NIHR | Applied Research Collaboration Kent, Surrey and Sussex

Research Poster Competition:

Competition winners presentations

Dr Julie MacInnes and
Hasu Ramji,
ARC KSS Public Advisor

Scan QR Code to view all the poster entries

The e-PICS Project: How e-Health facilitates early detection and care planning for survivors with Post Intensive Care Syndrome(PICS).

NIHR | Applied Research Collaboration Kent, Surrey and Sussex

Canterbury Christ Church University

Research Team

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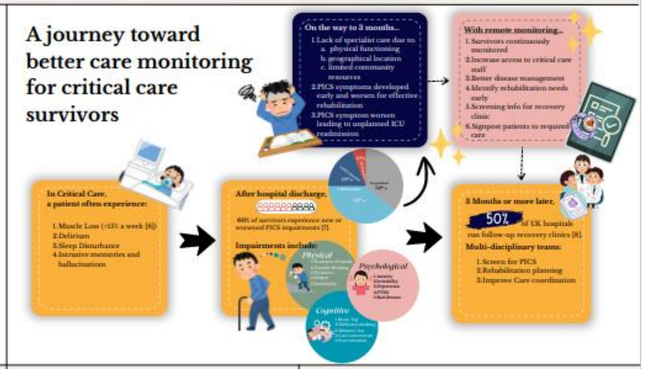
INTRODUCTION

- Critical care survivors often experience PICS that negatively impacts functional outcomes, quality of life, return-to-work, and financial security[1-3].
- Lack of early PICS impairment detection may lead to ineffective rehabilitation programs[4].
- eHealth can potentially be the solution to reduce health inequalities and enable opportunities for critical care teams to foster better PICS recovery by starting earlier rehabilitation treatment[5].

A journey toward better care monitoring for critical care survivors



OBJECTIVES

- **Feasibility and acceptability** of monitoring critical care survivors during first 3 months.
- Charting **recovery trajectories** of survivors during this period.
- Exploring possible **inter-relationships** between Post-Intensive Care Syndrome Domains.

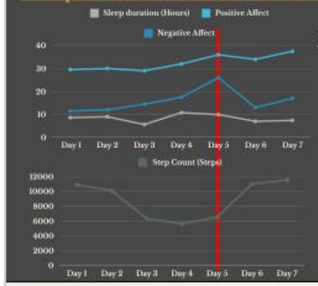
METHODS

- 2-week remote monitoring at **1st**, **8th**, and **12th** week after hospital discharge.
- Physical activity tracked using actigraphy.
- Remote assessments consists of sleep, mood diaries, and cognitive assessments.

IMPACT (SO FAR)

- Collaborative efforts to contextualise research to local NHS Trusts.
- Capacity building through training recruitment staff about monitoring protocol.
- Institution provided expertise in ethical approval processes and grant application to increase capacity and capability in project implementation.

Participant 1's monitored outcomes over a week



EMPOWERING PSYCHOLOGICAL SAFETY

Through remote monitoring, potential markers can be identified to classify patients at risk.

For example, Participant 1 had feelings of anxiety (increased negative affect) and excitement (high positive affect) leading up to an important event on Day 5 (red line).
Participant 1 slept more on Day 4 to feel 'more refreshed' for the event.

- Compared to other days, a great decline of sleep and physical activity from Day 3 to Day 5.
- A gradual to sharp increase in negative affect between Day 4 and Day 5.
- However, specific affect responses indicate participant 1 was anxious and excited at the same time.

Markers can provide insight to aid clinician decision-making like initiating 'recovery' clinics sooner, rehabilitation planning, and earlier rehabilitation.

FUTURE IMPACT

- A remote monitoring system that provides improved access to specialist care after hospital discharge.
- Provide insight in scaling up intervention in preparation for a real-world evidence study.
- Identify important risk markers that enables clinicians to provide the required care to survivors at risk.
- Use of monitoring system as a self-management and behavioural change intervention for PICS rehabilitation and recovery.

