Critical Care Recovery Program in NORTHERN BC

SharedCare Partners for Patients

CCBC Network Post Critical Illness Survival Webinar

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Main Messages

- UHNBC Critical Care Recovery Clinic
- Developing a Critical Care Recovery Program
- CCRP@northernhealth.ca

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Timeline

Nov '23 - Apr '24	• Initial planning and approvals • Sessional funding and service redesign PQI funds
Jun '24	• First clinic held • Shared Care funding agreed for EOI phase
Jun '24 - Dec '24	• Data analyst support, branding consultant, evaluations team • Formation of Advisory Committee • Engaging stakeholders
Jan '25 - Jun '26	• Shared Care funding secured for full proposal

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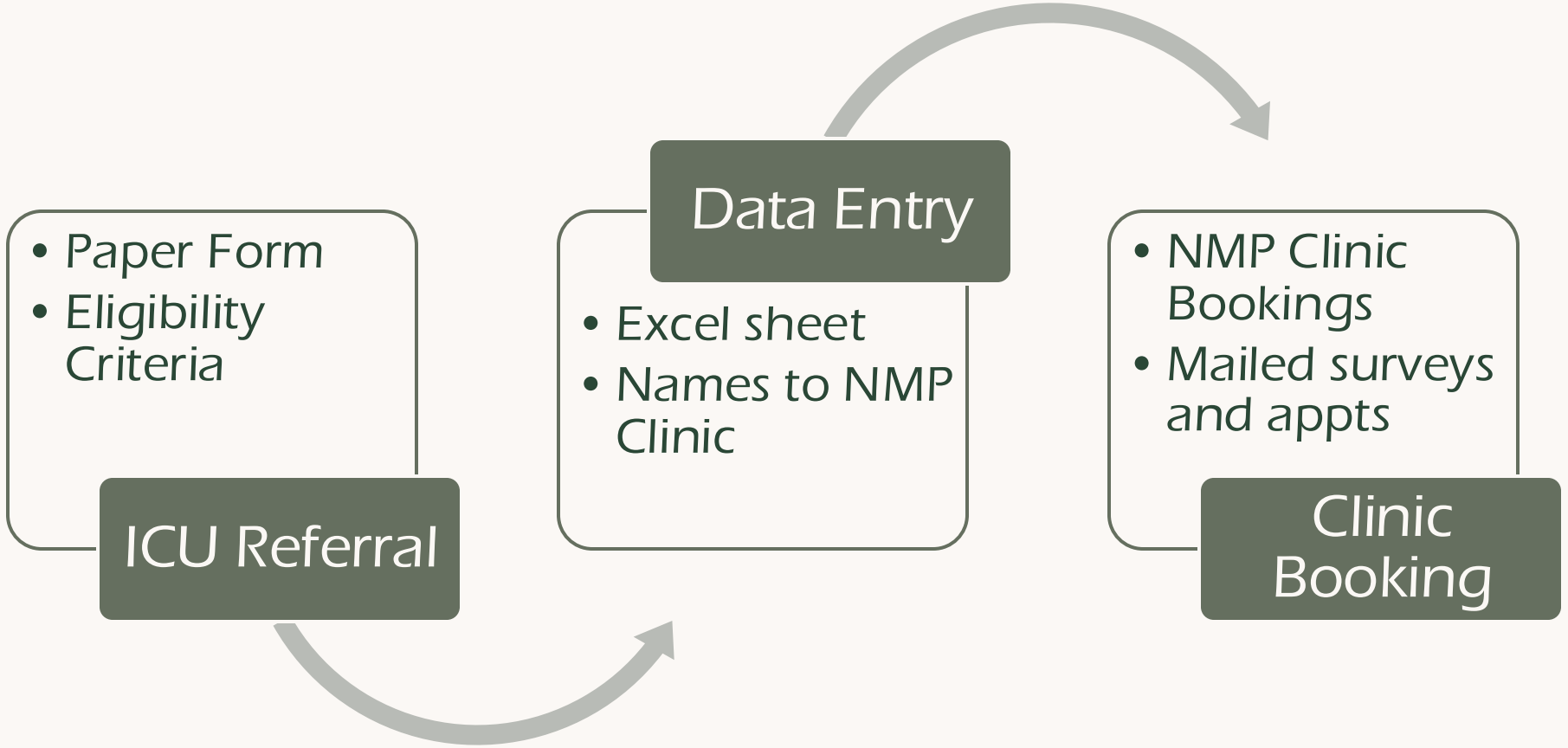
Clinic Process



