Investigating reasons why patients don’t attend ICU follow up clinic

Joanne G. Outtrim,1,2 Joy McAdam,3 Jill Hyde,2 and Cat Yates1
1Critical Care Unit, Addenbrooke’s Hospital, Cambridge and 2University Division of Anaesthesia, University of Cambridge

Background
National clinical guidelines recommend that adult patients admitted to critical care for more than 4 days and at risk of mortality, should be reviewed at 2-3 months post intensive care discharge, as part of a multi-disciplinary follow up programme, which may include a follow up appointment.2 Recent updates to clinical guidance now recommend that all patients may require review following discharge from critical care, and that there should be provision for patients to self-refer for reassessment at any time.1,3 Despite this guidance there has been limited development of clinics2 and a call for further evidence of their effectiveness.1,4

Purpose
The two critical care units at our regional referral hospital have been holding follow up clinics for patients admitted to intensive care for a number of years. With new guidance recommending that all patients may require a clinic appointment, we wanted to establish our current clinic attendance to make plans for any changes in service provision.

A review of clinic attendance for both critical care units over 2017-2018, revealed that a total 115 clinics were held with 254 patients attending, averaging 2 patients per clinic. Based on assessments of patients admitted to both ICU’s 828 patients would have been eligible for invitation to clinic, disappointingly only a small number of eligible patients took up the opportunity to attend a clinic.

As part of a service development project we wanted to investigate why patients did not attend clinic.

Method
In our two ICU’s all eligible patients, as per NICE CG835 are invited by letter to attend a 30 minute follow up clinic staffed by an ICU Consultant and a Critical Care Clinical Nurse Specialist (CNS).

We identified all eligible patients who had been sent an ICU follow up letter over a two month period.

Method cont.
The letter lists some problems patients might experience following a stay in intensive care.2 At least two weeks after the letters had been sent, all patients who had not already responded to the invitation letter received at least two phone calls from a member of the CNS team. As part of the telephone call, patients were asked if they’d received the letter, they were given a brief description of the clinic and what benefits they may have from attending, and asked if they’d like to attend the clinic. Reasons for not wanting to attend were recorded and any clinically relevant was raised this was actioned accordingly.

Results
Of the 91 patients who had been invited to clinic, 18 had already requested and received an appointment. We were unable to make contact with 19 patients. Of the 54 patients that we contacted, 10 subsequently took up the opportunity to attend the clinic.

The reasons given by those we spoke to for not attending clinic were multifaceted, although the majority reported extremes of either having made a good recovery or were in in-patient rehabilitation.

Discussion
From this small project we have found that there is a discrepancy between clinical guidance and the ability or willingness of patients to attend follow up visit. Although what is evident from our findings, and the literature, is that further work needs to be done to ensure that available services are patient-centred, and based on needs according the patients phase in their recovery.

References


