



A UK wide survey of recovery and follow-up services following adult critical illness

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You are invited to participate in this cross-sectional survey to describe recovery and follow-up services available for adult critical care patients across the UK. We wish to collect information about services normally delivered at your organisation, and that were/are in place *prior* to the COVID-19 pandemic. There is opportunity to describe any changes in services as a result of the pandemic at the end of the survey.

Please read the accompanying Participant Information Sheet before progressing to complete this survey. This study has been approved by King's College London (MRA-19/20-17855), and completion of this survey implies your consent to participation.

Why is the survey being done?

The aims of the survey are:

- 1. To evaluate the provision of recovery and follow-up services for adult critical care patients in line with NICE CG83 guidance**
- 2. To characterise these services in terms of location, content, format, structure, resource and funding**
- 3. To explore factors influencing availability of these services**

This survey will be an update of an earlier published one (Connolly et al, BMJ Open, 2014, 4, e004963). For additional reference, please see the NICE CG83 'Rehabilitation After Critical Illness' Guidelines <https://www.nice.org.uk/Guidance/CG83>, and Quality Standards <https://www.nice.org.uk/guidance/QS158>.

What will the data be used for?

The findings will inform the Life After Critical Illness Workstream being undertaken by the Faculty of Intensive Care Medicine (Chair, Dr Carl Waldmann). Survey findings will be shared with the Faculty of Intensive Care Medicine for this purpose. Findings will also be disseminated in a peer-reviewed journal publication; these will be anonymous.

The overall goal of this work is to influence the development of robust, equitable, and well-resourced critical illness recovery and follow-up services across the UK.

How will the survey be done?

The survey should take approximately 30-45 minutes to complete, depending on the available services at your organisation; if you do not have any available services, completion time will be much quicker.

Questions will cover:

- 1. Detail of your organisation and critical care services**
- 2. Provision of recovery and follow-up services on the ward following critical care discharge**
- 3. Provision of recovery and follow-up services after hospital discharge**

The survey questions are designed to collect information about all aspects of available follow-up services. We envisage that you will act as a principal responder/representative to coordinate the survey response at each organisation. You are encouraged to liaise with relevant multi-professional colleagues to provide full and accurate responses.

As the scope of services are known to be broad and diverse, completion of the free-text spaces for details not captured by the survey questions is encouraged.

We would also like to potentially contact you in the future regarding the information you have provided in this survey (this is included in the consent to participate section). Do be sure to understand this section before submitting your full survey.

If you have any questions relating to the survey or its completion, please contact:

Dr. Bronwen Connolly (Bronwen.connolly@nhs.net)

Dr. Joel Meyer (for the FICM, Joel.Meyer@gstt.nhs.uk)



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Section 1: Lead Respondent Details

1. Name

2. Role/Job title

3. Place of Work

4. Email

5. Phone Number



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Section 2: Adult Critical Care and Follow-Up Services at your institution

Please begin by telling us about your organisation and its adult critical care services.

* 6. What is the name of your NHS Hospital?

* 7. Type of hospital

- University-affiliated
- District general
- Specialist centre
- Other (please specify)

* 8. Total number of Level 3 critical care beds

* 9. Total number of Level 2 critical care beds

* 10. Estimated annual Level 3 critical care admissions

* 11. Please indicate all the specialist critical care services available at your hospital (Tick all that apply)

- | | |
|---|---------------------------------|
| <input type="checkbox"/> General (mixed) | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Neurology/Neurosurgery | <input type="checkbox"/> ECMO |
| <input type="checkbox"/> Cardiothoracic | <input type="checkbox"/> Burns |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Spinal |
| <input type="checkbox"/> Other (please specify) | |

* 12. Many hospitals now offer recovery and follow up services for adult critically ill patients (separate to any defined specialty-specific pathways such as cardiac, trauma, or neuro- rehabilitation). For example:

- *Inpatient/ward service*
- *Outpatient clinic*
- *Outpatient group programme*
- *Exercise/rehab class*
- *Peer support group*
- *Telephone/telehealth follow up*
- *MDT meeting independently of patient*
- *Web-based interface*
- *Postal survey*
- *Community-based*

Pre-COVID, if you normally DO offer any such recovery or follow up services at your hospitals please tick Yes and move on to the next question

If you DO NOT offer such services please tick No and then progress to Section 3.

Yes

No

If you answered Yes to Q12, please use sections 13-17 to tell us about each type of service that you offer; use a separate section for each component

13. Recovery/Follow Up Service 1

Name given to your service

Which of the following descriptors best describes this service?

