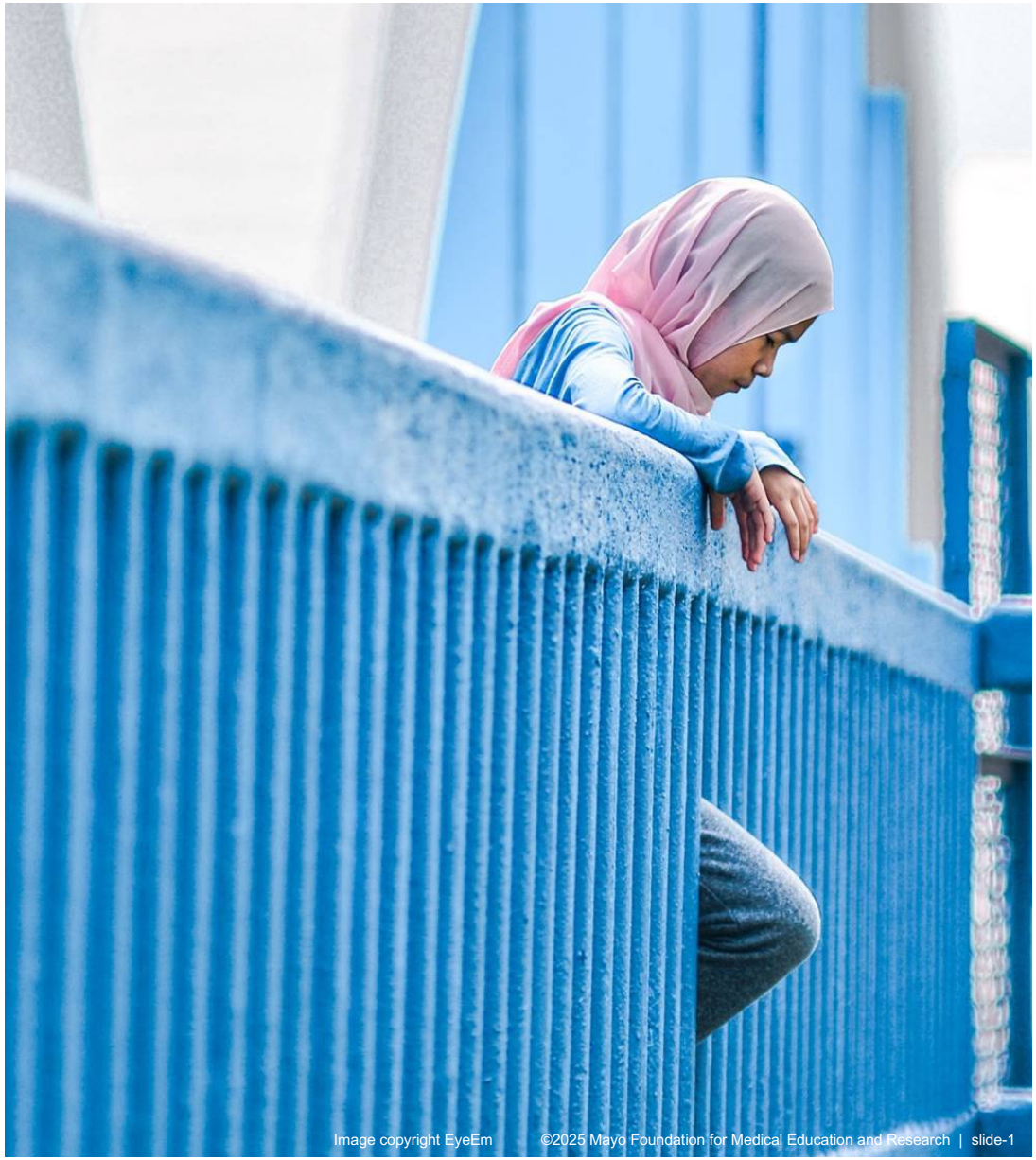
MAYO CLINIC

HUMANIZING THE ICU- THE ROLE OF GET TO KNOW ME BOARD

July 14th, 2025

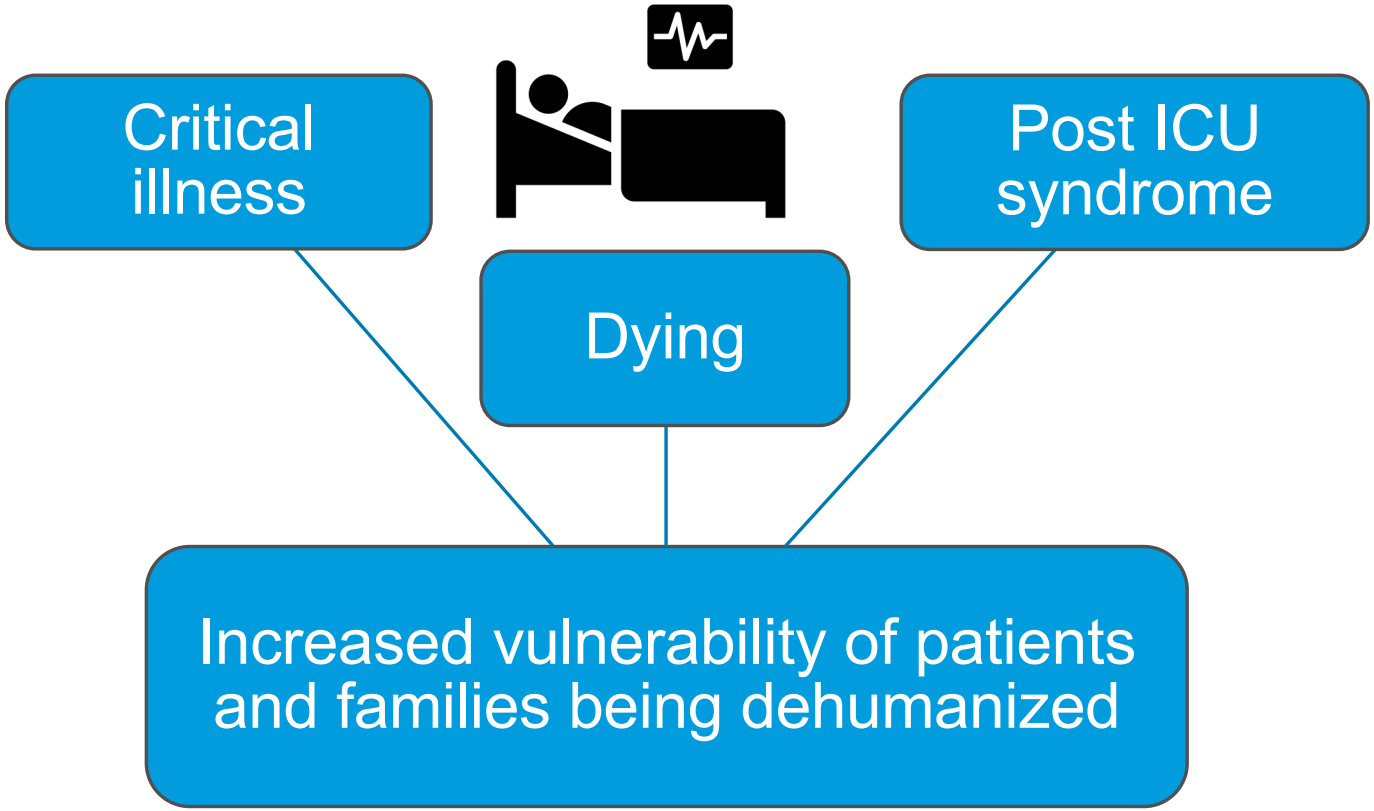
Lioudmila Karnatovskaia
Karnatovskaia.Lioudmila@mayo.edu



Dehumanization

Treating others as if person does not possess attributes of other human beings

Overlaps substantially with disrespect/ denial of dignity



Brown SM, Azoulay E, Benoit D, Butler TP, Folcarelli P, Geller G, Rozenblum R, Sands K, Sokol-Hessner L, Talmor D, Turner K, Howell MD. The Practice of Respect in the ICU. Am J Respir Crit Care Med. 2018 Jun

BURDEN OF DEHUMANIZATION IN ICU

- Inadequate respect
- Poor control over care of patient
- Fears including of dying
- Inability to ***communicate*** major negative emotion
- Being treated ***'as human/ person/ individual'*** was amongst overarching themes of dignity and respect of ICU patients and families

