



Should family members be present in the ICU during procedures?



Should family members of loved ones who are critically ill and undergoing treatment in an intensive care unit be there when clinicians are performing bedside procedures? A new study from Intermountain Healthcare searched for answers and found that many critical care doctors had conflicted feelings about this practice. The findings were presented at the American Thoracic Society annual international conference in Dallas.

Intermountain Healthcare's Center for Humanizing Critical Care at Intermountain Medical Center in Salt Lake City has been working to promote a new culture of inclusion surrounding ICU procedures. Their logic is that when a loved one is in critical condition, family members want to be by their bedside. This is especially true for patients in the ICU, as they often have to undergo invasive procedures.

In most ICUs, the standard practice is to ask family members to wait outside while the procedure is performed. But now, a growing number of clinicians support the idea that family members should be allowed to remain in the room. This new study, however, finds that there is still some hesitation and there are clinicians who still have mixed feeling about this culture change.

"We found many critical care physicians are already allowing family into the ICU during procedures, which is great because it likely benefits almost everyone," said lead author Sarah J. Beesley, MD, MS, clinical researcher at Intermountain's Center for Humanizing Critical Care. "But there are still concerns about this practice, which we have identified and want to address."

Study researcher surveyed 125 critical care clinicians across 14 Intermountain Healthcare hospitals in Utah over a two-week period as part of a quality improvement project designed to understand and improve patient and family experience in the ICU. Clinicians were asked if they invite family members to be present for routine procedures like central line placement, arterial line placement, and intubation. Findings show that only 38% invite family members into the ICU during such procedures. Out of those who do invite, 90% say that the presence of family is generally a positive experience. 35% of clinicians say that they were strongly unlikely to invite family members to a patient's bedside during these procedures as they feel that it could be distracting and could have a negative impact on trainee education. Sterility concerns were also highlighted as were issues related to legal permissibility.

Those in support of the practice believe that increasing family access in the ICU can help increase family engagement, and can also improve patient and family satisfaction, and decrease psychological distress in patients and with family members.

"That's why knowing why some critical care clinicians are still opposed to it is so important," she said. "Clinicians who do allow greater family access find it to be a safe and satisfying situation, and we want to work to understand the nearly 60% of clinicians who aren't allowing it right now," she said. "If there's not a reason to exclude families, they should be invited to be a part of what their loved one is experiencing."

Source: Intermountain Medical Center
Image Credit: Intermountain Healthcare

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