Patient and Family Center Care: Improving Quality Outcomes

Kathleen Vollman MSN, RN, CCNS, FCCM, FCNS, FAAN
Clinical Nurse Specialist/Consultant
ADVANCING NURSING LLC, USA
kvollman@comcast.net

Objectives

- Understand the concept of patient and family center care
- Identify ways to implement the key components of patient and family centered care

What is Patient and Family Centered Care

Patient and family-centered care is a collaborative approach to the planning, delivery, and evaluation of healthcare that is grounded in the mutually beneficial partnership among individuals served, families, and providers.

Patient Centered Care: Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."

Institute of Medicine 2001

Core Concepts

Dignity and Respect. Health care practitioners listen to and honor patient and family perspectives and choices. There knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.

Information Sharing. Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

Participation. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

Collaboration. Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation, and evaluation; in research; facility design; and in professional education, as well as in the delivery of care.

https://www.ipfcc.org/bestpractices/sustainable-partnerships/background/pfcc-defined.html

Key Characteristics of Patient & Family Centered Care

- Patient experience
- Patients' preferences
- Communication
- Education
- Information that is;
  - Timely
  - Accurate
  - Consistent
- Involved in medical decision making
- Flexible family presence (visiting)

Paradigm Shift

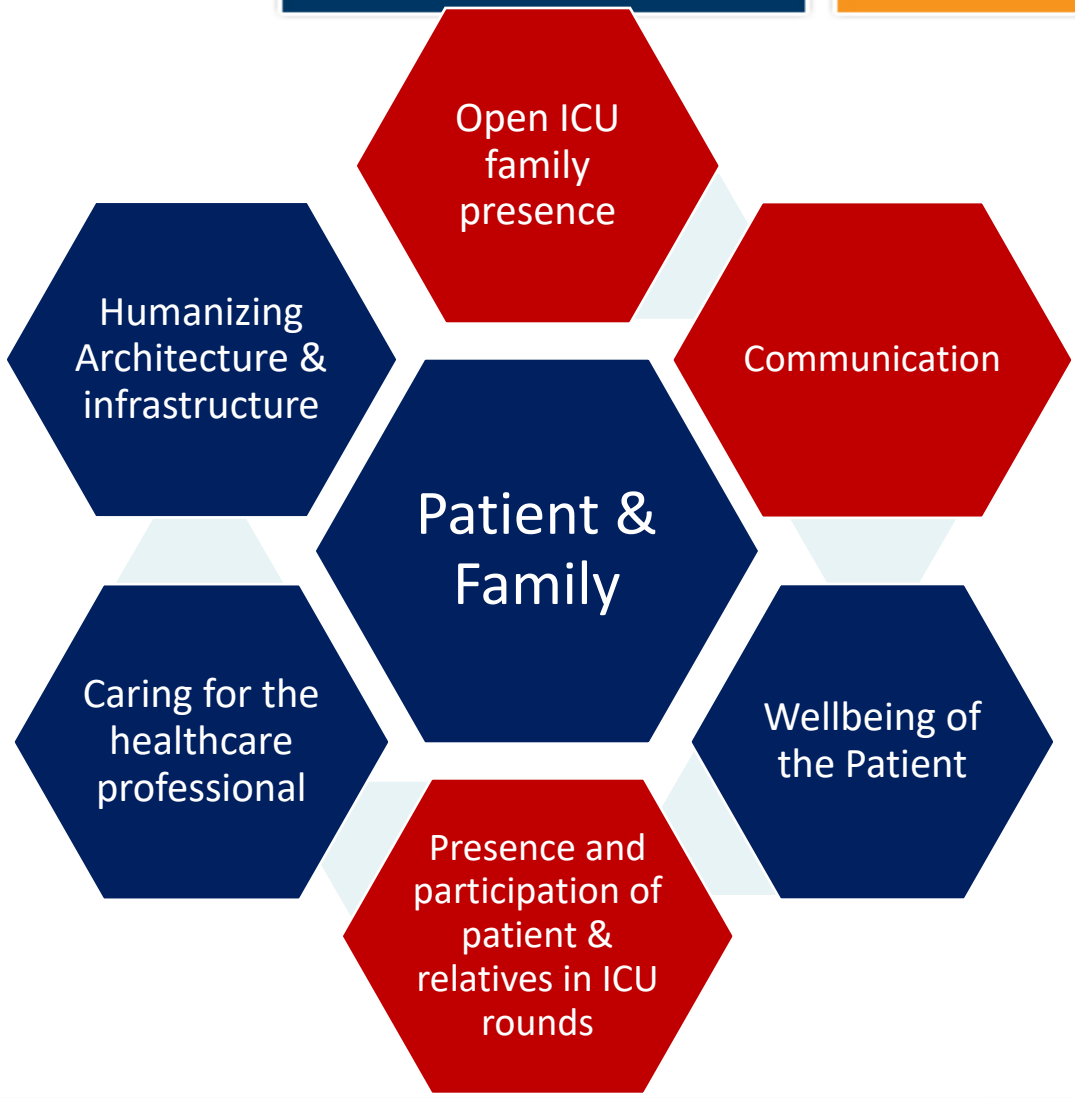
Provider Centric Norms (Disease, Intervention & Technology)