- ***Law, Anica C., et al. "Failures in the respectful care of critically ill patients." The Joint Commission Journal on Quality and Patient Safety 45.4 (2019): 276-284.***
- ***Dziadzko, Volha, et al. "Acute psychological trauma in the critically ill: Patient and family perspectives." General hospital psychiatry 47 (2017): 68-74.***
- ***Beach, Mary Catherine, et al. "Patient and family perspectives on respect and dignity in the intensive care unit." Narrative inquiry in bioethics 5.1 (2015): 15A-25A.***

EXPERIENCES DURING THE PANDEMIC

- Health related QOL domains worsened for COVID 19 survivors with respiratory failure requiring mechanical ventilation
- Psychological distress at 30 days was noted in a substantial proportion of both COVID 19 and non- COVID-19 critical illness survivors
- With virtual visitation, on first encounter, high level of psychological distress noted in families, 22% had persistent severe distress

- *Hosey MM, Needham DM. Survivorship after COVID-19 ICU stay. Nat Rev Dis Primers. 2020 Jul 15;6(1):60*
- *Rose L, et al. Psychological distress and morbidity of family members experiencing virtual visiting in intensive care during COVID-19: an observational cohort study. Intensive Care Med. 2022 Aug 1.*
- *Gamberini L, et al. Quality of life of COVID-19 critically ill survivors after ICU discharge: 90 days follow-up. Qual Life Res. 2021 Oct;30(10):2805-2817.*
- *Vlake JH, et al. Psychological distress and health-related quality of life in patients after hospitalization during the COVID-19 pandemic: A single-center, observational study. PLoS One. 2021 Aug 11;16(8):e0255774.*