Poster by Daniel Lai

Scan QR code for references

Exploring Endometriosis & Physical Activity Engagement

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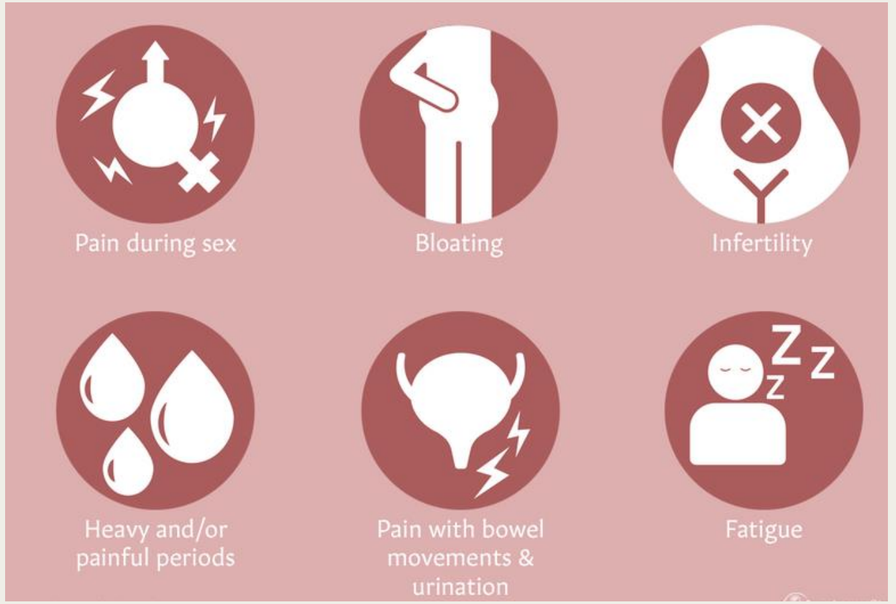
Background & Rationale

Endometriosis, a women's health crisis

Tissue similar to lining of the uterus grows in other areas of the body can cause disruptive symptoms (1).

- 1/10 people assigned female at birth.
- Average 8+ year diagnosis time.
- A whole body condition, no cure currently.
- Considered taboo, creates a silent culture on women's bodies and misinformation.
- Under-researched/funded. An unbalanced reliance on the biomedical model for endometriosis research.



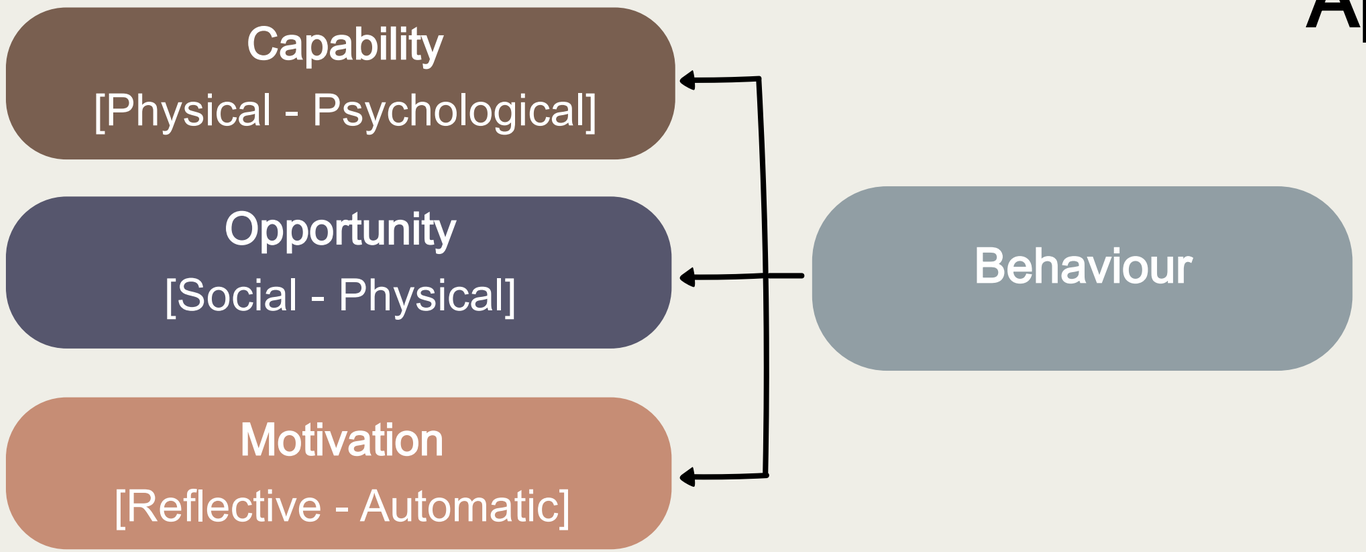
Health longevity

A need for **psycho-social and whole person** perspectives to address **wider impacts** of endometriosis as a lifelong condition.

Symptoms can progress and **disrupt physical activity** engagement (3,4).

Physical activity is an important **protective health behaviour** agains communicable diseases and wider health determinants (2).

