

ICU and Beyond – Establishing a Virtual Post ICU Rehabilitation Class

Supporting life after ICU for patients and family

By Lisa Bashford, Lucy Tomalin, Tara Edwards and Claire McHugh

Motivation

Establishing an MDT ICU rehab class was identified as part of the ICU therapy supported discharge project to allow patients with limited access to community services to continue rehabilitation.

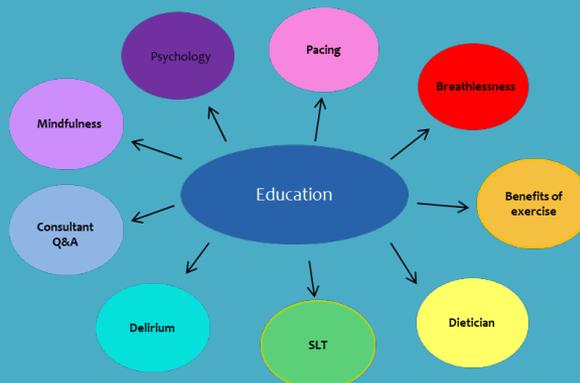
The benefits of this:

- Peer support
- Continuity of care
- Timely Access to rehabilitation

"Nice to share experiences with others in similar positions"

With many more now surviving critical illness, there is an increasing focus on survivorship, rather than merely surviving.

The COVID-19 pandemic resulted in fewer patients having adequate access to vital rehabilitation services.



Pilot Study

This Pilot was designed to enhance the ICU supported discharge. Due to COVID 19 we were forced to rethink how we could deliver Post ICU support and ensure rehabilitation needs of those leaving ICU were met and could compliment community services.

Patients identified for pilot study via:

- Follow up clinic
- Current COVID-19 caseload
- Patients who received ICU supported discharge in 2020



9 participants identified and 6 consented to participate and met the inclusion criteria.

ICU Rehab Class Set Up

- Pre/Post assessment on Attend Anywhere or Telephone.
- Virtual class on Zoom – X2 week for 6 weeks.
- 1 hour class: ½ hour exercise ½ hour education.
- Followed Pulmonary Rehabilitation approach as suggested by 'After-care needs of inpatients recovering from COVID-19' NHS 2020.
- Incorporated MDT education to support Post ICU recovery.

"Without the class online I would not have been able to attend"

Outcomes

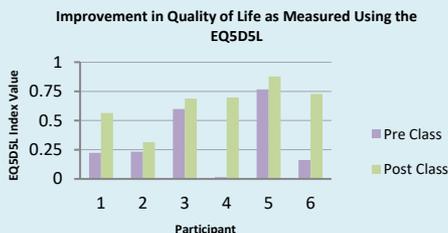
Standardised outcome measures used pre and post class. The measures used included:

- The Fatigue Assessment Scale (FAS).
- The Generalised Anxiety Disorder -7 Assessment (GAD-7), The Patient Health Questionnaire – 9 (PHQ-9).
- The EQ5D5L Measure of Quality of life.
- The 30 Second Sit to Stand (STS) test was used as a physical outcome measure.
- The Medical Research Council (MRC) dyspnoea scale was used to assess on-going breathlessness.

"It feels more 1:1, it's a lot more personal!"

EQ5D5L chart

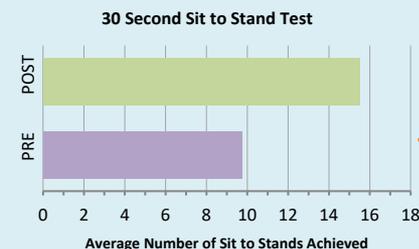
The chart below demonstrates the participants pre and post Health Index. The EQ5D5L incorporates 5 health dimensions; mobility, self-care, activities, pain/discomfort and anxiety/depression. The dimensions were scored across 5 levels; 1. no problems – 5. severe problems. The chart shows improved health index in each participant.



Results

All participants demonstrated improvements across outcome measures. Perhaps the most significant of the outcome measures used is the EQ5D5L.

The 30 second Sit To Stand test was chosen as it was deemed a simple physical outcome measure that could be assessed remotely to measure strength and endurance in this population



All patients said they "felt better after the classes"

The 30 Sit To Stand chart shows an average improvement of 5.75. An increase in 5 sit to stands at post assessment is clinically significant in demonstrating improvement.

Conclusions

Overall this pilot study proved to show improvement in both physical and mental wellbeing amongst our participants. Whilst this is a small scale study this has been enormously beneficial in shaping and building a case for future classes. A focus group was held at the end of the pilot and the feedback was very positive (see comments boxes)

We now know more about post ICU patients needs at discharge; improving their understanding of their journey, highlighting post ICU complications such as nutrition and speech, providing a safe space for participants to have peer support and more interaction with health professionals.

"Follow up has been absolutely fantastic"

