

Evaluating Follow Up Services and the Impact of Recovery from Critical Illness

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Introduction

Admission and survival from Critical Care is not without its far-reaching consequences to both the patient and their families. Follow Up Clinic for Critical Care patients is something that has been established to try to ‘mop up’ some of these consequences. Within the LSCCC Network 3 sites agreed to participate in the project to evaluate the issues of patients and the provision of services for ongoing support for these patients.

Objectives

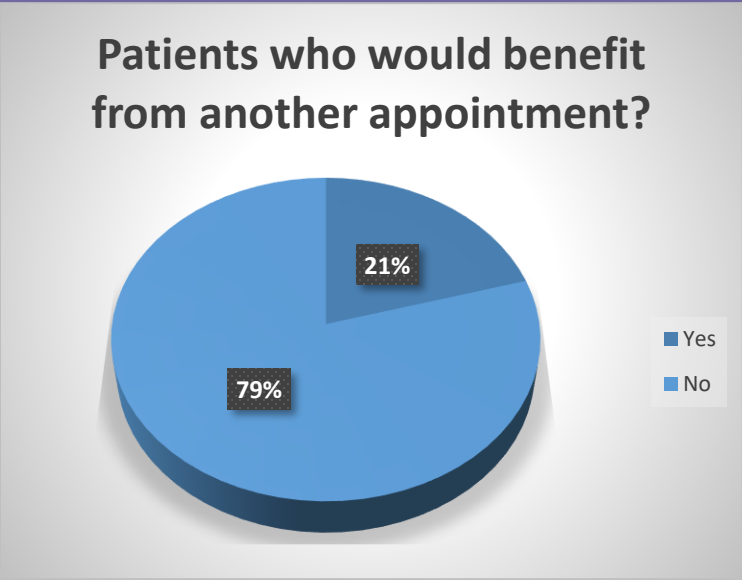
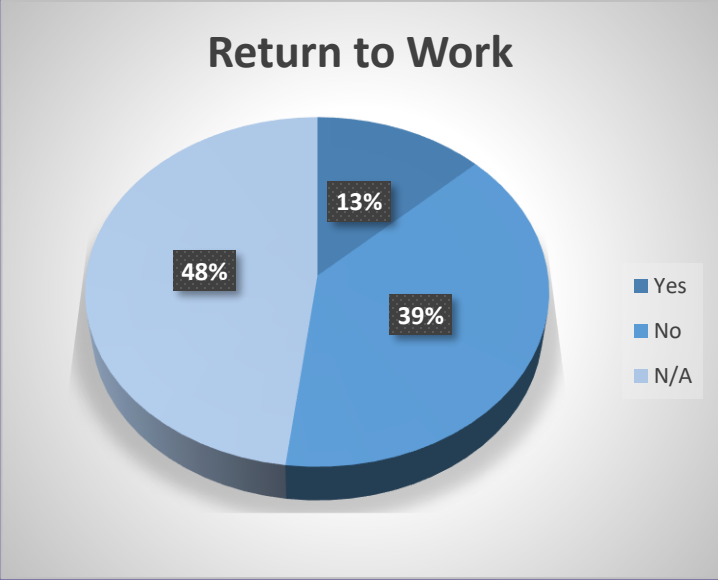
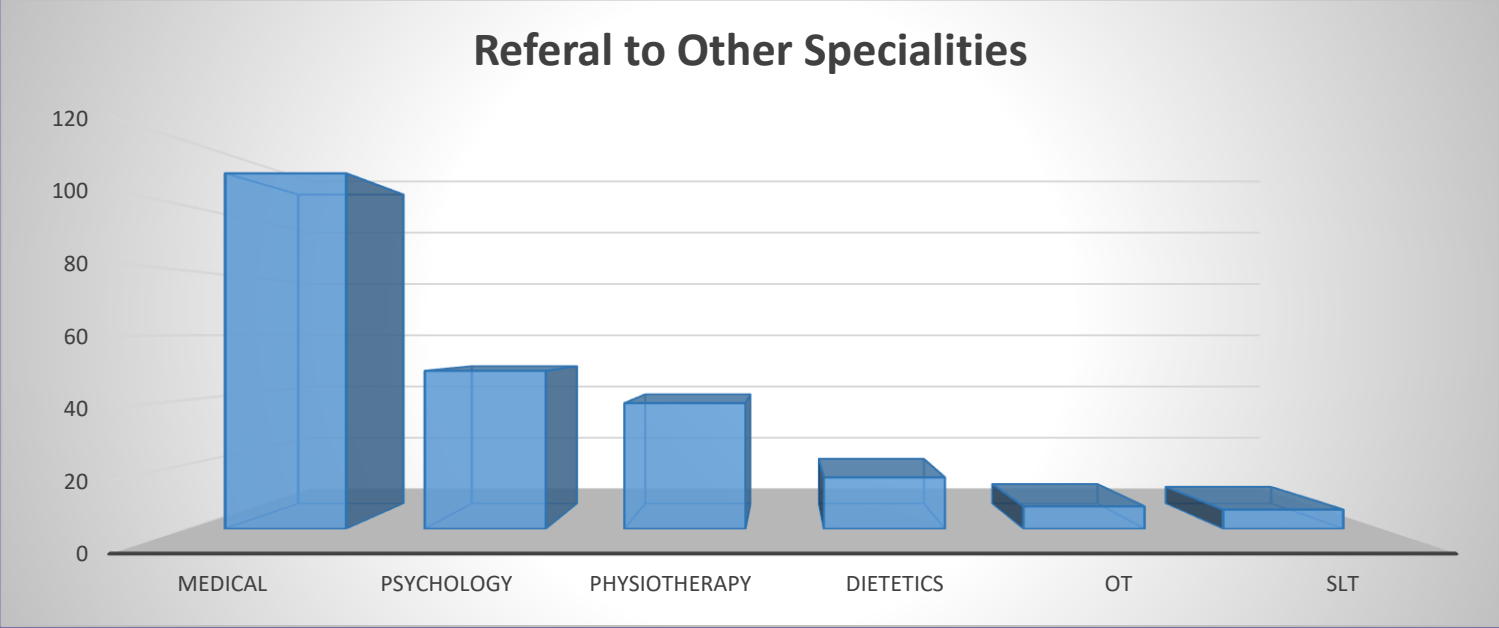
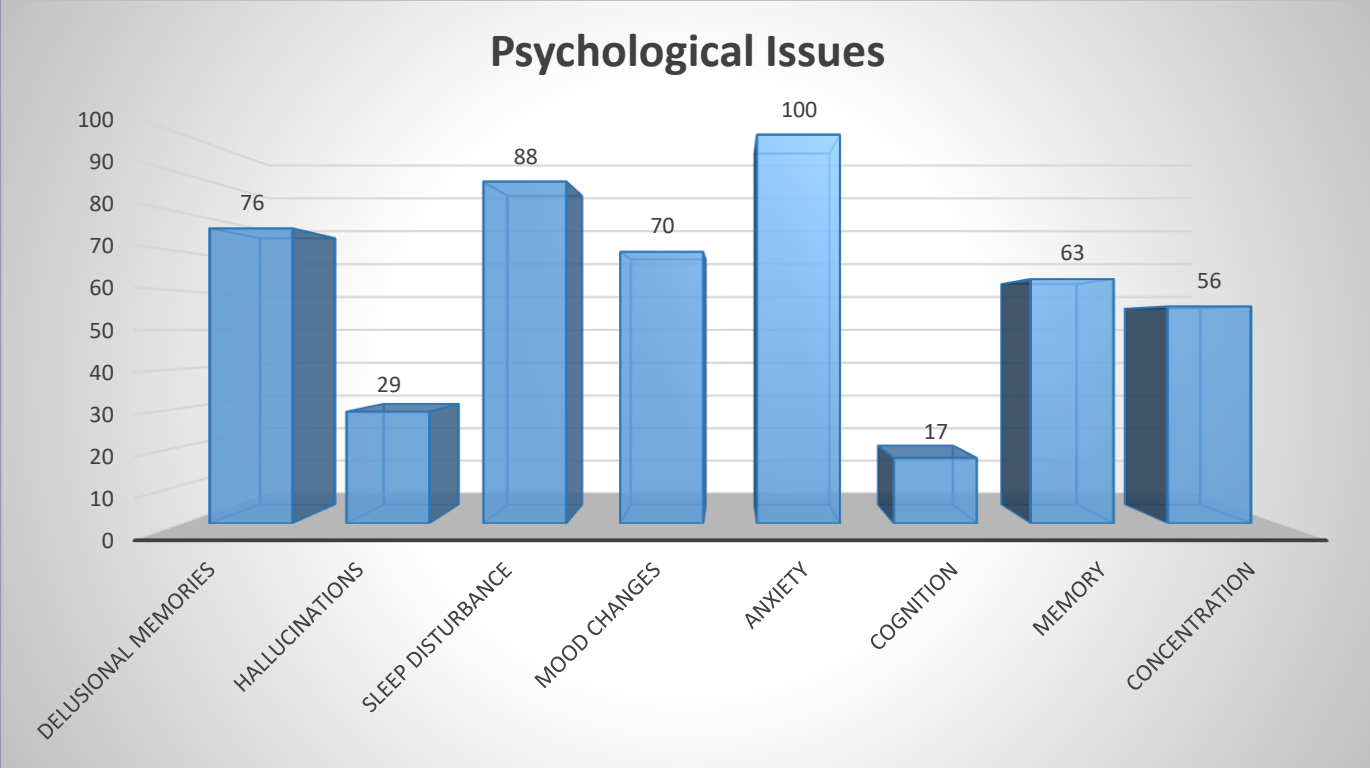
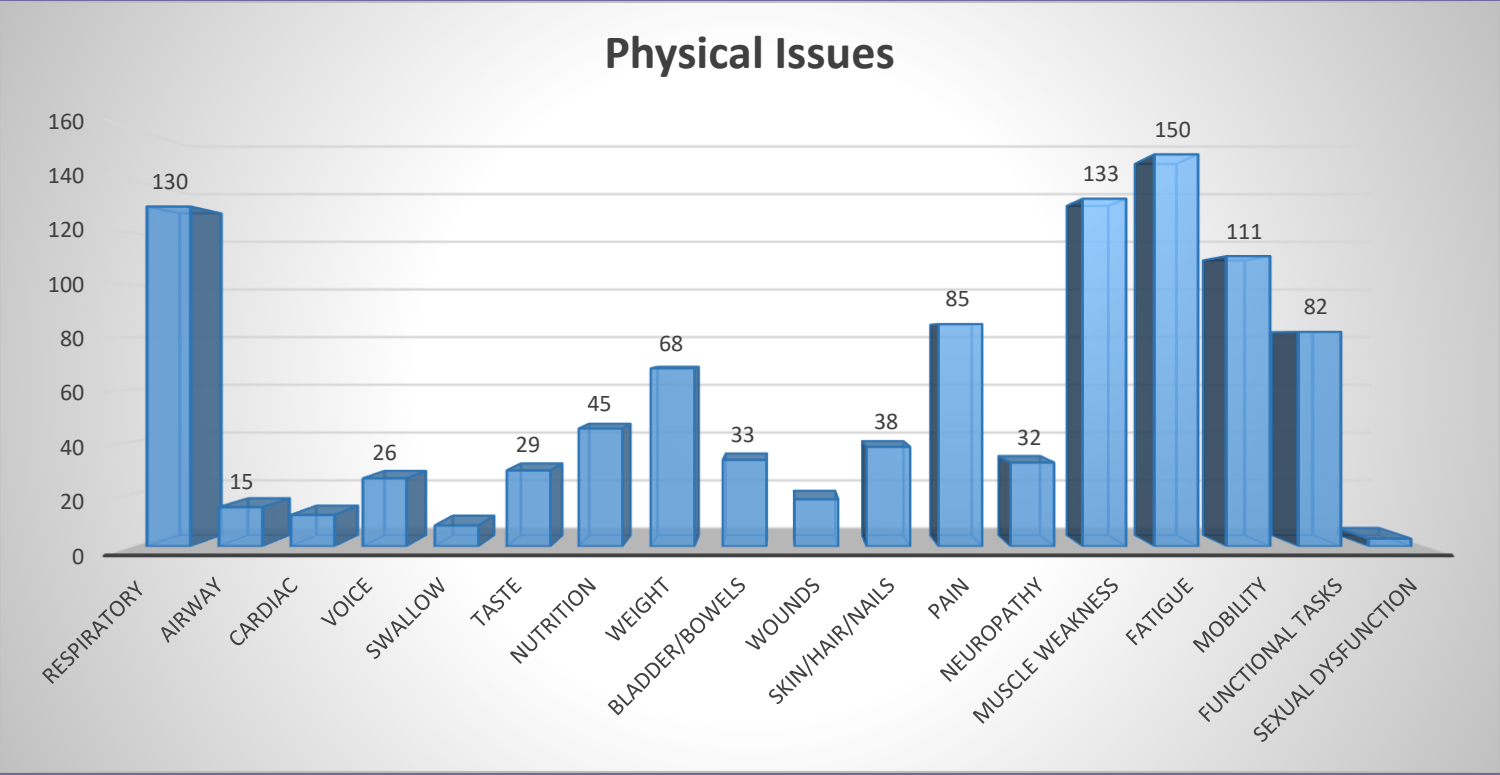
To evaluate the physical, functional, psychological and cognitive issues patients identify at follow up clinic reviews and the service provision for ongoing support for these patients.

