

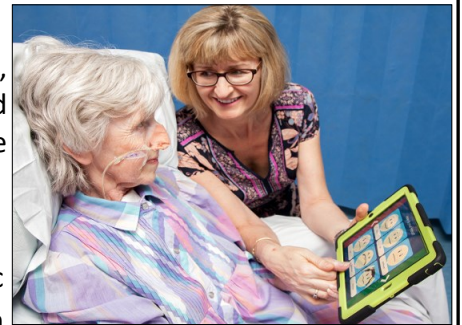
myICUvoice

AN INNOVATIVE COMMUNICATION TOOL TO IMPROVE COMMUNICATION AND SYMPTOM MANAGEMENT IN VENTILATED PATIENTS ON AN ADULT INTENSIVE CARE UNIT.

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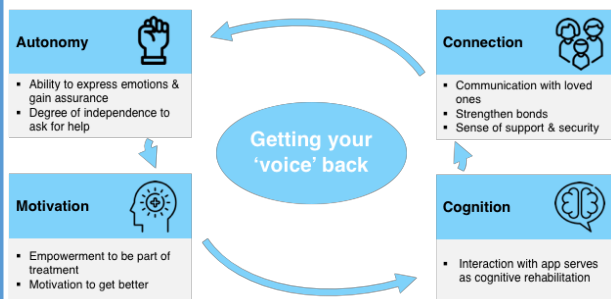
WHAT IS MYICUVOICE?

MyICUvoice is an App for iPads, it is a communication interface, symptom survey tool and data collection device. It has been developed to improve communication between patients, relatives and healthcare professionals.

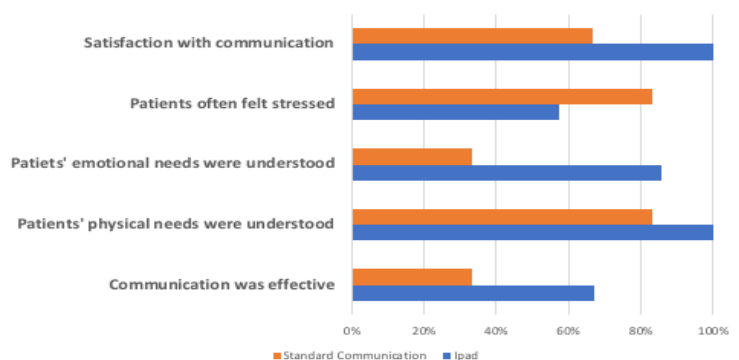


WHY DO WE NEED MYICUVOICE?

One in five critically ill patients will go on to develop Post Traumatic Stress Disorder (Parker, et al., 2015). Many patients in ICU have an artificial airway and thus unable to communicate verbally which is frightening and distressing (Pennock, et al., 1994; Khalaila, et al., 2011). Impaired communication is considered a major factor of enhancing anxiety, frustration and developing negative emotions towards the care experienced.



Comparing standard communication with myICUvoice



LOCAL QUALITY IMPROVEMENT

Patients felt that staff better perceived their care needs, improving nurses perception of those needs. Patients are enthusiastic whilst using myICUvoice for their rehabilitation progression of their ICU journey.

CONCLUSION

Patients are keen to use the app, regardless of their technological knowledge, and express their symptoms, needs or concerns which we can act upon. Although the app is still in ongoing development, its principles are transversal across all critical care areas. We hope, in the future, this will reduce long-term psychological morbidity.

Khalaila R, Zbidat W, Anwar K, et al.: Communication difficulties and psychoemotional distress in patients receiving mechanical ventilation. *Am J Crit Care* 2011; 20:470-479

Parker AM, Sricharoenchai T, Raparla S, et al.: Posttraumatic Stress Disorder in Critical Illness Survivors. *Crit Care Med* 2015; 43:1121-1129

Pennock BE, Crawshaw L, Maher T, et al.: Distressful events in the ICU as perceived by patients recovering from coronary artery bypass surgery. *Heart and Lung The Journal of Acute and Critical Care* 1994; 23:323-327