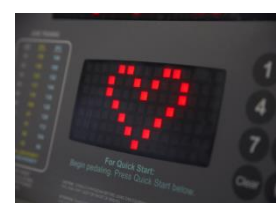


# Developing an ICU Follow-up Service

**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](http://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)

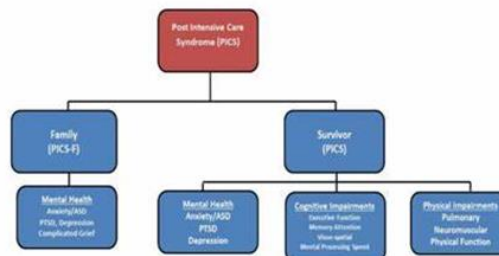
Rehabilitation after critical illness in adults (QS158)

## Quality statement 4: Follow-up after critical care discharge

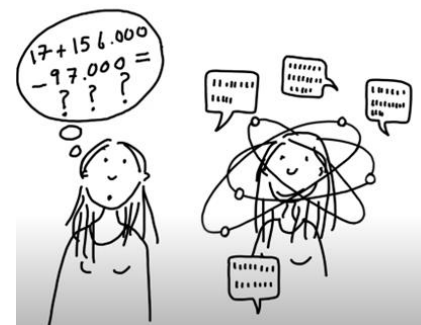
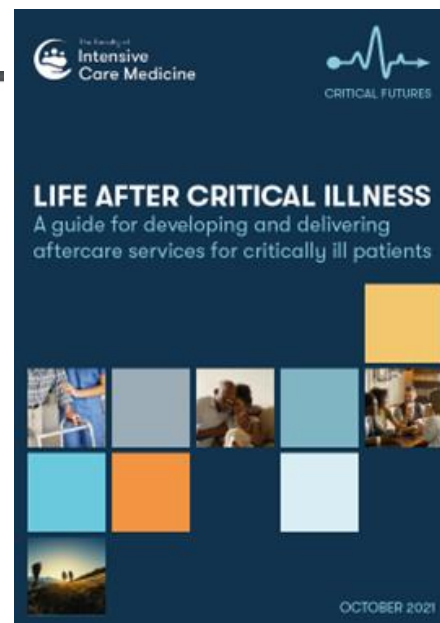
### Quality statement

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.

