Humanizing the Critical Care Environment

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“Respectful, healing and humane critical care environments”
Evolution of Critical Care Family Support

1979–late 1980s:

- Critical Care Family Needs Inventory (Molter, 1979)
- Quantitative needs assessment
Evolution of Critical Care Family Support

1980s – 1990s:
- Qualitative experience of being a family member
Evolution of Critical Care Family Support

2000s:

- Family Satisfaction Questionnaire (FS34, FS24)
- Quality End-of-Life care
Evolution of Critical Care Family Support

- Family Centred Care
- Patient Centred Care
- Patient/family centred care
- Family satisfaction
- Quality End of Life Care
Quality End-of-Life Care...

...begins at admission
Quality End-of-Life Care
What do we already know about family needs during critical illness?

- Assurance
- Proximity
- Information
- Comfort
- Support
What do we already know about the family experience?

- Role of information
- Importance of communication
- Emotional roller-coaster
What do we already know about the family experience?

- Impact of relationships
- Decision-making challenges
- Family conflict
- Role of hope and faith
Dignity Conserving Care

ABCDs (Chochinov)

- Attitudes
- Behaviours
- Compassion
- Dialogue
“A” Attitudes (Chochinov)

How would I be feeling in this patient's/family's situation?
What is leading me to draw those conclusions?
Have I checked whether my assumptions are accurate?
Am I aware how my attitude towards the patient/family may be affecting him or her?
“A” Attitudes (Chochinov)

Could my attitude towards the patient/family be based on something to do with my own experiences, anxieties, or fears?

Does my attitude towards being a healthcare provider enable or disenable me to establish open and empathic professional relationships with my patients?
“Wait till you meet the family”.
It is 0745 hours. Jean has just assumed the care of a patient with septic shock following palliative chemotherapy for metastatic breast cancer.
Brian is a 35 year old driver of a motorcycle, involved in a head on collision with a car. Maria, his 18 year old female passenger sustained a severe head injury. Brian's injuries consisted of fractures to both legs. He arrives at the bedside to visit in a wheelchair. After being told that Maria is clinically brain dead, Brian becomes very hostile, accusing the team of wanting her organs for someone with more money.
The rest of the story:

Maria's mother had pleaded with her not to get on the motorcycle. Brian promised he would be careful as they drove away from Maria's house. Six months earlier, Brian's wife was the lone driver involved in a single vehicle collision during winter weather. She was pregnant with their first child. Her pregnancy was confirmed by ultrasound as viable at 22 weeks, the day that the ventilator was discontinued. She was declared brain dead in the same intensive care unit.
In each of these examples, what was missing?
Assessment

- How well do we assess our patients and families?
- Family assessment tools
- Assessments are built over time
- Quality improves as relationship builds
Sample Genogram
(information can be added about family health, cause of death etc to enhance the genogram)

Jim age 58
- Hypertension
- Diabetes

Sue 52
- Breast cancer

Don 50
- Diabetes

Sam 54
- (Winnipeg)

M 1960

Mary 65

Sally age 57
- Osteoarthritis

Chris (may visit)

Frank age 45

Suzy age 6
- Cerebral palsy

Arie age 11
- Diabetes

Adopted

John age 13

Jr. age 21

Twins

Jim 66
- (Vancouver)

Marco 55
- (London)

Steve 55
- (died)

R

Martha neighbour

Miscarriage

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My name is Brenda

- I have been married 34 years, have a daughter in Vancouver and two sons (one still finding himself in the basement)
- ...and a perfect grandson. Maybe you have seen him?
- I like to ride my bike and cross country ski (as long as I don’t break a sweat)
- I also sew (without actually completing anything) and pretend I’m a paparazzi
- I would also like to drive an ambulance “Code 4”
I have a number of oddities and neuroses, including “germ-a-phobia”

My sister can’t believe that anyone with as many quirks would ever choose a hobby like critical care nursing
Does knowing a bit about me change how you might care for me?
Does seeing pictures of me with my loved ones change anything?
“B” Behaviour (Chochinov)

- Treat contact with patients as you would any potent and important clinical intervention.
- Professional behaviours towards patients must always include respect and kindness.
- Lack of curative options should never rationalize or justify a lack of ongoing patient contact.
How do we present ourselves...as individuals and as a group?
What do you do when you witness inappropriate behaviours?
“C” Compassion (Chochinov)

- Reading stories and novels and observing films, theatre, art that portray the pathos of the human condition
- Discussions of narratives, paintings, and influential, effective role models
- Considering the personal stories that accompany illness
- Experiencing some degree of identification with those who are ill or suffering
Hope and Faith
17 year old patient with TBI
What does advocacy look like?
Advocacy

- You need to know about me and my family to know what is right for us
- You don't know how we feel
- It doesn't matter what you would do (or believe you would do)
- It doesn't matter if you agree with my or my family wishes
Aboriginal family
Young fire victim
Encourage Story Telling

“Tell me what your Dad is like…”

“It sound like your family has been through a lot...how did you get through your husband’s first chemotherapy”
Mr. M., 62 year old, COPD and ruptured aneurysm.
Acknowledging personhood

"This must be frightening for you."

