

Introduction

It is well known that a proportion of patients who survive an ICU admission suffer ongoing physical, psychological and cognitive disability referred to as Post Intensive Care Syndrome¹. There is also evidence of increased frequency of anxiety, depression, and PTSD amongst survivors of ICU admission with ARDS², as such it is likely that those admitted with COVID-19 may suffer similarly.

There are several factors specific to the COVID-19 pandemic which are likely to exacerbate the effects of an ICU admission on the psychological wellbeing of survivors. These include lack of family visiting, staff wearing PPE, and frequent media content related to pandemic/healthcare.

There is little evidence to guide what we can do as ICU staff to promote psychological wellbeing. This project was devised to appraise the relative benefits of some interventions we trialled at the Countess of Chester to aid psychological recovery of Patients admitted to ICU during The pandemic.



Objectives

The objectives of this local project were to evaluate the relative benefits of three interventions trialled for ICU inpatients to help psychological recovery:

- Trips to an outside space - "The Garden". Patients felt to be stable enough were offered a trip to the garden accompanied by medical/nursing/physio staff.
- Facilitated video calls with family/friends. These video calls were supported by nursing or medical staff and were made either using the patients own phone or tablet, or made use of the video calling software ATouchaway on an ICU tablet.
- Inpatient psychology sessions – telephone sessions with a clinical psychologist whilst admitted in ICU. These were offered to all Level2/3 patients during the first wave in addition to sessions already offered as an outpatient

Methods

We contacted individuals who survived an ICU admission for level 2 or 3 care having been treated for COVID-19 during March-May 2020. A total of 13 ICU survivors were successfully contacted after being identified from ICU follow up clinic.

We collected qualitative data via questionnaires completed over the telephone facilitated by a member of ICU staff.



Results

8/13 people had a video call with family or friends whilst in ICU and 5 of these identified that a video call was the most helpful of the three interventions for their psychological recovery (chart 1). Survivors emphasised the joy of being able to see the faces of loved ones but also reported issues with signal and staff availability making it hard to plan video calls.

7/8 patients who had a trip to the garden would recommend this to others. People highlighted positives including feeling fresh air and sunshine, and the change of scenery/ getting away from the ICU. Many people identified being put off a garden trip by the preparation involved and 4/8 people identified feelings of guilt about the amount of staff time required to facilitate a trip to the garden.

Only 4 people remember having review by a member of the psychology team whilst an inpatient but 3/4 found this helped their recovery by helping them understand and explain their experiences. People who did not have access to psychology as an inpatient were asked if they thought they would have benefited from this experience. The majority said "do not know" because of concerns that they would have been too unwell to engage. Many people noted the benefit of psychology sessions they have had since ICU discharge and found these comparatively more beneficial than inpatient sessions.

Chart 1: Which of the three interventions was most helpful for your psychological recovery?

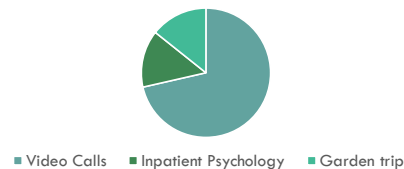


Chart 2: Did psychology sessions help your recovery?



Discussion

These results have highlighted the importance maintaining contact between patients and their families, to aid psychological recovery. Where in person visiting is not possible such as has been the case during some of the pandemic, the relatively simple intervention of a video call can clearly offer huge psychological benefit to ICU inpatients. This should be encouraging this is something which can be easily introduced and requires minimal infrastructure/funding to facilitate.

The overwhelming positive feedback for garden trips suggests that having a facility and staff available to allow patients time outside of the ICU is worth considering to promote psychological wellbeing.

Many people spoken to did not recall inpatient psychology sessions they were offered and found inpatient sessions less useful than outpatient sessions. This may be related to issues of illness and fatigue. This suggests that investment in outpatient psychology may be more valuable than offering this to inpatients.

Conclusions

In the aftermath of the COVID-19 pandemic we are likely to see lasting impacts on the psychological wellbeing of ICU survivors.

Further evidence is needed to evaluate the costs and benefits of measures to promote psychological wellbeing within ICU. However, this project suggests that there are simple interventions with minimal cost implications which can be easily implemented by ICUs to support the psychological recovery of their patients: video calls and trips to an outside space.

References

- 1-Rawal G, Yadav S, Kumar R. Post-intensive Care Syndrome: an Overview. J Transl Int Med. 2017 Jun 30;5(2):90-92. doi: 10.1515/jtim-2016-0016. PMID: 28721340; PMCID: PMC5506407.
- 2-Bienvenu OJ, Friedman LA, Colantuoni E, Dinglas VD, Sepulveda KA, Mendez-Tellez P, Shanholz C, Pronovost PJ, Needham DM. Psychiatric symptoms after acute respiratory distress syndrome: a 5-year longitudinal study. Intensive Care Med. 2018 Jan;44(1):38-47. doi: 10.1007/s00134-017-5009-4. Epub 2017 Dec 26. PMID: 29279973; PMCID: PMC6020022.