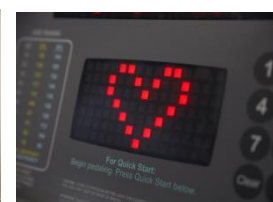


Developing an ICU Follow-up Service

Cordy Gaubert, Clinical Specialist Physiotherapist

BTHFT



Background

- “Surviving critical illness is not the happy ending that we imagined for our patients” Herridge (2014)
 - Long-term physical, psychological, cognitive and emotional consequences
 - Reduced quality of life, sense of well-being and self-purpose; social isolation
 - Lack of ICU follow up is associated with higher rates of readmission to hospital
-

Rehabilitation after critical illness in adults

Clinical guideline
Published: 25 March 2009
www.nice.org.uk/guidance/cg93



GUIDELINES FOR THE PROVISION OF INTENSIVE CARE SERVICES

Version 2.1
July 2022



POST INTENSIVE CARE SYNDROME FAMILY
(PICS-F)

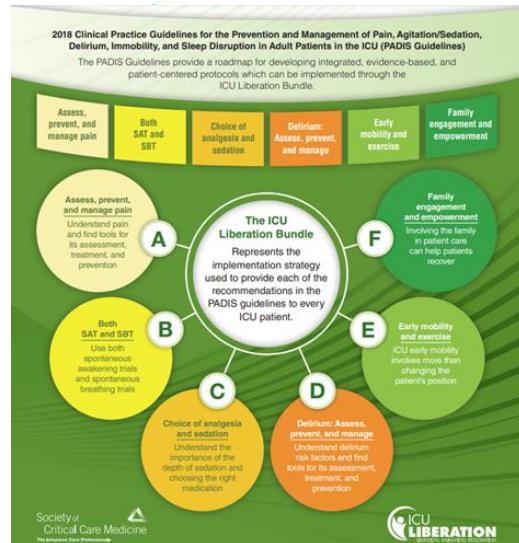
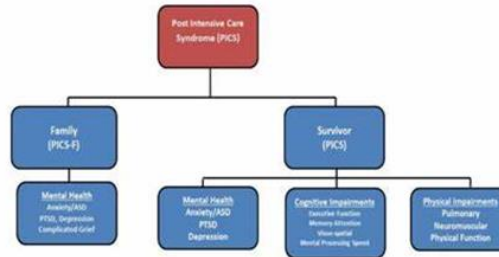
Rehabilitation after critical illness in adults (QS158)

Quality statement 4: Follow-up after critical care discharge

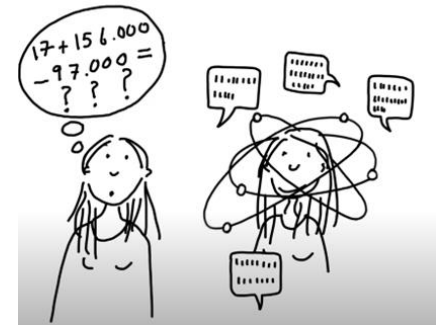
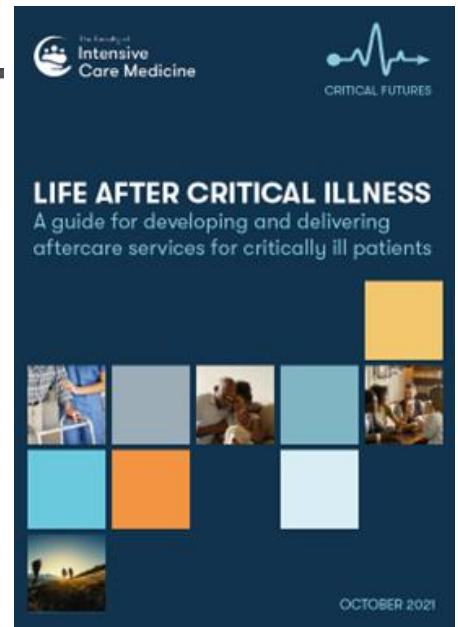
Quality statement

Adults who stayed in critical care for more than 4 days and were at risk of morbidity have a review 2 to 3 months after discharge from critical care.