Methodology

From the period of July 2020-July 2021 data was collected on patients attending follow up clinics at 3 sites. Data included basic demographic data, level of care, type of ventilatory support, length of ventilation, length of critical care and hospital stay, and COVID-19 status. The EQ-5D Health Related Quality of Life score (HRQoL) questionnaire, Health Score and Trauma Screening Questionnaire were used to assess how respondents rated their own health. The physical/functional and psychological issues patients reported at the clinic appointments were recorded. Onward referrals to other specialities were identified and whether these services were available. It was identified if patients had returned to work after their admission to critical care and whether patients would benefit from further Follow Up appointments.

Results

Data on 249 patients was collected. 58% of these were male and 42% of these patients were admitted due to COVID-19. The median age of the patients was 59 (16-86), with 53% of patients requiring Level 3 care. The median length of invasive ventilation was 9 (0-88) days, non-invasive ventilation was 2 (0-16) days and median total ventilation was 11 (0-100) days. The median length of Critical Care stay was 15 (3-108) days, and the median hospital length of stay was 28 (4-280) days. The graphs show the data from the Health-Related Quality of Life questionnaires, Physical and Psychological issues, Return to work and those patients that would benefit from another appointment.



Conclusion

It was identified that patients admitted to Critical care have significant physical, cognitive and psychosocial impairments following a critical illness which are highlighted at Follow Up Clinics. Onward referrals to specialty services are required, however, these are not always available at the clinics. Patients require access to a range of Health and Social Care Professionals when they attend Follow Up Clinics and the ability to access further ongoing health and support services.

Acknowledgements

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