"I can only imagine what you must be going through."

"It's natural to feel pretty overwhelmed at times like these."
Dialogue (Chochinov)

Knowing the patient (family)

☞ "What should I know about you as a person to help me take the best care of you that I can?"

☞ "What are the things at this time in your life that are most important to you or that concern you most?"

☞ "Who else (or what else) will be affected by what's happening with your health?"
Dialogue (Chochinov)

Knowing the patient (family)

🔗 "Who should be here to help support you?" (friends, family, spiritual or religious support network, etc)

🔗 "Who else should we get involved at this point, to help support you through this difficult time?" (psychosocial services; group support; chaplaincy; complementary care specialists, etc)
Dialogue (Chochinov)

Psychotherapeutic approaches

- Dignity therapy
- Meaning centred therapy
- Life review/reminiscence
Humanizing the Environment
Effective Communication

- Information sharing
  - Instruction
  - Validating
  - Processing
  - Coming to terms
I.C.U. FAMILY MEETING RECORD
(To be completed by MD, CNS, SW or RN)

DO NOT THIN FROM PATIENT’S CHART

DATE:

ICU STAFF AND REFERRING MD’S AGREE ON HAVING THIS MEETING?

FAMILY PRESENT:
(Credo legal decision-maker)

STAFF PRESENT:

PURPOSE OF MEETING:
Update □ LOI □ Care Plan □ WBST □ EOL □ Other

SUMMARY OF PATIENT’S CONDITION AS EXPLAINED BY PHYSICIAN(S):

FAMILY ACKNOWLEDGES UNDERSTANDING OF PATIENT’S CONDITION:
(If NO, what barriers does the family express that prevents understanding the patient’s condition?)

RECOMMENDED CARE PLAN:
Short term goals:
Long term goals:
Change in resuscitation orders?
(If YES, write new orders and LOI form)
Is referring MDs/service informed of change in direction of care?
in case of EOL/WBST:
If applicable, has OTD service been notified?
If applicable, is staff/family aware that coroner will be notified?

FAMILY AGREES WITH RECOMMENDED CARE PLAN:
(If NO, what barriers does the family express that prevents agreement with recommended plan?)

IF APPLICABLE, HAS ETHICS SERVICE BEEN NOTIFIED?

OUTSTANDING ISSUE(S) REQUIRING A FUTURE MEETING?
(If YES, describe the outstanding issue(s) requiring a future meeting)

IF APPLICABLE, PROPOSED DATE OF NEXT MEETING:

FORM COMPLETED BY:

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06.08.2000 (REV 01/008) (Observe en nombre el equipo y el signo en la fecha de revisión - obten número y signo fecha de revisión)
Meeting Preparation: Use of Spikes

- **Setting** (include team briefing)
- **Perceptions**
- **Invitation**
- **Knowledge and information**
- **Emotion and empathy**
- **Strategies and summary**
  - Nurse follow-up/check in
Family Presence…

…sometimes referred to as “visiting”

- Open versus restrictive
- Flexible and collaborative
- Consistency
- Individualized
- Family “presence” during CPR
Losing his mother....
Losing her young partner....
Family Focused: Enhance Information

- Family information booklets that include discussions about life-support options
- Family website: [http://www.lhsc.on.ca/critcare/icu/focis](http://www.lhsc.on.ca/critcare/icu/focis)
Welcome to the Critical Care Trauma Centre

We have recently updated our website. Information from FOCIS (Family Oriented Computerized Information System) is now available in the Patients, Families and Visitors section of our site.

The Critical Care Trauma Center (CCTC) at London Health Sciences Centre's (LHSC) Victoria Hospital is a 30 bed medical-surgical-trauma unit. Our patient population is adults over 17 years of age. There is a separate Pediatric Critical Care Unit (PCCU) located opposite to the visitors' entrance to CCTC.

The CCTC cares for patients who require intensive care following multiple trauma or surgical procedures (including vascular, thoracic, gynecology, head and neck, and urology surgery), or who need support for complex medical disorders (including respiratory, renal and oncology).

