

InS:PIRE



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**The
Health
Foundation**

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- History (our background)
- Health Foundation (Grant) 2 year project funded
- GRI Parent site
- 4 roll out sites

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- Criteria for participation
- Team members (evolving)
- Cardiac Rehab with a twist!!!
- Format of programme
- QI evaluation (every week)

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What we have learned...

- Transition from ICU to HDU/Ward and further downstream a big stressor (patient and family)
- Discharge planning needs to start on admission
- Peer support (hugely underestimated)
- Cognitive impairment evident

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What we have learned (cont) ...

- Stress thermometer/ Concerns checklist
- R shoulder pain an issue ? Why
- Goal setting / motivation (WMTY)
- 3rd sector involvement (huge learning curve)
- Resilience of team members

Shock, delirium
tiredness, frustration,
the death
rollercoaster,
derealisation,
unpleasant dreams,
amnesia, profound
weakness

Abandoned,
fearful, anxious,
wished I'd been
told what to
expect, learning
to walk again,
looking into a
mirror for the
first time

Abandoned,
financial strain,
frustration,
employer
expectations, no
primary care
involvement,
difficulty applying
for blue badge,
relationship strain,
overprotective
relative



Critical Care

Ward Care

Home/ primary Care



1. Debrief patient/family prior to d/c from ICU
2. Concerns checklist
3. Stress thermometer
4. Rehab prescription with MDT
5. Caregiver /family needs

1. Continued contact
2. Rehab – monitoring
3. Concerns checklist
4. Stress thermometer
5. Caregiver/family needs

1. Peer Support Group
2. InS:PIRE
3. Primary care interface
4. Link person
5. Third sector prescription
6. Concerns checklist
7. Stress thermometer



Critical Care

Ward Care

Home/ primary Care



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For the future...

- Survey of HDU staff
- Discharge process (evaluation) and change in practice
- Ward follow up for patients from ICU staff
- Hospital Links practitioners/ Community Links practitioners
- NHS funding... ???

Funding for the future!



Success! InS:PIRING LEJOG 2017



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Questions?

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