Underpinning via Health Behaviour Science



Applying the COM-B Model

- Breaks down behaviour into 3 components & 6 subcomponents.
- Further broken down into locus of control- individually and systemic factors.
- Identifies key focus areas to inform individual behaviour change interventions and areas to address for policy and practice to build capacity and opportunity.
- (Michie et al., 2011) (5)

Qualitative

Interviews allowed for exploration of the nuances around these experiences where there are large literature gaps.

Key Findings & Looking Ahead

The poster discusses findings, idendifies key areas to address with scope for innovation:

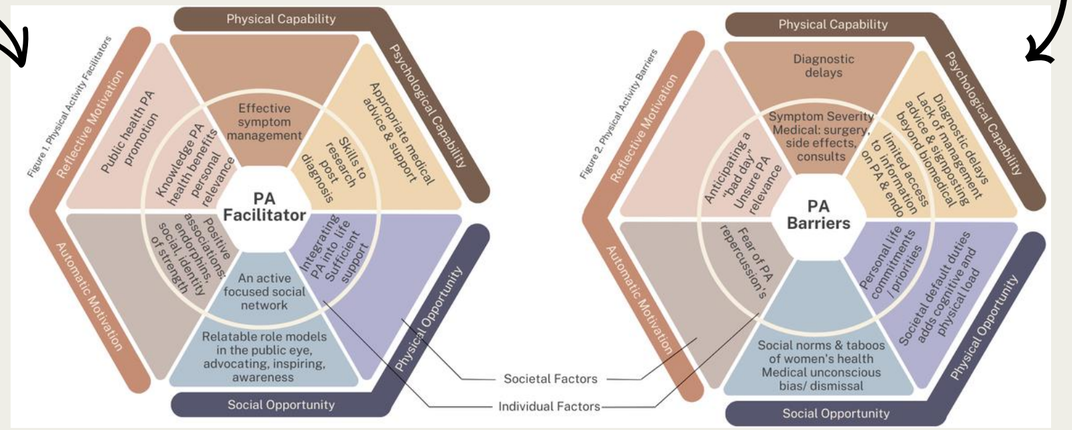
Increasing physical activity knowledge, personal relevance and role models. Improve understanding of physical activity engagement's importance (motivation, opportunity).

Findings can inform:

- Further understanding of practicalities of physical activity and endometriosis
- Activity Intervention designs
- Developing accessible guidelines
- Co-production, patient and public involvement
- Social media campaigns

Biomedical management needs to compliment whole body approaches to symptom management to support capabilities.

- Working with health care practitioners, policy and practice.
- Increase awareness for help seeking, diagnosis and patient autonomy sooner.
- Appropriate wider lifestyle impact sign posting needed.



ASCOT adult social care outcomes toolkit | CHSS University of Kent | PSSRU Personal Social Services Research Unit | NHS Kent and Medway NHS and Social Care Partnership Trust

FUNDED BY NIHR | National Institute for Health and Care Research

ASCOT-ER FOR OLDER PEOPLE

Developing A Toolkit For Older People Using Social Care Services who need additional support to complete questionnaires

Mikelyte, R., Caiels, J., Rand, S., Webster, L., Field, E., and Towers, A-M.

Disclaimer

This study is funded by the NIHR Research for Social Care (NIHR23334).

The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

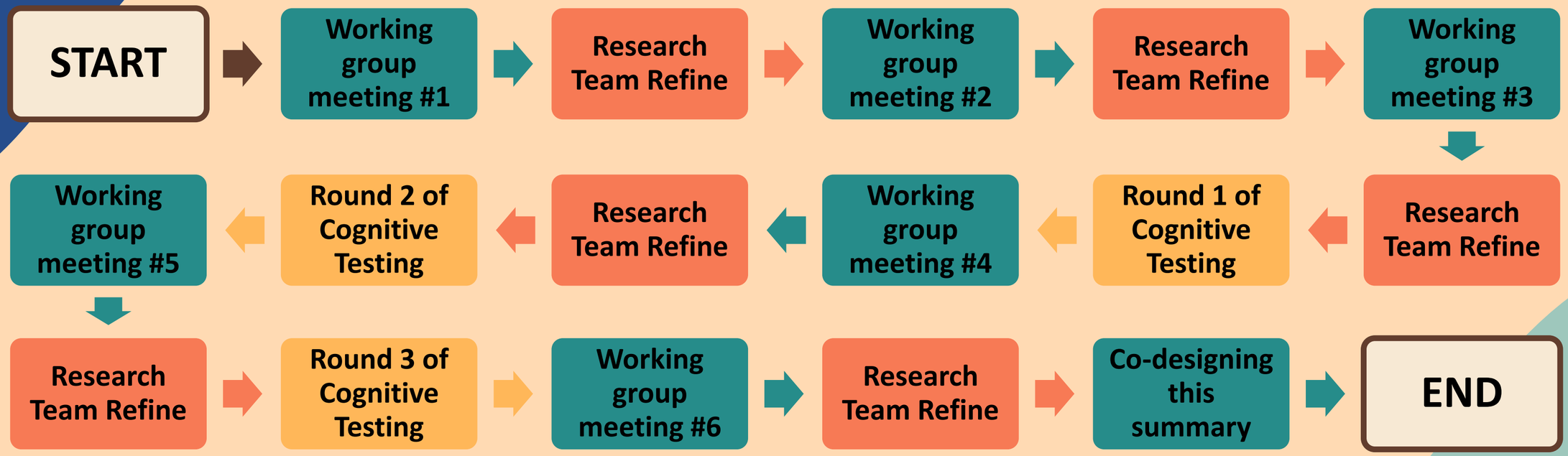
What is the ‘ASCOT-ER’ for older people?