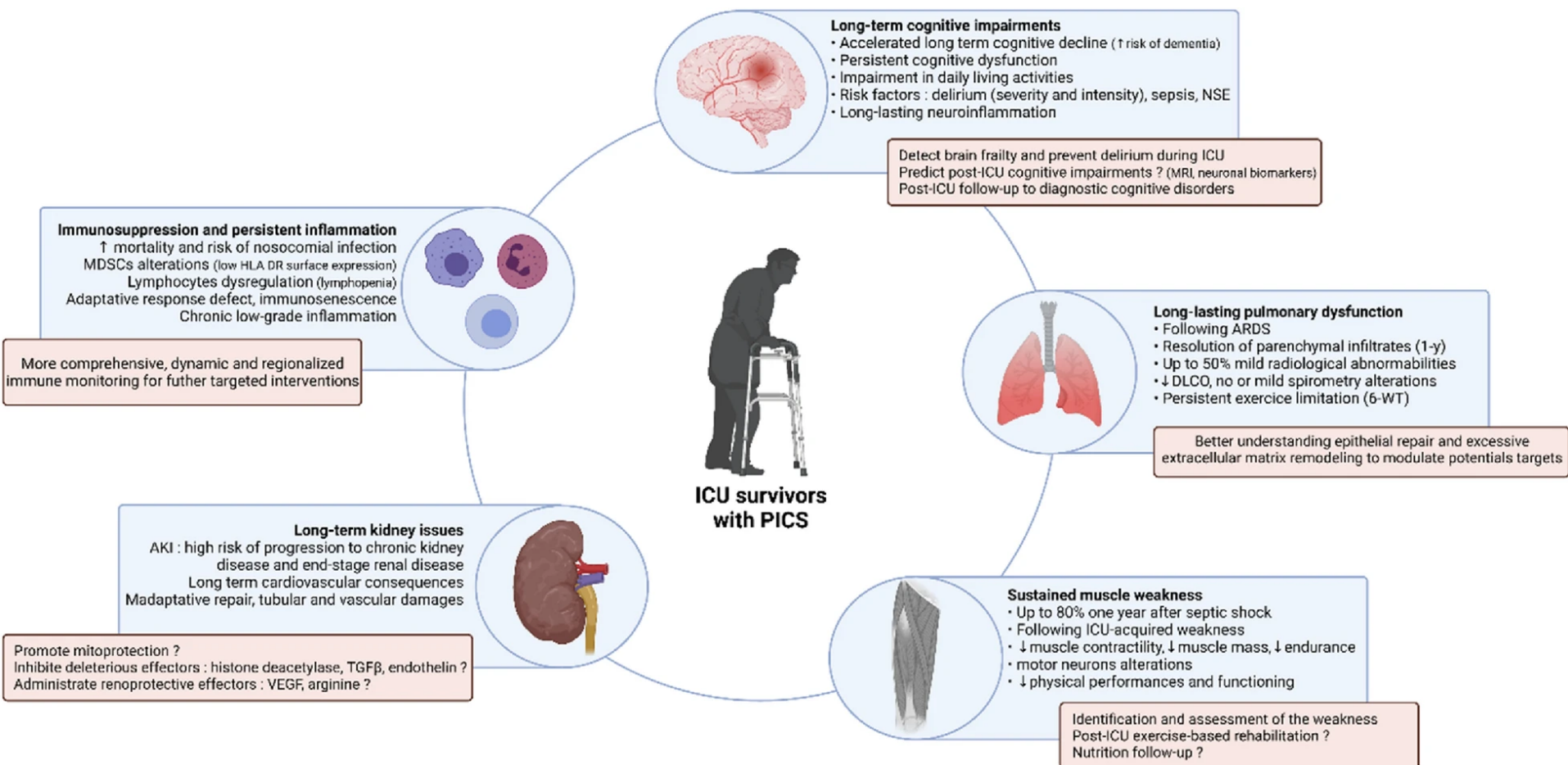
## Post-Intensive Care Syndrome



Needham et al., 2012



# PICS:



# BTHFT experience

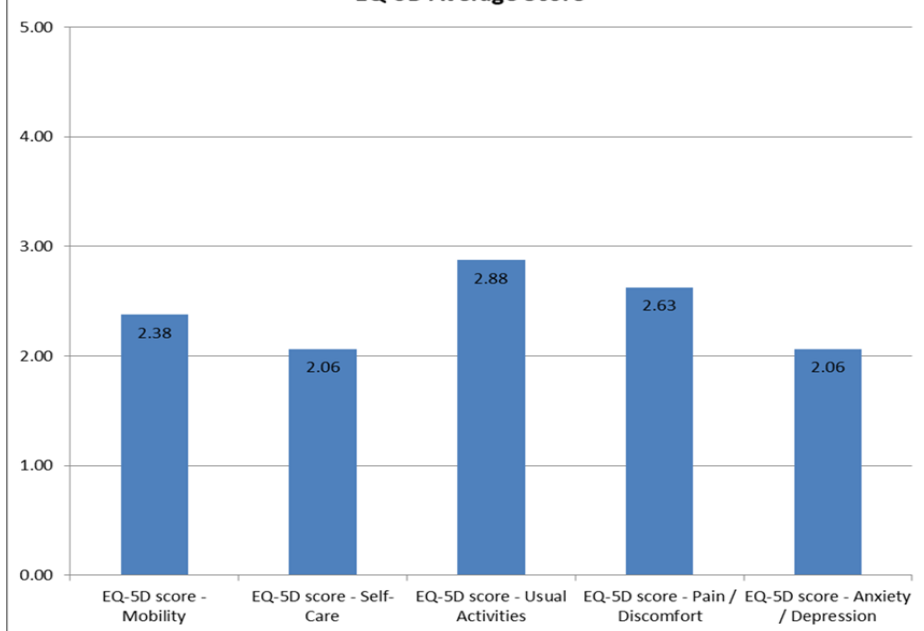
- No planned, coordinated, sustainable ICU follow-up service
  - Requirement for ICU follow-up amplified by the COVID-19 pandemic
  - 'Ad hoc' follow-up care provided - valuable and beneficial to patients and families
  - Evidence of a significant need locally – post Covid clinic and patient questionnaires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