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Content of ICU Clinic

- Review of admission
- Review pending tests and medications
- Assessment of PICS:
  - Physical – Barthel
  - Psychological – PHQ-9
  - Cognitive – MOCA
- Referral for physical, psychological complications
- Opportunity to see unit
- Signposting for help and support

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12 Month Review

- 284 Referral Forms
- 131 patients eligible (46%):
  - >72hrs Ventilation = 112 patients
  - >96hrs LOS = 141 patients
  - OOHCA = 8 patients
  - Trauma = 17 patients
  - ICU Delirium = 44 patients
- 113 patients invited
- 11 clinics held – 49 new appointments
  - In-person: 33 patients
  - Telehealth: 16 patients
- 30% patients scheduled for further six month follow up
- 8 (16%) referred to psychiatry

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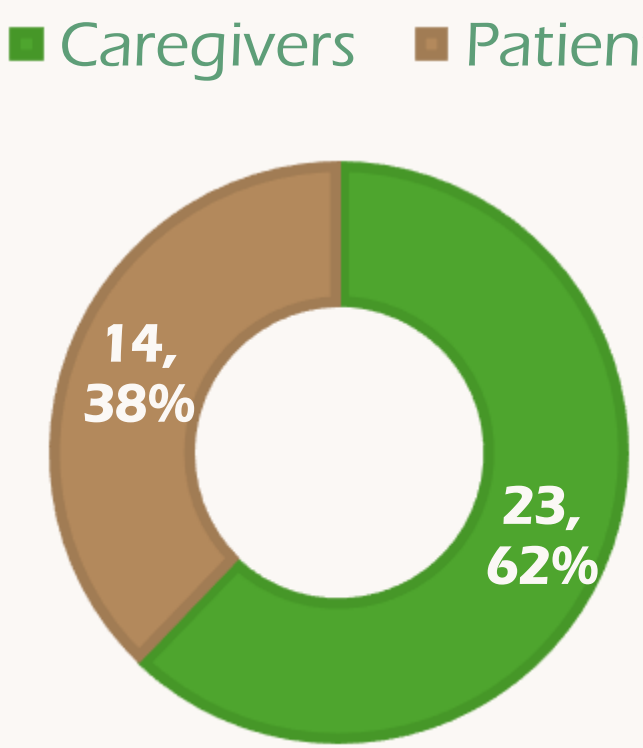
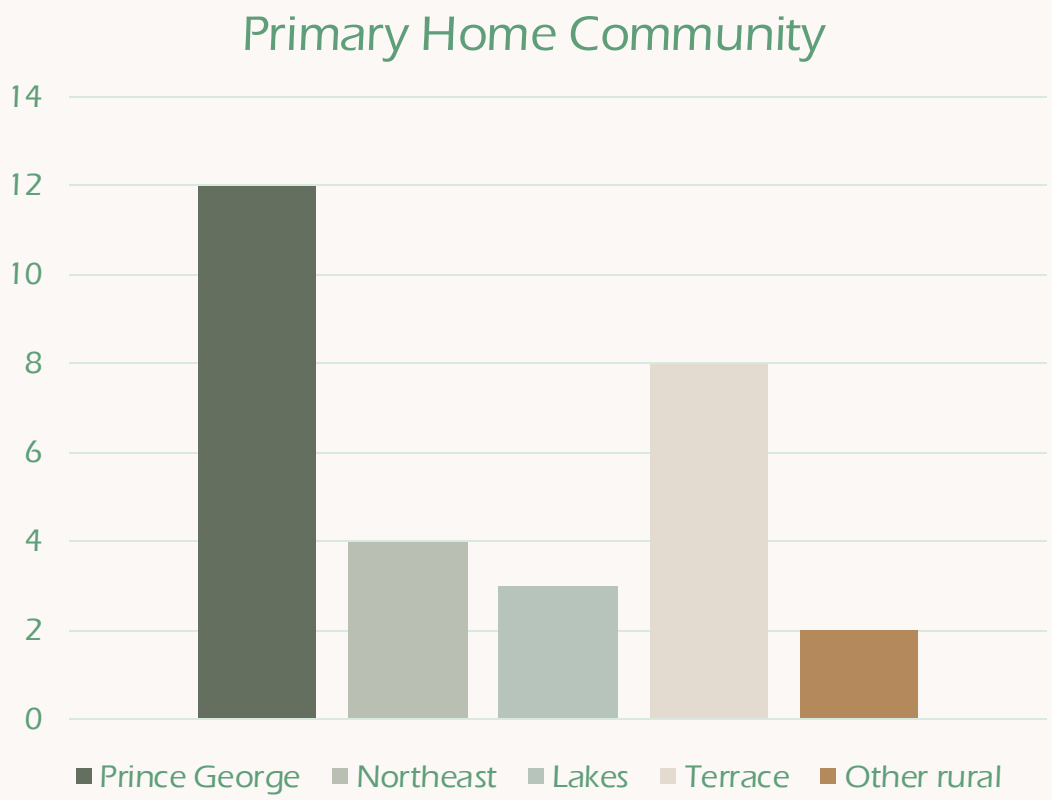
Needs Assessment Demographics