- Easy Read adaptation of the Adult Social Care Outcomes Toolkit (ASCOT)
- Designed to capture the aspects of quality of life most impacted by social care.
  - Control over daily life
  - Personal cleanliness and comfort
  - Clean and comfortable home
  - Food and drink
  - Personal safety
  - Relationships with family and friends
  - Occupation
  - Dignity
- ‘Accessible’ version is designed to support the inclusion of people who find completing surveys difficult

Why was an easy-read version for older people needed?

- Over half a million older people in the UK are supported by publicly-funded social care services.
- However, some older people find the questionnaire difficult to complete.
- There already was an ‘easy-read’ ASCOT tool for adults with learning disabilities, and the ASCOT team had many requests to use this with older people.
    - Many requests to use this tool with older people living in their own homes and receiving social care

How was the toolkit developed?



Watch video on You Tube: https://www.youtube.com/watch?v=ElazNMhHHIU&t=211s

What is different about the new version?

- Many elements of the tool have changed because of the iterative refinements:
  - Use of images
  - Re-ordering of, or addition of (more relevant) prompts for questions
  - Changes to the wording of response options
  - Removal of qualifiers in response options (“It is ok.”)
- The tool is more relevant, more understandable and easier to respond to than ever before for this group of people.
- If you’re interested to use/view the toolkit, visit www.pssru.ac.uk/ascot

This question is about what you eat and drink. Think about if:

- You can have the food and drinks you like.
- You have enough food and drinks to keep you healthy.
- You can eat and drink as often as you need to.

What do you think about what you eat and drink?

Please tick (✓) 1 box

I get all the food and drink I like when I want.	☐
I get enough of the food and drink I like when I want.	☐
I get some of the food and drink I like when I want, but not enough.	☐
I do not get any of the food and drink I like so I might get ill.	☐

This question is about what you eat and drink. Think about if:

- You can have the food and drinks you like.
- You have enough food and drinks to keep you healthy.
- You can eat and drink as often as you need to.

What do you think about what you eat and drink?

Please tick (✓) 1 box

I get all the food and drink I like when I want.	☐
I get enough of the food and drink I like when I want.	☐
I get some of the food and drink I like when I want, but not often enough. Sometimes I'm hungry or thirsty.	☐
I do not get any of the food and drink I like. I am often hungry or thirsty.	☐

This question is about what you eat and drink.

Think about if:

You can have the food and drinks you like.

You have enough food and drinks to keep you healthy.

You can eat and drink as often as you need to.

What do you think about what you eat and drink?

Please tick only 1 box ☑

- ☐ I get all the food and drink I like when I want.
- ☐ I get enough of the food and drink I like when I want.
- ☐ I get some of the food and drink I like when I want, but not often enough. Sometimes I'm hungry or thirsty.
- ☐ I do not get any of the food and drink I like. I am often hungry or thirsty.

What difference do we hope this will make?

- ASCOT is an internationally used outcome measure for social care.
- This co-designed easy-read toolkit will enable more people to report the impact of services on their quality of life.
- Care providers and commissioners can use the tool to assess how well services are meeting people's needs.
- The tool has already been licensed for use by the British Red Cross to evaluate the impact of their services across the UK with 10,000 older people.

THANK YOU

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WATCH OUR VIDEOS!

Project Overview

Reflections from the working group