Family Presence in the Adult ICU during Rounds Discussions

“Riding the Waves of Change”

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September 25, 2016
😊 Greetings from Winnipeg 😊
Disclosures

“We have no financial disclosures and/or nonfinancial relationships that would be a potential conflict of interest with this presentation”
Learning Objectives

- Recognize opportunities for improving the experience of care in the ICU
- Identify strategies which promote communication and collaboration between patients/families and the critical care team
- Define “Family Presence” and “Family Participation”
- Gain appreciation for the purposeful involvement of family members in the ICU
Quiz #1

Which direction is the bus travelling?
A nurse locks her computer with a password and writes 6 Tim Hortons menu items in the hint box. The hint contains the following items:

- 3 mocha
- 1 hot chocolate
- 2 latte
- 3 donuts
- 3 bagels
- 6 cookies

Can you guess the password?
Answer

- The number denotes the position of the letter in the word. So as per the hints provided, the password is:
  - 3 mochas = C
  - 1 hot chocolate = H
  - 2 latte = A
  - 3 donuts = N
  - 3 bagels = G
  - 6 cookies = E

- The password is CHANGE
Metathesiophobia
Where were we in 2011?

- Daily Rounds discussions were performed behind closed doors
- Families were asked to leave the ICU when Rounds began
Survey #1 (2011)

WE HOPE YOU ENJOYED YOUR STAY, PLEASE TELL US ABOUT IT IN THIS SURVEY
Family Satisfaction (FS-24) Survey Tool
English language survey
618 surveys distributed over a 6 month period
Distributed upon discharge from ICU or mailed to family members 4 weeks after death of patient
191 surveys returned (completion rate = 31%)
FS Caring = 85
FS Decision Making = 84
FS Total Score = 84
Interpretation of Scores: FS 80-100 = Excellent
Qualitative Data 2011

Areas of Concern:
• Poor Communication
• Lack of respect for family involvement and/or presence
• Families feeling like they had limited access to their loved ones in ICU

• “We had to ask the nurses to tell us what was happening.”
• “I found that the doctors never really had a proper time to talk to us.”
• “When our Mom went to ICU, it was hours before we knew her condition or what was going on.”
What was happening in our ICU?

- Impatience
- Anxiety
- Frustration
- Anger
- Fear
- Sadness
- Negative perceptions
Research and Recommendations

“*To improve satisfaction with overall care in the ICU in the most efficient manner, efforts should be directed toward improving physician communication with families and improving the manner in which healthcare providers interact with patients and their families.*” Heyland, D., Rocker, G., Dodek, P., Kutsogiannis, D., Konopad, E., Cook, ...O’Callaghan, C. (2002). Family satisfaction with care in the intensive care unit: Results of a multicenter study. *Critical Care Medicine*, 30 (7): 1418

“*Critical illness presents unaccustomed challenges to patients and their families. Connection and Communication have the potential to improve their experiences. All members of the interdisciplinary team are important in this endeavor.*” Munro, C. & Savel, R. (2013). Communicating and connecting with patients and their families. *American Journal of Critical Care*, 22 (1): 6
Ask yourself.....

• What would I want to know about the plan of care if I was visiting a loved one in the ICU?
• What would I need to feel safe, respected, comfortable and welcome in the ICU?
My Patient Story
Questions to Consider

- How important is communication between families and members of the critical care team?
- How comfortable are you with family presence and/or family participation in the ICU?
- How can we help families become more comfortable with the care we provide to their loved ones?
- How can we better acknowledge family presence and encourage family participation in the ICU?
Perceived Obstacles

What are the most common obstacles to family presence/participation in the ICU, and according to whom?

- The specialized nature of the environment (e.g. trauma, burns, etc.)
- Policy restrictions (e.g. visiting hours, number of visitors allowed at bedside, etc.)
- Structural obstacles (e.g. open settings which preclude privacy, lack of comfortable chairs, etc.)
Obstacles or Opportunities?

- Patient/Family:
  - Type of illness/comorbidity
  - Confidence in one’s own abilities/capacities
  - Age, Gender, Culture, etc.

