

# Physiotherapy Resource Needs of Severe Respiratory Failure Patients

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# Background

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- Severe respiratory failure associated with Influenza A (H1N1) during winter 2010/11 led to increased demand for ECMO & HFOV services across the UK.
- Patients requiring advanced ventilatory support provide unique challenges to the delivery of physiotherapy due to their severity of illness.
- There is limited published literature describing physiotherapeutic strategies during AVS.
- Over the past two years, UK services have been commissioned to provide AVS.

# Aims & Objectives

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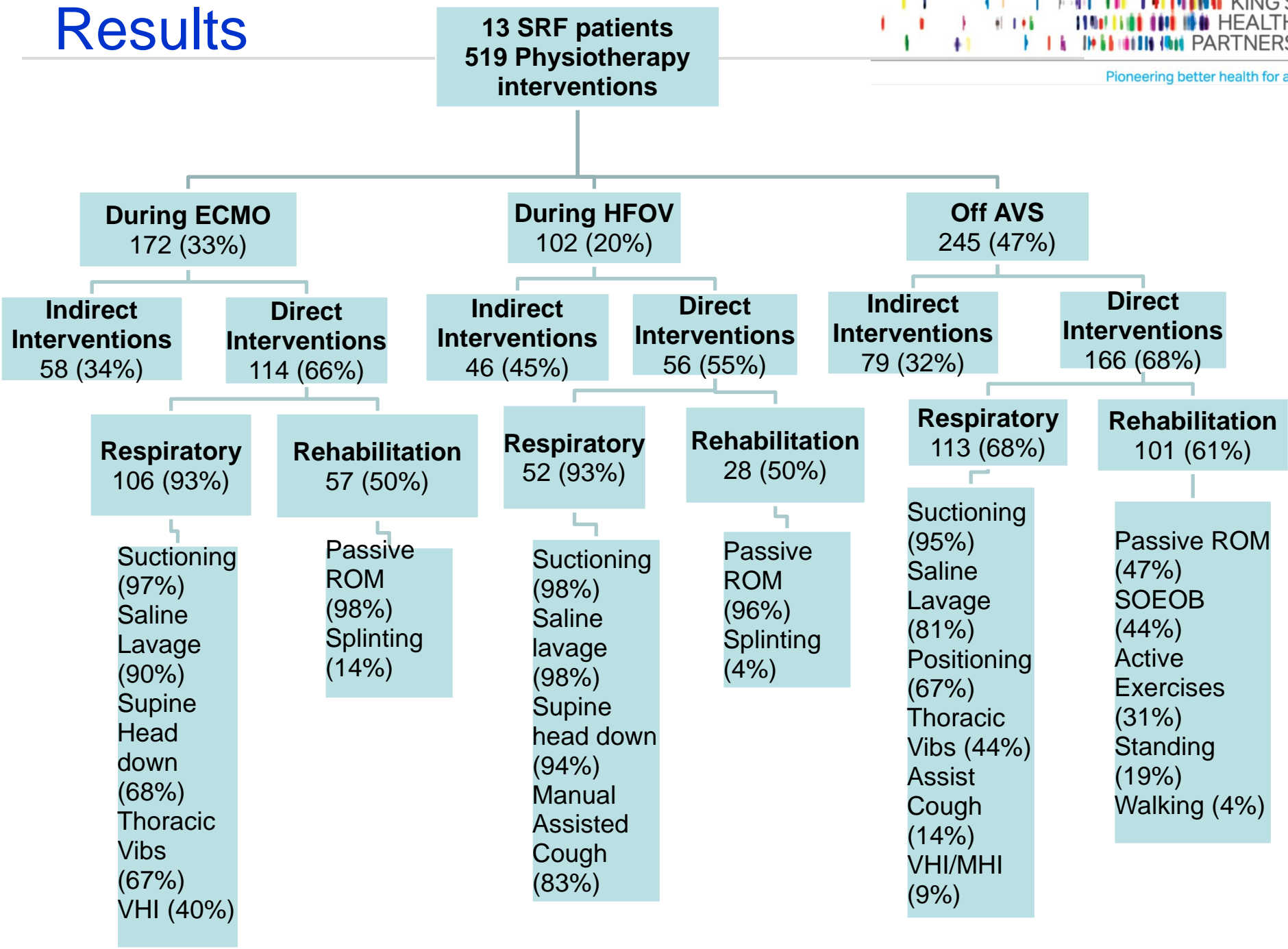
- To describe the clinical and resource demands for physiotherapy of patients with SRF who required AVS
- To inform future clinical strategies and service/workforce planning.

