Promoting Family Engagement in the ICU

The environment in an intensive care unit can often be intimidating for families and visitors. In addition, the machines, beeps, and all the alarms make the ICU appear foreboding. The ICU staff also have to follow rigid guidelines about patient visiting hours, allowing some visitors entry while denying others. All in all, many families and loved ones consider the ICU to be an unfriendly place staffed by healthcare workers with little or no empathy. Often families and visitors are left sitting in the waiting rooms for hours without any updates, and when they try to ask what is going on, the nurses usually offer a sharp, unfriendly reply that they need to be patient or that they will be informed if there is any news or update.

To overcome these unfriendly barriers between the ICU and the families, many hospitals have now started to use volunteers and other staff members who regularly visit the waiting room and update families on the progress of their loved ones. However, this is still not enough as most of these staff members work voluntarily and may be available for a limited number of hours.

In this study, researchers looked at an improvement programme to help hospitals implement patient and family-centred engagement initiatives. The ten-month quality improvement programme involved 63 adults and PICU teams from community hospitals and academic centres from 34 states. The participating teams implemented an individual project that included integrating families during rounds, open visitation, have a family advisory committee, and use both family and patient diaries. To ensure that the project was being implemented properly, there were monthly team calls, newsletters, quarterly webinars, and team reporting assignments. The eventual goal was to determine family satisfaction. Various tools were used to assess clinician perceptions, and thematic analysis was used to evaluate the data. The study involved 2530 family members and 3,999 clinicians.

The results revealed that the family engagement programme resulted in improved family satisfaction; not only were the families satisfied with the quality of care, but they were also satisfied with decision making. Clinicians also reported that this programme allowed family members to participate in the care plan for their loved ones.

There were, however, certain barriers that were encountered. These included 1) lack of buy-in by everyone; 2) difficulty in promoting change in the clinical setting; 3) increased workload; and 4) the need for more funding.

Results of this study show that the family engagement programme was useful in assisting ICU teams to implement patient and family engagement. However, there are certain challenges that must be considered when working in an ICU environment. Physicians and nurses often have to deal with emergencies, and it may sometimes become difficult to manage patients with families around. Plus, physicians also do not always have the luxury of spending hours in the ICU; most have clinics to run, and surgeons need to be in the operating theatre. Team-centred approaches can sometimes be tough to implement in the ICU are not realistic as each healthcare worker already has duties assigned and can't always be available to speak to patient families at all times. In addition, the cost of running such an initiative in every ICU could be quite high, and may also compromise patient care. Perhaps a better way to implement this initiative is to form a team of 2-4 non-healthcare workers that can engage with family members and keep them up-to-date with patient progress.

Source: Critical Care Medicine
Image Credit: iStock

Published on : Sat, 23 Nov 2019

© For personal and private use only. Reproduction must be permitted by the copyright holder. Email to copyright@mindbyte.eu.