Inpatient/ward service
Outpatient clinic
Outpatient group programme
Exercise/rehab class
Peer support group
Telephone/telehealth follow up
MDT meeting independently of patient
Web-based interface
Postal survey
Community-based

Which patients and which units does it include? (NB: Specific eligibility criteria covered later)

All critical care patients
A subset of patients only
Other (please specify)

14. Recovery/Follow Up Service 2

Name given to your service

Which of the following descriptors best describes this service?

Inpatient/ward service
Outpatient clinic
Outpatient group programme
Exercise/rehab class
Peer support group
Telephone/telehealth follow up
MDT meeting independently of patient
Web-based interface
Postal survey
Community-based

Which patients and which units does it include? (NB: Specific eligibility criteria covered later)

All critical care patients
A subset of patients only
Other (please specify)

15. Recovery/Follow Up Service 3

Name given to your service

Which of the following descriptors best describes this service?

Inpatient/ward service
Outpatient clinic
Outpatient group programme
Exercise/rehab class
Peer support group
Telephone/telehealth follow up
MDT meeting independently of patient
Web-based interface
Postal survey
Community-based

Which patients and which units does it include? (NB: Specific eligibility criteria covered later)

All critical care patients
A subset of patients only
Other (please specify)

16. Recovery/Follow Up Service 4

Name given to your service

Which of the following descriptors best describes this service?

Inpatient/ward service
Outpatient clinic
Outpatient group programme
Exercise/rehab class
Peer support group
Telephone/telehealth follow up
MDT meeting independently of patient
Web-based interface
Postal survey
Community-based

Which patients and which units does it include? (NB: Specific eligibility criteria covered later)

All critical care patients
A subset of patients only
Other (please specify)

17. Recovery/Follow Up Service 5

Name given to your service

Which of the following descriptors best describes this service?

Inpatient/ward service

Outpatient clinic

Outpatient group

programme

Exercise/rehab class

Peer support group

Telephone/telehealth follow

up

MDT meeting

independently of patient

Web-based interface

Postal survey

Community-based

Which patients and which units does it include? (NB: Specific eligibility criteria covered later)

All critical care patients

A subset of patients only

Other (please specify)



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Section 3: Transferring from Critical Care to a Hospital Ward

* 18. What is the process of discharge from critical care to hospital ward? (Tick all that apply)

- Face to face handover
- Telephone handover
- Written handover
- Other (please specify)

* 19. What is included in the discharge process? (Tick all that apply)

- Medical handover
- Nursing handover
- Medicines reconciliation
- Physical rehabilitation plan
- Other (please specify)
- Psychological/cognitive rehabilitation plan
- Nutritional plan
- Occupational Therapy plan
- Speech and Language therapy plan

* 20. In what form is the critical care discharge summary provided to the ward team?

- Paper
- Digital
- Both

* 21. Is a critical care discharge summary sent to the General Practitioner at this stage?

- Yes
- No



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Section 4: Inpatient/Hospital Ward Services

We would now like to understand about inpatient/ward services for adult critically ill patients i.e. services applying to the period between critical care discharge and discharge from hospital.

* 22. Do you provide inpatient follow-up services in the general wards after discharge from critical care?

Yes

No

If No, please state reasons why and then progress to Section 5

* 23. For how long has this service been implemented?

0 Years 30

24. By what name is this service known? (If applicable)

* 25. What form does this inpatient contact take? (Tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Outreach/rapid response (focussed on readmission prevention) | <input type="checkbox"/> Peer support |
| <input type="checkbox"/> Outreach/rapid response (focussed on outcomes) | <input type="checkbox"/> Information provision |
| <input type="checkbox"/> Generic rehabilitation assistant/care coordinator | <input type="checkbox"/> Psychological intervention |
| <input type="checkbox"/> Intensivist/AHP/nurse ward round | <input type="checkbox"/> Research/academic contact |
| <input type="checkbox"/> Formal MDT meeting | <input type="checkbox"/> Engagement/education of ward staff about post ICU problems |
| <input type="checkbox"/> Family support | |
| <input type="checkbox"/> Other (please specify) | |

* 26. What criteria are used to select patients for inpatient follow-up? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> All patients | <input type="checkbox"/> Diagnosis at critical care admission |
| <input type="checkbox"/> Length of stay critical care (if based on this, indicate number in Other section) | <input type="checkbox"/> Self-referral |
| <input type="checkbox"/> Days of mechanical ventilation (if based on this, indicate number in Other section) | <input type="checkbox"/> Clinician/ward referral |
| <input type="checkbox"/> Type of therapies received during critical care admission | |
| <input type="checkbox"/> Other (please specify) | |

* 27. Are any specific categories of patients excluded?

