Establishing a collaborative partnership with families in the Intensive Care Unit:
Addressing informational needs on admission

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Outline

- Background
- Clinical issue
- Intervention studies
- Conceptual framework
- Aim
- Methods
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- Conclusion
Collaborative Partnership

- “The pursuit of person-centered goals through a dynamic process that requires the active participation and agreement of all partners” (Gottlieb & Feeley, 2006)
- Evolved from hierarchical nursing to a power-sharing nurse-person relationship based on mutual goals (Coyer, 2007; Doane & Varosa, 2006)

Background

- Family-centered care increasingly imperative in healthcare organizations
  - Accreditation Canada
  - MUHC institutional goal
  - Integral part of healing process (Browning & Warren, 2006; Evans & Thomas, 2011; Mitchell et al., 2009; University of Ottawa Research Ethics Board, 2011)
  - Ensure safe and appropriate care is delivered (Browning & Warren, 2006; Coyer et al., 2007; Evans & Thomas, 2011; Mitchell et al., 2009)
Clinical Issue

- ICU setting
  - Progressively complex
    - Advanced technology
    - Increased interventions
    - Large interdisciplinary healthcare team
  (Auerbach et al., 2005; Bailey et al., 2010; Browning & Warren, 2006; Doane, 2005; Verhaeghe et al., 2007)

Clinical Issue Cont’d

- Families’ experience
  - Psychological distress
    - Helplessness
    - Uncertainty
    - Searching for meaning (Plowfield, 1999)
  - Altered ability to cope with crisis (Doane, 2005)
Clinical Issue Cont’d

- Healthcare team
  - Focus on patient at the time of admission
    (Bailey et al., 2010; Engstrom & Soderberg, 2004; McKiernan & McCarthy, 2010)

Clinical Issue Cont’d

- The family’s neglected needs can create a barrier for developing a collaborative partnership
  (Bailey et al., 2010; Lam & Beaulieu, 2004; McKiernan & McCarthy, 2010)
  - Anger and hostility
  - Perceived lack of trust with healthcare providers
  - Inability to comply with regulations
  - Diminished ability of family to support the patient
“I felt like a deer caught in the headlights. 
I didn’t know what to do.
I didn’t know where to start”

Family’s Needs on Admission

How can we provide families with information at the time of a crisis?

(Bournes & Mitchell, 2002; Doane, 2005; Engstrom & Soderberg, 2004; Kutash & Northrop, 2007; McKiernan & McCarthy, 2010, Siddiqui et al., 2011; Soifer et al., 2009; Williams, 2005)
Intervention Studies

- Informational pamphlets for families
  - Provide a sense of support (Soltner et al., 2009)
  - Augment families’ comprehension (Ansley et al., 2002; McKiernan & McCarthy, 2010)
  - Empower families’ (Peigne et al., 2011)
  - Improve quality decision making (Auerbach et al., 2005; McKiernan & McCarthy, 2010; Peigne et al., 2011; Soltner et al., 2009)

Knowledge-to-action Framework

(Sudsawad, 2007)
Experience Based Design [EBD] approach

Project Goal & Objectives

- Meet the informational needs of families on admission to the ICU
  - 1) to determine the informational needs of families on admission to the ICU
  - 2) to create an informational booklet tailored to the identified needs of families to receive on admission to the ICU
Intervention Design

- Unit-based quality improvement project
- McGill University Health Centre [MUHC]
  - Montreal General Hospital [MGH] - ICU
  - Royal Victoria Hospital [RVH] - ICU

Current Practice

- Current practice of providing information
  - No standardization
  - Information based on nursing staff’s perception
  - Based on rules and regulations – what not to do
Intervention Design

- 12 face-to-face semi-structured family interviews conducted
  - Six performed at the MGH and six at the RVH
  - 1 month timeframe

Ethical Considerations

- Voluntary recruitment
- Informed verbal consent
- Interviews took place once the patient and family were no longer in the ICU setting
- Provisions for queries and complaints

(The Canadian Institutes of Health Research’s Tri-Policy council statement, 2010)
Inclusion Criteria

- All family members will be approached.
- Interviews taken place within 72 hours of discharge from the ICU.
- Discharged to another unit within the same hospital.
- Limit of only 2 family interviews for those families whose loved one has undergone an elective cardiac surgery at the RVH.

Exclusion Criteria

- Individuals who do not speak the English or French language.
- Family members whose loved one has deceased in the ICU setting.
- Family members whose loved one is being transferred to palliative care.
Semi-structured interviews

- **Key categories:**
  - Information on technology
  - Support resources
  - Frequently asked questions [FAQs]
  - Questions to ask the healthcare team

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**Results – Categorization Matrix**

<table>
<thead>
<tr>
<th>Information</th>
<th>Support</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient status</strong></td>
<td>Seeking information</td>
<td>Nurses</td>
</tr>
<tr>
<td><strong>Sequence of events</strong></td>
<td>Communication with staff</td>
<td>Physicians</td>
</tr>
<tr>
<td><strong>ICU setting</strong></td>
<td>Distress</td>
<td>Other family members</td>
</tr>
<tr>
<td><strong>Technology</strong></td>
<td>Adapting to a change in daily life</td>
<td>Admission process</td>
</tr>
<tr>
<td><strong>Alarms</strong></td>
<td>Supporting other family members</td>
<td>Daily activities</td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>For self</td>
<td>Change in patient status</td>
</tr>
</tbody>
</table>
Outcomes: Need for information

- 10/12 families’ would have liked to know more about the ICU environment
  - i.e. technology, machines, alarms

  Participant A expressed her “fear and frustration” of “desperately trying to get a nurse to the bedside” every time she heard an alarm sound.

