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The Implementation of an ICU Diary Program to Prevent Post-Intensive Care Syndrome

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Hospitals throughout the US are often pressured to focus their time and energy on measures that provide immediate outcomes such as discharge timeliness or infection control practices. Although they are very important, strategies are rarely aimed at improving long-term outcomes for patients admitted to an intensive care unit (ICU), including oncology patients. Nurses in the Jacobs ICU at UC San Diego Health are on the cutting edge in addressing this problem through the implementation of the ICU diary program.

Numerous studies have explored the long-term lasting effects an ICU stay has on patient survivors. Similar studies have also been conducted on the lasting effects ICU patient family members' experience. Both patients and families have shown to be at great risk for developing new or worsened physical, cognitive, or mental illness

after surviving an ICU stay.¹

The term post-intensive care syndrome (PICS) and post-intensive care syndrome-family (PICS-F) were coined to describe the symptoms patients and families experience after their ICU stay. Many European countries have been writing ICU diaries for over 20 years to thwart some of the symptoms associated with PICS/PICS-F. Symptoms of PICS/PICS-F include but are not limited to post-traumatic stress disorder, anxiety, ICU-acquired weakness, and cognitive dysfunction.^{2,3}

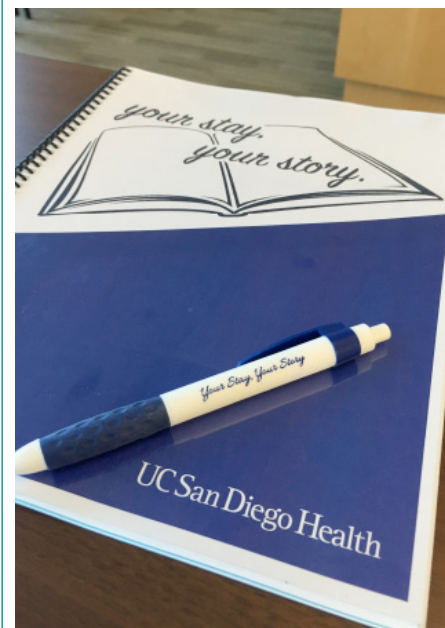
Compared to European countries, ICU diaries are relatively new in the United States. Their use with oncology patients is rare. The impetus to implement diaries for patients and their family members was to fill in potential gaps in their memory with clinician and family input⁴. Ultimately the patient after leaving



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Far left: ICU nurses in the ICU diary class practice writing diary entries.



Left: The ICU diary and pen provided to patients and family members, created by the Jacobs/Thornton ICU diary team.



ICU staff practicing writing diary entries.

the ICU can reconstruct their illness narrative with day-to-day accounts from both the nurses as well as their family and friends' accounts.

After being introduced to PICS/PICS-F, and learning how ICU diaries could mitigate PICS/PICS-F, the Jacobs ICU team members (previously Thornton ICU) decided that caring for the patient in the immediate ICU environment was not enough. A team of four nurses (Giang, Alice, Sam, and Miranda) decided implementation of an ICU diary program in their ICU was imperative to help offset the long-lasting effects of an ICU stay. The team applied and was accepted into the American Association of Critical Care Nurses Clinical Scene Investigation Program, where evidence-based practice tools and strategies were taught and applied.

The development of the ICU Diary Program required a multi-stage process. The cover and theme of the ICU diary was "your stay, your story." This captivating slogan was branded all over notebooks, pens, mousepads, t-shirts throughout the unit to stimulate interest and ultimately create buy-in.

Several variables had to be addressed within the ICU diary group prior to project education and

implementation. The first was understanding how hospitals often cite having a difficult time implementing change unless they can identify something that sticks with the audience.⁵ The second was that nurses as a group tend to be more conservative and avoid change compared to teachers, information specialists, and scientists.⁶ Armed with this knowledge, the team developed an all-inclusive 4-hour in-person class on ICU diaries.

The team established a mandatory



ICU nurse Allison Riley writing an ICU diary journal entry for her patient.



ICU nurses in the ICU diary class practicing a diary entry.

ICU nurse managers practicing writing a diary entry.



class. The class included these components: PICS/PICS-F introduction, the history of ICU diaries, what to include and exclude from the ICU diary, how patients are screened and debriefed for PICS in the post-ICU recovery clinic, measurement of the project's outcomes data.

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The interactions between the patient and family member panel with nurses was very emotional. There were very few dry eyes, which directly corresponded with responses from many course evaluations. Many nurses responded that the class renewed their sense of caring and empathy. After all ICU frontline staff completed the ICU Diary Program class, the first ICU diary was implemented in June, 2016.

The expectation was that the staff nurses would initiate an ICU diary on any patient expected to stay in the ICU for more than 2 days and had the potential for a memory gap. Memory gaps included scoring positive on delirium assessments, being intubated and/or sedated, or having procedures requiring moderate sedation.

Staff members were instructed to write at least one handwritten entry per day. Family members were also encouraged to write to the patient in

the diary as often as they wished. While staff wrote messages of caring, families were encouraged to write similar messages that would help reconstruct the timeline of events meaningful to the patient. These events could have included entries such as a political elections, football game outcomes, or missed birthdays. Entries describing their agitation and required restraint usage could help clarify any false memories or thoughts patients might have experienced.

In addition to providing families with a diary and pen, an instant camera was made available in case family members wanted to capture their environment or care team with their permission. When patients were transferred or discharged out of the ICU, the ICU diary was given to them for their keeping. The ICU Diary Program Team kept track of each ICU diary patient and referred them all to the post-ICU recovery clinic. A physician from the clinic would call to set an appointment to follow up with the patient, typically 30 days after their hospital discharge to debrief their stay. This included a physical, mental, and cognitive follow-up as well as reviewing the ICU diary with the patient.

The team measured two outcomes with the project, rates of post-ICU recovery clinic referrals as well as family satisfaction with care and decision-making scores in their ICU. Referrals more than doubled with the implementation of the ICU diary program and family satisfaction scores marginally increased. Though there was not a significant increase in family satisfaction scores, this could be attributed to either a high baseline benchmarking score in the high 90th percentile compared to similar units in the world, or simply choosing the wrong measured outcome.⁴

The ICU Diary Program had many successful secondary outcomes. The ICU Diary Project was well received by patients and families. Front-line staff were instructed how to connect to patients on a more human level rather than a standard provider-to-patient connection, helping to mitigate the effects of

post-intensive care syndrome for both patients and families. UC San Diego was so supportive of the pilot program in the Jacobs/Thornton ICU that all other ICUs within the organization are adopting the practice in the summer of 2018. The ICU Diary Program also falls in line with the latest recommendation from the 2017 Family-Centered Care Guidelines published by the Society of Critical Care Medicine as a means to improve patient and family outcomes.

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ICU Nurse Aaron Poindexter writing a diary entry for his patient