* 28. How are referrals for inpatient follow-up monitored?

- Automated process
- EPR generated list
- Ad hoc patient list/spreadsheet
- Other (please specify)

* 29. Which professions provide the inpatient service? (Tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Generic rehabilitation assistant | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Intensivist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech and Language Therapist |
| <input type="checkbox"/> Other (please specify) | |

* 30. What is the profession of the person who leads this inpatient service?

* 31. Is there any profession missing from the inpatient service that you would ideally include?

* 32. How is this inpatient follow-up service funded?

- | | |
|--|--|
| <input type="radio"/> NHS funding e.g. commissioned service or other sustained NHS funding route | <input type="radio"/> Grant funding – dedicated grant for this activity |
| <input type="radio"/> Funded internally from existing critical care funds | <input type="radio"/> Grant funding – allied to other ICU-related research studies |
| <input type="radio"/> Other internal institutional funding (specify in Other Section) | <input type="radio"/> Volunteer/goodwill only |
| <input type="radio"/> Other (please specify) | |

* 33. Do you use a screening tool for post intensive care issues?

- Yes
 No

If Yes please describe briefly

* 34. Describe the major challenges delivering and sustaining this inpatient service?

- Time
- Staffing number
- Staffing profile
- Environment
- Patient location
- Other (please specify)

* 41. What criteria are used to select patients for outpatient follow-up? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> All patients | <input type="checkbox"/> Based on diagnosis |
| <input type="checkbox"/> Length of stay critical care (if based on this, indicate number in Other Section) | <input type="checkbox"/> Self-referral |
| <input type="checkbox"/> Days of mechanical ventilation (if based on this, indicate number in Other Section) | <input type="checkbox"/> Clinician referral |
| <input type="checkbox"/> Based on therapies received | |
| <input type="checkbox"/> Other (please specify) | |

* 42. Are any specific categories of patients excluded?

* 43. How are eligible patients identified? (Tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Automated IT process generates the list | <input type="checkbox"/> EPR request for clinic appointment |
| <input type="checkbox"/> Review of care records | <input type="checkbox"/> Blanket invitation (no triage) |
| <input type="checkbox"/> Manual/active triage of all critical care discharges | <input type="checkbox"/> Verbal clinician referral |
| <input type="checkbox"/> Local database | |
| <input type="checkbox"/> Other (please specify) | |

* 44. Do you accept patients outside of your hospital or region to attend the service?

- Yes
- No
- Additional Comments

* 45. How are patients tracked until their appointment?

- Automated process
- EPR generated list
- Ad hoc patient list/spreadsheet
- Other (please specify)

* 46. How are patients contacted/invited? (Tick all that apply)

- Telephone call
- Postal letter
- Given appointment prior to hospital discharge
- Text reminder
- Other (please specify)

* 47. Which professions provide the outpatient service? (Tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Generic rehabilitation assistant | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> GP | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Intensivist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Speech and Language Therapist |
| <input type="checkbox"/> Occupational Therapist | |
| <input type="checkbox"/> Other (please specify) | |

* 48. What is the profession of the person who leads this outpatient service?

* 49. Is there any professions missing from the outpatient service that you would ideally include?

* 50. How is this outpatient service funded?

- NHS funding e.g. commissioned service or other sustained NHS funding route
- Funded internally from existing critical care funds
- Other internal institutional funding (specify in Other section)
- Grant funding – dedicated grant for this activity
- Grant funding – allied to other ICU-related research studies
- Volunteer/goodwill only

Other (please specify)

* 51. What is the approximate tariff per patient [OR if tariffs not applicable to your region what is the approximate annual cost of running the outpatient service]?

* 52. Where is the follow-up service located?

- Dedicated hospital outpatient area
- Adapted space within critical care
- Other area within the hospital
- Community site
- Other (please specify)

* 53. How many clinic rooms are required to deliver the service? (Number and any other comments)

* 54. If the patient is assessed by multiple healthcare professionals, do these encounters happen...

- Together (i.e. all healthcare professionals in the same room)
- Separately (i.e. healthcare professionals in different rooms)

* 55. On average, what is the overall duration of a 'New' patient's appointment?

