

ICU Rehabilitation: Primary care questionnaire

A. INTRODUCTION

1a. Do you have a standardised approach to identify patients have been admitted to hospital and required ICU care?

- Yes No Unknown

1b. If a patient has been admitted to hospital and required ICU care during their hospital stay, which of the following would happen at this practice:

Please select all that apply

- A copy of the discharge summary would be received and filed in the patient's notes
- A flag would be placed on the patient's electronic record
- it would trigger the practice contacting the patient
- Details of the ongoing community based rehabilitation would be recorded on the patient's electronic re
- Unknown

Please specify any additional options here...

**1c. If answered "it would trigger the practice contacting the patient" to [1b] then:
What form would the contact take:**

Please select all that apply

- Email/ post of information about rehabilitation
- A face to face appointment with the GP
- A face to face appointment with the practice nurse
- A face to face appointment with another HCP
- A telephone/ videocall appointment with the GP
- Telephone/ videocall appointment with the practice nurse
- A home visit

Please specify any additional options here...

C. PATIENT CARE

1. Were you aware that this patient (referenced on the cover letter for this form) had spent time on the ICU?

- Yes No

2a. Has this patient attended for a GP assessment in the 12 months since they were discharged from hospital?

- Yes No Unknown

2b. If answered "Yes" to [2a] then:

On how many occasions (if any) has this patient attended for a GP assessment in the 12 months since they were discharged from hospital?

times Not Applicable Unknown

2c. If answered "Yes" to [2a] then:

In your opinion, were any of these appointments related to morbidity as a result of their ICU stay?

Please select all that apply

- Yes No Unknown

3a. Was any assessment of their rehabilitation needs made at any of the appointments?

- Yes No Unknown

**3b. If answered "Yes" to [3a] then:
If yes please provide details:**

4a. Were any onward referrals made to support their rehabilitation and recovery?

- Yes No Unknown

**4b. If answered "Yes" to [4a] then:
*If yes please provide details:**

5a. Do you have any comment to make on the delivery of rehabilitation to patients who have spent time on ICU and where improvements could be made?

Yes

No

Unknown

**5b. If answered "Yes" to [5a] then:
Please provide details:**