# 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
-

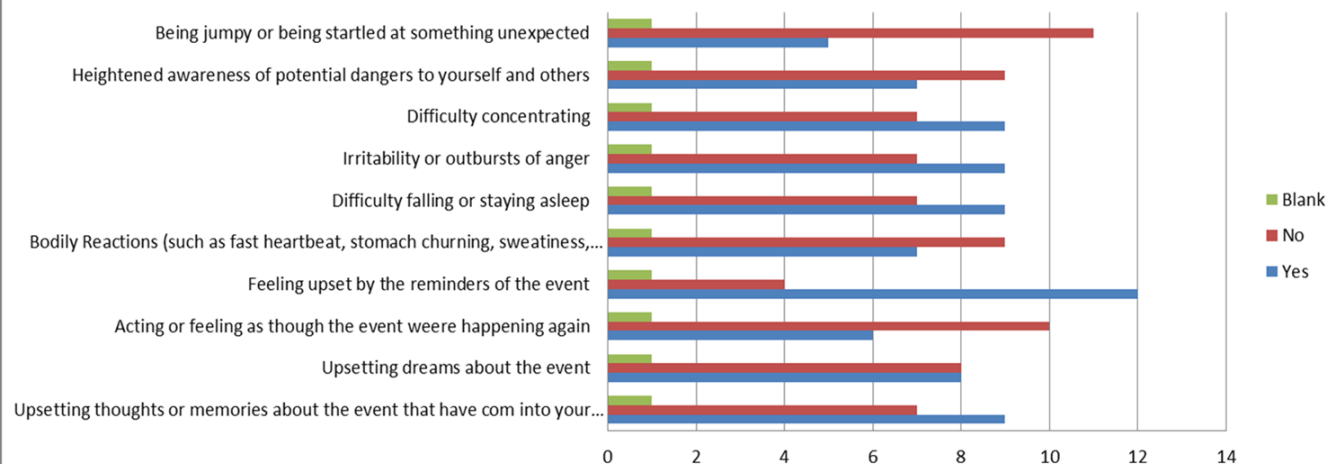
**EQ-5D Average Score**



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 preceeding 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

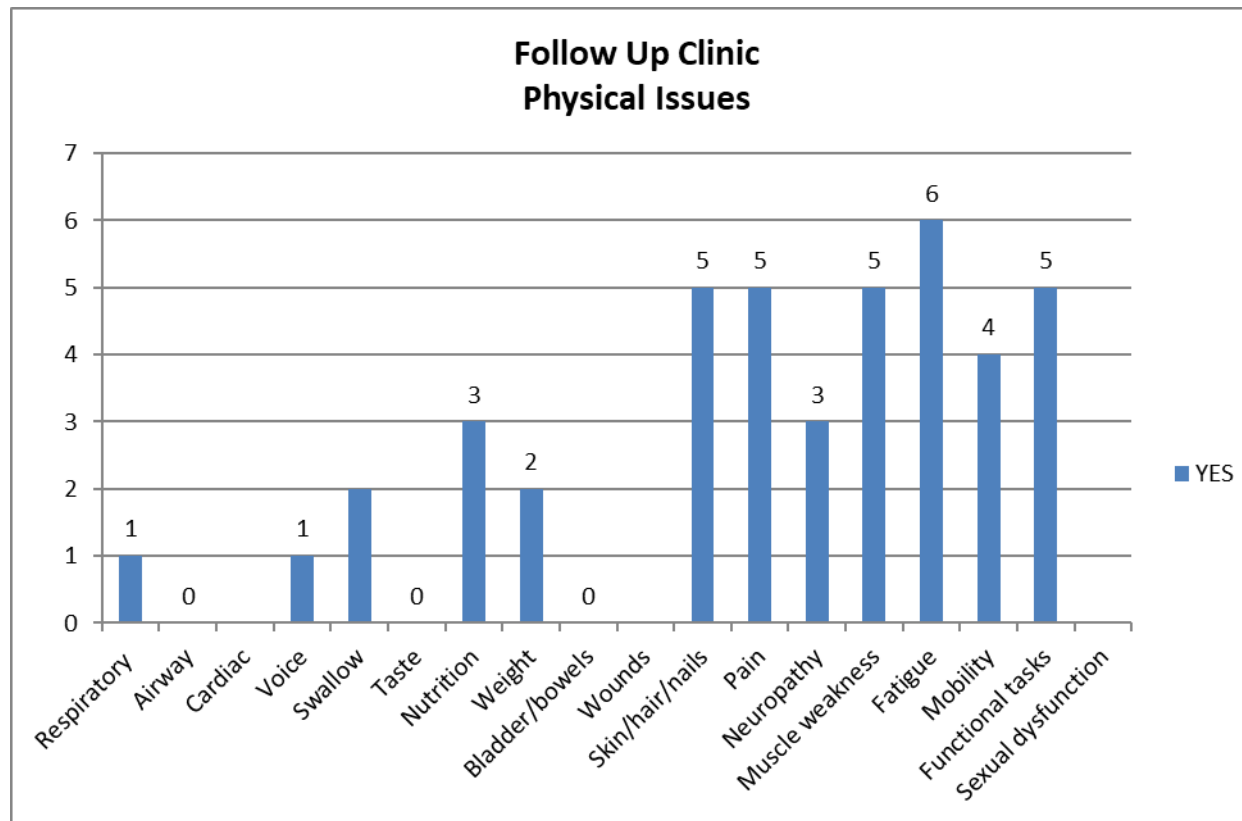
- Technical/connectivity issues
- Correct patient info needed
- Unable to perform direct physical Ax
- Unable to visit ICU and meet members of staff