# Methodology

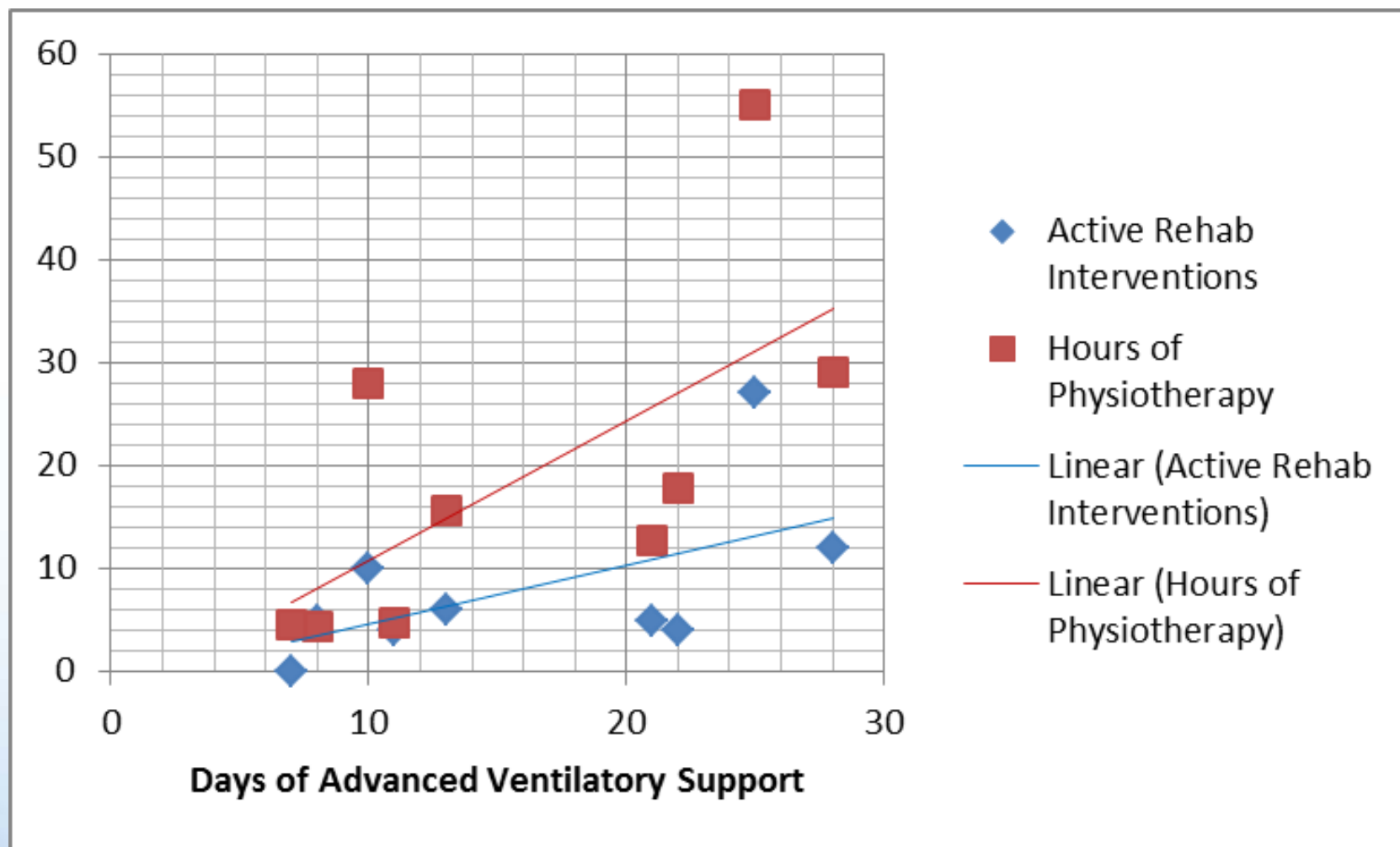
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- Retrospective case note review
- All patients receiving ECMO and/or HFOV from 25/12/10 - 25/2/11.
- Data regarding physiotherapy activity during patients' ICU stay was collected including:
  - frequency, type and duration of interventions,
  - staff grade delivering the interventions
  - whether the patient was receiving ECMO or HFOV at the time of intervention.
- Intervention activity was categorised as respiratory, rehabilitative or indirect.

# Results



# Physiotherapy Interventions Following AVS



# Resource Demands

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ECMO	Band 7 Highly Specialised	30 hours	£685
HFOV	Band 7 Highly Specialised	19 hours	£434
AVS	Band 7 Highly Specialised	24 hours	£550

# Conclusions

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- Patients with SRF had specific physiotherapy needs, delivered by highly specialised, experienced physiotherapists.
- Patients receiving ECMO required greater physiotherapy resource than those receiving HFOV.
- Physiotherapy resource requirements and associated costs should be included in the future planning and development of advanced ventilation services.



# Acknowledgements

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[www.kingshealthpartners.org](http://www.kingshealthpartners.org)