



ICU Physical Therapy: Effects of Checklist Use



In a retrospective study on the effect of the daily use of an electronic checklist on physical rehabilitation consultation in ICU patients, Mayo Clinic researchers found that it is associated with increased number of occupational therapy/physical therapy (OT/PT) consults when compared to patients with no checklist use. The findings are published in *Journal of Critical Care*.

See Also: [Study: Do Checklists Improve Care in the ICU?](#)

Early mobilisation of critically ill patients is of paramount importance to achieve positive results in functional outcomes, and this requires a dedicated ICU rehabilitation team. However, previous research has shown that the utilisation of those teams in practices like early mobilisation of mechanically ventilated patients was uncommon.

Checklists have shown to be an effective tool for standardising care models. The electronic checklist was implemented in the medical and surgical ICUs as a part of AWARE (Ambient Warning and Response Evaluation). This checklist consists of 24 interactive items grouped by organ systems and is based on current evidence-based practice in the ICU. The checklist also includes a decision support tool, which provides relevant information for each checklist item.

The Mayo researchers conducted a retrospective observational study of all adults admitted for the first time in an academic medical ICU in 2014. The patient demographics, outcomes, checklist use, and physical therapy consults were collected from Electronic Medical Records (EMR).

A total of 2,399 unique patients were admitted to the medical ICU, 55 percent were male and median age was 65 years. Data analysis revealed that 17 percent of patients received OT/PT consults among patients with checklist use (N = 1897), and among non-checklist user (N = 502), it was 7.6 percent. The total time of OT/PT administered in the ICU was 48 vs. 31 minutes, $p = 0.08$.

The researchers also found that patients who received the daily electronic checklist had high medical acuity but had lower ICU mortality. Hospital mortality was found to be no different.

"In our study, although electronic checklist utilisation increased the number of OT/PT consultations, time to consultation was higher in the checklist group. This may be attributed to a lack of dedicated ICU OT/PT during our project timeline and also could be explained by having patients with higher acuity in that group. As OT/PT consults are deferred until patient can tolerate it, these might be delayed in sicker patients," the authors write.

The major limitations of the study are that it is a retrospective study, and restricted to one year of ICU admission. Also, the checklist use group were sicker and stayed longer in the ICU – that might have increased their chance to receive more checklist usage.

"Furthermore, this is a single-centre study at an academic tertiary centre, so generalisability of the results can be debated," the authors note.

Source: Journal of Critical Care
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