

**Critical Care Follow Up in a Level 2
facility is it necessary? – One Centres
experience.**

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Introduction



Objectives

- Background to Follow Up
- Overview of problems patients face post discharge from Critical Care.
- Implementation of a Follow Up Clinic for Level 2 patients
- Discussion of our findings after 18 months.
- What have we done/changed.

Numbers



- We see on average 382 patients per year
- 258 Surgical
- 124 Medical
- Average length of stay is 2.8 bed days

Why Bother?



- To provide support for patients. Audit commission (1999)
- To treat or explain their problems. Griffiths & Jones (2002)
- Enables physical and psychological progress to be monitored. Waldman & Gaine (1996)
- Allows for plugging memory gaps and recapping on the patients stay and exploration of the psychological well being. Crocker et al (2003)



Research



- Critical Care is known to cause significant physiological and psychological problems in up to 2/3rds of survivors which can impair quality of life. Jones et al (1998) Audit commission (1999) Scragg et al (2001)
- Historically problems went unnoticed, until Critical Care Follow-Up clinics were established in the early 1990's
- Since then there have been many research studies carried out on the benefits of Follow-Up in Level 3 patients, primarily treatment and intervention to address the problems experienced. Granja et al (2005) Margery & McCutcheon (2006) Rattray et al (2004)
- There is currently very little research specific to level 2 patients.

Who do we Follow- Up?

- Patients with a length of stay of 4 days or more.
- Patients with a Patient Diary.
- Referral from Follow Up/Outreach team.
- Patients who suffered delirium.



What we do?

- We aim to see patients 3-4 months post discharge.
- Seen by nurse and doctor separately.
- Explore their understanding of admission & memory of stay.
- Investigate any physical or psychological problems using questionnaires (HADS, TSQ, Activity)

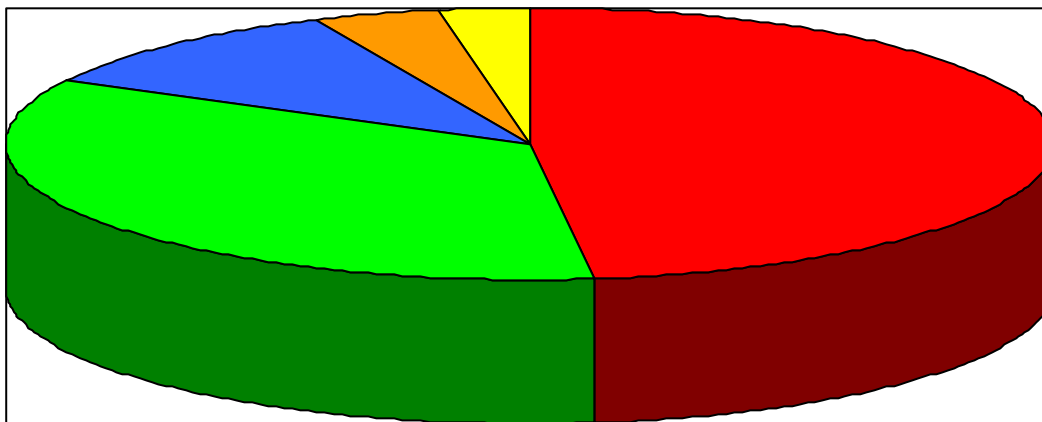
Problems encountered

- No additional funding/resources for clinic.
- High patient cancellation rate.
- Not enough clinic slots to see all patients requiring Follow Up.



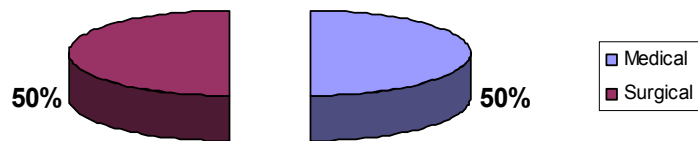
Who we saw?

Follow Up Clinics March 07 – Aug 08

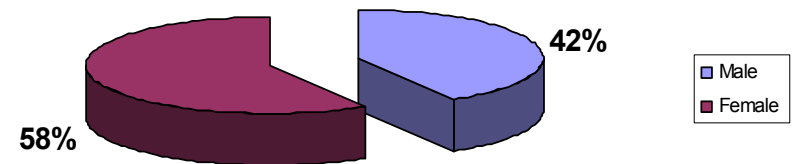


Who we saw?

