

'Hello, how are you?'

Evaluating the benefit of Nurse-led telephone Follow-Up Clinics.

CAT YATES - CRITICAL CARE CLINICAL NURSE SPECIALIST
CAMBRIDGE TEACHING HOSPITALS - ADDENBROOKES



CRITICAL CARE CNS TEAM
Enhancing the patient and their
loved ones journey

Outline of presentation

- 1) **Introduction** - Post Intensive Care Syndrome (PICS) and the Telephone follow-up service
- 2) **Methods** – Service evaluation questionnaire
- 3) **Results** – What do our patients say?
- 4) **Conclusion** - Value of this service
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Post Intensive Care syndrome (PICS)

- ▶ **Physical** (fatigue; weight loss; muscle weakness; pain; sensory changes)
- ▶ **Cognitive** (impaired memory; poor concentration; reduced executive function)
- ▶ **Psychological** (anxiety; depression; PTSD; recall of ICU delirium)
- ▶ **Effect on loved ones** (anxiety; depression; complicated grief; change of role to carer)

(Elliott et al, 2014; NICE, 2009)

Surviving the ICU is only the beginning of a long road ahead.

(Morgan, 2021)

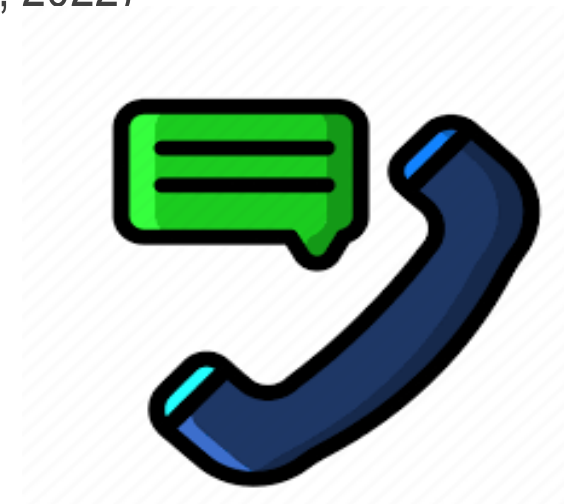


The Telephone Follow-Up Service

- The Covid pandemic brought about the virtual clinic
- Critical care recovery triage developed the **'PICUPS'** (Post ICU Presentation Screen) and **'PICUPS Community'** (ICS, 2020)
- **'PICUPS Community'** is utilised with our Telephone clinics.

'Facilitating follow-up post critical care is vital to assess and support patients through their recovery'

(NICE, 2009; ICS, 2022)



A sample of 'PICUPS Community' (ICS, 2020)

The assessment examines the patients perception of their – Breathing; Voice; Swallow; Nutrition; Moving in and outdoors; Personal hygiene; Maintaining a household; Vocation; Fatigue; Pain; Communication; Cognition; Mental Health/delirium and Family distress. Rated on a 6 point scale.

1. Breathing	
We want to know if you experience breathlessness	
<input type="checkbox"/>	I do not suffer from breathlessness
<input type="checkbox"/>	I have mild breathlessness (eg only with strenuous or heavy exercise)
<input type="checkbox"/>	I have moderate breathlessness (eg when hurrying or walking up a slight hill)
<input type="checkbox"/>	I have marked breathlessness (eg I have to walk more slowly, or stop after a mile or so)
<input type="checkbox"/>	I have severe breathlessness (eg I have to stop and rest after about 100 yards or a few minutes of walking even on level ground)
<input type="checkbox"/>	I have extremely severe breathlessness (eg I am breathless on minimal exertion such as dressing or I am too breathless to leave the house)

Methods: Service evaluation questionnaire

- An anonymous on-line questionnaire was sent to all patients (n: 133) who received a telephone call (ICU LOS>10 days) between June-November, 2022.
- Open and closed questions were asked about different aspects of the call and how helpful patients found the conversation/assessment.
- 35 questionnaires were completed (a 26% response rate) and analysed.

- Demographics

Gender: Female 9; Male 19; No answer 7

Age: Average 50-59 years old

Ethnic group: White 27; No answer 8

Results – What did our patients say?

Would you have preferred an appointment?

