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Profiling Physiotherapy in Australian and New Zealand Intensive Care

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PROFILING PHYSIOTHERAPY IN AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE
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Physiotherapy for ICU patients is considered essential by many health professionals and professional bodies, yet the evidence base for this service is insufficient. No published research outlines optimal management of this service exists. Effective evaluation and implementation of best practice ‘critical care physiotherapy’ requires knowledge of the current profile of ICU physiotherapists.

This study aimed to establish current service and staffing characteristics of physiotherapy in level two and three ICUs within Australia and New Zealand. An online questionnaire was sent to 150 facilities identified from the ANZICS database targeting the most senior physiotherapist with a clinical load in ICU. Survey topics included: respondent and facility demographics, respondent qualifications and job description, after-hours ICU physiotherapy services, physiotherapist to ICU beds ratios, and practices and decision making processes of ICU physiotherapists.

Ninety-two responses (61%) were received; 64% from level three units and 74% of being public facilities. Average respondents were: female (77%), aged 36+/-10, working full-time (73%), graduated 13+/-10 years, with entry-level physiotherapy degree as highest formal qualification (71%), 10+/-8 years experience within the cardiorespiratory specialty, and 66+/-6 years in the ICU leadership role. Evening ICU physiotherapy services were unavailable in 41% of facilities, with 46% of ICUs reporting no overnight service. Variances were evident between level two and three units for evening (p=0.05) but not night (p=0.24) services; such differences were not apparent between public and private units.

USE OF A FORMAL STUDY RUN-IN PHASE TO REDUCE RECRUITMENT ERRORS IN A MULTI-CENTRE RANDOMISED CONTROLLED TRIAL: IS QUALITY BETTER THAN QUANTITY?
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Introduction: Major protocol violations occur more frequently during the early stages of a clinical trial, when investigators are less familiar with study processes. Recruitment errors arise when study eligibility criteria are violated and can account for 50% of all major protocol violations.