ☐ Who to contact if the recovery isn't going well
- ☐ None of these

Please specify any additional options here...

8. Was there a named person responsible for providing ongoing follow up care? (e.g. follow up nurse, rehabilitation coordinator)

◯ Yes ◯ No ◯ Unknown

9a. In your opinion, is there anything more that could have been done for this patient whilst they were in critical care or following their stay in critical care?
With regards to their rehabilitation care

◯ Yes ◯ No ◯ Unknown

9b. If answered "Yes" to [9a] then:
Please provide details:

K. Comments

1a. In your opinion, was there room for improvement in which of the following aspects of this patients rehabilitation care:

Please select all that apply

- ☐ Rehabilitation assessments in ICU
- ☐ Rehabilitation on the ward following stepdown
- ☐ MDT support
- ☐ Delivery of Rehabilitation treatment in ICU
- ☐ Rehabilitation post-discharge
- ☐ Communication with patient

Please specify any additional options here...

1b. Please use the box below to write any further comments about this patient's rehabilitation care or any general comments about the provision for rehabilitation