





EPIC: A patient and family focused website to support recovery following critical illness

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Funders

- Edinburgh and Lothian Health Foundation
- Scottish Intensive Care Society
- Edinburgh Critical Care Research Group
- Health Services Research Unit

Collaborators

- Prof Tim Walsh (intensivist/researcher)
- Dr Janice Rattray (nurse researcher)
- Prof Pam Smith (nurse researcher)
- Dr Susanne Kean (nurse researcher)
- Dr Tara Quasim (intensivist/researcher)
- Shaun Maher (charge nurse, ICU)
- Mr Bob Glen (former ICU patient)
- Mr Neil Francis (web developer)

Overview

- Background
- A qualitative meta-synthesis
 - Doctoral thesis (QoL following prolonged critical illness)
 - RCT of enhanced rehabilitation (RECOVER study)
 - Longitudinal qualitative study (RELINQUISH study)
- The website so far...

Background

- ~100,000 admissions annually to ICUs in the UK
- ~330,000 ICU bed days (~£500million)
- High in-hospital mortality (~33%)

N.b. Demographic trends Absence of central Scottish funding for follow up Policy emphasis on primary healthcare

Physical morbidity

- Muscle wasting
- Profound weakness
- Fatigue
- Joint stiffness
- Peripheral neuropathy
- Severe weight loss
- Voice changes
- Hair loss

Psychosocial morbidity

Psychological

- Anxiety (12-43%)
- Depression (10-30%)
- Post traumatic stress disorder (10-39%)
- Post traumatic stress symptoms (9-51%)

Cognitive

- Impaired short term memory
- Impaired executive function(decision making)

A qualitative meta-synthesis*

Interview based research as part of:

 PhD: Quality of life following prolonged critical illness (2005)

- The RECOVER study: Trial of enhanced in-hospital rehabilitation (2010)
- The RELINQUISH study: Longitudinal qualitative study of healthcare and support needs at up to 1 year after hospital discharge (2010)
 - *Over 100 in depth interviews with patients (and some family members) at <1 year after hospital discharge

PhD: key findings

ICU experience

- Amnesia*
- Delirium*
- Hallucinations*



Limited understanding of the critical illness event and morbidity

Ward care

- Amnesia & delirium
- Debilitation
- Dependence
- Specialty specific care
- Staff attitudes

Desperation for hospital discharge

PhD: key findings

Ward rehab

- Importance
- Limitations
- Discharge criteria

Debilitation at hospital discharge

Getting home

- Abandonment
- Family
- Self management

Protracted, incomplete recovery

RECOVER: RCT of enhanced hospital rehabilitation (n=240)

Key elements

- Case management (dedicated rehab. assistant)
 - Physiotherapy
 - Dietetic
 - Occupational Therapy
 - Speech & Language Therapy
 - Follow up phone call

Information

- Common morbidity
- Consultant visit
- Lay summary
- Visit to ICU
- Intensive Care Recovery Manual (Jones et al)

RECOVER focus groups (n=4)

With patients and families (at >3 months after hospital discharge)

- Importance of information and involvement in care
- Desire for ongoing rehabilitation
- Desire for psychological support
- Importance of family involvement

RELINQUISH: healthcare and support needs

Aim: to identify common issues at key stages in the recovery process

Interviews with patients (n=24)

- Prior to hospital discharge
- 4-6 weeks
- 6 months
- 12 months

after hospital discharge

RELINQUISH: key findings

- Poor communication between hospital and community (eg home aids and adaptations)
- Ongoing physical and psychological issues
- Limited understanding among GPs
- Financial issues
- Impact on/of family on recovery

Key findings: summary

Improved understanding of the experiences, needs and preferences of patients in terms of addressing the physical, psychological, emotional, economic and social issues they face in their everyday lives.