Care Incorporating Patient and Family's Need and Beliefs

=

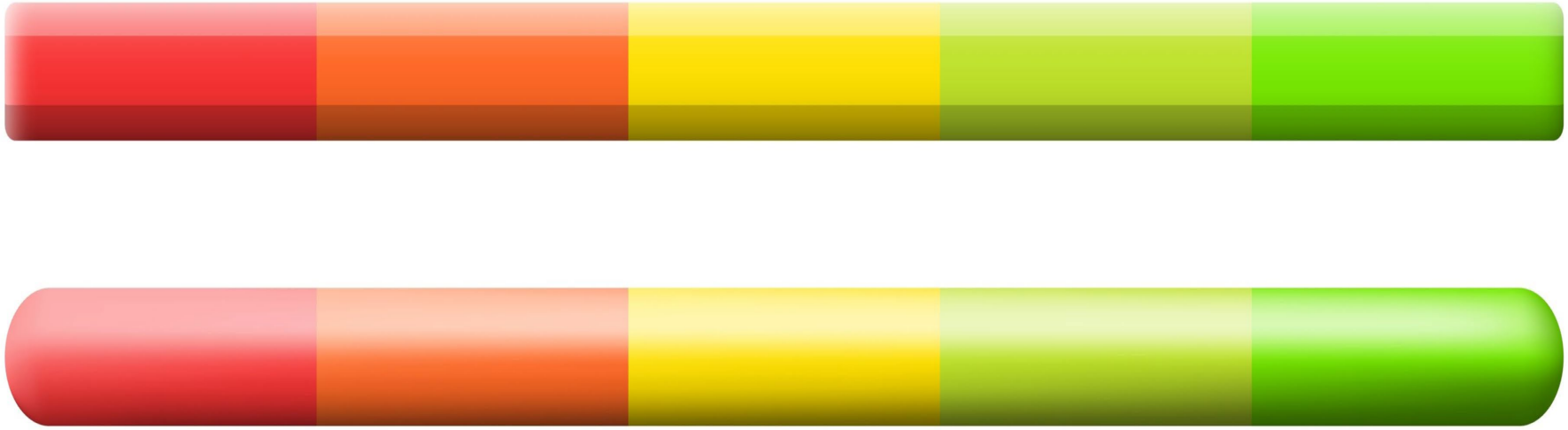
Improved Outcomes

A Model a Humanized Care in the ICU



Vaeza NN, et al. Crit Care Med, 2020;48(3):385-390

How Involved are Families in Your ICU



Not Present
Not Involved

Present &
Actively Engaged
in Daily Care

The Why

- Study of 920 family members, a 69% prevalence of anxiety and 35% of depression
- 21 ICU's over 7-month period
  - Evaluated 90 days after d/c
  - 33% of family members developed symptoms that suggested that they were at moderate to major risk of developing posttraumatic stress disorder (PTSD)

Pochard F, et al. *Crit Care Med*. 2001;29(10):1893-1897
Azoulay E, *Am J Respir Crit Care Med*. 2005;171(9):987-994

SCCM Guidelines Recommendations: Family Presence in the ICU

Family members of critically ill patients be offered the option of participating in interdisciplinary team rounds to improve satisfaction with communication and increase family engagement. (2C)

ICUs provide family with leaflets that give information about the ICU setting to reduce family member anxiety and stress. (2B)

ICU diaries be implemented in ICUs to reduce family member anxiety, depression, and post-traumatic stress. (2C)

Family members of critically ill patients be offered open or flexible family presence at the bedside that meets their needs while providing support for staff and positive reinforcement for staff to work in partnership with families to improve family satisfaction. (2D)