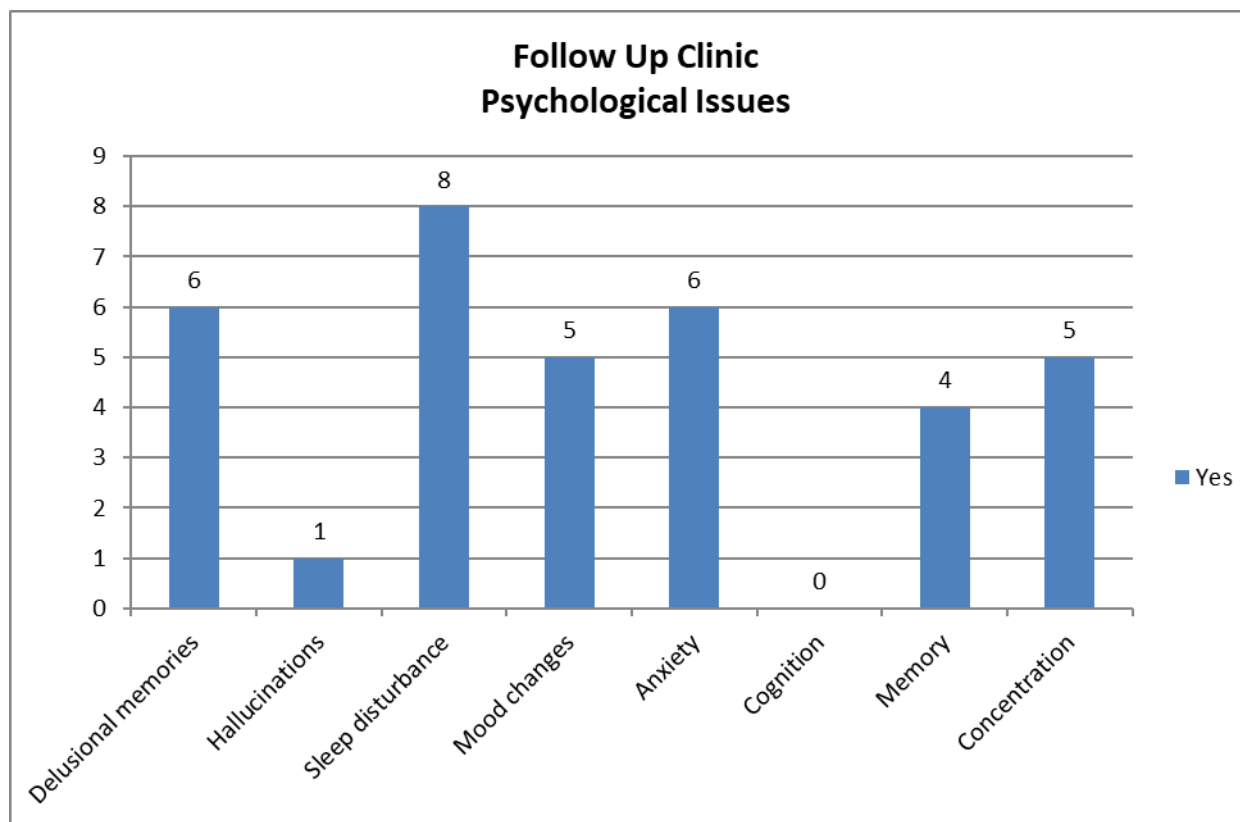
# Clinic interventions:

- 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:

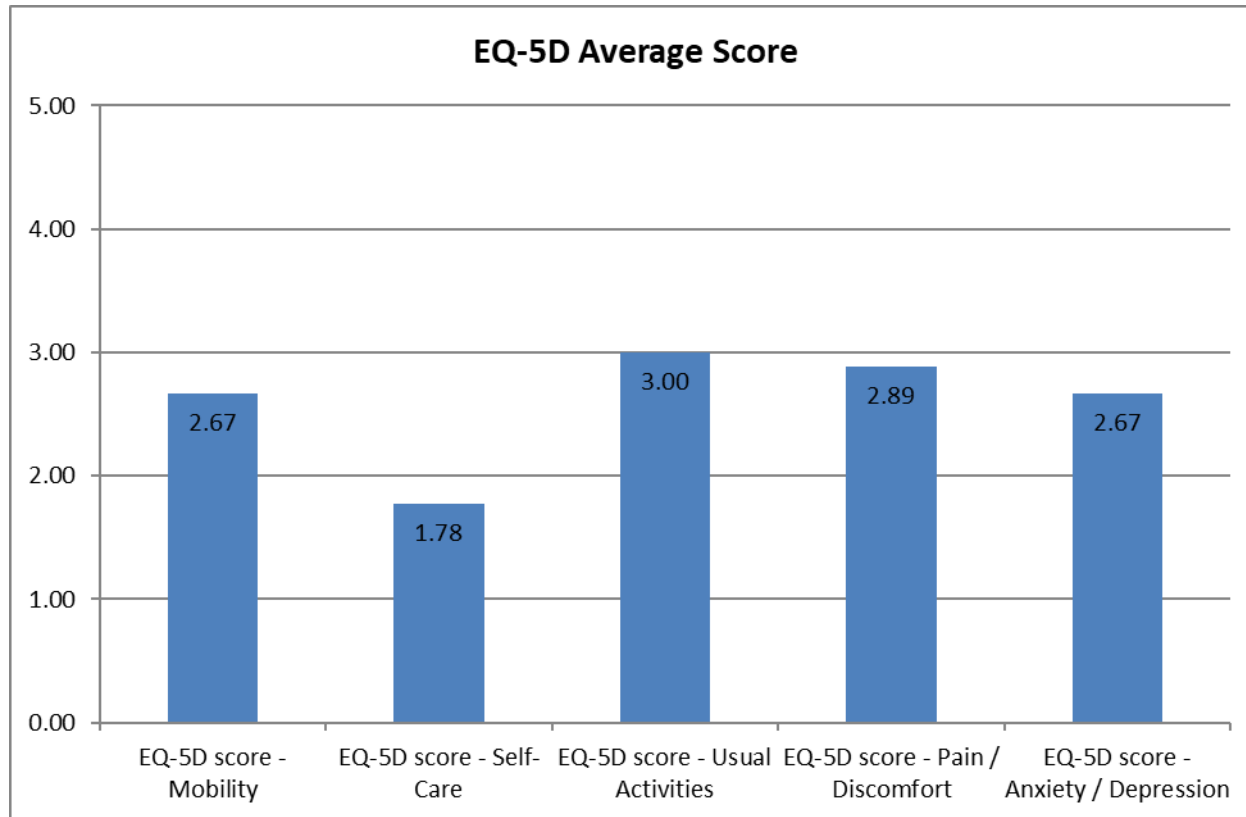
- x5 clinics run, 9 patients' data – Mean age 46.9 years (19-66); Mean ICU LOS 14 days (4-66);