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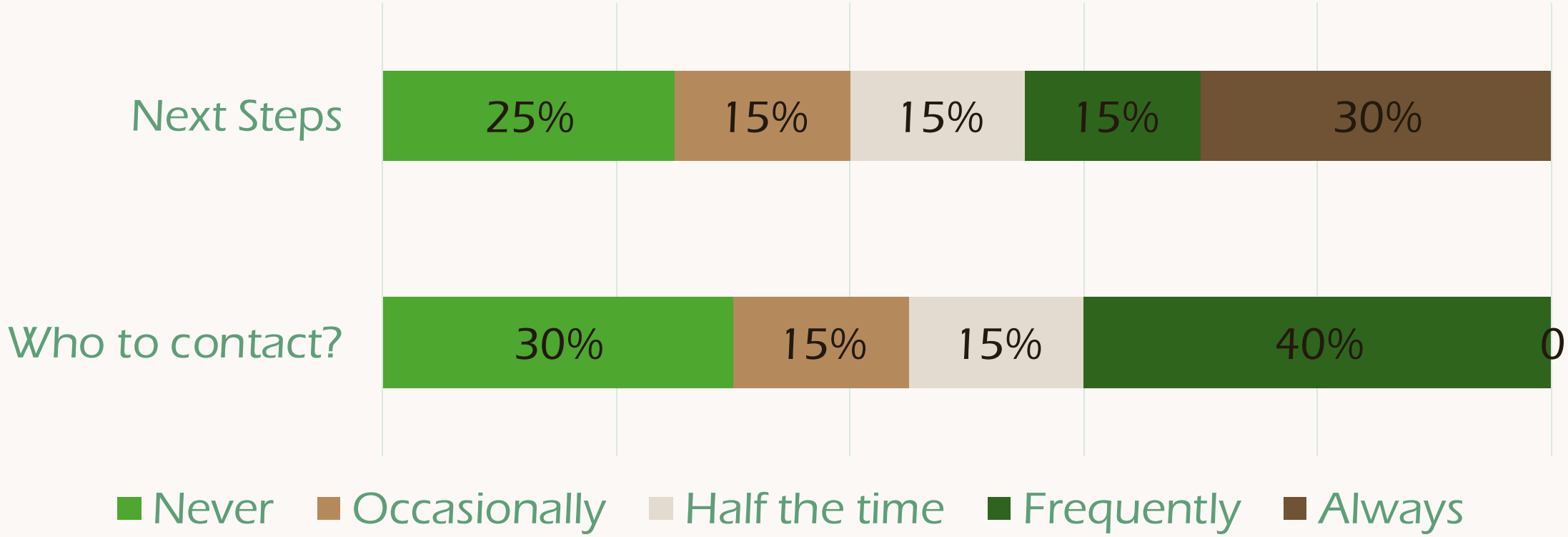
Needs Assessment Patient Results



