

4701-A-2217

**Developing and delivering a “virtual” psychoeducational, post-discharge intervention for OHCA survivors and their families: protocol and patient involvement in the design of the V-CARE (Virtual Care After RESuscitation) study**

Marco Mion<sup>1,2</sup>, Rupert Simpson<sup>1</sup>, Rhianna Brien<sup>1</sup>, Paul Swindell<sup>3</sup>, Maria Maccaroni<sup>1</sup>, Jean Davis<sup>1</sup>, Thomas R Keeble<sup>1,2</sup>

<sup>1</sup> Essex Cardiothoracic Centre, Mid and South Essex University Hospitals Group, Basildon, England

<sup>2</sup> MTRC, Anglia Ruskin School of Medicine, Chelmsford, Essex, UK

<sup>3</sup> Sudden Cardiac Arrest UK, Peer to peer support group

**Background and Objectives:**

OHCA survivors face several challenges to achieve a ‘new normal’ life. Anxiety, depression, memory and returning to driving are some of the most frequently reported problems<sup>1,2</sup>. Family members (‘co-survivors’ or ‘key supporters’) also undergo their own process of recovery secondary to psychological trauma and limited support currently available<sup>3</sup>.

Aim of this research is to investigate feasibility and acceptability of a virtual psychoeducational group intervention developed with and for OHCA survivors/co-survivors.

**Methods:** V-CARE consists of the following:

a) a qualitative study (Phase 1) employing an exploratory sequential mixed-method design; this involves 1) completing semi-structured focus groups; 2) create a survey based on identified themes, to submit to a larger cohort of survivors/co-survivors and investigate their views on best structure, content, and mode of delivery.

b) A single-centre trial (Phase 2) to investigate feasibility and acceptability of delivering this intervention, to be offered remotely within the first 3 months post-discharge.

**Results:** 5 survivors and 3 co-survivors participated to two in-depth 90-minute group interviews; 93 (62 survivors, 31 co-survivors) to the subsequent on-line survey. This helped to identify an ideal structure (four sessions, one hour each), content (focus on life after cardiac arrest; addressing practical problems and cognitive and psychological challenges), format (50/50 split between presentation and discussion) and group size (6 to 8 participant per group) for the intervention.

**Conclusions:** V-CARE is currently undergoing ethics approval and finalization of the content/structure of the sessions. Phase II is expected to be delivered between late 2022 and 2024.