- <30 minutes
- 30 minutes – 1 hour
- 1 - 1.5 hours
- 1.5 – 2 hours
- Other (please specify)
- 2 – 2.5 hours
- 2.5 – 3 hours
- >3 hours

* 56. On average, what is the overall duration of a subsequent 'Follow up' patient's appointment?

- <30 minutes
- 30 minutes – 1 hour
- 1 - 1.5 hours
- 1.5 – 2 hours
- Other (please specify)
- 2 – 2.5 hours
- 2.5 – 3 hours
- >3 hours

* 57. What is the maximum number of visits patients can have?

* 58. What interventions are typically delivered in your outpatient follow-up service? (Tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Physical function assessment | <input type="checkbox"/> Family/Caregiver needs assessment |
| <input type="checkbox"/> Physiotherapy referral if required | <input type="checkbox"/> Employment/occupation review |
| <input type="checkbox"/> Cardiac/respiratory/exercise referral if required | <input type="checkbox"/> Assessment of financial status |
| <input type="checkbox"/> Occupational function assessment | <input type="checkbox"/> Social needs assessment |
| <input type="checkbox"/> Occupational Therapy referral if required | <input type="checkbox"/> Review of goals and preferences of care |
| <input type="checkbox"/> Psychiatric assessment | <input type="checkbox"/> Review of ICU history and ICU events with patient |
| <input type="checkbox"/> Psychological assessment | <input type="checkbox"/> Patient visit to ICU |
| <input type="checkbox"/> Clinical psychology referral if required | <input type="checkbox"/> Return/review of ICU diary |
| <input type="checkbox"/> Cognitive assessment | <input type="checkbox"/> Assessment of sexual function |
| <input type="checkbox"/> Nutritional assessment | <input type="checkbox"/> Assessment of sleep |
| <input type="checkbox"/> Dietitian referral if required | <input type="checkbox"/> Travel assessment e.g. driving, airline flight |
| <input type="checkbox"/> Speech and language assessment | <input type="checkbox"/> Vital signs/observations |
| <input type="checkbox"/> Speech and Language Therapy referral if required | <input type="checkbox"/> Physical examination |
| <input type="checkbox"/> Pharmacy review | <input type="checkbox"/> Immunisation review |
| <input type="checkbox"/> Lifestyle/risk factor review | |
| <input type="checkbox"/> Other (please specify) | |

* 59. For the following domains, please give the name of any validated outcome measure(s) or tool(s) used in your service, if any? Where able please explain why the measure has been chosen/implemented?

Anxiety

Depression

Post-traumatic stress disorder

Sleep quality

Sleep apnoea

Cognition

Health-related quality of life

Personal Activities of Daily Living

Pain

Breathlessness

Palliative care needs

Sexual function

Nutritional status

Physical function

Exercise capacity

Disability

Frailty

Dependency

Socioeconomic status

Pharmacological risk

Alcohol intake

Smoking status

Driving status

Flying status

Additional Comments

* 60. Do you use a screening tool for post intensive care issues?

- Yes
 No

If Yes please describe briefly

* 61. Describe the major challenges delivering and sustaining this outpatient adult critical care recovery service?

- | | |
|---|--|
| <input type="checkbox"/> Time | <input type="checkbox"/> Managerial engagement |
| <input type="checkbox"/> Funding | <input type="checkbox"/> Staff engagement |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Perceived value or priority |
| <input type="checkbox"/> Space | <input type="checkbox"/> Pressures from other services |
| <input type="checkbox"/> Other (please specify) | |

* 62. To what extent do you agree that your current outpatient service meets the needs of your casemix?

- Strongly agree
 Agree
 Neither agree or disagree
 Disagree
 Strongly disagree

* 63. What is lacking to make it fully fit for purpose?

- Physical space
 Increased personnel
 Commissioned funding
 Administrative support
 Other (please specify)

* 64. To what extent do you agree that your existing funding/venue/staff/resource/service model is sustainable over next 5 years?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

* 65. What would help with sustaining the service?

- Physical space
- Increased personnel
- Commissioned funding
- Administrative support
- Other (please specify)



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Section 6: Links and Future Plans - All Respondents

- * 66. Please tell us about any links or collaborations between your adult critical care service and recovery/follow-up services in neighbouring institutions (e.g. informal links for advice, formal hub and spoke network, established referral pathways etc)?

- * 67. Please tell us about any links you have established between your critical care services and the primary care interface or community interface?

- * 68. Please tell us about any links between your adult service and services for paediatric patients; adolescent patients; and those transitioning to adult services?

- * 69. Please tell us about any links with services for the care of the older person?