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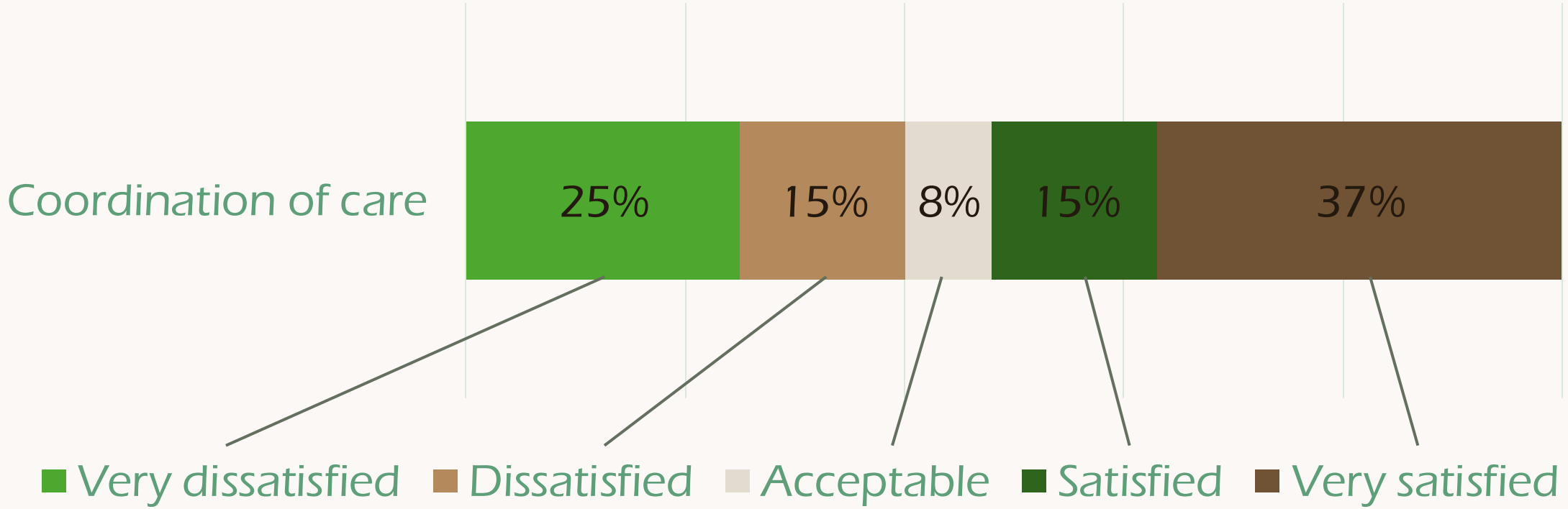
Needs Assessment Patient Results



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Needs Assessment Patient Results

"I feel I was sent home too early. I had mental and physical problems still, but didn't have adequate follow-up. There was not enough one-on-one communication with your physician, so I knew who to talk to but didn't have a chance to speak with them."