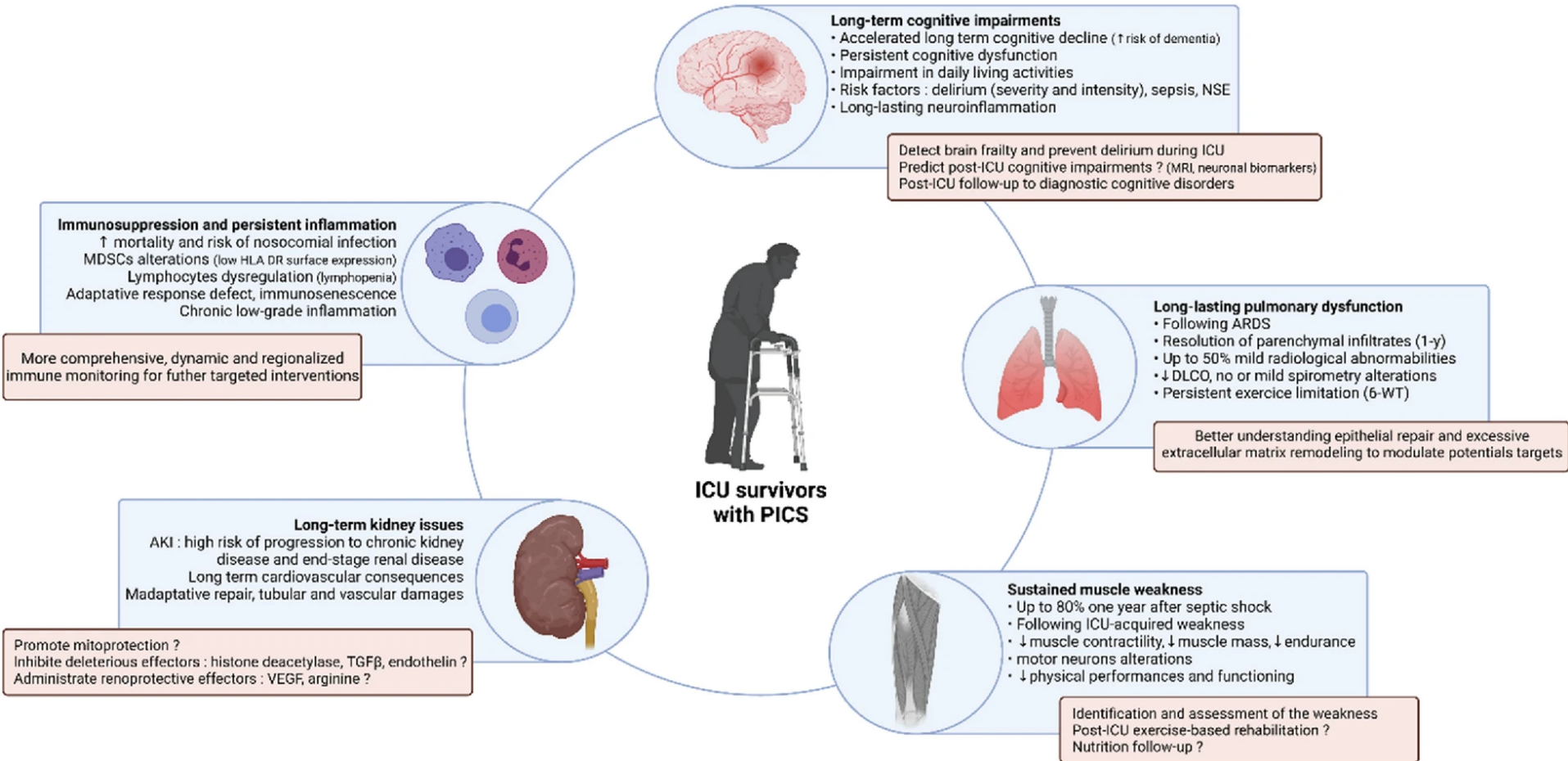
Post-Intensive Care Syndrome



Needham et al., 2012



PICS:



BTHFT experience

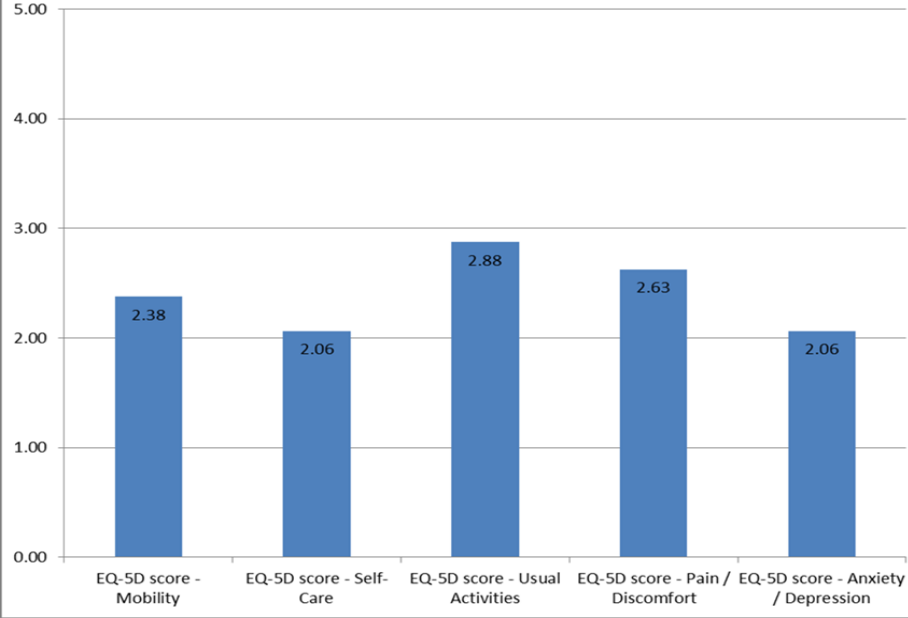
- No planned, coordinated, sustainable ICU follow-up service
 - Requirement for ICU follow-up amplified by the COVID-19 pandemic
 - ‘Ad hoc’ follow-up care provided - valuable and beneficial to patients and families
 - Evidence of a significant need locally – post Covid clinic and patient questionnaires
-

BTHFT ICU Covid cohort

Post Covid clinic - common themes:

- Psychological trauma – flashbacks; nightmares; anxiety; depression
 - Cognitive issues – memory problems; inability to concentrate; brain fog
 - Breathlessness/reduced exercise tolerance
 - Breathing pattern disorders
 - Fatigue
 - General weakness; neuropathies; multi-joint pain
 - Hair loss
-

