



Treating the human, not just the illness: “The Intensive Care Unit Bridge Program”



Adrian Goin¹, Tarek Taifour¹, Adamo Donovan²

¹ICUBP volunteer & hospital management team ²ICUBP director & co-founder

Problem

Up to 50% of Intensive Care Unit (ICU) families and patients develop a mental disorder (depression, anxiety, etc) post-ICU (Jones 2004).

Families: The ICU is an intimidating and traumatic environment to navigate. Hospital staff do their best to support families, however the 1-to-1 care required means that they are preoccupied with treating their patient.

Patients: Up to 70% will have hallucinatory/delusional memories of their ICU stay (Wade 2014).

Sadly, the human condition of both patients and family members are forgotten and they are left emotionally scarred by the experience.



Figure 1: MGH and JGH, the first 2 hospitals with the program

Foundations

The Lauren Alexander Foundation was created by Dr. Hornstein (ICU physician at the Montreal General Hospital) with the goal of alleviating the stresses experienced by visitors through heartfelt gestures. This was inspired by the feedback provided by the parents of Lauren Alexander, a McGill student who passed away at the Montreal General Hospital's ICU. The Lauren Alexander Foundation inspired the ICU Bridge Program, founded in 2015 by 2 McGill students: Adamo Donovan and Milanka Stevanovic.



Figure 2: Lauren Alexander and Dr. Hornstein

Program at a glance...

4 hospitals
160+ volunteers from 7 different universities
30,000+ hours volunteered
20,000 families & patients annually
17 student executives
12 hospital staff representatives
\$14,000 raised since May 2018
Website: www.icubridgeprogram.org

ICU Volunteers

Families: Volunteers help visitors by orientating them to the ICU, increasing communication between them and the ICU staff (inform them about visiting hours, etc), lending them a friendly ear, and by providing small amenities and comforts from a supply cabinet (snacks, plushies and coloring books for children, etc). Volunteers are paired in 1 of 28 four-hour weekly shifts. Having 2 volunteers present ensures someone is routinely present at our reception for families, patients, and ICU staff.

Patients: Volunteers can input and help families, patients, and staff input entries in an electronic ICU diary which documents a patient stay in a non-medical context (wishes and reflections, pictures or videos of a patient's progress, simple updates of everyday events). These diaries help orientate families and patients and help them understand their ICU experiences, thus reducing their incidence of mental illness post-ICU stay. If a patient is conscious, volunteers can visit him/her and keep them company.



Figure 3: Our volunteers

Solution

The ICU Bridge Program Bridges the gap between the busy staff and the families and patients, and strives to ensure that the whole person receives the care they need, not just the illness!

The ICU Bridge Program is a non-profit student volunteer program whose mission is to limit the mental health impact that ICUs have on families, patients, and staff through increased communication, heartfelt gestures, and an innovative electronic ICU diary program, all while providing an opportunity for students to get a better understanding of the hospital environment.



Figure 5: RVH and MCH, the newest additions to the program

ICU Staff Representatives

These staff representatives act as a liaison between the ICU Bridge Program and the rest of their treating team. They work in tandem with the program and help integrate our volunteers into their ICU. More specifically, the hospital staff representatives at each hospital work closely with the ICU Bridge Program's volunteer & hospital management team to orientate volunteers and ensure they follow proper protocol in the hospital environment. In turn, the ICU staff are more at ease knowing that motivated volunteers are helping address the humanistic needs of families and patients.



Figure 6: Jewish General Hospital staff

During their shift, volunteers can shadow and witness procedures and learn from the various healthcare professionals in the unit. This experience of weekly volunteering and shadowing, provides our volunteers with many learning opportunities. As such, volunteers get a holistic perspective of the ICU environment by interacting with families, patients, and healthcare professionals.

Executive Team

The executive team has 2 sub-categories: Volunteer & hospital management team and the marketing, fundraising, & socials team. Led by the program's director and co-founder, Adamo Donovan, the executive team performs all the administrative duties required to sustain an independent volunteer program.

Volunteer & hospital management: This team organizes the volunteer workflow from recruitment, interviews, and orientations, to providing advice and support to our students throughout their volunteering and shadowing experiences, all while minimizing any additional work on the hospital staff.

Marketing, fundraising, & socials: This team focuses on promoting, recruiting, and fundraising for the program via our website, social media, and events. From bake sales to running in the Montreal Marathon, the team not only helps raise awareness about the program and recruit volunteers, they help finance the program (backend applications, ICU supply cabinet, uniforms, etc) and keep it running optimally.



Figure 4: Past and present members of the executive team



Presented by: Adrian Goin