

February/March 2019

Critical Connections

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Continuum of Care

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Clinical Spotlight

Improving Patient Care Through the ICU Liberation Campaign

The word *bundle* appears more and more throughout society today, from telecommunications companies with bundled deals on cable and internet to car companies that include bonus items with the purchase of a car.

Patients may not want to think of their healthcare coverage as being in the same category as their cable provider, but a new study (Pun et al. *Crit Care Med.* 2019;47:3-14) by the Society of Critical Care Medicine's (SCCM) ICU Liberation Collaborative found that, when it comes to caring for critically ill patients, implementation of a bundle approach showed significant and clinically meaningful improvements in outcomes.

The study, entitled "Caring for Critically Ill Patients with the ABCDEF Bundle: Results of the ICU Liberation Collaborative in Over 15,000 Adults," examined the ICU Liberation

Pictured is Mary Ann Barnes-Daly, CCRN-K, MS, RN, DC, ICU Liberation Collaborative faculty and co-author of the manuscript that published in the January 2019 issue of *Critical Care Medicine*.

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Clinical Spotlight

Models of Peer Support to Remediate Post-Intensive Care Syndrome

When patients see television commercials for medications, they hear a long list of potential side effects. If they take the advertised medication, they might not experience any of those side effects but at least they have been warned.

But when it comes to a stay in the intensive care unit (ICU), patients often do not understand the side effects—depression, confusion, and isolation, to name a few. The list of all that can happen from post-intensive care syndrome is long, and it can be hard for patients to manage individually. Various peer support

initiatives have been implemented to help patients recover after critical illness, but there is little readily available information about which types of peer support are offered at institutions around the world.

The Society of Critical Care Medicine's international THRIVE Peer Support Collaborative was developed to change that. The collaborative was initiated to foster innovation and improve patient outcomes. It comprises a group of international clinicians who come together to look at how to move ICU recovery forward. A team of these clinicians analyzed 17 sites



within the collaborative between October 2016 and July 2017, and they identified six general models of peer support. It was the first systematic approach to identifying and learning from existing peer support models.

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Outcomes were compared between children with operative ICH before January 2014 (pre-telemedicine) and after January 2014 (telemedicine period). Operative ICH was defined as any intracranial bleed requiring surgery for evacuation or decompression less than 2 hours from presentation to the trauma bay. The authors then compared variables including demographics, time to the operating room, pediatric ICU and hospital lengths of stay, and number of patients discharged home.

In all, the study looked at only 8 patients in the telemedicine group and 7 in the non-telemedicine group. While there were no statistically significant differences in any of the values studied, some of the trends were interesting. Patients in the telemedicine group had higher Glasgow Coma Scale scores in the trauma bay, decreased repeat neuroimaging, decreased time from trauma bay to operating room, decreased pediatric ICU and hospital lengths of stay, and a higher number of

patients discharged home compared to the non-telemedicine group.

This study has significant limitations because of its very small sample size and retrospective nature. In addition, the authors comment on the many obstacles the development and use of a telemedicine-based transport system carries (e.g., reimbursement, feasibility). However, telemedicine may be particularly useful in the U.S. system of regionalized healthcare, and the addition of any positive studies may help it become more widespread. Clearly, larger and more definitive studies are needed.

Author of this installment of Concise Critical Appraisal: Daniel E. Sloniewsky, MD, is an associate professor in the Division of Pediatric Critical Care Medicine in the Department of Pediatrics at Stony Brook Long Island Children’s Hospital. Dr. Sloniewsky is an editor of Concise Critical Appraisal. ▲

Get Involved with Your SCCM Specialty Section

SCCM Connect is a new collaborative space to connect members of the critical care community involved in specialty sections, chapters, and committees. This new e-community offers several new features:

- Ability to send messages to members of the e-community
- Access to a member directory
- Ask questions and participate in discussions in the forum
- Access or add resources to your section’s file library

Visit sccm.org/Connect for more information.



“A lot of ICU survivors don’t quite understand post-intensive care syndrome, so we’re trying to educate the general population,” said Joanne McPeake, PhD, MSc, BN, who led the THRIVE Peer Support Collaborative’s research. “A lot of people don’t know there is a hangover effect. Peer support gets people to share their experiences, and the idea of social isolation disappears. What they’re feeling is part of the recovery trajectory, and they want the validation that it’s OK to not feel great.”

Each of the six models of peer support that Dr. McPeake and her colleagues identified provides that validation. Here is a look at each of these models.

Community-Based Model

Meetings are led by former patients and/or staff members and are held in a variety of environments, from coffeehouses and churches to hospitals. Patients and caregivers attend. There is no minimum or maximum time frame for how long attendees can participate.

Psychologist-Led Outpatient Model

What makes this model unique is that it focuses on psychological principles that drive the goal of sharing and normalizing experiences. A process focus is used in this model.

Model Based in ICU Follow-Up Clinics

Waiting areas in post-ICU clinics provide a more informal setting for patients and caregivers to meet. This model allows for intentional yet unstructured peer support. More experienced patients and caregivers attend to share their perspectives and offer informal support and advice.

Online Model

A dedicated website or forum brings with it a variety of opportunities for decisions, from whether hospitals or patients operate the site to whether the forum will offer real-time conversation or staggered, back-and-forth dialogue.

Group-Based Model in ICU

This structured model is geared primarily toward caregivers and is formally organized by ICU staff.

Peer Mentor Model

The goal of this model is to connect patients further along in their recovery with more recent ICU survivors to talk about their experiences.

In researching the different models, Dr. McPeake found five common barriers: recruiting participants, staff training, sustainability, risk management, and how to measure success. She also found that the best advice for someone who wants to launch a peer support group is to just keep going. This advice is based on her own experience at the University of Glasgow in Scotland, where she invited patients to come

and learn about peer support groups only to find few or no attendees at the initial sessions.

“Keep going and keep learning from the patients who do come,” Dr. McPeake said. Despite the challenges, Dr. McPeake was impressed by the dedication shown at each site. “We’re in this innovation stage, and what’s exciting about all of the sites is they all have potential,” Dr. McPeake said. “It can be tough to start with and tough from a logistics point of view, but lots of small steps will get you further along, and quicker than you think.”

Learn more about the THRIVE initiative at sccm.org/THRIVE. ▲



Follow THRIVE on Facebook at facebook.com/ThriveICU

Post-intensive Care Syndrome Resources

Every year, millions of Americans survive critical illness; but despite the efforts of their ICU, many are left with ongoing problems. The Society of Critical Care Medicine’s THRIVE initiative offers resources and education for ICU patient survivors and their families related to post-intensive care syndrome (PICS), including:

- **THRIVE Facebook.** At the center of THRIVE is the belief in the unique power of ICU survivors to support one another. Follow THRIVE on Facebook to stay up to date on the initiative and connect patients and families with the Post-Intensive Care Syndrome Support Group.
- **Post-intensive Care Syndrome Guide.** THRIVE provides an online guide to help patients and families understand and minimize the health problems that accompany PICS.
- **Patient and Family Resources.** THRIVE provides online videos and related resources to help patients and families better understand PICS, Sepsis, and how to THRIVE after a stay in the intensive care unit.
- **ABCDEF Bundle.** Clinicians may learn more about caring for patients and families with the ABCDEF Bundle. The F element, Family Engagement and Empowerment, focuses on examining the concept of family presence in the ICU and identifying strategies to create family engagement and empowerment.

For more information and the complete list of THRIVE resources available to patients and healthcare providers, visit MyICUCare.org.

