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Understanding how post-ICU follow-up is delivered within the role of critical care outreach teams

Submission date
09/10/2025

Recruitment status
Recruiting

Registration date
14/10/2025

Overall study status
Ongoing

Last Edited
06/11/2026

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Most patients that are discharged from an Intensive Care Unit (ICU) expect to recover well enough to be discharged home. Sadly 1 in 12 of these patient die unexpectedly on the wards. For those who are well enough to be discharged home unfortunately nearly a third are readmitted as an emergency within 3 month of hospital discharge. This all happens despite established ICU follow up/ recovery services in up to three quarters of ICUs in the UK. There are currently no standardised pathways that exist for this particular patient group. This study is the first step in the Enhanced Recovery after Critical Care (ERACC) programme. The programme aims to create a new care pathway to better support patients after they leave intensive care. To do this, we first need to understand how critical care outreach teams currently support patients in the UK. This knowledge is essential to help shape the design of this new pathway

Who can participate?
This qualitative study will include observations of staff as well as interviews with staff, patients who have been in ICU and their families (When referring to family members within this protocol this encompasses, spouses, children, siblings, close friends etc)

What does the study involve?
The study involves participants undertaking one interview exploring their perception of how ICU follow up care is delivered currently. Staff members will be observed completing their role in caring for post-ICU patients.

What are the potential benefits and risks of participating?
Benefits to participating include helping to inform and determine how future post-ICU care looks with current NHS provision.
There are no known risks to this study, but interviews have the potential to cover some distressing topics, the researchers will be experienced in conducting interviews with this patient group and will offer support and signpost participants for further support if required.

Where is the study run?
University of Oxford (UK)

When is the study starting and how long is it expected to run for?
July 2025 to December 2026

Who is funding the study?
National Institute of Health and Care Research (UK)

Who is the main contact?
Dr Sarah Vollam, eracc@ndcn.ox.ac.uk

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

Integrated Research Application System (IRAS)
353261

Central Portfolio Management System (CPMS)
69232

Protocol serial number
69232

Study information

Scientific Title
Enhanced Recovery After Critical Care (ERACC): Qualitative study

Acronym

ERACC: qualitative study

Study objectives
1. To understand how post-ICU follow-up care is delivered within the wider remit of Critical Care Outreach team (CCOT) workloads
2. To understand different models of post-ICU care delivery
3. To understand what proportion of CCOT time is spent on ICU follow-up care and how this is prioritised (e.g. internal/external drivers)
4. To understand the competing demands on CCOT time
5. To understand the experience of CCOT staff of providing ICU follow-up care within their role
6. To understand the wider staff perception of current ICU follow-up care provision and perception of what follow-up care should look like
7. To understand patient and family member perceptions of ICU follow-up care provision

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 11/07/2025, London - Chelsea Research Ethics Committee (Research Ethics Committee (REC) London Centre, 2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 (0)207 104 8141; chelsea.rec@hra.nhs.uk), ref: 25/PR/0773

Primary study design
Observational

Study design
Multicenter qualitative study using semi-structured interviews and ethnographic observations

Study type(s)
Other

Health condition(s) or problem(s) studied
Post-intensive care unit in-hospital ward stay

Interventions
Semi-structured interviews:
Critical Care Outreach team (CCOT) members, multidisciplinary staff working within these teams, patients discharged from ICU and their family members will take part in one semi-structured interview, exploring their perception of how follow-up care is delivered within the workload of CCOT.

Ethnographic observations:
Members of staff within the CCOT and follow-up teams will be observed within their role collecting data on the tasks they perform, people they interact with, and proportion of time spent on each activity they undertake. Direct patient care will not be observed.

Intervention Type
Other

Primary outcome(s)

The delivery of post-ICU follow-up care within the wider remit of CCOT workloads will be explored using ethnographic observations of CCOT activity within the acute ward environment.

Key secondary outcome(s)
1. Models of post-ICU care delivery, CCOT time allocation and prioritisation and demands on CCOT will be explored using ethnographic observations of CCOT activity within the acute ward environment.
2. CCOT staff experiences of providing ICU follow-up care within their role will be explored using qualitative interviews.
3. Wider staff perceptions of current ICU follow-up care provision and perception of what follow-up care should look like will be explored using qualitative interviews.
4. Patient and family member perceptions of ICU follow-up care provision will be explored using qualitative interviews up to three months following discharge from ICU.

Completion date
31/12/2026

Eligibility

Key inclusion criteria
Semi-structured interviews:
1. Patient/family member/staff member aged 18 years or over
2. Is willing and able to give informed consent for participation in the study
3. Is a patient discharged from ICU to the ward, or a family member of a patient discharged from ICU to the ward, or a staff member who supports patients discharged from ICU to the ward
4. Is willing and able to participate in an interview about their experiences

Ethnographic observations:
1. A member of the CCOT at participating sites
2. Is willing and able to give informed consent for participation in the study
3. Is willing and able to be observed during their clinical practice

Participant type(s)
Health professional, Patient, Other

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
100 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Not consenting to participate
2. Patient not wishing for family member to take part

Date of first enrolment
01/10/2025

Date of final enrolment
31/12/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Royal Berkshire NHS Foundation Trust
Royal Berkshire Hospital
London Road
Reading
England
RG1 5AN

Study participating centre
The Dudley Group NHS Foundation Trust
Russells Hall Hospital
Pensnett Road
Dudley
England
DY1 2HQ

Study participating centre
Queen Elizabeth Hospital Kings Lynn
Gayton Road
Queen Elizabeth Hospital Site
King's Lynn
England
PE30 4ET

Study participating centre
University Hospital Southampton
Southampton University Hospital
Tremona Road
Southampton
England
SO16 6YD

Study participating centre
Leeds Teaching Hospitals NHS Trust
St. James's University Hospital
Beckett Street
Leeds
England
LS9 7TF

Sponsor information

Organisation
University of Oxford

ROR
https://ror.org/052gg0110

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	version 1.0	24/05/2026	28/05/2026	Yes	No
Protocol file		03/06/2025	14/10/2025	No	No
Study website		11/11/2025	11/11/2025	No	Yes