THE ABCD OF DIGNITY CONSERVING CARE

- **Attitude**

- Examine attitudes and assumptions towards patients

- **Behaviors**

- Patient contact is as important as any potent clinical intervention

- **Compassion**

- Awareness of the suffering with the intent to relieve it

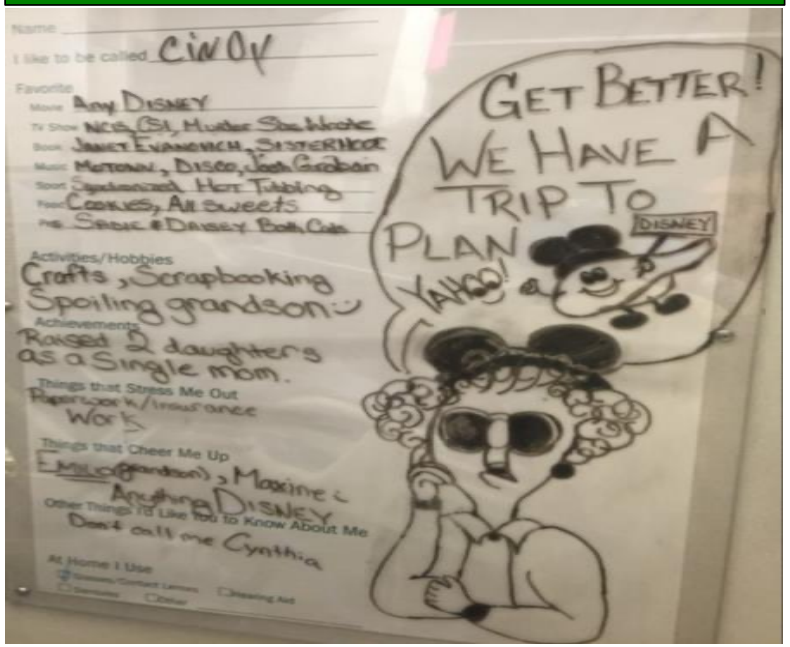
- **Dialogue**

- Acknowledging personhood, knowing the patient

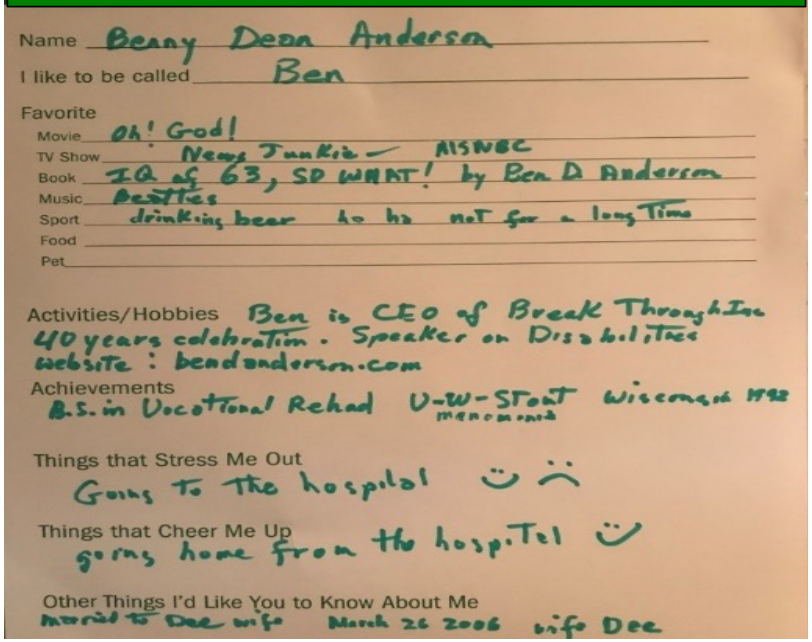
Chochinov HM. Dignity and the essence of medicine: the A, B, C, and D of dignity conserving care. BMJ. 2007 Jul 28;335(7612):184-7

A TOOL TO KNOW PATIENTS IN ICU-GET TO KNOW ME BOARD (GTKMB)

Get To Know Me Board



Get To Know Me Board



- *Gajic O, Anderson BD. "Get to Know Me" Board. Crit Care Explor. 2019 Aug 1;1(8):e0030. doi: 10.1097/CCE.0000000000000030. eCollection 2019 Aug*
- ***Billings, J. Andrew, et al. "Merging cultures: Palliative care specialists in the medical intensive care unit." Critical care medicine 34.11 (2006): S388-S393.***

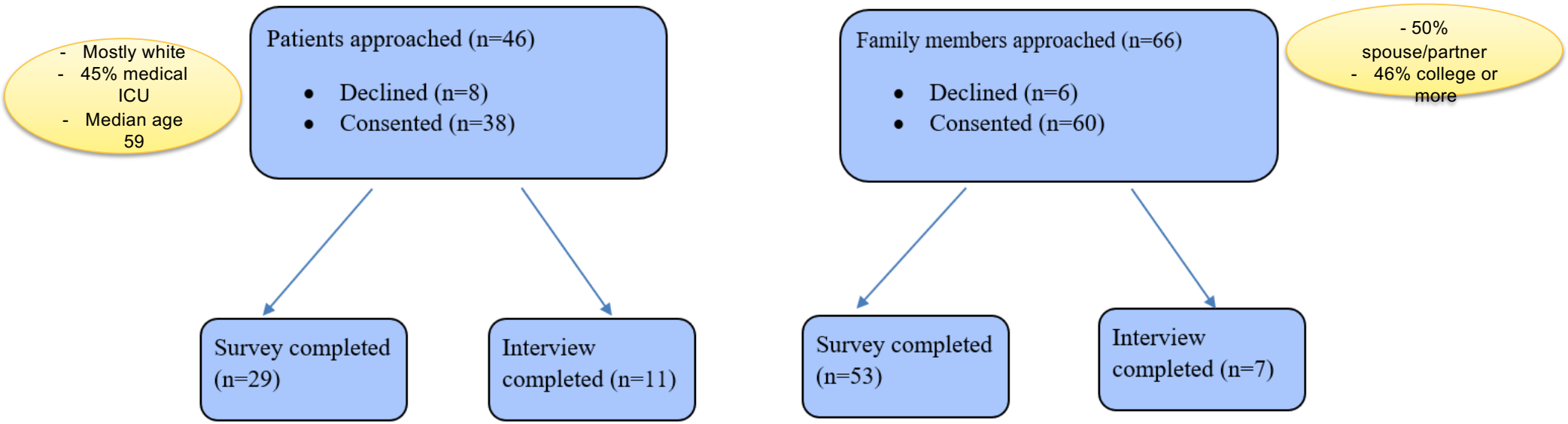
THE VALUE OF ‘GET TO KNOW ME’: PATIENTS AND FAMILIES

- Footprint Project- Canada: helped personalize care experiences of ICU patients and families at end of life
- Survey of 29 ICU patients (all survivors) and 53 family members (MICU, Med- surg, surgical ICUs) during COVID-19 pandemic in 2021
- Most patients and families find it important that providers see the *human side of a patient*, find GTKMB helpful in building relation with clinicians
- Prior similar experiences studied in palliative care units as well as nursing homes

