



Mersey and West Lancashire
Teaching Hospitals
NHS Trust

From fear to familiarity

Transforming the experience of critical care

Critical Care Team | Patient Experience & Inclusion Team

Mersey and West Lancashire Teaching Hospitals NHS Trust

Please see a letter created from patient feedback, highlighting some of the fears and anxieties regarding admission to critical care.

Dear _____,

I wanted to share something that I am finding difficult to talk about.

I have recently been told that I need an operation and that there is a possibility I may require High Dependency or Intensive Care afterwards. Hearing this has been incredibly frightening, and I feel terrified about what may happen. While I am trying to stay positive and trust the healthcare team looking after me, the uncertainty is very difficult.

As a patient, my perception of Intensive Care is one of unknown and fear. I think of the machines, alarms, monitors and the possibility of needing a breathing tube, and I find this overwhelming. My greatest fear is the loss of control and not knowing what to expect. Although I understand that intensive care exists to provide the highest level of monitoring and support, I cannot help but worry about what the experience may be like. Like many patients, I associate ICU with serious illness, and the prospect of being admitted leaves me feeling frightened and vulnerable.

When I think about Intensive Care, I think about the machines, monitors, alarms, and drips. I worry about waking up unable to speak, feeling vulnerable, and not being in control of what is happening around me. The thought of being attached to so much equipment is intimidating, and I find myself imagining the worst.

What scares me most is the unknown. I do not know what it will feel like, how unwell I might be, or how long my recovery may take. The uncertainty is frightening. Although I understand that Intensive Care provides the highest level of monitoring and support, and that it exists to help people recover, I cannot help but feel anxious when I think about being a patient there.

I know that the doctors and nurses caring for me will do everything they can to keep me safe, but at the moment I feel vulnerable and afraid. I am trying to stay positive, but there are times when the fear feels overwhelming.

I wanted to be honest about how I am feeling rather than pretending I am coping with everything. Is there any support out there to prepare me and my family for this. We have never experienced critical care and fear of the unknown is unnerving.



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The challenge

1

Fear of the unknown

Patients and families face critical care with no picture of what they are walking into.

2

Information, not preparation

Leaflets and verbal explanations pass on facts. They do not prepare people emotionally.

3

Not accessible to everyone

Written information and clinical jargon exclude the very people who need it most.

Students and new starters begin their careers in exactly the same unfamiliar environment — and no one was preparing them either.

Innovation

A co-designed virtual tour that lets people see, hear and understand critical care before admission.



Emotional preparation

Addressing how people feel, not just what they know.



Inclusive by design

Accessibility built in from the outset, not added later.



See it before you live it

Helping patients and families visualise the environment.



Built into the pathway

Embedded in our patient pathways, not a one-off resource.



Co-designed

Full MDT collaboration, including the patient experience team.



Delivered together

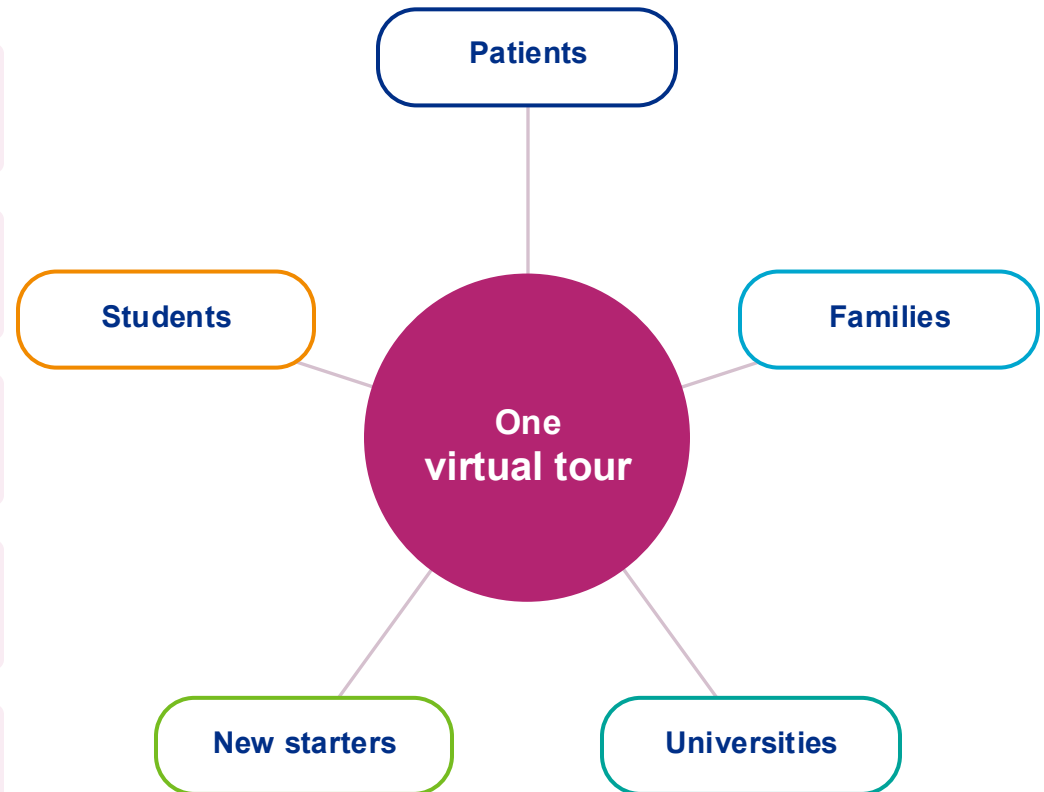
Made possible by charitable funds and the communications team.