The CCTC is a Level III teaching facility, affiliated with The University of Western Ontario (UWO). Care is provided by a multidisciplinary team of professional health care providers, and is directed by our physicians who have specialty training in critical care.
Journals

- Individual journals
- Progress journals
This journal is being provided for your optional and private use. You may use it for a number of different reasons including:

✓ To keep track of information you hear
✓ To identify people you have met
✓ To write down questions
✓ To keep track of your feelings or experiences
✓ To keep a record of your family members progress

If you do not wish to use this journal, please return it to the unit clerk.
Waiting Rooms

- Comfortable seating
- Privacy
- Seating plans
- Nutrition access
- Accommodations
- Diversions
  - Magazines, television, games, cards, puzzles, toys
- Fish tanks, plants
- Take a look at your waiting room as a visitor
Humanizing the Environment

- Family updates during rounds
- Personalized environments (hygiene products, blanket, pillow)
- Videos, auditapes from home
- Family to family websites
Other Strategies

- Complementary therapies
- Music therapy
- Day - night routines
- Daylight
- Humour
- Inclusion and sensory simulation
- Diversions
- Communication tools
Vulnerable Family Members

- Individuals having difficulty coping may be unable to help others
- Identify need to help vulnerable members, including: children, elderly, disabled
Should children visit?

Children who are close to someone who is critically ill may wish to visit. Usually, a child who is ready to visit will ask. Parents are generally the best judge of whether or not a child is ready to visit. Prior to visiting, it is very important to take the time to properly prepare a child for the visit.

Please speak to the nurse at the bedside or the Social Worker so that the visit can be planned and the child can be given the support that is required.

It is natural for adults to try to protect children from painful situations. As much as we might want to shield them from sad experiences, children know when something is wrong. If the truth is kept from children, they will often imagine far worse situations than they may really be facing. The best way to talk to children about an illness in the family is to be open and honest about your own feelings. Encourage them to talk about their fears.
Additional Help

- Recognize early when additional help is needed
- Continue supporting the family after referral is made
- Social work support is complementary; it is not an alternative to appropriate bedside support
Create Memories

>Create memories
Bereavement Program (Calgary)

- Bereavement cards signed by staff
- Four bereavement packages are mailed to family over the year following the death
- First package is mailed 2 weeks after death
- Follow-up phone calls by social worker
- Grief referral is made if needed
Evaluate our Care

- Family feedback
- Share with staff
- Qualitative vs quantitative data
- Reflective listening with an open heart and mind
Positive feedback motivates and recharges.

Negative experiences help us to grow and keep us humble...
32 year old patient admitted with septic shock.
Prevention Versus Intervention
What families are you drawn to?
Who needs you most?
Summary

- **Attitudes:** assess your patient and family; monitor your attitude and those around you.
- **Behaviour:** respect for patients, family and staff; demand it of your peers.
- **Compassion:** Try to understand the patient and families world, demonstrate empathy in actions and words.
- **Dialogue:** consistent, timely, and patient.
Continuity and Consistency

- Take a professional challenge; primary a family in need!
- Communicate important facts to help others provide support
- Communicate consistently from caregiver to caregiver
- Be careful what you tell others
- FOLLOW THROUGH!
Focus on Coping with the Current Crisis

- Information processing
- Facilitate meetings
- Focus on the patient’s needs
- Keep information consistent
- Tell stories and create memories
- Support patient/family wishes, even if they are different than your own
Focus on Coping with the Current Crisis

- Hope, denial and positive thought does not mean “they aren’t getting it”
- Family conflict is common
- “Create the path of least regret”
Fostering a Humane Environment

✎ Care for each other
✎ Celebrate successes
✎ Role model
✎ Be proud of your contributions
✎ Apply Dignity Conserving Behaviours (attitudes, behaviours, compassion and dialogue) in our interactions with each other
Plaque in St. Mary’s Hospital in Kitchener, Ontario
**Resources**

- AACN Palliative Care Links:
  [http://www.aacn.org/WD/Palliative/Content/PalAndEOLInfo.pcms?menu=Practice&lastmenu=](http://www.aacn.org/WD/Palliative/Content/PalAndEOLInfo.pcms?menu=Practice&lastmenu=)
- Carenet:
- Critical Care Trauma Centre Family Website:
  [http://www.lhsc.on.ca/Patients_Families_Visitors/CCTC/Help_yourself_family/index.htm](http://www.lhsc.on.ca/Patients_Families_Visitors/CCTC/Help_yourself_family/index.htm)
- Critical Care Trauma Centre Family Website:
  [http://www.lhsc.on.ca/Patients_Families_Visitors/CCTC/Visiting/Children/index.htm](http://www.lhsc.on.ca/Patients_Families_Visitors/CCTC/Visiting/Children/index.htm)
- Dignity Conserving Care
  [http://www.aacn.nche.edu/elnec/](http://www.aacn.nche.edu/elnec/)
- End of Life Care Consortium:
  [http://www.aacn.nche.edu/elnec/](http://www.aacn.nche.edu/elnec/)
- Institute of Healthcare Improvement (IHI)
  [http://www.ihi.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/ImprovementStories/HumanizingtheHospital.htm](http://www.ihi.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/ImprovementStories/HumanizingtheHospital.htm)