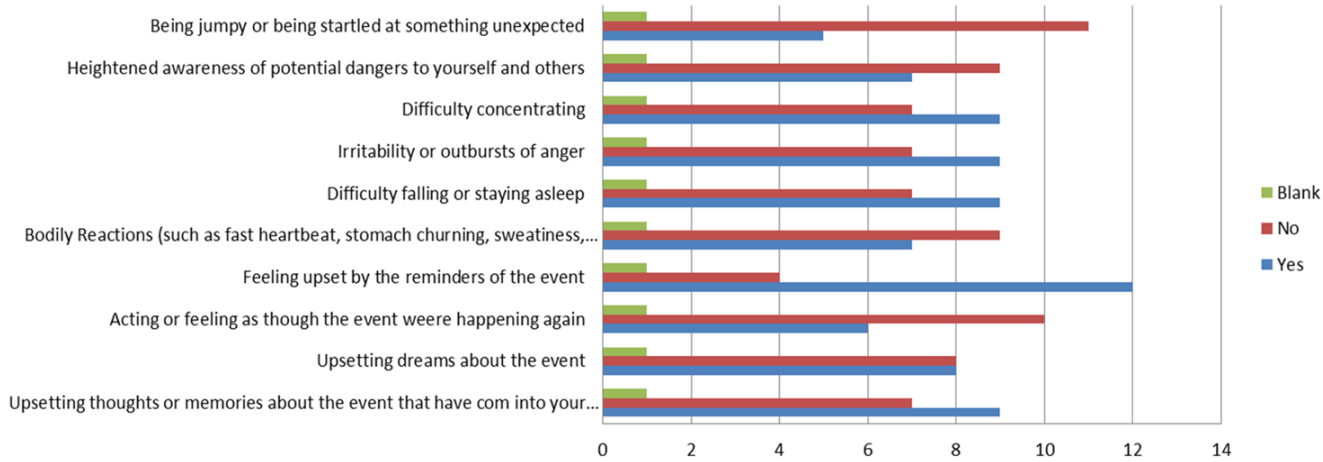
EQ-5D Average Score



17 Questionnaire responses - Covid +Trache
 Mean ICU LOS 48.2 days (17-99)
 Mean time since d/c 12.9 months (3-21)

**Health Scale Score average:
 60% (10-85%)**

Patients were asked if they had experienced any of the following at least twice in the preceding week



“My concentration is very poor”

“Nurse has suggested PTSD”

“I want to work”

“I have very bad nightmares, sweating and fighting for my breath”

“I’m trying not to remember my dramatic event”

“I’m not who I was”

“I have very bad balance inside and outside”

“I am very weak, the stairs cause me problems”

“After 12 months discharge I have come to terms with everything”

“I still get breathless due to the lung damage, and accept my lungs will never fully recover”

Setting up an ICU Follow-up clinic!



Virtual clinics



Benefits

- Convenient/no costs
- No need for physical location in hospital
- Potential for multi-person platform
- Visual engagement (vs telephone)
- Access to family

Limitations

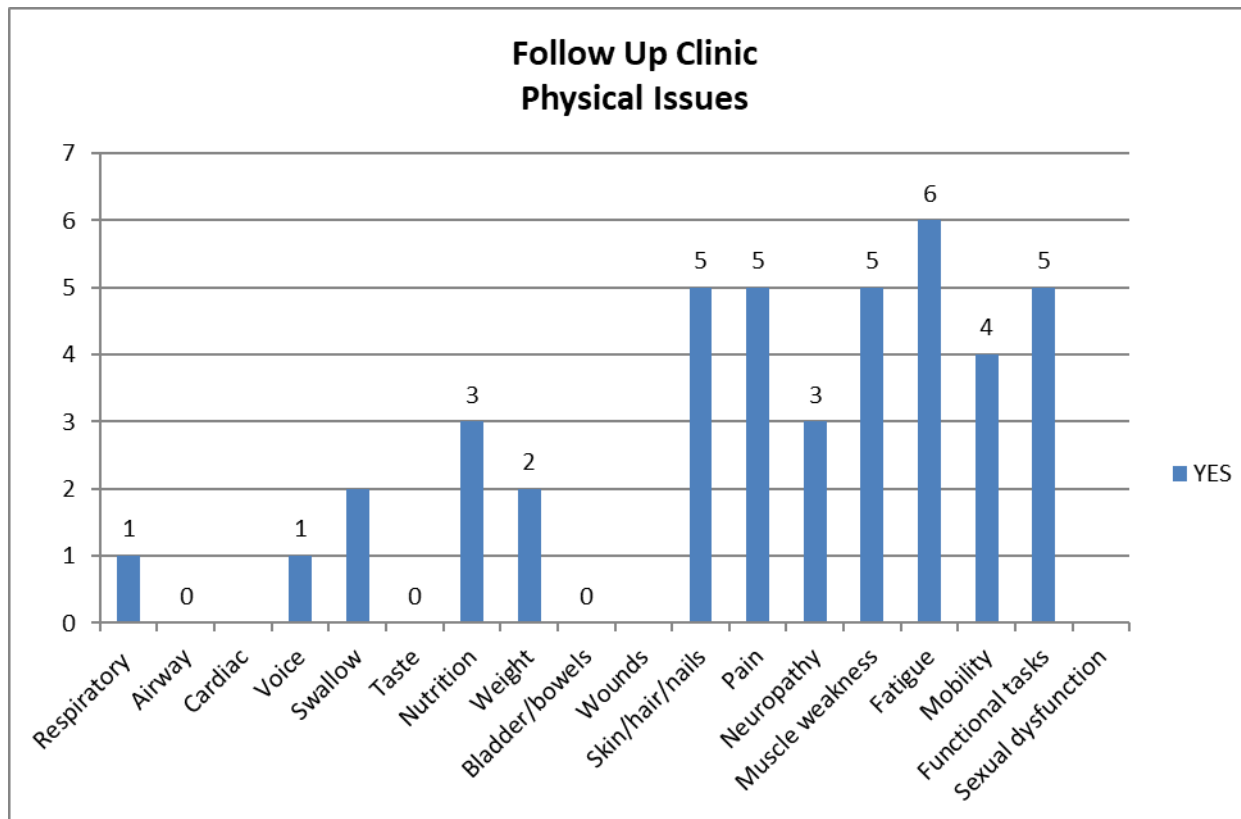
- Technical/connectivity issues
- Correct patient info needed
- Unable to perform direct physical Ax
- Unable to visit ICU and meet members of staff