Davidson J. et al. Crit Care Med. 2017;45(1):103-128

Start with Measurement: Baseline Data

- Family Satisfaction Survey FS-ICU 24R
  - HOW DID WE TREAT YOUR FAMILY MEMBER (THE PATIENT)? HOW SATISFIED ARE YOU WITH…
  - HOW DID WE TREAT YOU? HOW SATISFIED ARE YOU WITH…
  - THE ICU STAFF: HOW SATISFIED ARE YOU WITH
  - THE WAITING ROOM
  - THE ICU
- PART 2: FAMILY SATISFACTION WITH DECISION-MAKING AROUND CARE OF CRITICALLY ILL PATIENTS
  - INFORMATION NEEDS
  - HOW SATISFIED ARE YOU WITH…
  - PROCESS OF MAKING DECISIONS
  - Do you have any suggestions on how to make care provided in the ICU better?

FAMILY SATISFACTION WITH ICU

Family Satisfaction with Care in the Intensive Care Unit: FS-ICU 24R©

How are we doing?

We would like to hear your opinions about your family member's recent admission to the Intensive Care Unit (ICU)

Your family member was a patient in this ICU. The questions that follow ask **YOU** about your family member's **most recent ICU admission**. We understand that there were probably many doctors and nurses and other staff involved in caring for your family member. We know that there may be exceptions but we are interested in **your overall assessment** of the quality of care we delivered. We understand that this was probably a very difficult time for you and your family members. We would appreciate you taking the time to provide us with your opinion. Please take a moment to tell us what we did well and what we can do to make our ICU better. **Please be assured that all responses are confidential.** The Doctors and Nurses who looked after your family member will not be able to identify your responses.

PART 1: SATISFACTION WITH CARE

Please check one box that best reflects your views. If the question does not apply to your family member's stay then check the 'Not Applicable' box (N/A).

HOW DID WE TREAT YOUR FAMILY MEMBER (THE PATIENT)? HOW SATISFIED ARE YOU WITH…

	Very Dissatisfied	Slightly Dissatisfied	Mostly Satisfied	Very Satisfied	Completely Satisfied	N/A
	☐1	☐2	☐3	☐4	☐5	☐
1. **Concern and Caring by ICU Staff?** The courtesy, respect and compassion **your family member (the patient)** was given.						
2. **Symptom Management?** How well the ICU staff assessed and treated **your family member's** symptoms.						
a. How well the ICU staff assessed and treated your family member's pain.						
b. How well the ICU staff assessed and treated your family member's breathlessness.						
c. How well the ICU staff assessed and treated your family member's agitation.						

Family Satisfaction

- Quality of the communication
- Quality of interactions
- The level of empathy
- Degree to which families feel isolated

Team Training to Enhance Communication in the ICU

Selph RB, et al. J Gen Intern Med. 2008;23(9):1311-1317
Shaw DJ, et al. Critical Care Medicine. 2014; 42 (2): 265-271..

Communication is Critical

- Effective communication and collaboration with patients and family members affects patient outcomes, patient safety, and perceptions of quality.
- Effective communication improves family satisfaction, trust in ICU physicians, clinical decision-making, and the psychological well-being being of family members
- Empathic communication helps patients perceive their illnesses more positively

Lilly CM, et al. Am J Med 2000; 109:469.
Lautrette A, et al.N Engl J Med 2007; 356:469.
Curtis JR et al. Am J Respir Crit Care Med 2008; 178:269.
Mosenthal AC, et al. J Trauma 2008; 64:1587.
Hutchison PJ et al. Crit Care Med 2016; 44:2208.

Communication Issues in the ICU

- Communication issues number 1 source of complaints among families of deceased patients
- 30% of family members feel dissatisfied with communication in the ICU
- 50% of families reported 48hrs post admission, did not understand basic information about diagnosis, prognosis or tx
- Providers don't often recognize poor family comprehension
- Contributing factors:
  - Inadequate time spent communicating with clinicians
  - Lack of consistent information
  - Information provided by multiple health care providers
- Impacts family satisfaction, clinical decision making and psychological outcomes of family members (PTSD, depression & anxiety)