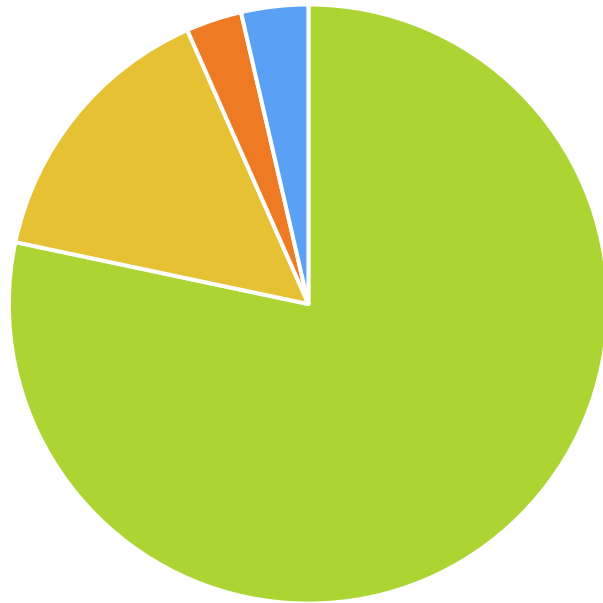


Comments on the timing of the call?

- ▶ *'It was perfect, no travelling to the hospital and I was very comfortable sitting on my sofa discussing my issues'*
- ▶ *'The timing of the call was perfect'*
- ▶ *'No need for an appointment, please ring any time'*
- ▶ *'Would have been helpful to have some warning'*
- ▶ 29/35 patients didn't answer

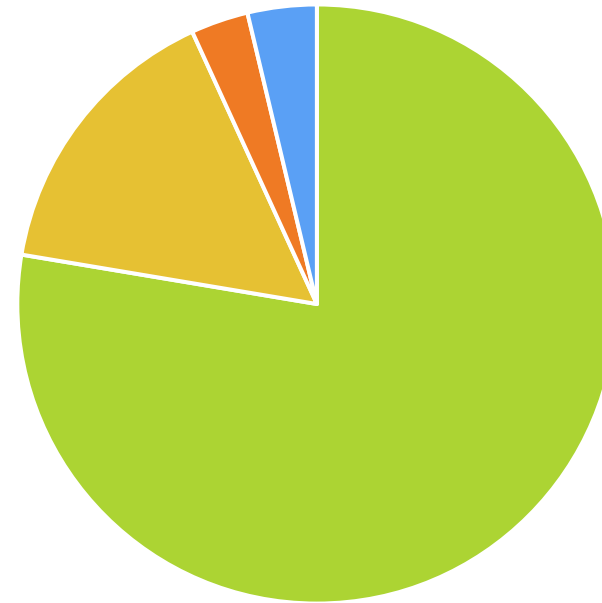
Results – What did our patients say?

Did the call address physical health?



■ Yes ■ Somewhat ■ No ■ No answer

Did the call address psychological health?



■ Yes ■ Somewhat ■ No ■ No answer

Results – What did our patients say?

- ▶ Share your thoughts about how the call addressed your health needs.

'We talked through the difficulties'

'The Nurse was compassionate, acknowledged my feelings, and explained delirium'

'A good call, the Nurse was understanding and signposted to support networks'

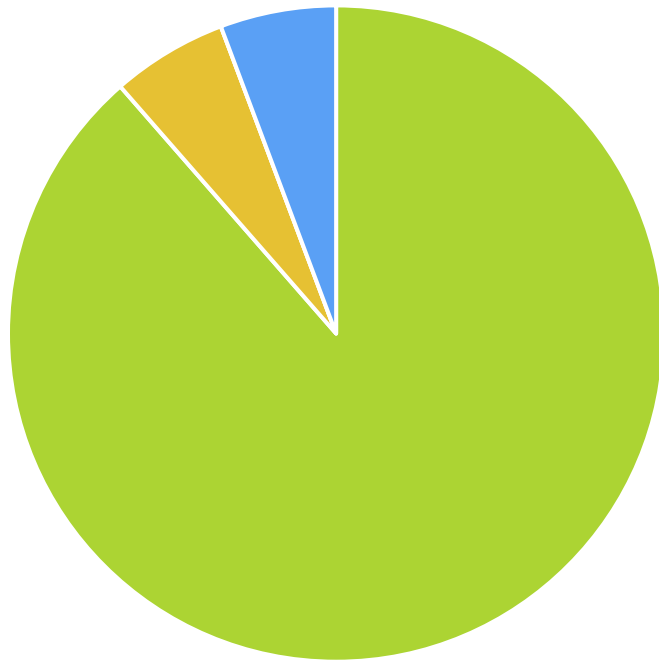
'It was really good to talk to someone'