Medical/Surgical Patient Distribution



Sex distribution



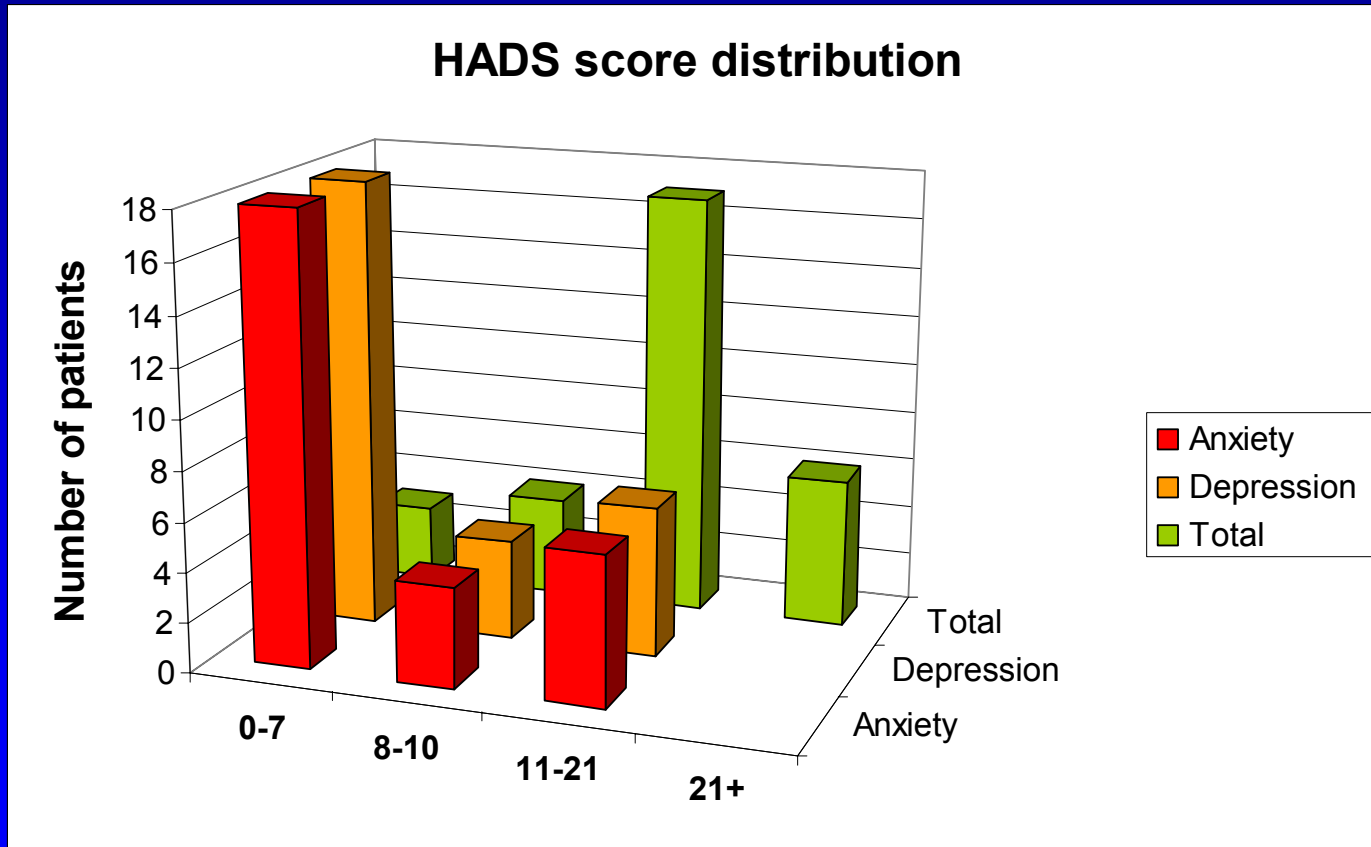
What we found.



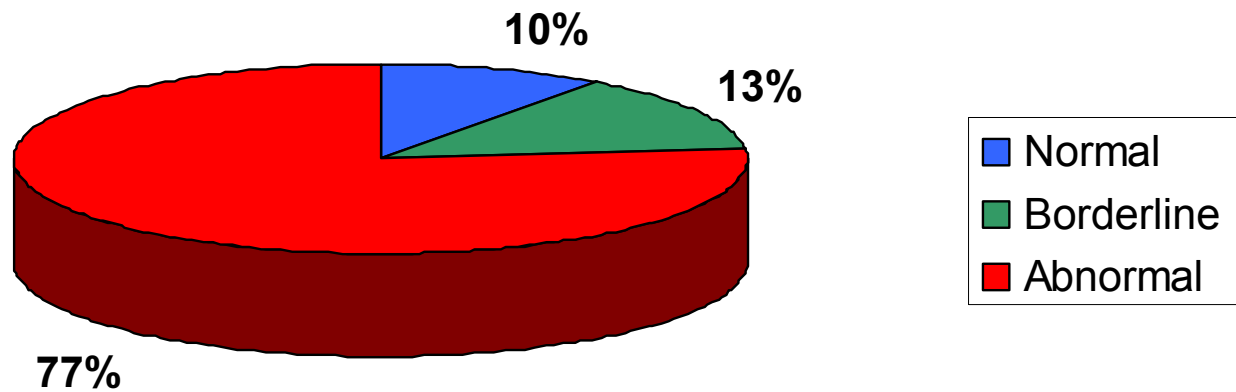
- Our patients suffer from psychological and physiological problems which is consistent with current research even though they are not sedated or ventilated.
- High levels of anxiety and depression.
- PTSD symptoms — Sleep problems, loss of concentration, memory loss irritability & hallucinations or flashbacks.
- Muscle weakness, lethargy, fatigue.