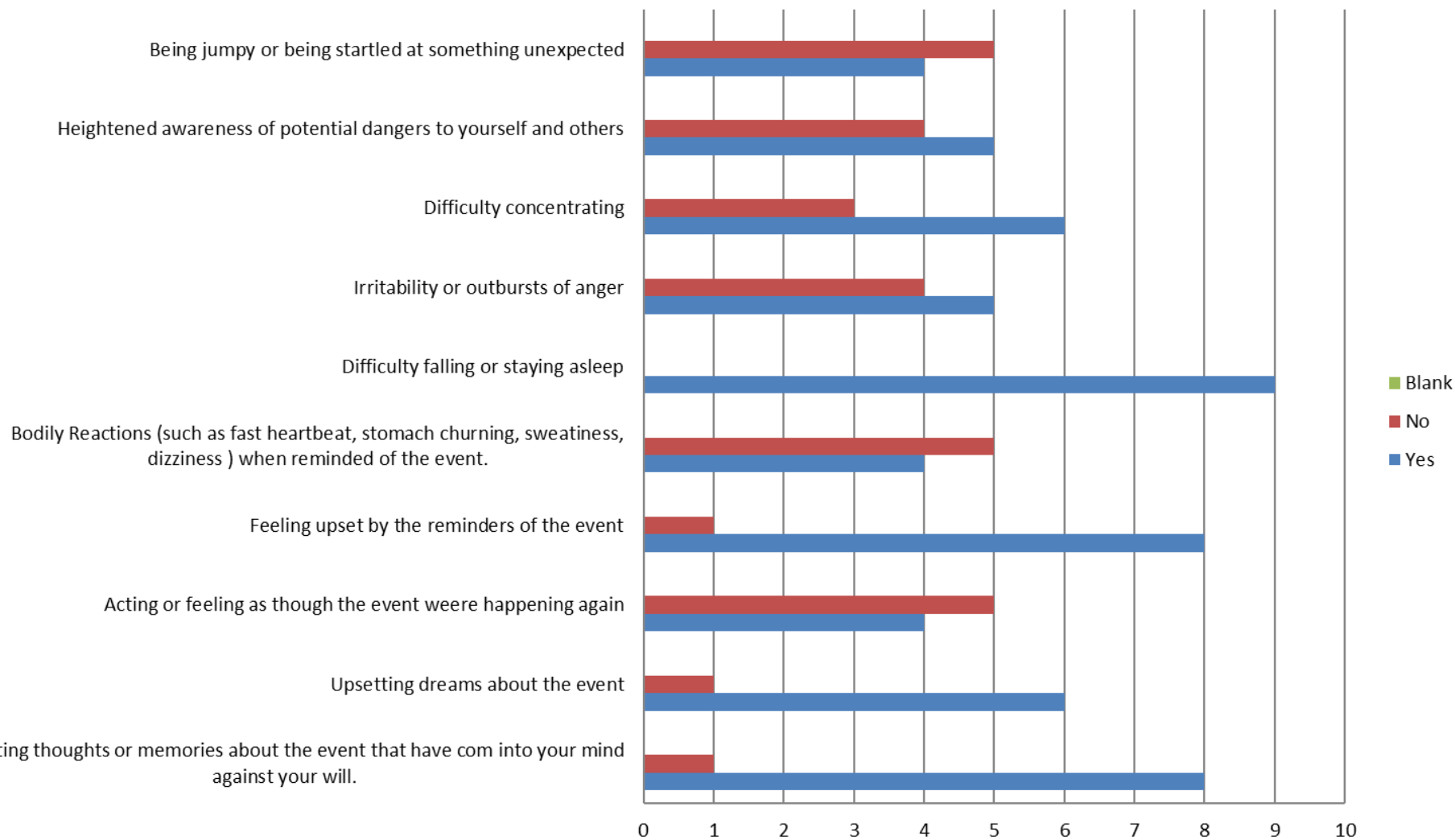
# Mean Health Scale Score: 50.4%

Bradford Teaching Hospitals  
NHS Foundation Trust



# Trauma Screening Questionnaire

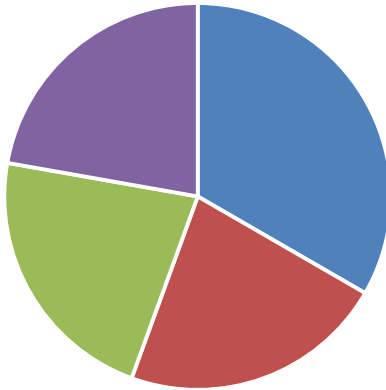
Patients were asked if they have experienced any of the following at least twice in the preceding week





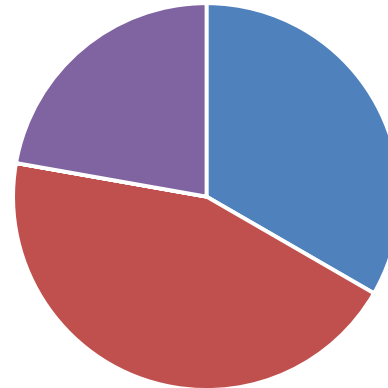
# Patient feedback

Virtual vs Face to face clinic



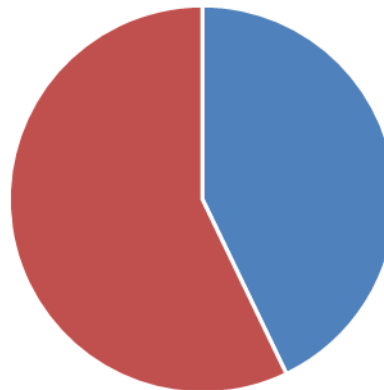
■ Virtual ■ Face to face ■ Don't mind ■ No response

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/>