- ***Hoad, Neala, et al. "Fostering humanism: a mixed methods evaluation of the Footprints Project in critical care." BMJ open 9.11 (2019): e029810.***
- ***Ahmad, Sumera R., et al. "Humanizing the intensive care unit: perspectives of patients and families on the Get to Know Me Board." Journal of Patient Experience 10 (2023): 23743735231201228.***
- ***Chochinov, Harvey Max, et al. "Eliciting personhood within clinical practice: effects on patients, families, and health care providers." Journal of pain and symptom management 49.6 (2015): 974-980.***
- ***Pan, Jingyan Linda, et al. "The TIME Questionnaire: A tool for eliciting personhood and enhancing dignity in nursing homes." Geriatric Nursing 37.4 (2016): 273-277.***

Patient and Family perspectives

- Prospective study March 2021- Feb 2022
- Adult ICU, GTKMB present, mechanical ventilation AND/OR vasopressors
- Survey and structured interview administered



an Delireium Society

	Patients (N= 29)	Family (N=53)
Perspectives on Get to Know Me Board (GTKMB) 1. Getting to know human side of patient: Important to very important	26 (86%)	52 (99%)
Perspectives on communication experience using GTKMB 1. Did GTKMB interfere with medical care: none of the time 2. Build personable relationship with care team: most/ all of the time 3. Providers used GTKMB to communicate with patients and families	26 (90%) 20 (68%) ---	--- 39 (74%) 32 (60%)
Perspectives on format of GTKMB on following ranged: - **Name, nickname**, movies, music, sports, food, accomplishments, stressors	8 (28%)	45 (85%)

Ahmad et al. "Humanizing the intensive care unit: perspectives of patients and families on the Get to Know Me Board." Journal of Patient Experience 10 (2023): 23743735231201228.

Additional patient and family perspectives	
Patient perspectives	
1. Remined providers of patient's human side	When I was in the ICU, at first I couldn't really see very well, I mostly remember that after, when I was, you know, taken off the ventilator. You know it just helped me to be able to remind me, some of the things people saw in me. I think that was my wife and daughters that wrote that out.
2. A welcome distraction	Yeah that was a good start I think it got us thinking about something else while we were filling out the board.
Family perspectives	
1. Making connections	I think it's important for staff here when they are working with him to, they can connect with him and talk with him about things that are important to him and that way it encourages him to work with them I think I really do because if they just come in and do their thing and not have that conversation going, I think that conversation is important and they do a really good job of it
2. Used by family to support patient's recovery	I feel like especially in the ICU so many things revolve around numbers and times and facts and statistics and graphs and charts. You know there is still a human…
- Using preferred name of patient was a key outcome **- No specific privacy issues noted**	