- * 70. What is being planned in your institution in terms of instigation, development, or expansion of adult critical care recovery services in the next 2-5 years?

* 71. If you previously answered that you DO NOT offer any recovery and follow up services for adult critically ill patients within your Trust/institution, please could you give the main reasons for this? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Lack of sufficient staff numbers | <input type="checkbox"/> Insufficient patient numbers to justify |
| <input type="checkbox"/> Lack of suitably trained staff | <input type="checkbox"/> Not sure what to include in a service |
| <input type="checkbox"/> Lack of available space/venue | <input type="checkbox"/> Resources prioritised to other patient groups/clinical areas |
| <input type="checkbox"/> No evidence to suggest benefit | <input type="checkbox"/> Extra-contractual (out-of-area) patient caseload |
| <input type="checkbox"/> Lack of funding | <input type="checkbox"/> Not applicable - service are available |
| <input type="checkbox"/> Not considered required service at managerial level | |
| <input type="checkbox"/> Other (please specify) | |

* 72. Do you have any web-based links / sites / information resources for recovering critical care patients and caregivers?



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Section 7: Peer Support after Critical Illness

* 73. Do you offer peer support services for adult critical care patients/relatives?

- Yes
 No

* 74. What format does this peer support take?

- Community or hospital-based support group meetings after discharge
 Psychologist-led outpatient groups
 Peer support based within ICU follow-up clinics
 Online peer support
 Groups based within the ICU
 Peer mentor led
 Other (please specify)

* 75. How many times per year does this peer support occur?

* 76. What is the average attendance of former patients?

* 77. What is the average attendance of relatives/caregivers?

* 78. What is the staffing input into these groups? (Tick all that apply)

- None/peer-facilitated only
- Critical care nurse
- Intensivist
- AHP
- Psychologist
- Other (please specify)

* 79. What is the format of the peer support session?

- Structured agenda with talks/presentations
- Therapy session
- Facilitated discussion
- Informal meeting
- Drop in
- Virtual
- Other (please specify)

* 80. Is your peer support programme affiliated to any networks, for example ICU Steps or Society of Critical Care Medicine Thrive Initiative?



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Section 8: Physical rehabilitation programmes after hospital discharge

* 81. Do you provide a physical rehabilitation programme post 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

No

* 82. Who is responsible for leading this rehabilitation programme? (Tick all that apply)

Exercise/sports Therapist

Occupational Therapist

Doctor

Physiotherapist

Nurse

Rehabilitation Medicine specialist

Other (please specify)

* 83. Is this healthcare professional...

ICU specialist

Rehabilitation specialist

* 84. How do you select patients for inclusion into the programme? (Tick all that apply, and give details of any assessment measures if applicable in the comments section)

- | | |
|--|--|
| <input type="checkbox"/> Duration of mechanical ventilation in ICU | <input type="checkbox"/> Health-related quality of life at ICU discharge |
| <input type="checkbox"/> Duration of ICU admission | <input type="checkbox"/> Physical function at hospital discharge |
| <input type="checkbox"/> Duration of hospital admission | <input type="checkbox"/> Muscle strength at hospital discharge |
| <input type="checkbox"/> Physical function at ICU discharge | <input type="checkbox"/> Exercise capacity at hospital discharge |
| <input type="checkbox"/> Muscle strength at ICU discharge | <input type="checkbox"/> Health-related quality of life at hospital discharge |
| <input type="checkbox"/> Exercise capacity at ICU discharge | <input type="checkbox"/> Not applicable – all post critical care patients are eligible |
| <input type="checkbox"/> Other (please specify) | |

* 85. Where does the patient receive the majority of the intervention?

- Home-based
 Hospital-based
 Community-based
 Other (please specify)

* 86. Do you use telehealth or other interactive forms of intervention delivery?

- Yes
 No

If YES, please give details

* 87. Does your rehabilitation programme include an exercise component?

- Yes
 No



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* 88. Do patients exercise:

- Under supervision
- Independently
- Combination
- Other (please specify)

* 89. Do patients exercise in a:

- Pre-determined circuit
- Patient-specific plan
- Other (please specify)

* 90. What exercises are included (Tick all that apply)?

