



Multiple interventions in the ICU - are they worthwhile?



Janet Froulund Jensen,
Post.doc., PHD
Department of Anesthesiology
Holbæk Hospital

REGION ZEALAND
HOLBÆK HOSPITAL



Multiple interventions in the ICU

What do we know?

- Early ICU-based intervention may be effective, but interventions starting post-ICU discharge including The RAPIT-study have failed to demonstrate clinical effectiveness.

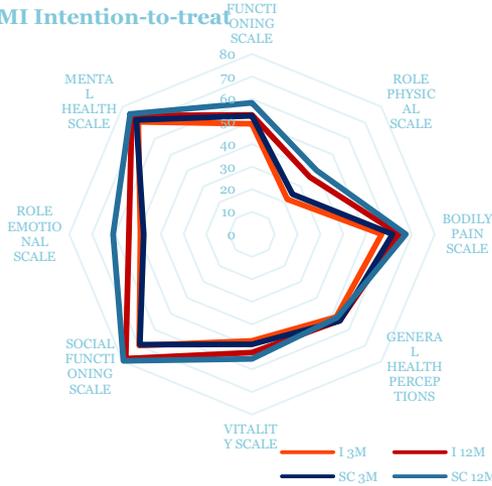
An example: Mixed results from a RCT with an embedded qualitative study

- RCT, conclusion: Overall, no beneficial or detrimental effectiveness were found on either primary or secondary outcomes
- Qualitative study, conclusion: Provides an understanding of the process of recovery after intensive care from a longitudinal patient perspective



Mixed results from RCT – The RAPIT-study

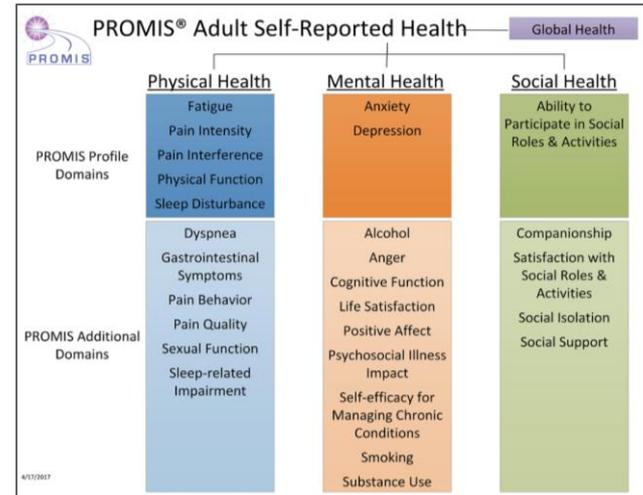
Preliminary analysis of a Joint display: Discordance

RQ	Quantitative (Quan)	Qualitative (Qual)	Conclusion
<p>What is the effects of the intervention?</p>	<p>MI Intention-to-treat</p> 	<p>Quotes Third consultation:</p> <ul style="list-style-type: none"> - All I needed was someone, who took care of me in the processes. Nobody else has contacted me. Actually I think it helped me because I had to reflect on things I would not have thought about. I've had a feeling of a caring person who took me seriously. That has been good (P1) - I have gained an insight into many things, and recognized my values that I didn't before (P2) - I was very happy at the first consultation at the hospital when I got my pictures and all that (P6) - It was comforting and nice to know that some people do come back after such an experience (P8) - It was a strong experience to be so far out and come back again; especially when I got back so well. It's been good talking to you (P11) 	<p>Quan: No difference</p> <p>Qual: Confirmation and information was valued Resolving the jigsaw puzzle gave a sense of coherence and understanding Beneficial to share the experience</p> <p>Discordance between Quan and Qual data</p>

Perspectives on outcome measurements

- **Conceptualization**
 - Study design, aim, theory, and intervention in relation to outcomes measures
 - Consensus on important outcomes and instruments
- **Development and validation**
 - Involvement of patient perspectives in the process
- **Some ideas of potential outcome measurements**
 - Itembank – PROMIS (<http://www.healthmeasures.net/explore-measurement-systems/promis>)
 - Improving long-term Outcomes (www.improvelto.com)
 - Specific QOL/follow-up measurement
- **Multiple interventions in the ICU - are they worthwhile?**
 - Yes
 - Consider patients' needs and preferences
 - Consider integrating qualitative approaches to design quantitative studies and explain quantitative results

Computer adaptive test



Core Outcome Measurement Set

- Survival
- Satisfaction with Life and Personal Enjoyment (Health-related quality of life)
- Mental health
- Pain
- Cognition*
- Physical function**
- Muscle and/or nerve function**
- Pulmonary function**

Core Measure Set Name	Measurement Instruments	Total No. of Questions	Estimated Time to Complete (minutes)	Estimated Cost per Visit (as of June 2015)
Minimum Set	Survival measure, EQ-5D, HADS, IES-R	42	12 minutes	\$1.50
Minimum + cognitive screening	Survival measure, EQ-5D, HADS, IES-R, + MoCA	55	17 minutes	\$1.50
Minimum + SF-36	Survival measure, EQ-5D, HADS, IES-R, + SF-36 v2	78	21 minutes	≥\$3.00
Minimum + SF-36 + cognitive screening	Survival measure, EQ-5D, HADS, IES-R, + SF-36 v2 + MoCA	91	28 minutes	≥\$3.00