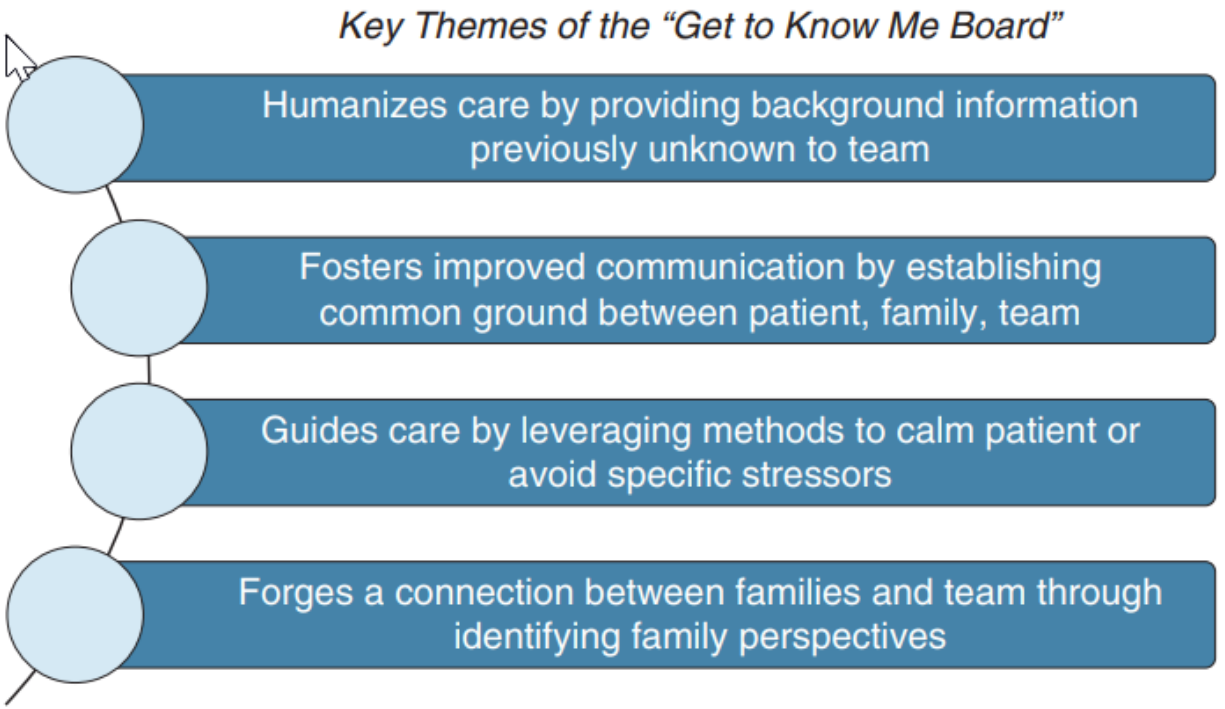


Figure 1 – *Four key themes emerged from this investigation outlining the ways in which the "Get to Know Me Board" helps to bring healing into the critical care space for patients, families, and ICU team members.*

ICU clinician groups: nurses, rehabilitation therapists, respiratory therapist, social worker, affiliate practitioners, physicians

- ***Ahmad, Sumera R., et al. "Perspectives of Clinicians on the Value of the Get to Know Me Board in the ICU." Chest (2024).***
- ***Rolfsen, Mark L., and E. Wesley Ely. "What's the "Get to Know Me Board"?." Chest 167.2 (2025): 316-318.***

ANY IMPLICATIONS OF ‘KNOWING’ PATIENTS ON OUR MEDICAL PRACTICES?

GOAL-CONCORDANT CARE IN THE ICU

National Academy of Medicine calls for clinicians to work "with patients, families to ensure that care provided matches closely with each individual's goals"

Patient or patient surrogate shares the following with ICU team:

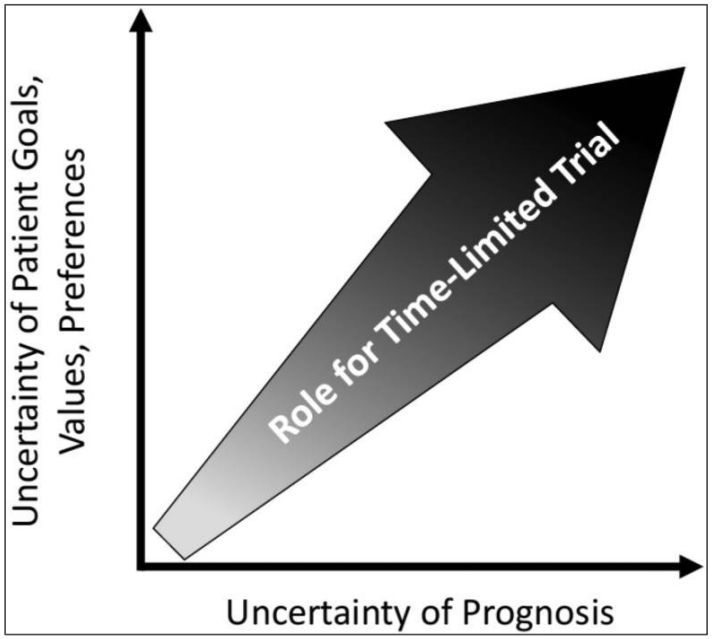
1. The **patient's goal** - E.g. cure, return to work, live at home, witness a birth or wedding, be comfortable
2. **Treatment limitations** - Any unacceptable means of achieving their goal e.g. Do not intubate

