Experiences of ICU Nurse-Led Telephone Follow-Up After Critical Illness

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Team involved:

Critical care specialist nurses:

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- Catherine Yates

Critical care Consultants:

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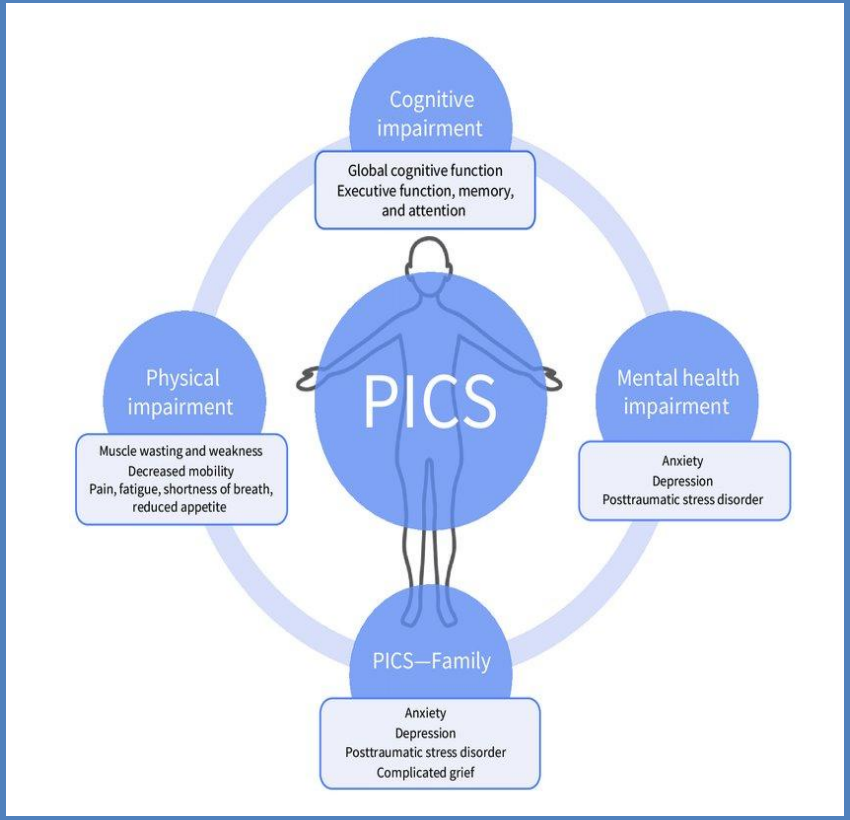
Background:

- ICU survivors face complex long-term physical, emotional and cognitive problems known as Post- Intensive Care syndrome (PICS).
- 30% readmitted within 90 days; ~50% unemployed at 6 months.
- Recognising these ongoing struggles, ICU follow up clinics have been established in the UK to aid recovery.
- Limited research exists on their effectiveness or the patient experience
- This study aimed to explore the patients perceptions, expectations and any potential service improvements with CUH telephone clinics.



Objective

- The evaluation sought to understand the patient experiences of nurse-led telephone follow-up.

Specifically it aimed to explore:

- What aspects of the clinic patients valued and found useful/ helpful.
- Which areas needed improvement for more support.

Insights gained can improve the future of ICU follow up services and enhance care.

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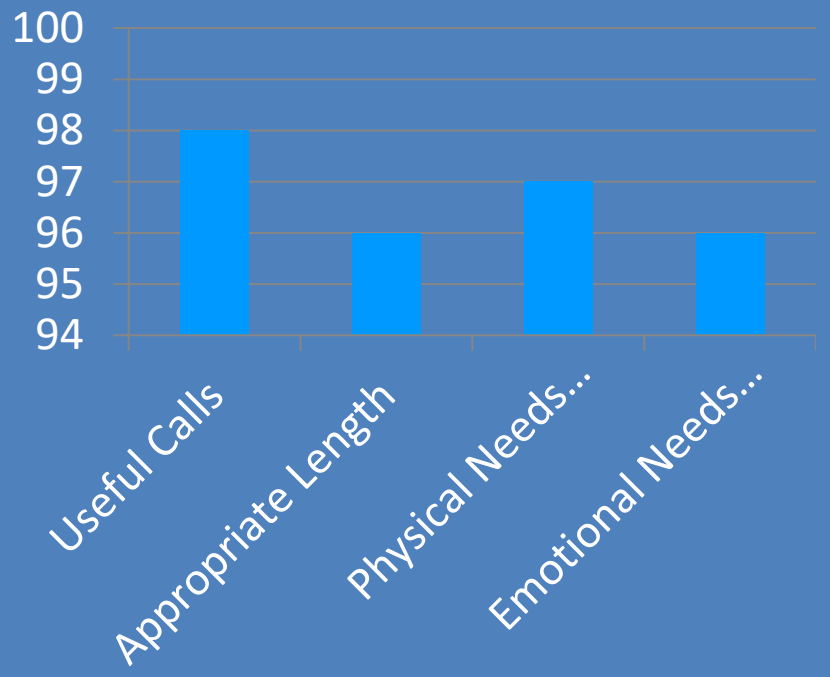
Methods

- Study design: Patient feedback survey routinely sent out post telephone clinic.
- Participants: ICU stay ≥10 days or deemed high risk whilst in ITU/ ward follow up.
- Intervention: 45-min call at ~1 month post-discharge (PICUPS tool).
  438 calls → 125 survey responses (28.5%).
- Thematic analysis used to identify patterns and themes in responses.
- Study period: May 2022- March 2024.
- Limitations- single centre study, online survey only (excluded some patients), possible bias.

Results:
5 key patient valued themes of experience:

- Reassurance and Validation
- Personalised care planning and signposting
- Access to expertise
- Family support
- Scheduling and planning



Theme 1:

- Reassurance & validation – feeling heard:

"Reassured and listened to"

"Positive experience"

"Helped me to see where I was today"

"Helped to understand what happed"

"Care extended to rehab"

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Theme 2:

- Personalised care planning and signposting:

"Polite, friendly and knowledgeable"

"Individual guidance"

"Gave me information about self help groups"

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Theme 3:

- Access to expertise:

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Theme 4:

- Family support:

"She told me about help my family could have if they were badly affected by seeing me in ICU"

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Theme 5:

- Scheduling and planning:

"A time and date would save you the worry of missing the call"

"Opportunity to write down questions"

"It wasn't a problem not having a planned appointment"

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Suggested improvements:

- Ability to schedule the call
- Involvement of family members in the process.

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Conclusion:

- Calls provided psychological reassurance + practical guidance.
- ICU nurse expertise highly valued.
- Personalised approaches needed.
- Family support is essential but underdeveloped.
- Overall, telephone call highly valued at the appropriate time in their recovery.

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Thank You for your time!

Any Questions?

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