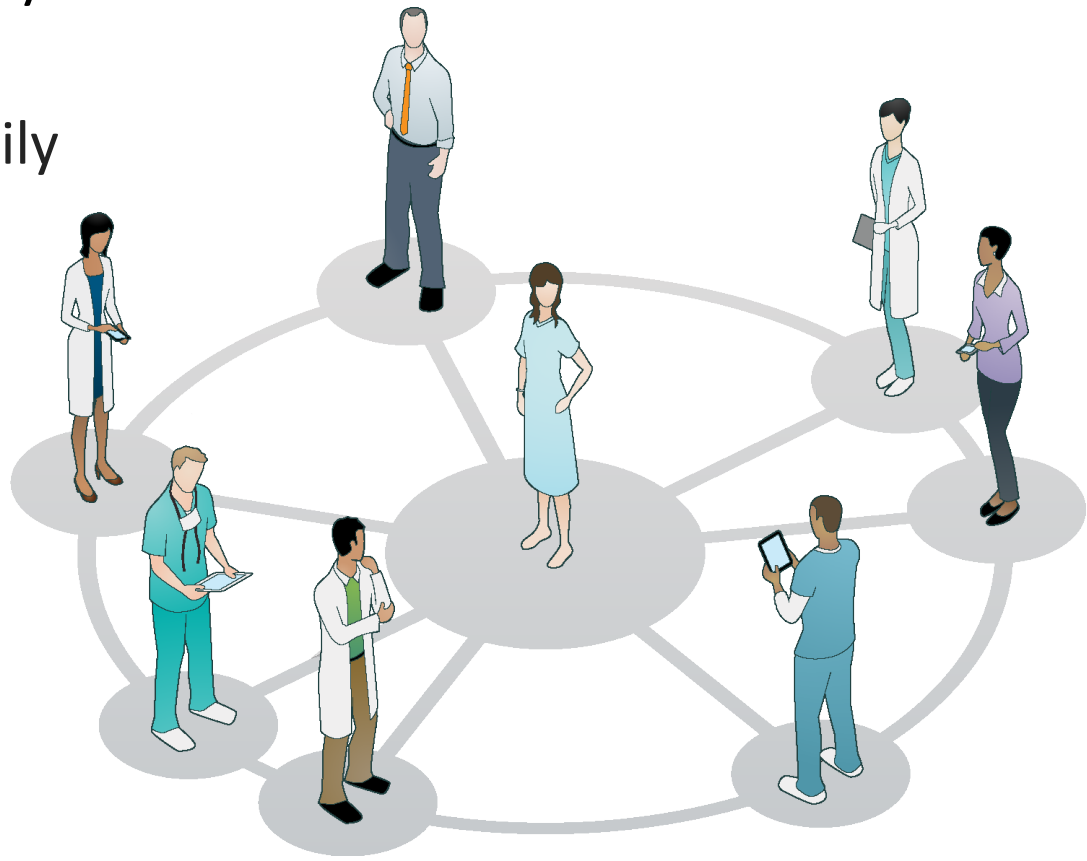
Ahrens T, et al Am J Crit Care. 2003;12(4):317-324.
Hanson LC, et al. J Am Geriatr Soc. 1997;45(11):1339-1344.
Abbott KH, et al.. *Crit Care Med*. 2001;29(1):197-201.

Communication is a Skill-Like Any Other

- A Cochrane systematic review of communication skills training found
  - It is clear that communication skills do not reliably improve with experience alone, and
  - Training programs using appropriate educational techniques are effective in improving skills.
- Best communication: fosters shared decision-making in which the intensivist brings his/her expertise about critical care to bear on a patient's and family's goals, concerns, and ideas about well-being.

Strategies to Improve Communication

- Communication skills training
- Early and frequent interaction between family members and providers
- Effective involvement in decision-making/daily communication/planned family meeting.
- Written materials



Family Meeting: When to Do it & Why

- When the patient is first admitted to the ICU
- When there is a change in the patient's medical status
- When conflict is present among family members, between the patient and family, or between the family and providers
- When the family requests a meeting or providers believe a meeting would be helpful

Benefits: Improved communication, less depression & anxiety & greater satisfaction

