

The Intensive Care Follow up Clinic & Patient Diaries

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Introduction

The Faculty of Intensive Care Medicine (FICM) (2021) suggest that many survivors of critical illness face a long and difficult recovery. Psychological and physical problems are amongst the most common, including nightmares, anxiety and post traumatic stress disorder (PTSD).

In the first year following critical illness:

- Over half of ICU survivors visit an emergency department
- One third of patients are re admitted within 30 days of discharge
- Up to 60% of patients are re admitted within one year following discharge
- Unemployment rates of previous employed ICU survivors are high, with two thirds unemployed at three months, two fifths at twelve months and one third at sixty months

(FICM, 2021)

The implementation of a post ICU recovery service is important, as it allows the provision of vital support and helps to provide effective management of complications, related to critical illness and treatment, as critical illness leaves patients at a high significant risk of long term physical, cognitive and psychological problems (FICM 2021).

ICU FOLLOW UP CLINIC

In January 2023, Lincoln County Hospital introduced a face to face follow up clinic for patients who had been discharged from ICU, this is in line with the GPICS recommendations that a minimum of a 20–30 minute appointment should be offered to patients 2–3 months post ICU discharge.

Inclusion criteria:

- ⇒ Level 2/3 patients with a stay of more than 4 days
- ⇒ ALL Out of Hospital Cardiac Arrests (OOHCA), maternal patients, anaphylaxis and trauma patients
- ⇒ Any patient with unexpected outcomes

Anybody can request an appointment, even if they do not meet the inclusion criteria.

Our ICU follow up clinic:

- Consists of an Advanced Critical Care Practitioner (ACCP) & Deputy sister
- One clinic is run once a month offering a thirty minute appointment
- PTSD and anxiety scoring tool is sent out prior to the appointment, to help us recognise which patients are psychologically struggling
- After the appointment a letter will be sent to the patients GP outlining their appointment and any further support the patient may require

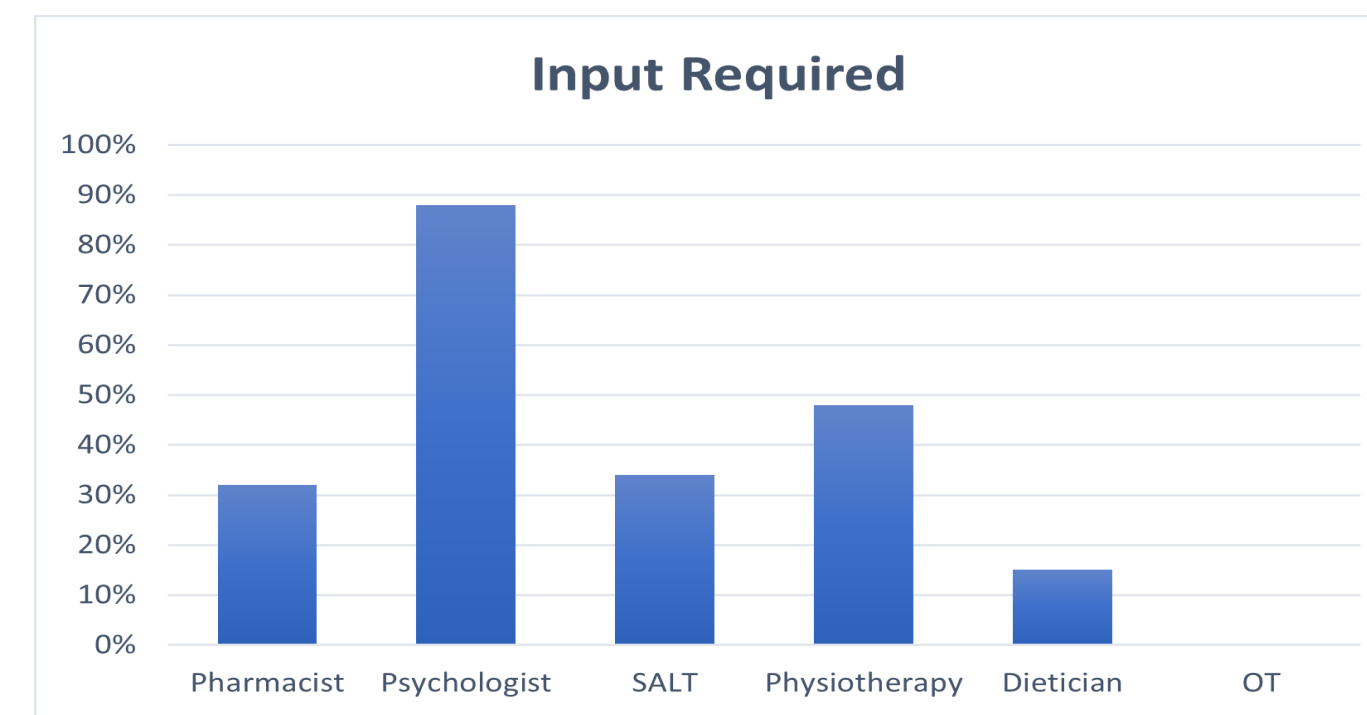
Our aims:

- ◊ To offer support and guidance to patients and relatives following critical illness
- ◊ The opportunity for the patient and family to ask any questions
- ◊ To refer onto other services should further input be required, e.g physiotherapy, dietician, Speech & Language (SALT)
- ◊ To give the opportunity for the patient to look round the ICU—this can help them see the ICU environment in a more structured manner and could help aid their recovery

Barriers to introducing the face to face follow up clinic

BARRIERS	HOW THE BARRIER WAS OVERCOME
• Staff attitudes—why does it need to go face to face?	• Discussion of the psychological impact being a patient in ICU has
• Lack of time	• Non clinical office days allocated
• Lack of room available to run the clinic	• Room available, however this was being used as storage—this was cleared out.

Outcomes



Since January we have been auditing which services patients require further input from, as you can see from the chart above there is a high demand for psychological support for patients discharged from ICU. Jackson et al (2014) explain that up to sixty five percent of patients discharged from ICU are at risk of developing psychological symptoms, this can be in the form of anxiety, depression, PTSD and nightmares. Out of all the patients seen, we found that 87% of patients would have benefitted from psychological support, with most struggling to come to terms with their stay and suffering from an element of PTSD. We currently have no trained psychological support available in Lincoln, however some patients feel better by coming to follow up clinic and talking through their worries and anxieties.

In September 2023, we ran our first support group. The aim of the support group is for patients to talk to each other who have been through a similar experience, some may be further down their recovery journey and this can help patients realise, what they think and feel may be normal for someone who has been critically ill. There was a low attendance for our first support group, however this was beneficial to those who attended and we hope this will build up over time, with our next support group running again in 4 months.

PATIENT DIARIES

Patients surviving critical illness are at risk of developing psychological symptoms that can affect their quality of life and recovery. The aim of the patient diary is to help improve psychological symptoms by reducing memory gaps and contextualising what has happened during their time on ICU (Costa et al 2021). Several studies have been carried out about the use of patient diaries in ICU, with mixed results and some showing little benefit to psychological outcomes, however more recent studies carried out have shown that diaries can help to reduce the onset of PTSD and decrease the risk of anxiety and depression (Blair 2020 et al, 2017).

In January 2023 we started to trial the use of patient diaries in ICU, a diary was designed and an example was sent out to staff with a list of instructions on how to complete and what to write. The inclusion criteria included:

- Any level 3 Patient who is sedated & ventilated*
- Complex level 2 patients who have a augmented stay on ICU