- Health Care Worker:
  - Desire to maintain control (paternalism)
  - Personal beliefs and/or specialized environment in which they work
  - Insufficient training in family presence/participation
Research

“Despite the many objections considered valid in the past (mainly infection risks, interference with patient care, increased stress for patient and family members, violation of confidentiality), there is conclusively no scientific basis for limiting family presence in ICU.” Giannini, A., Garrayste-Orgeas, M., & Latour, J.M. (2014). What’s new in ICU visiting policies: can we continue to keep the doors closed? Intensive Care Medicine, 40 (5): 730.

Recommendations

- “CACCN encourages the development of an interdisciplinary approach toward family presence (this may include, but not limited to: nursing, social work, pastoral care, physicians, and support personnel).”

- “Although much attention has been given to the family conference separate from rounds, communication may also be enhanced through routine incorporation of families into daily interdisciplinary ICU rounds.”
First Steps.....

• Start the conversation
• Encourage team discussions aimed at improving the patient and family experience
• Explore current research regarding family presence in the ICU
• Open the doors to Daily Rounds
Cultural Change in the ICU
Change is a Process

- Survey the receptiveness of staff (e.g. 51% up to 72%)
- Survey the interest of families (e.g. very interested)
- Provide families with verbal/written information about Rounds during the Admission process
- Bring the Rounds table discussions directly to the patient’s bedside
- Develop Unit-specific informational/invitational videos for the waiting areas
- Invite families who are present in the ICU and in the waiting areas to attend Rounds
Survey #2 (2015)

Yes Yes

Bring on the survey, I can't wait.
Quantitative Data 2015

- Family Satisfaction (FS-24) Survey Tool
- Bilingual English/French language survey
- 346 surveys distributed over a 3 month period
- Distributed to families >48 hrs. post-admission to ICU and mailed to families 4 weeks after death of patient
- 140 surveys returned (completion rate = 40%)
- FS Caring = 87
- FS Decision Making = 85
- FS Total Score = 86
- 2015 results showed improvement in all areas 😊
Qualitative Data 2015

Areas of Value:
• Good communication
• Members of the health care team that are willing to go the extra mile
• Families feeling like they had access to their loved ones in ICU

• “We were made to feel welcome and any questions were addressed immediately.”
• “I was impressed with the visitor entry to the ICU. The desk was always very pleasant and made me feel welcome.”
• “The staff made us feel very welcome.”
Where are we in 2016?

- Families are never asked to leave the ICU during multidisciplinary Rounds discussions
- A Family Advisor has joined Critical Care’s Regional Outcomes Improvement Team (OIT)
- Team members are more engaged and continue to develop new resources which are focused upon improving the patient/family experience (e.g. posters, inserts, videos, etc.)
- Regional initiatives to improve communication with families in the ICU have received organizational and provincial recognition (i.e. “Cherry Blossom” project)
Cherry Blossom

- A patient may be near death, or have died, and all team members need to be aware of the death/pending death in the ICU
- In an effort to ensure this information is communicated, the “Cherry Blossom” visual cue was developed
Moving from Presence to Participation

- Merriam Webster definitions:
  - Presence; “The fact of being in a particular place”, “The state of being present”, “The area that is close to someone”, “Someone or something that is seen or noticed in a particular place”
  - Participation; “The act of participating”, “The state of being related to a larger whole”, “The act of joining with others in doing something”

- Family Presence + Participation = Family Inclusion
Guidelines for Patient and Family Inclusion

- The WRHA Critical Care Program strongly suggests inviting patients and families to participate in Rounds.
- If the family requests to be present during a procedure, this should be considered on a case-by-case basis.
- Families should be given the opportunity to be present during resuscitation when a dedicated staff person is available.
- DO treat families as an important member of the health care team.
Guidelines for Patient and Family Inclusion

- The WRHA Critical Care Program supports facilitating activities with families who express a desire to provide physical care to their loved ones:
  - Simple care activities such as moistening lips, brushing hair, applying lotion to hands/feet should be encouraged.
  - More complex care activities, particularly those performed by long term caregivers (e.g. chronic wound care, long term tracheostomy suctioning, etc.) may be allowed after discussion between the caregiver and healthcare team.
Lessons Learned

• Cultural change is a dynamic process
• Buy-in requires education, teamwork and support from Leadership
• Open minds open the doors to improvement
• You don’t have to see the whole staircase, just take the first step.....
What’s Your Next Step?
STEPS TO BE AWESOME

get cape.
wear cape.
fly.