Our Findings

Anxiety and Depression scores



Percentage of Patients scoring on HADS



So What?

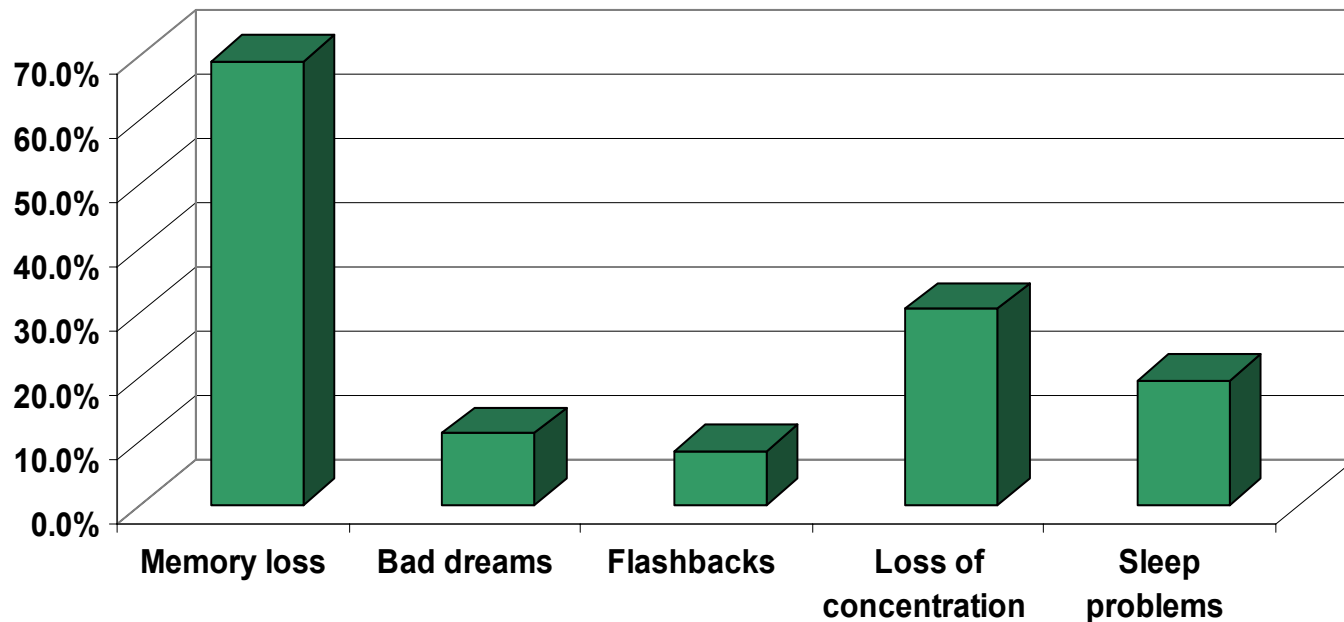


- Patients do have a significant incident of anxiety and depression.
- Not necessarily just due to CCU admission could also be cancer diagnosis.
- Ongoing illness

Psychological problems



Percentage of patients suffering psychological effects following critical care admission



What Causes these Problems?

Many theories:-

Disorientation, noise levels, isolation, medication, immobilization, sleep deprivation, depersonalization



What have we done?

- Audit
- Physio Rehab Clinic
- Patient Diaries
- Delirium Screening & Prevention and Management.
- Unit Visits
- Patient Satisfaction Questionnaires
- Eye masks and Ear Plugs
- Sound Ear

Conclusion

- Following implementation of a Follow-Up clinic it has been identified that a significant proportion of level 2 patients experience similar problems to those shown to affect level 3 patients.
- This demonstrates that Critical Care Follow-Up should be extended to all patients following a critical care admission.

What now?

- Further conference presentations.
- Aim to decrease number of cancellations.
- Look at extending or adding clinic sessions to capture more patients.
- Continue to look at ways of addressing problems patients face in CCU.
- Continue auditing data produced from Follow Up clinic.
- Write up data.

Any questions?

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