- Cardiovascular e.g. step-ups, treadmill, bike
- Strength e.g. lower limb, upper limb, free weights
- Balance e.g. static, dynamic
- Functional e.g. sit-to-stand, walking
- Other (Please specify)

* 91. How are these exercises prescribed? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Results of walking tests | <input type="checkbox"/> Target heart rate |
| <input type="checkbox"/> Results of balance assessment | <input type="checkbox"/> Target level of exertion e.g. Borg scale (please specify range in Other section) |
| <input type="checkbox"/> Results of physical function assessment | <input type="checkbox"/> Clinician judgement |
| <input type="checkbox"/> Repetition maximum principle | |
| <input type="checkbox"/> Other (please specify) | |

* 92. How do you monitor and/or progress exercise intensity during the exercise session? (Tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Heart rate targets | <input type="checkbox"/> Clinical observation/judgement of patient |
| <input type="checkbox"/> SpO2 | <input type="checkbox"/> Patient verbal feedback |
| <input type="checkbox"/> Level of exertion e.g. Borg scale | <input type="checkbox"/> No formal monitoring |
| <input type="checkbox"/> Visual analogue scale | <input type="checkbox"/> Reassessment of baseline measures |
| <input type="checkbox"/> Other (please specify) | |

* 93. In your programme, do you use an accompanying rehabilitation or exercise manual?

- Yes
 No

* 94. 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 (please specify)

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

- Immediately post hospital discharge
- One month post hospital discharge
- One week post hospital discharge
- 2-3 months post hospital discharge
- Two weeks post hospital discharge
- Other (please specify)

* 96. Does your service have a waiting list?

- Yes
- No

If Yes, how long?

* 97. Does your service have sufficient capacity to meet demand?

- Yes
- No

* 98. How many sessions are in the rehabilitation programme?

* 99. How often are the sessions?

- Weekly
- Twice-weekly
- Fortnightly
- Other (please specify)

* 100. How long is each session?

- 30 minutes
- 45 minutes
- 1 hour
- Other (please specify)

* 101. Is this a:

- Rolling programme
- Stand alone

Additional Comments

* 102. How many patients are in the group?

* 103. What is the staff:patient ratio?

* 104. Does your physical rehabilitation programme include an education component?

- Yes
- No



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* 105. What topics are included (and list which MDT members delivers them)

Exercise	<input type="text"/>
Stress management	<input type="text"/>
Nutrition	<input type="text"/>
Return to work	<input type="text"/>
Energy conservation	<input type="text"/>
Medications	<input type="text"/>
What to expect of recovery	<input type="text"/>
Motivational coaching/training	<input type="text"/>
Other (please specify)	<input type="text"/>

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

Please specify detail...

Strength-based e.g. repetition maximum	<input type="text"/>
Exercise capacity e.g. field walking tests (e.g. 6 Minute Walk Test, cardiopulmonary exercise testing (VO2max)	<input type="text"/>
Health-related quality of life e.g. SF-36 survey, Hospital Anxiety and Depression scale	<input type="text"/>
Mental/cognitive assessment e.g. Montreal Cognitive Assessment	<input type="text"/>
Functional performance e.g. Timed Up and Go, Short Physical Performance Battery	<input type="text"/>
Other (please specify)	<input type="text"/>

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

Yes

No

* 108. If YES.... which type? (Tick all that apply)

Pulmonary rehabilitation

Cardiac rehabilitation

Exercise on prescription (or similar)

Community gym sessions

Other (please specify)

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



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* 110. Please indicate the barriers to delivering a post hospital discharge physical rehabilitation programme (Tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Lack of funding | <input type="checkbox"/> Extracontractual (out of area) patient caseload |
| <input type="checkbox"/> Lack of sufficient staff | <input type="checkbox"/> Lack of trained staff |
| <input type="checkbox"/> Resources prioritised to other patient groups/clinical areas | <input type="checkbox"/> No evidence to demonstrate rationale/requirement for service |
| <input type="checkbox"/> Not considered required service at managerial level | <input type="checkbox"/> Not sure what content to include in a programme |
| <input type="checkbox"/> Lack of available space | <input type="checkbox"/> Time constraints |
| <input type="checkbox"/> Insufficient patient numbers to justify | |
| <input type="checkbox"/> Other (please specify) | |

111. From the list above, please indicate the MAIN barrier that applies



A UK wide survey of recovery and follow-up services following adult critical illness

Impact of COVID-19 on recovery and follow-up services following critical illness

* 112. Please tell us of any changes to existing services, if applicable, or development of any new services, as a result of COVID-19; for example in relation to timing, structure, format, and content, of delivery, the number of healthcare professionals involved etc



A UK wide survey of recovery and follow-up services following adult critical illness

End of survey

Thank you for completing this survey and once again if you have any questions relating to the survey or its completion, please contact:

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