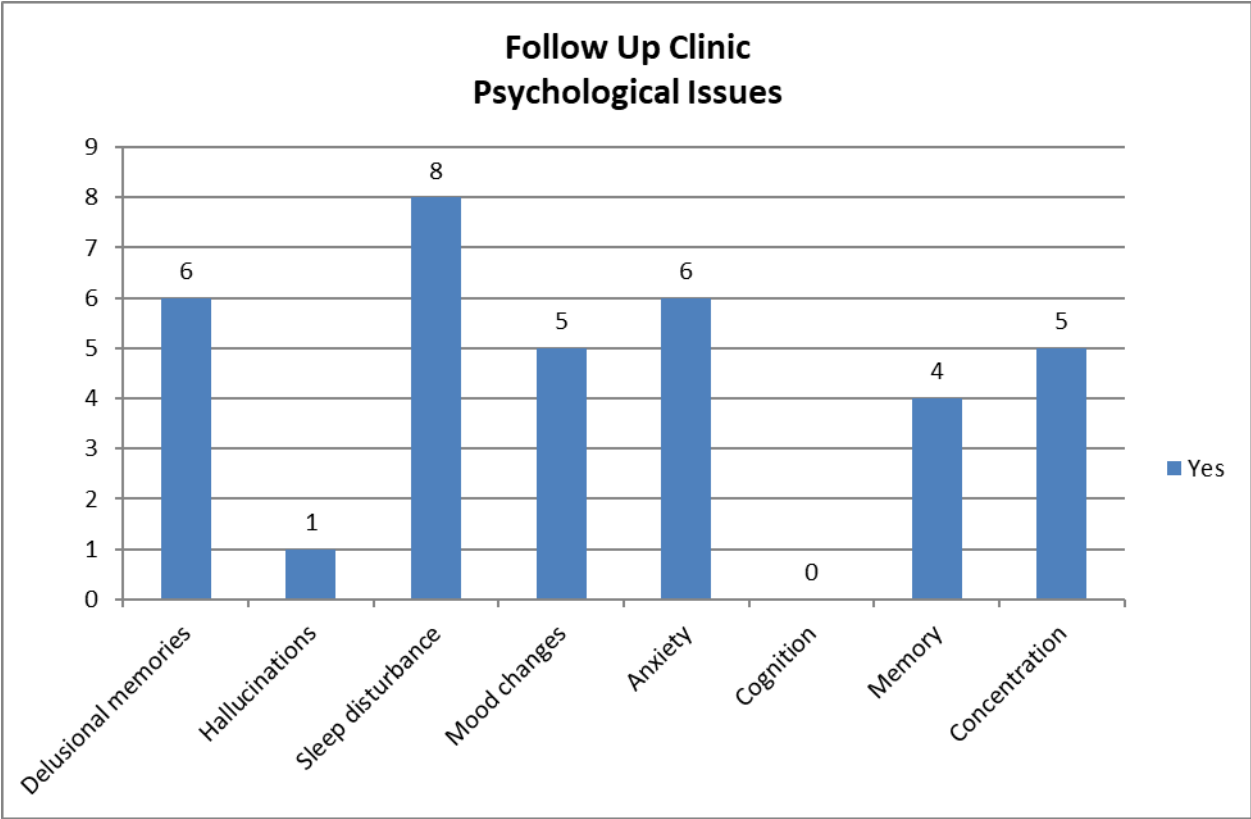
Clinic interventions:

- Normalising emotional responses
 - Explanations of false memories/delirium
 - Time line of events
 - Referrals to support services – Community Therapy; MyWellbeingCollege; Psychology
 - Information – sleep; brain training, relaxation, ICU Steps, “safe place”, Critical Care Support Network etc...
 - Chasing up other speciality follow-up
 - Offering visits to ICU
-

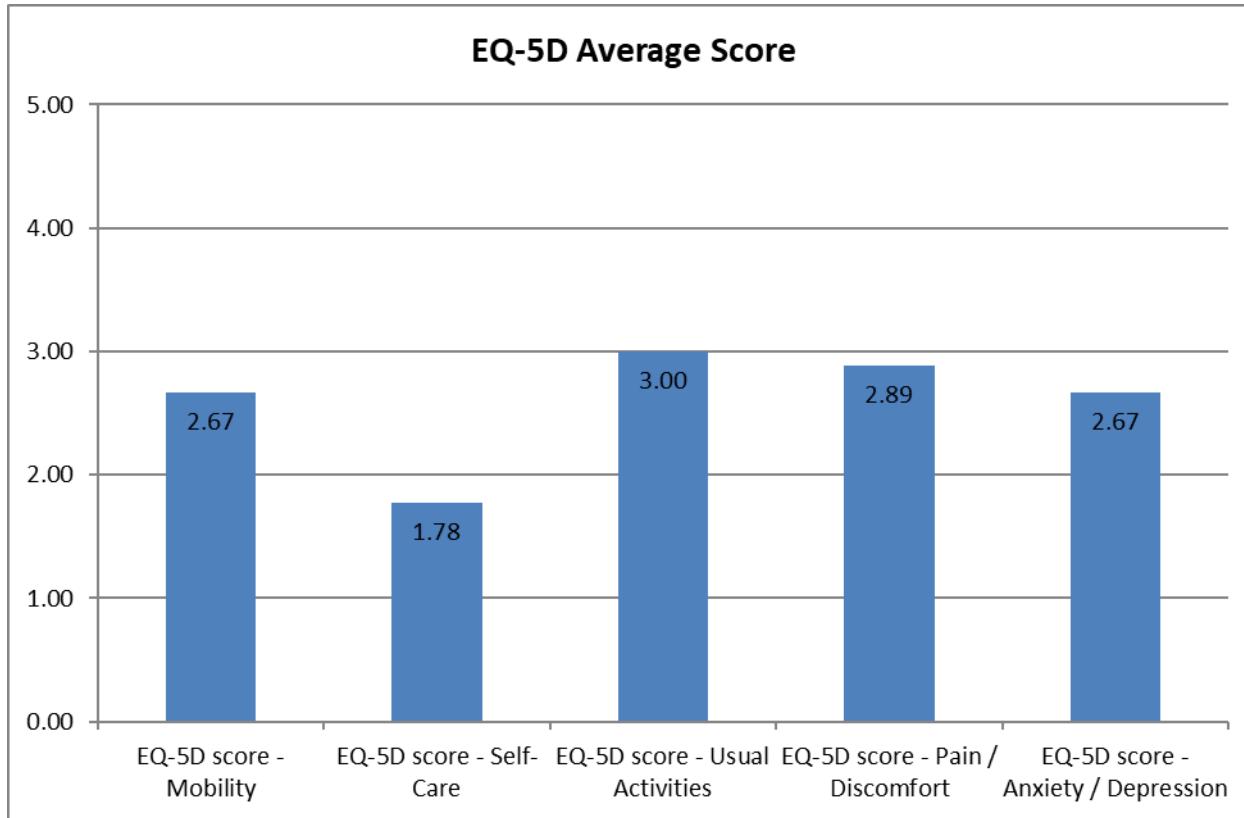
So far:

- x5 clinics run, 9 patients' data – Mean age 46.9 years (19-66); Mean ICU LOS 14 days (4-66);



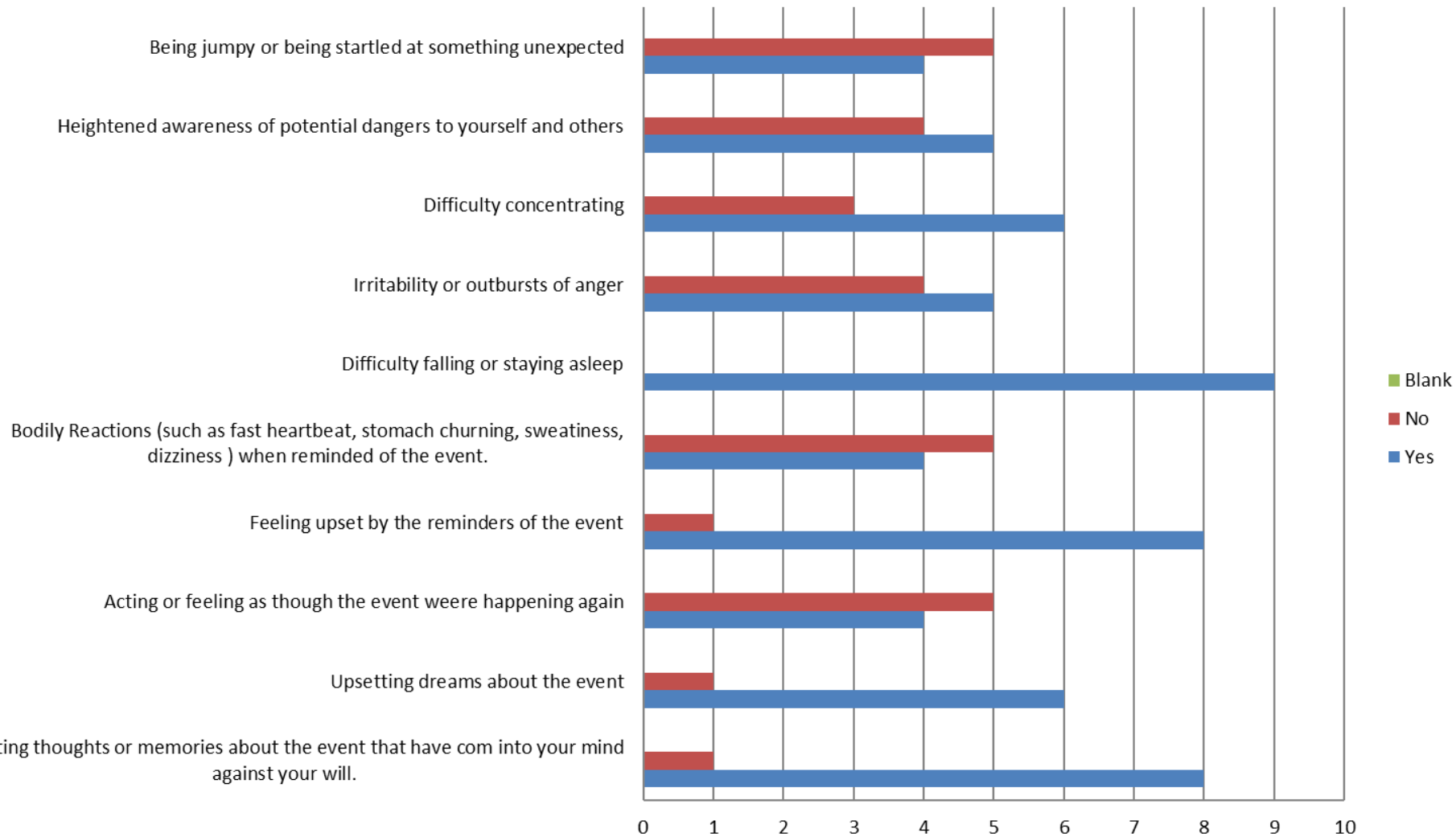


Mean Health Scale Score: 50.4%



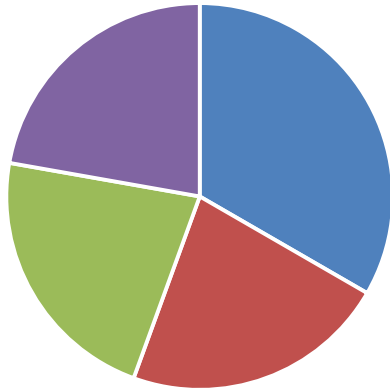
Trauma Screening Questionnaire

Patients were asked if they had experienced any of the following at least twice in the preceding week



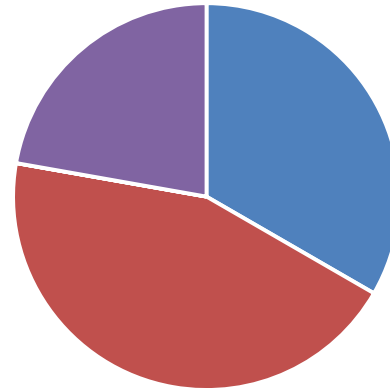
Patient feedback

Virtual vs Face to face clinic



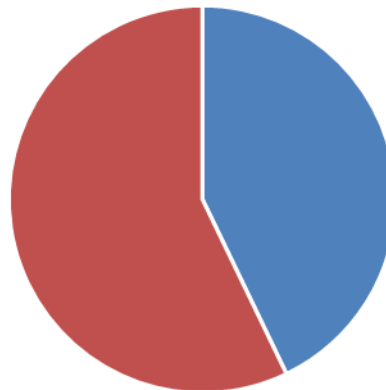
■ Virtual ■ Face to face ■ Don't mind ■ No response

Usefulness of clinic



■ Very useful ■ Useful ■ Not useful ■ No response

Second appointment needed?



■ Yes ■ No

"we discussed everything and I was happy and relieved at the same time"

"I was able to voice my issues and once I did that, a big weight was lifted off my shoulders".

"A lot of what happened I don't remember so it was good to hear what went on"

"I was missing a week of my life - I needed to piece it all together in my head and to know exactly what happened. My appointment answered all my questions and I now feel it has connected my life again".

"Offered me an opportunity to get some things off my chest and helped me understand why I was in for so long"