Website aims

To provide:

- Information (e.g. on common problems)
- Advice (e.g. on self-management, accessing benefits)
- Support (from other patients, healthcare staff)
- Access to healthcare professionals (online and real time, face to face)

Development: patient involvement

- Evidence base!
- Study design (co-applicant)
- Concept
- Content (utility, breadth, sensitivity)
- Media
- Personalisation features
- Ease of use
- Online evaluation

focus group methodology

Schedule of meetings

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|---|----------------------------|-------------------------------------|-------------------------------------|-----------------------------------|---------------------------------------|
| Jun 2013 | Aug 2013 | Oct 2013 | Dec 2013 | Feb 2014 | April 2014 |
| Patient and family Focus Group 1 | FG2 Your time in ICU | FG3 Your time on the wards | FG4 Getting back to normal | FG5 Longer term recovery | Knowledge Exchange Event |
| | | | | | |
| Expert Advisory Group | | Expert Advisory Group | | Expert Advisory Group | |
| | | | | | |
| Steering Committee | | Steering Committee | | Steering Committee | |

Expert advisory group

Representation from:

- Intensivists
- ICU nurses
- ICU Follow Up and Outreach services
- Physiotherapy (ICU and ward)
- Dietetics (ICU and ward)
- Occupational Therapy
- Speech and Language Therapy
- Pharmacy
- Chaplaincy
- *Social Work (TBA)
- *Community-based clinicians (TBA)

Expert Advisory Group: purpose

Expert content on:

- Professional role/activities
- Commonly reported issues
- New/bespoke issues raised by patients and families (via contact facility)
- Webcasts
- Consultation?(online or face to face)

The website so far.....

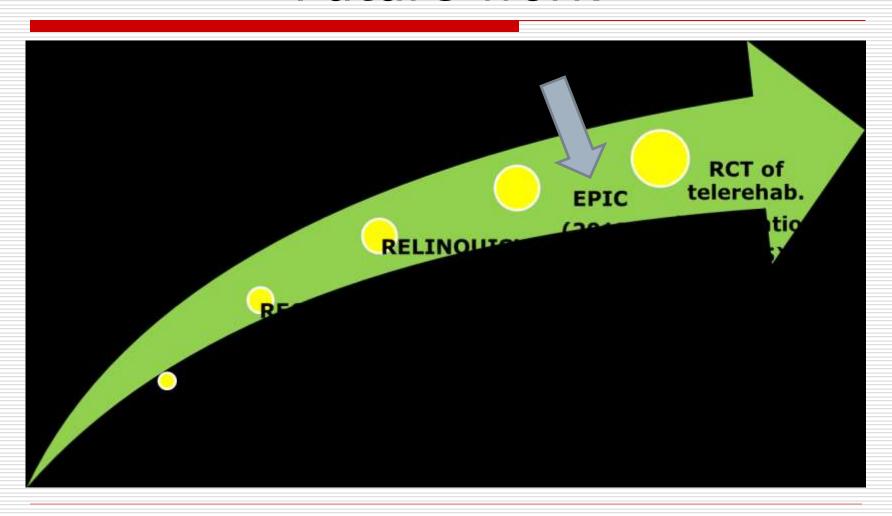
Feedback (focus group work)

"It's great to hear about other people's experiences. You do tend to have a sense of isolation...like you're the only one.."

" I wish there'd been something like that when I came out of hospital. It might've saved me a couple of *pointless* trips to the GP"

"I really like the families' page. You often feel like you're on the outside of everything....until they come home"

Future work



References

- Ramsay, P (2011). Quality of life following prolonged critical illness: a mixed methods study (Unpublished thesis, University of Edinburgh)
- Ramsay, Huby, Rattray et al (2012). A longitudinal qualitative exploration of healthcare and informal support needs among survivors of critical illness: the RELINQUISH protocol. BMJ Open 2012 doi:10.1136/bmjopen-2012-00150
- Walsh, Salisbury, Boyd, Ramsay et al (2012). A Randomised Controlled Trial Evaluating a Rehabilitation Complex Intervention for patients following Intensive Care Discharge. The RECOVER study. BMJ Open 2012:2:e001475.

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