

Canadian National Survey of family physicians on post-ICU syndrome

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Introduction

Post ICU Syndrome (PICS) is defined as new or worsening impairment in physical, cognitive, or mental health status arising after critical illness which persists beyond the acute care setting. It is estimated that post-ICU Syndrome occurs in 25-50% of ICU survivors. There is a lack of awareness of PICS and often ICU survivors with a constellation of new impairments post ICU discharge are lost to follow up or do not have access to specialized care. Our previous research found that there is limited access to post-ICU follow up clinics across Canada.

There is a large burden on family physicians to coordinate care for complex ICU survivors. Caring for ICU survivors with numerous new multifactorial, functional and cognitive impairments without sufficient information and a clear treatment plan poses challenges that may lead to delays in recognition of PICS and referral to specialized care. An opportunity exists to better understand the current management of PICS by family physicians, improve transitions of care and to provide an opportunity for feedback and process improvement for ICU physicians.

Objectives

We sought to understand the current practice of family physicians and the challenges they face in the management of patients with post-ICU syndrome. Furthermore, our aim is to understand barriers to effective communication between intensivists and family physicians.

Methods

A 16-question electronic survey was developed and distributed to family physicians across Canada. A personalized email was sent to a random, stratified sample of family physicians with valid email addresses with the College of Family Physicians of Canada. The survey was validated by a panel of experts including intensivists and family physicians using a modified Delphi method. Participation in the survey was optional and anonymous. The survey consists of 4 parts addressing the following: practice demographics, current practice of follow up post-ICU admission, information exchange and follow up issues.