- Patient respondent

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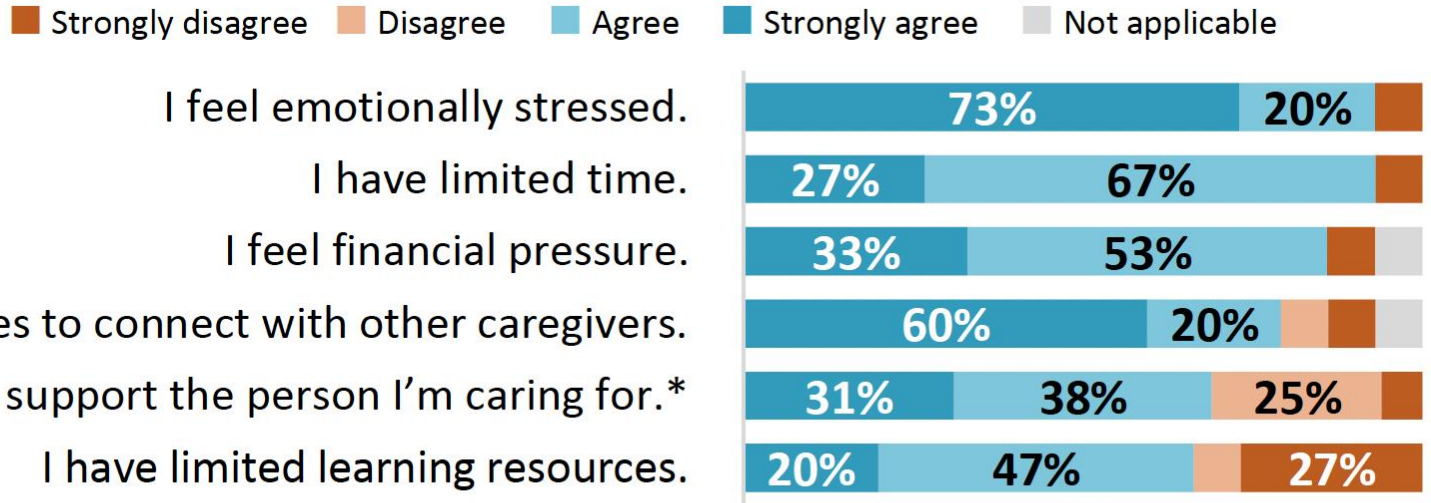
Needs Assessment Caregiver Results

Challenges that caregivers/family members face when providing care



*n=16. All others n=15.

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REICHERT & ASSOCIATES
PROGRAM EVALUATION & RESEARCH

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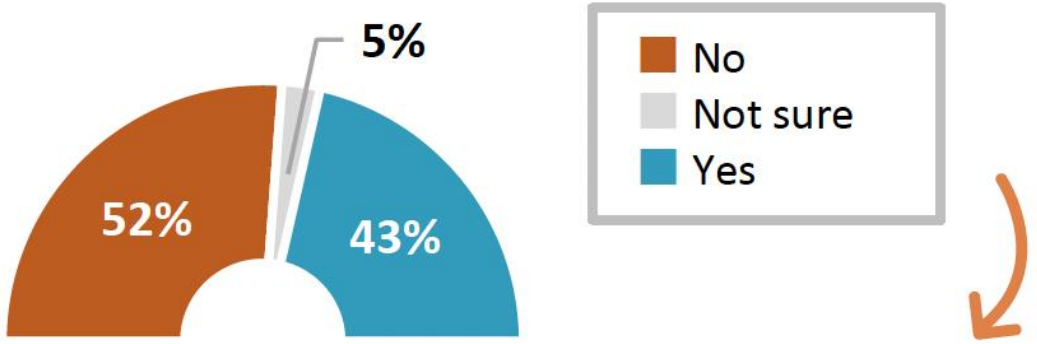
Needs Assessment Caregiver Results

Were you provided with a plan about follow-up care services? (n=21)



Respondents noted information wasn't enough, providers were clear about gaps, they were able to figure out home care, and they only got a plan for medications.

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Needs Assessment Caregiver Results

There were **multiple options presented to us but they all seemed to be independent**. **Having one person help coordinate** or as a primary contact would help. Honestly **it was confusing and overwhelming talking to so many people about different help groups.**

- Survey respondent

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Needs Assessment Caregiver Results

62% of respondents had a **clear understanding of the prescribed medication** upon discharge from the ICU (13 of 21). 33% did not (7 of 21).

45% knew how to **monitor symptoms** post-discharge to know if there was a need to go back to the hospital (9 of 21). **40% did not know** (8 of 21).