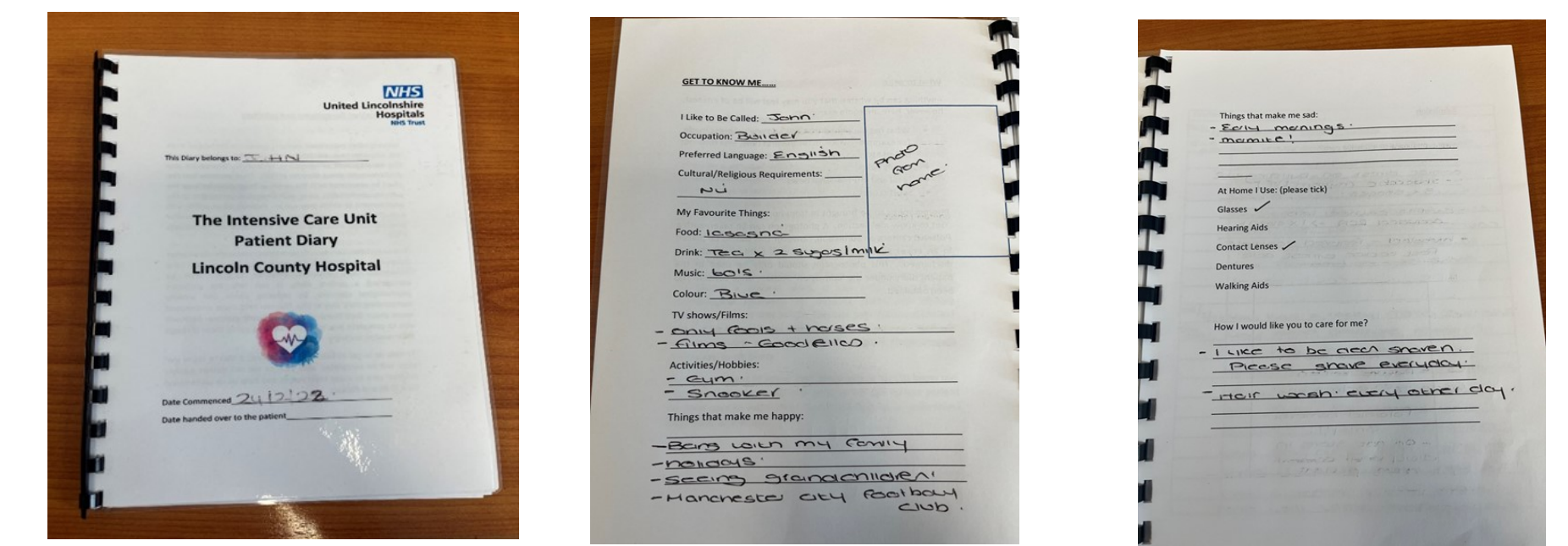
What to write:

- What has happened on that day
- Family news
- Local & international news
- Sport scores
- Mile stones reached—eg, sat out of bed for the first time

References

- Blair K, Eccleston S & Binder H (2017) Improving the patient experience by Implementing an ICU Diary for Those at Risk of Post intensive care Syndrome. *Journal of Patient Experience* 4(1): 4–9
- Costa A, Padfield O & Elliot S (2021) Improving Patient Diary use in Intensive Care: A quality improvement report. *Journal of Intensive Care Society*; 22 (1): 27–33
- Faculty of Intensive Care Medicine/The Intensive Care Society (2021) Guidelines of the Provision of Intensive Care Services [edition 2] (GPICS)
- Jackson J, Pandharipande P, Girard T et al (2014) Bringing to light the Risk Factors and Incidence of Neurophysiological dysfunction in ICU survivors. *Lancet Respiratory Medicine*; 2 (1): 369–379

Example Diary



As many ICU patients are unable to communicate with us due to the use of sedative drugs and artificial airways being in place, eg tracheostomy tube or endotracheal tube, a 'Get to know me' page was created in the diary, which can be completed by the patients next of kin on admission. The 'Get to know me' page is to provide information about the individual so we are able to treat the patient as an individual by understanding their likes and dislikes, this can help enhance the care the patient is receiving in such an unfamiliar environment and help reduce any psychological stress,