"Good to hear what went on that I couldn't remember. It was nice to see the nurse and physio and they seemed happy seeing me."

"ICU are an amazing and fantastic team - they do everything to make you feel at ease in and out of hospital"

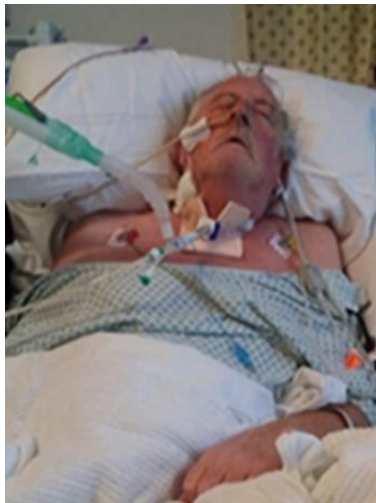
Next steps

- Aim high - face to face, multi-professional clinic
- Data gathering for business case, including feedback from patients and families
- Further work with QI team and Patient and Public Engagement Officer
- Peer support group
- Virtual Royal Infirmary – post ICU patient information project: ongoing work with Bradford University to develop microsite



“Enhancing survivorship or the quality of survival is now central to our management of critically ill patients” GPICS2 2022

“Post ICU recovery services are not an optional add-on, but ESSENTIAL for high quality critical care” FICM 2021



With thanks to:

Sarah Cooper, ICU Consultant

Wendy Miner, Deputy Matron ICU

Margaret Molloy, ICU Sister

Karon Todd, ICU Sister



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 - <https://www.nhsaaa.net/services-a-to-z-support-pages/life-after-icu-inspire/>
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