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Needs Assessment Caregiver Results

Fully understand services and staff levels are pressured. However after a long stay and a rushed discharge **more should've been done to support not only myself but my [family member] in understanding his health and next steps**. I was left to explain to him and I could ask limited question due to nurse information and experience. - *Survey respondent*

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Needs Assessment Summary

Difficulties after ICU discharge

- Lack of resources and follow-up
- Confusion on how to access services
- Emotional and financial distress
- Perceived not proper/enough care before discharge

Recommendations

- Clearer process for discharge
- Instructions on how to prepare to go home
- Coordination plan between hospital and outside services
- Better communication about discharge to patient and family

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Developed a Clinic

ICU

- ICU to Internal Med or Family Med

Discharge

- Internal Med to Family Med

Follow Up

- 1 x Clinic with ICU

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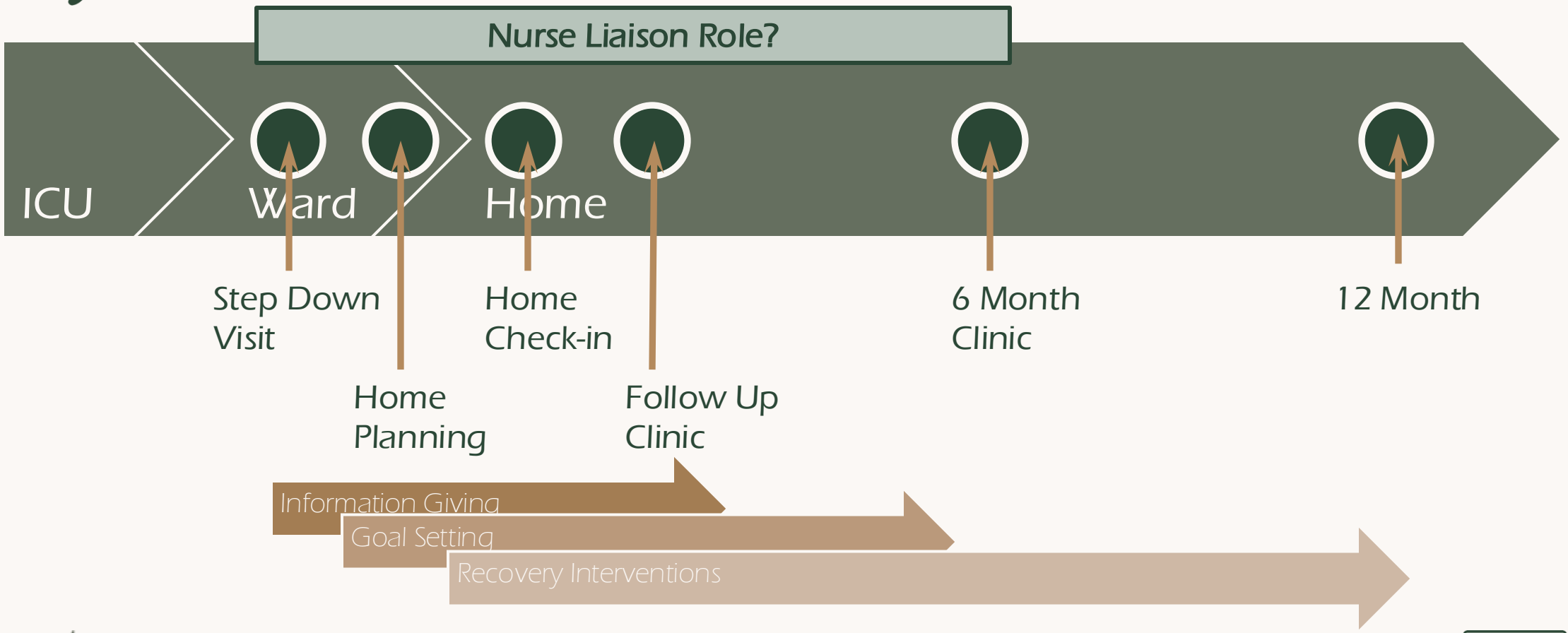
Developing a Program



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Next Steps

1. ICU nurse liaison role
2. Patient education – website, leaflet, information video
3. Improving access for rural and remote patients
4. Interdisciplinary clinic
5. Developing education program for sustainability and spread
6. Evaluations for program

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