'I felt I was being looked after even though I had left hospital'

'I was very grateful to go over my memories of paranoia and hallucinations'

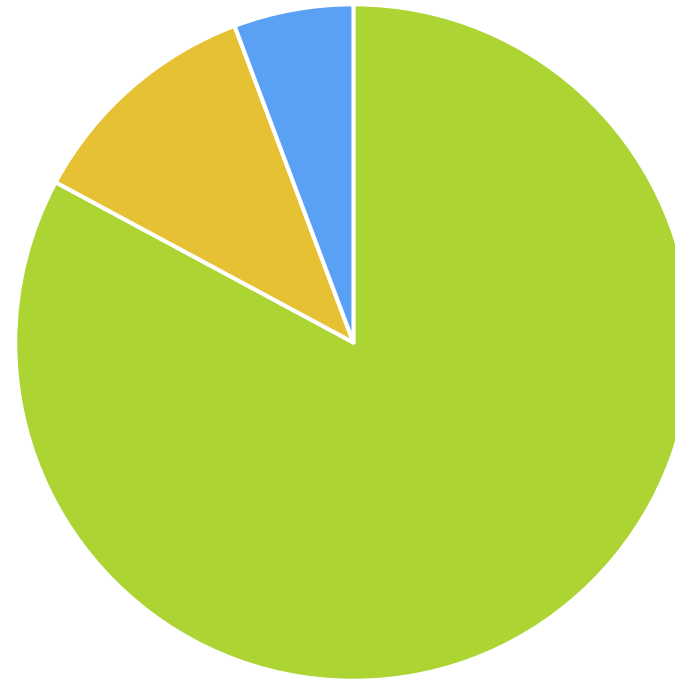
Results – What did our patients say?

► Was the call the right length?



■ Just right ■ Too long ■ Too short ■ No answer

► Was the call useful?



■ Very useful ■ Somewhat useful ■ Not useful ■ No answer

Results – What did our patients say?

► What did we do well on the call?

'We talked about my worries and word finding issues, gained info about my ICU stay'

'All my questions were answered'

'I was made to feel at ease and able to ask follow up questions'

'I am grateful for the call to check how I was progressing'

'They understood my issues and reassured me that they are not uncommon'

'I don't remember ICU, it was great to have questions answered about this time'

Results – What did our patients say?

► How could we improve the call?

'This conversation was to my satisfaction so I have nothing to add'

'Carry on the way you are doing. You are doing a brilliant job. Highly commendable'

'Nothing'

'The telephone call gave me options, its up to me now'

'All very helpful, thank you'

'No further thoughts'

Conclusion

- ▶ The survey demonstrated the clear benefit of telephone clinics
- ▶ The calls addressed physical and emotional health of patients post critical care
- ▶ Telephone clinics are more convenient for patients as they do not have to travel, clinics were found to be the 'right length' and 'very useful'.
- ▶ Telephone clinics have beneficial cost and time implications to Hospital Trusts

Telephone clinics should be showcased as a viable and beneficial method of follow-up, alongside the face-to-face follow up clinic where required.

Reference list

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- ▶ Intensive Care Society (ICS) (2002) *Guidelines for the provision of intensive care services*. V2.1. ICS.
- ▶ Intensive care society (ICS) (2020) *The PICUPS Community*. V7. ICS
- ▶ Morgan, A (2021) *Long-term outcomes from critical care*. Surgery 39 (1): 53-57.
- ▶ National Institute for Health and Care Excellence (NICE) (2009) *Rehabilitation after critical illness in adults*. CG83.