ICU Clinicians

1. Determine and explain the patient's diagnosis and prognosis
2. Elicit or clarify patient goals and treatment limitations
3. Appropriately document patient goals and treatment limitations
4. Formulate a treatment plan to maximize probability of achieving patient goals while respecting limitations
5. Routinely check with patient or surrogate for changes to goals and treatment limitations throughout ICU stay

Alison E. Turnbull et al. Intensive Care Med 2017; 43:1847- 49

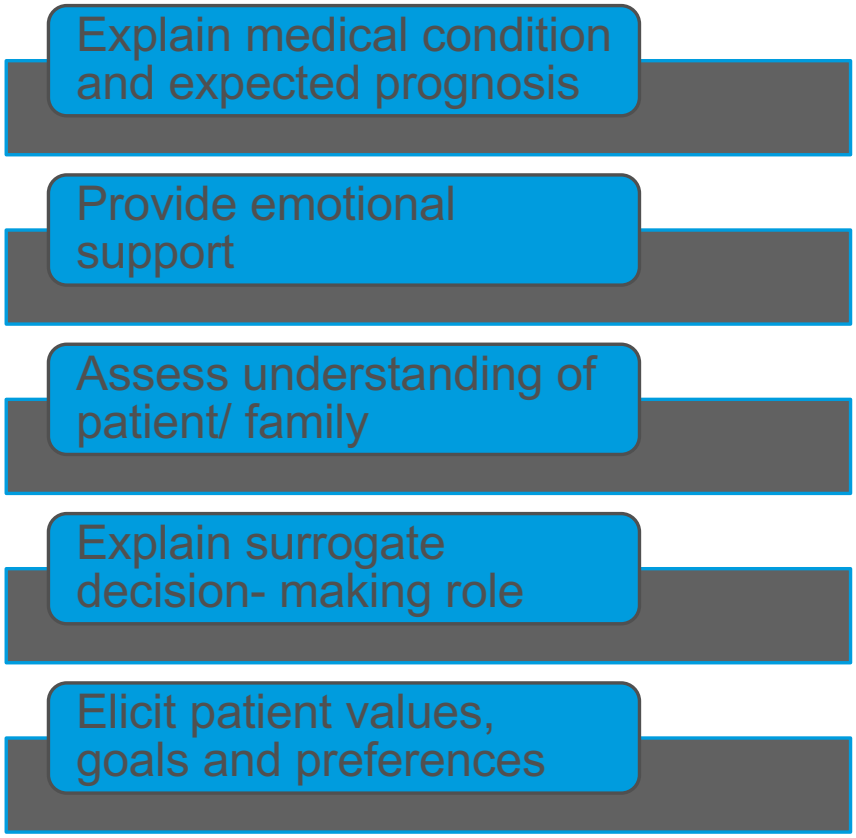
TIME LIMITED TRIAL (TLT)



- Define clinical problem, prognosis
- Clarify patient goals, perspectives
- Identify objective markers of improvement, deterioration
- Suggest timeframe for reevaluation
- Helps navigate ***uncertainty***

Chang, Dong W., et al. "Evaluation of time-limited trials among critically ill patients with advanced medical illnesses and reduction of nonbeneficial ICU treatments." *JAMA internal medicine* 181.6 (2021): 786-794.
Kruser, Jacqueline M., et al. "Defining the Time-limited Trial for Patients with Critical Illness: An Official American Thoracic Society Workshop Report." *Annals of the American Thoracic Society* 21.2 (2024): 187-199.

SHARED DECISION MAKING IN THE ICU- KNOWING THE PATIENT



- Goal: make treatment decisions that are medically appropriate and consistent with patient's values, goals and preferences
- Involving patients and family in decision making manifests 'respect'

WHAT ABOUT IMPLICATION ON DELIRIUM PREVENTION?