Outcomes: Need for information

- 11/12 family members expressed the desire to receive a list of questions for them to ask the healthcare team

  Participant D stated that he would have liked to know when his father had “reached the next milestone in the healing process”. He wanted to know of a “visible indicator”.

  Participant B specified that he wanted to feel competent about the situation and that he wanted to be a “part of the decision making process”.
Outcomes: Need for information

- 10/12 family members expressed the need for more information pertaining to general hospital information
  - i.e. parking, cafeteria, respite areas in the hospital

Outcomes: Need for support resources

- 8/12 family members requested to know the roles & responsibilities of the healthcare team members

Participant H stated she “wanted to know about the social worker earlier” as she was troubled about her finances.

- 12/12 family members requested need for one resource person

Participant E stated he wanted to “speak to one person about my father’s care instead of asking 10 different people and getting 10 different answers”
Outcomes: Need for communication

- 9/12 family members expressed a concern about communication challenges
  - Mixed-messages
    - Lack of communication
    - Receiving generic answers

Participant J stated that she was “asked to leave my mom’s room and they didn’t tell me why. They just told me to leave.”

Development of Pamphlet

- Iterative process
- Involving stakeholders
- The MUHC Education Portfolio team
- McGill Molson Medical Informatics
Montreal General Hospital
Intensive Care Unit

Information for Family and Friends

A patient-friendly booklet for:

This booklet was made to give you some important information about our ICU. Please review it to make the most of your visit with your loved one.

Information: ICU Environment

What to expect in the ICU

The ICU uses a lot of equipment and machines to properly monitor and treat the patient. Most of this equipment is attached to the patient by tubes or wires. You will hear a lot of different sounds and ringing alarms coming from these machines. The ICU nurses are especially trained to monitor and interpret these alarms that you will hear.

9 It is important to note that not every sound or ringing alarm means there is an emergency.

If you have any concerns about the ICU environment or the equipment, please let us know.
Information: List of Questions

Questions you could ask the ICU team

- Why is my family member/visited in ICU?
- Why is he/she not fully conscious?
- Why is he/she on the breathing machine ventilator?
- Will he/she be able to breathe on his/her own?
- I am upset by this how he/she looks. Can you tell me why he/she looks different?

Questions you could ask the ICU team

- What is the purpose of the tubes and machines attached to him/her?
- What type of tubes and machines are on his/her head?
- Is there anything I can do to make him/her more comfortable?
- Will I be informed regularly of changes, and if so, how?
- What is the plan for today?
- How long will he/she be in the ICU?

Support Resources

Who works in the intensive care unit?

ICU Nurses
- They are licensed registered nurses with special training in critical care.
- Each nurse cares for 1 or 2 patients per shift.
- Nurses are on the bedside 20 hours per day.
- Nurses can help you and your family when needed.
- Your family member will have many different nurses during his/her ICU stay.

The name clinician is specially trained to help family members during their family members stay in the ICU. Please can act as a great careents present to you.

Bito Daneshi RN, BScN.
Name Clinician - ICU
Phone: (514) 804-1104, ext. 4296
Pager: (514) 885-4470
Monday to Friday from 8:00am - 4:30pm

Outside the above hours, please speak to your nurse if you have any concerns.
Evaluation Process

Nursing Staff

- Post-intervention Likert scale (Haute Autorité de santé, 2008; Hirsh et al., 2009)
  - Achieved project objectives
  - Upheld appropriate readability and comprehensibility
  - Clarity of intended audience
  - Clarity of purpose
  - Appropriate quantity and quality of information
  - Ability to address families informational needs on admission

Procedure of Staff Evaluation

- 6 in-services
- 45 nursing staff from both sites
- 18 nurses completed evaluation survey
Results of Staff Evaluation

Likert Scale: Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly agree (5)

Staff Evaluations

<table>
<thead>
<tr>
<th></th>
<th>Readable</th>
<th>Understandable</th>
<th>Identified Audience</th>
<th>Description of Purpose</th>
<th>Information Provided</th>
<th>Address Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.2</td>
<td>3.9</td>
<td>4.1</td>
<td>3.9</td>
<td>3.9</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Results of Staff Evaluation

- Senior nurses (>10 years)
  - Opposed to providing information re: technology
- Junior nurses (<10 years)
  - Uncomfortable re: list of questions
    - Diagnosis & prognosis
Family Evaluation - pending

- Pilot project
- Family feedback via tear-out evaluation forms

Conclusion

- Developing a collaborative partnership with families
  - Meet their informational needs on admission
    (Bournes & Mitchell, 2002; Doane, 2005; Engstrom & Soderberg, 2004; Katash & Northrop, 2007; McKiernan & McCarthy, 2010; Peigne et al., 2011; Siddiqui et al., 2011)

- Creation of an informational booklet
  - Families will be empowered
    (Auerbach et al., 2005; McKiernan & McCarthy, 2010; Peigne et al., 2011; Seltner et al., 2009)
  - Increase the family’s satisfaction with the care
    (Auerbach et al., 2005; Bailey et al., 2010; McKiernan & McCarthy, 2010; Peigne et al., 2011)
  - Decrease psychological distress (Peigne et al., 2011)
Conclusion Cont’d

- Nursing staff evaluations provided an opportunity for assessment and engagement
- Booklet presented as an assistive tool to create a successful foundation for collaborative partnership.

Recommendations

- Informational booklet is essential
  - Other areas to provide information
- Experience-based design
- Simultaneous teaching on concept of family centered care to nursing staff
  - i.e. communication
References


References