Improving Awareness and Knowledge of Post-ICU Syndrome in the Outpatient Setting:

A Quality Improvement Project

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Abstract

**Background:** Post-intensive care syndrome (PICS) is the development of physical, psychological, and cognitive impairments after recovery from critical illness and intensive care unit (ICU) treatment. After hospital discharge, 50-80% of ICU survivors develop PICS; PICS can also affect up to 33% of their family members (PICS-F). The impairments have lasting impacts on health outcomes and represent a substantial socioeconomic burden for all stakeholders. In the United States (US), most patients suffering from PICS remain undetected and misdiagnosed for years. Primary care providers (PCP) are best positioned to screen high-risk patients; however, there is a prominent PICS knowledge gap within outpatient settings.

**Local Problem:** Local outpatient healthcare teams do not routinely educate, screen for, or track PICS within the community, and most medical professionals are unaware of the syndrome.

**Methods:** Several plan-do-study-act (PDSA) cycles focused on creating effective outpatient education. Lewin’s Change Theory was used to drive change and raise awareness. Data was collected using pre-post surveys.

**Intervention:** Formal PICS education activity for interdisciplinary outpatient internal medicine staff and introduction to the Healthy Aging Brain Care (HABC-M SR) screening tool.

**Results:** The intervention was effective at improving staff awareness and understanding of PICS. Staff buy-in was established for the project, outpatient education, and a guidance policy.

**Conclusion:** Raising awareness and understanding of PICS can ultimately improve health outcomes, quality of life, and financial stability of ICU-survivors and their households; and reduce the considerable costs associated with ICU-survivorship universally.

**Keywords:** post-intensive care syndrome, PICS, PICS-F, critical illness, intensive care, primary care, COVID-19