Maybe the person is not delirious, just speaks a different language, expresses differently…

KEEPING THE ABCDEF BUNDLE STRONG-*EXPAND*

- ICU Liberation Collaborative: large scale QI program
- C- include **Communication**
- F- **F**amily engagement
- G- **G**oals of care (SCCM ICU liberation bundle)
- G- **G**ain insight into patient needs
- G- **G**et to Know patient
- H- **H**olistic care with environment having '**h**ome like aspects'
- I- optimize **I**CU architectural design

- ***Nin Vaeza N, Martin Delgado MC, Heras La Calle G. Humanizing Intensive Care: Toward a Human-Centered Care ICU Model. Crit Care Med. 2020 Mar;48(3):385-390***
- ***Ely EW. The ABCDEF Bundle: Science and Philosophy of How ICU Liberation Serves Patients and Families. Crit Care Med. 2017 Feb;45(2):321-330.***
- ***Kotfis K, van Diem-Zaal I, Roberson SW, Sietnicki M, van den Boogaard M, Shehabi Y, Ely EW. The future of intensive care: delirium should no longer be an issue. Crit Care. 2022 Jul 5;26(1):200***

Fig. 1. Care design: the humanizing (H) evolution of ICUs. (Source: The International Research Project for the Humanization of the Intensive Care Units (Proyecto HU-CI) NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society.)

CASE

- 45 yo man comes emergen
  hypoxia
- Hospitalized for COVID-19
- Emergently intubated, note ly
  received thrombolytics
- Ventilator acquired pneumc
- Strict family visitor policy
- Daily phone conversations
  helped build a personalizec

Stantz, Ashley, et al. "An individualized re
critically ill and intubated COVID-19 patie
21501319221116249.

RECOVERY CHECK LIST *(not all-inclusive and not in order and not all necessary)*

AIR GOALS
- ☐ Stabilize, oxygen above 90% with tube
- ☐ Decrease pressure of air from the ventilator
- ☐ Not need paralysis to breathe with the ventilator
- ☐ Lay on belly when needed
- ☐ Breathe without laying on belly
- ☐ Less than 75% Oxygen from the ventilator for more than 1 day
- ☐ Less than 50% Oxygen from the ventilator for more than 1 day
- ☐ Less than 40% Oxygen
- ☐ Decrease sedation and try breathing without the tube support for a few hours
  - ☐ For all day
  - ☐ For all night
- ☐ Remove Tube
- ☐ Use CPAP after tube is out
- ☐ Breathe with high flow, and have your own oxygen above 90% for 5 hours
- ☐ Breathe without high flow, and have your own oxygen above 90%
- ☐ Breathe without high flow and have your own oxygen above 95%

HEART GOALS
- ☐ No more blood pressure increasing meds
- ☐ Heart rate stable under 100 beats per minute

EATING / FOOD GOALS
- ☐ Swallow study
- ☐ Eat pudding or Jello
- ☐ Drink water
- ☐ Eat eggs or other meat/protein
- ☐ Eat a meal
- ☐ Eat a cookie

COMMUNICATION GOALS
- ☐ Nod
- ☐ Say Hello
- ☐ Talk to Flora on the phone
- ☐ Zoom call with Flora and the kids
- ☐ Talk to Flora on ***your*** cell phone

BRAIN GOALS
- ☐ No more sedation
- ☐ No more prescription pain meds
- ☐ No more Anxiety Meds
- ☐ Be Able to calm yourself when feeling anxious

MOVEMENT GOALS
- ☐ Thumbs Up
- ☐ PT, edge of bed
- ☐ Roll over on your own
- ☐ Unlock your own phone
- ☐ PT, stand
- ☐ PT, walk with help of people
- ☐ ride in a chair with a nurse to the chapel
- ☐ Walk with help if walker
- ☐ Walk on your own
- ☐ Hug Flora
- ☐ Pray with Flora at the chapel

Daily
- ☐ Sleep at night. Stay awake during the day (except for a nap)
- ☐ Listen to Music
- ☐ Talk to Flora on the phone or zoom call with Flora and the kids
- ☐ Eat
- ☐ Walk

BIG GOALS
- ☐ Remove Isolation (20 days after symptoms AND 24 hrs no fever)
- ☐ Leave the ICU
- ☐ Go to the respiratory care team
- ☐ Go to the general floor
- ☐ No more urinary catheter
- ☐ No more central line
- ☐ Need only two IV
- ☐ Need only one IV
- ☐ Go Home

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THANK YOU

