

Grant Application

1	Project Title	ICU Diary Project
2	Clinical or Operational Area	Intensive Care Unit
3	Healthcare System	St. Peter's Regional Medical Center
4	Hospital or Entity Name	St. Peter's Regional Medical Center
5	Applicant Name	M.J. Sarah Riggs BSN, CCRN
6	Applicant Title	ICU Staff RN
7	E-mail Address	mriggs@sphealth.org
8	Telephone	406-444-2222
9	Mailing Address, City, State, Zip Code	2525 East Broadway, Helena MT 59601
10	Please list the names and titles/roles of the additional members of the project team:	
	Name:	Title/Role:
	Sarah Maddock BSN, RN	ICU Manager
11	Name of Senior Risk Management or Corporate Insurance Representative	Michelle Rush
12	Mailing Address, City, State, Zip Code	2475 East Broadway, Helena MT 59601

13. The issue being addressed involves the following clinical areas: (Check all that apply)

- Ambulatory Care
- Emergency Services
- Hospital/System-wide Focus
- Obstetrics/Perinatal
- Radiology/Imaging Services
- Surgical/Peri-Operative
- Other (Please specify)

Intensive Care Unit

14. Briefly describe the project and its importance to the organization: (two paragraphs maximum, please attach any supporting documentation)

Patients admitted to the ICU often face terrifying and stressful circumstances, frequently arriving semi-conscious or unconscious due to their condition or sedation. Throughout their stay, they endure numerous invasive procedures and are surrounded by intimidating machines and constant alarms, leading to confusion and fear. This environment leaves them with gaps in their memory and traumatic experiences, while their families grapple with the distress of watching their loved one undergo critical care. This intense experience can lead to Post Intensive Care Syndrome (PICS) and Post Intensive Care Syndrome-Family (PICS-F),

which encompass physical, cognitive, and mental health challenges, potentially increasing healthcare costs and reducing quality of life.

In response, ICU diaries may be a beneficial tool for mitigating some of these issues. This tool can offer a means for families to document their experiences and better understand their loved one's condition. For patients, these diaries help fill in memory gaps and clarify false memories, enhancing their comprehension of their ICU experience. Staff members can also benefit, as diaries foster a stronger connection with patients, allowing for a more humanized approach to care.

15. Describe how this project will improve patient safety or reduce the potential for liability. (one paragraph maximum)

ICU diaries may reduce anxiety and depression and enhance health-related quality of life for survivors. PICS is widely studied and has shown to lower quality of life for survivors. ICU Diaries may help survivors establish a channel for discussion with their families, which can help increase family cohesion and provide greater support for patients. These diaries enhance survivors' understanding of their recovery process and ICU experience. By improving mental well-being and overall quality of life, these diaries could help reduce the strain on the healthcare system, leading to more efficient use of resources and potentially decreasing long-term healthcare costs.

16. What metric(s) will be used to measure progress and determine the success of this project?? (one paragraph maximum)

PHQ-9 scores will be monitored in patients receiving an ICU diary to assess depression pre and post ICU stay for the years following their ICU stay. The Social Determinants of Health will also be tracked for each patient. Overall patient satisfaction scores will also be monitored through Press Ganey for ICU patients with specific focus on our scores for 'Communication with Nurses', 'Staff too preferences into account', and 'Staff talk about help when you left' sections of the survey.

17. Please describe the tangible results of the project that can be quantified and shared as best practices with other AEIX members? (one paragraph maximum)

Tangible qualities of the project that can be shared as best practices include:

1. Quantified Improvements: Demonstrating measurable improvements in the metrics used to assess depression, patient satisfaction and quality of life post ICU discharge.
2. Patient and Family Testimonies: Collecting and sharing testimonials from patients and their families about their experiences with the project. This qualitative feedback can provide insights into how the ICU diaries or other interventions have positively impacted their recovery and overall well-being.

18. Please provide a financial estimate of the project Estimating a \$2 cost for a 1" 3 ring binder plus a \$6 cost for filler paper plus \$2 for any unpredicted cost, each binder should cost up to \$10. 2-3 Polaroid instant cameras (\$200-\$300) plus refillable photo cartridges at \$16.99 each. Assuming there are 4-6 patients in the ICU weekly who are sedated or at risk for delirium, annual cost be approximately \$7000.

19. What is the expected timeframe for completion of this project? 1 year

20. Is this project based on successful practices evaluated from literature or other healthcare providers? Yes
 No

21. Is this project based on an original concept created by the project team? Yes No

22. Do you have plans to publish the project results in a professional publication or networking forum? Yes
 No

23. Is there anything else you'd like to share about this project?

We would like to present this project as either a live project or poster presentation at a future National Teaching Institute for Critical Care Nursing conference as an ICU team.

Signatures required to submit this application

Primary Clinical Sponsor (The individual responsible for monitoring progress of the project, submitting receipts and other documentation supporting the use of grant funds, and will provide a summary report of the project outcome)

 STAFF N 8/16/24
Signature Title Date

Alternate Clinical Sponsor (The individual responsible for supporting the responsibilities of the Primary Clinical Sponsor, and assuming those responsibilities if the Primary Clinical Sponsor is unable to fulfill the requirements of the project)

 ICU Manager 8/16/24
Signature Title Date

Senior Risk Management Leader

 Corporate Compliance & Risk Officer 8/16/24
Signature Title Date

CEO or CFO of Applicant's Healthcare Facility

 CFO 08/16/2024
Nathan Coburn (Aug 16, 2024 14:47 MDT)
Signature Title Date

Thank you for completing the application. Please follow these next steps.

- Save this document in Word format and gather your supporting documentation.
- Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of the application before submitting it to American Excess Insurance by **Friday August 16, 2024.***