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Profiling Physiotherapy in Australian and New Zealand Intensive Care

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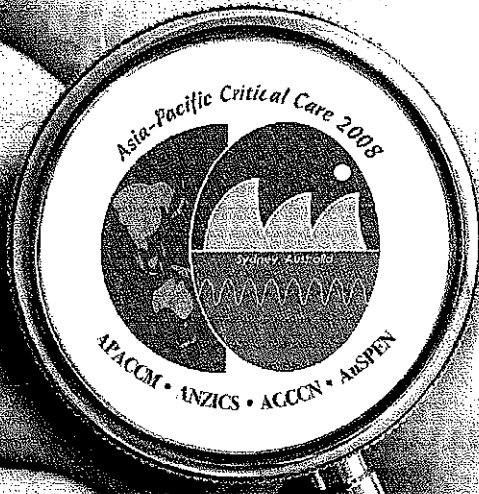
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Darling Harbour, Australia

30 October - 2 November 2008



Congress Guide

Abstracts: Friday

multi-disciplinary teams

Results: 86 questionnaires were completed 71 (83%) considered their experience in the study to be very valuable, and the same number said they would definitely wish to be involved in this form of study again. 74 (86%) rated the simulated scenarios as being very useful. All but one participant found the scenarios either moderately or very realistic. Participants identified key aspects of communication, leadership, mutual performance monitoring, and assertion as remediable areas of teamwork learnt and transferable to their practice.

Conclusion: Simulation based teamwork training is well received by multidisciplinary intensive care teams. Further objective evaluation of simulation as a means of team-training, with blinded assessment of both technical and non-technical performance, will support this data and is the focus of our ongoing research.

1 Institute of Medicine To Err is Human Washington D C : National Academic Press 2000 pg 173

2 Institute of Medicine Crossing the quality chasm - a new health system for the 21st century National Academic Press 2001

3 Greiner AC, Knebel E, eds Health professional education: a bridge to quality Washington DC: National Academic Press, 2003

Abstract - Friday 30 October
Room Bayside 106

Session: Free Papers - General/1
Time 14 30 - 14 45

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 outlining 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 descriptors, 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% being public facilities. Average respondents were: female (77%), aged 36(+/-10), working fulltime (73%), graduated 13(+/-10) years, with entry-level physiotherapy degree as highest formal qualification (71%), 10(+/-8) years experience within the cardiorespiratory speciality, and six(+/-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.

This study provides a snapshot of the current ICU physiotherapy workforce within Australia and New Zealand. It is hoped this information can be used in the process of benchmarking critical care physiotherapy and development of minimum standard of service guidelines.

Abstract - Friday 30 October
Room: Bayside 106

Session: Free Papers - General/1
Time: 14 45 - 15 00

THE EFFECT OF CRITICAL ILLNESS ON LONG TERM NEUROPSYCHOLOGICAL FUNCTION.

In 2006 patients in a single centre tertiary ICU were enrolled for long term follow up if they had an ICU length of stay of over 48 hours. Patients with head injuries, or a history of brain injury were excluded. Ethics approval was obtained, with consent and enrolment occurring on discharge from ICU. Baseline ICU data was collected as well as estimates of pre-morbid IQ, and scores for function and independence. Follow up consisted of a battery of tests and questionnaires which were performed face to face where possible, at 28 days and 3, 6, 12 and 24 months.

To date there have been 9 deaths out of 71 patients. The median age at ICU discharge was 65.5. Other median results include a hospital stay of 22 days; ICU stay (LOS) of 7.3 days; Hours of Mechanical Ventilation (HMV) of 118; APACHE III of 63; and Risk of Death of 0.124.

Four neuropsychological tests were conducted, and results adjusted for age and sex. Impairment was defined as being below 2 SD from the population average.

	Impaired patients / total tested		
	3 month	6 month	12 month
Stroop3 Test	39/47	30/42	24/41
Letter Number Sequence	16/63	8/57	7/49
Digit Span	2/65	1/59	1/52
Trails B	15/47	15/48	12/41

There was no correlation between impairment and AP III score, LOS, or HMV (Mann-Whitney).

The results suggest that long term brain impairment is common in survivors of critical illness, across a wide spectrum of admission diagnoses, and is independent of severity of illness.

Abstract - Friday 30 October
Room Bayside 106

Session: Free Papers - General/1
Time 15 00 - 15 15

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.