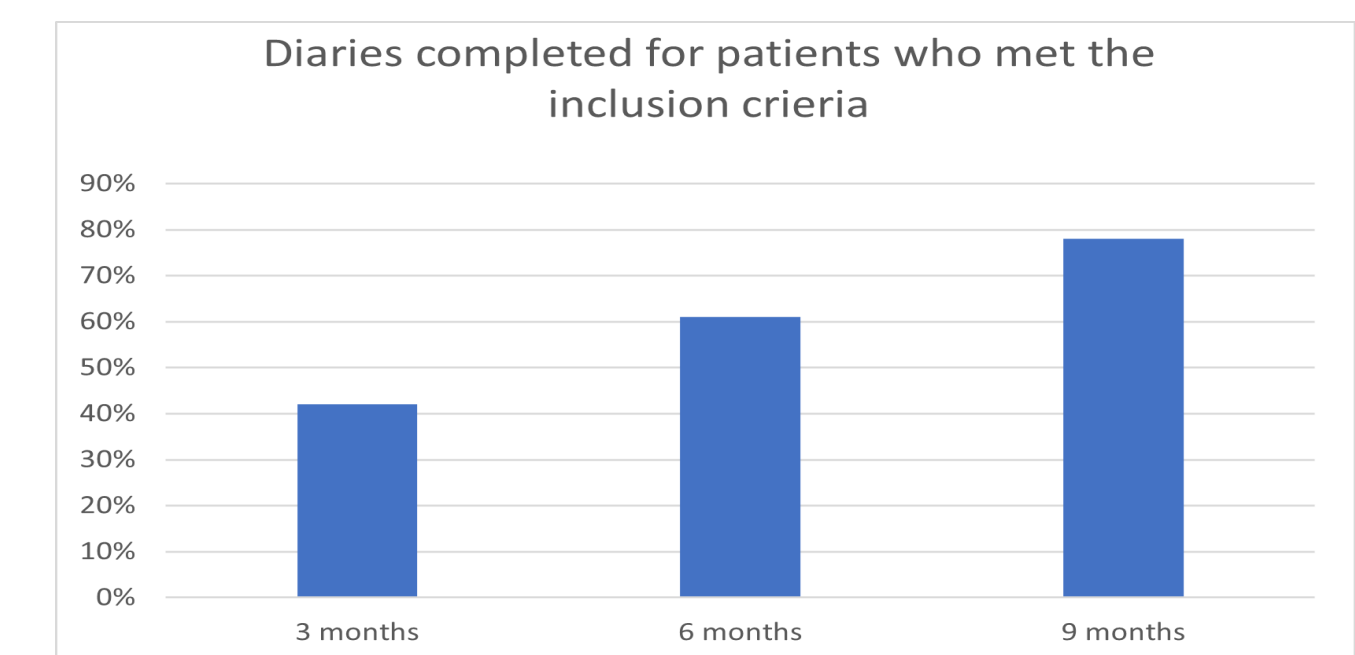
Consent and use of photographs

The patient needs to be able to consent to the diary once they regain the capacity to do so, therefore consent forms were developed. If the patient wishes to keep the diary, they will sign a consent form on discharge from ICU and the diary will be given to them, should they not wish to keep their diary, they will still sign a consent form stating this and the diary will be destroyed. A consent form was developed also for the patients next of kin, this is so they can sign for the diary to be kept or destroyed should the patient die or if capacity is not regained at the time of admission. Currently we are unable to use photographs in the patient diary due to issues around consent, however this remains a working progress.

Barriers to introducing diaries

Barriers	How the barrier was overcome
• Staff attitudes—some staff felt diaries did not work	• Evidence given to staff which showed diaries to be beneficial & trial period of diaries
• Non compliance of staff—diaries not getting completed	• Regular emails sent to remind staff to complete the diaries and information given
• Staff unaware of what to write	• Example diary completed to show staff what should be written

Staff Compliance



The above graph shows the percentage of diaries completed at 3 months, 6 months and 9 months. As you can see staff compliance has improved over the months, now showing that nearly 80% of patients who should have a patient diary, had one. There is still work to be done to make staff compliance 100% at completing the patient diaries. Positive feedback have been given around the patient diaries, from staff, relatives and patients. Patients who have attended follow up clinic has said reading the diary back has helped fill in the blanks of their ICU stay, whilst under sedation.