What has changed for patients and families

WHAT IT CHANGES

- Reduces anxiety and fear of the unknown
- Improves emotional preparation before admission
- Accessible at home, revisited as often as needed
- Builds confidence and a sense of control
- Supports recruitment and university teaching

WHO IT REACHES



Measurable outcomes

Our evaluation framework — what we measure, and who we measure it with.

Patients & families

- Anxiety scoring, captured as feedback
- Preparedness for admission
- Familiarity with the environment
- Patient and family experience feedback

Students & new starters

- Structured feedback on confidence
- Orientation to the unit before day one
- Value as a teaching resource

Service impact

- Qualitative feedback on service impact
- Support with rehabilitation
- Use across other pathways

Feedback is collected continuously, so the resource keeps improving rather than standing still.

Transformational leadership

1

Created a shared vision

Aligned critical care, patient experience and communications behind one goal.

2

Challenged the status quo

Questioned why leaflets and verbal explanations were still the only offer.

3

Empowered and engaged the teams

Gave the people who deliver the care the lead in designing the solution.

4

Focused on person-centred care

Every decision tested against what the patient and family actually need.

5

Embedded sustainable change

Built into the pathway so it outlasts any individual.

Transferability

“One of the strongest features of the project” — the principles are universal and replicable in any clinical setting.



Already live on the Cheshire & Mersey Critical Care Network site — the trauma network is replicating it.



Universal principles

Replicable in any clinical setting, and scaling across the Trust.



Low cost, sustainable

Relatively low cost to produce and to maintain over time.



Inclusive by default

Supports health inequalities and inclusion agendas. No jargon.

Feedback and evidence

Early feedback



Reduced anxiety, improved preparedness, greater familiarity with the environment.

Already spreading in use



Used in pre-op to reduce anxiety, and in clinic for post-discharge care.



"I don't think we had many negatives to report — the videos were really good, and they found them very helpful."

Student feedback



"Thanks so much for presenting the excellent work you have done on the virtual tours of your Unit."

Lead, Cheshire & Mersey Critical Care Network

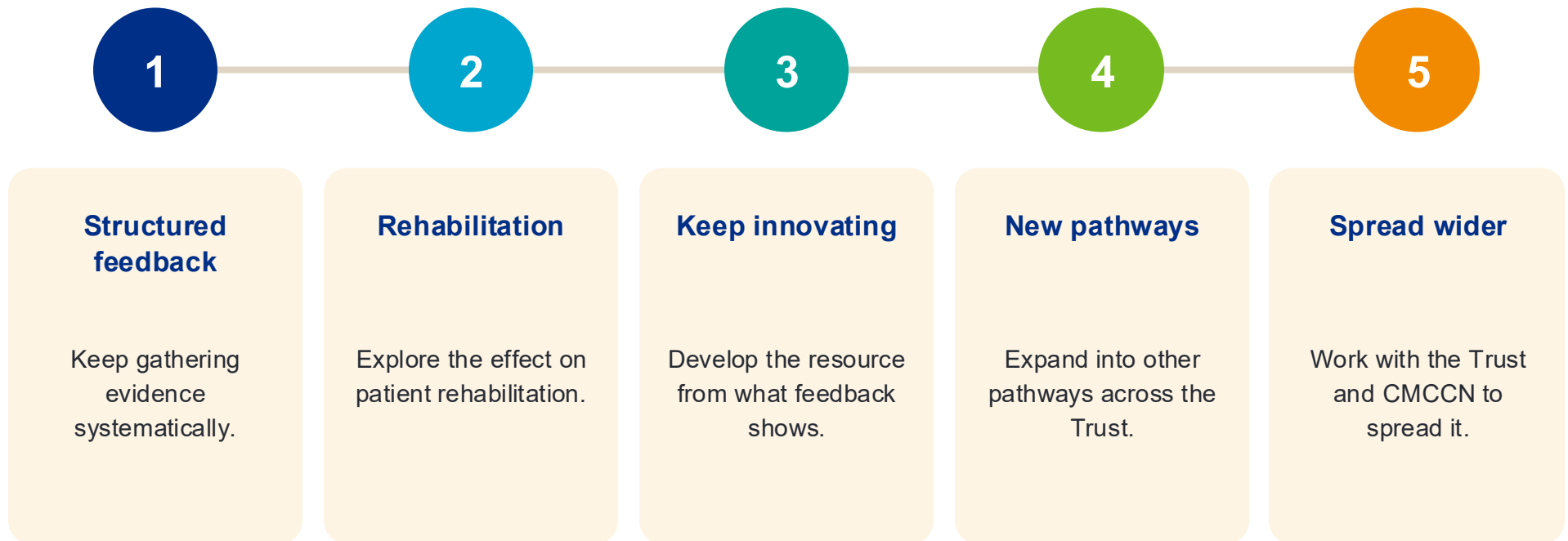


"Really enjoyed your Crit Care videos, excellent work — and hoping to replicate in trauma."

Major Trauma Lead, CMCCN

What the future looks like

Evidence first, then expansion — growing the innovation on what the feedback tells us.



In summary

Fear into familiarity. Information into understanding.

We could not remove the fear of critical illness, but we have shown that we can replace uncertainty with understanding, and fear with familiarity.



Innovative

It changed how patients and families experience critical care.



Inclusive

Accessible by design, so it reaches the people who need it most.



Sustainable

Low cost, embedded in the pathway, and already spreading.

Patient experience at the heart of care — with the potential to benefit patients far beyond critical care.



Thank you

We would be glad to take your questions.

Rebecca Barrow – Senior sister and SIL(service improvement lead) for critical care

Yvonne Mahambrey – Patient experience matron

Susan Frodsham – Lead nurse critical care

With financial support of charitable funds

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Critical Care Team | Patient Experience & Inclusion Team, this presentation has been created with the aid of AI



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