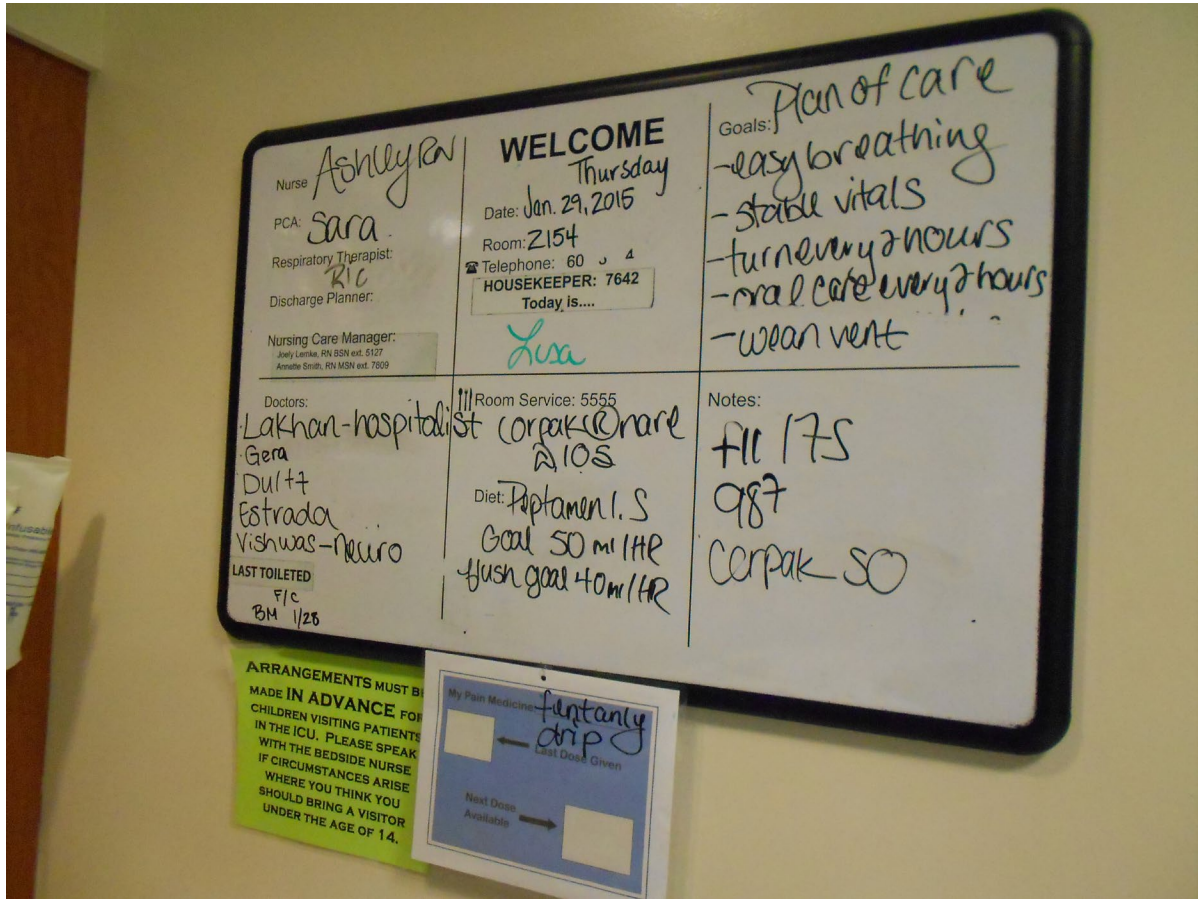
Fundamental Principles

- Ask-tell- ask
  - Ask them to describe the current understanding of issue (helps you see their perspective and begin to build trust
  - Tell in straight forward language what you need to communicate-think of 2-3 key messages
  - Ask if they understand what you just said
- If conversation going off track—invite family to explain where they are at in the conversation—then “could you tell me more about the information you need at this point”, also how are you feeling!!
- Use reflection rather than questions
- Develop skills to response to emotions & attend to these emotional reactions
  - Accept what the family says non-judgmentally
- Assess the other persons Informational, Decision Making & Coping

https://www.uclahealth.org/palliative-care/Workfiles/Educational-Modules-Critical-Care-Communication.pdf

Daily or Minimum 2x Weekly Communication

- Daily goals posted
- Individualized care plans
- Communication with family spokesperson minimum 2x weekly
- Impact of daily communication
  - Physician communication ranking increased from 75% to 95%



Written Materials Make a Difference

- Impact of pamphlets, education materials and bereavement materials
- Provide information about the ICU setting, equip and personal
  - RCT of 126 pt & family members compared a brochure plus proactive family conference to usual care
    - ↓ in PTSD, depression and anxiety symptoms 90-day post ICU or death
  - RCT of 175 family members received an informational leaflet compared to usual care
    - ↑ comprehension of medical information

Lautrette A, et al *N Engl J Med* 2007; 356:469–478
Azoulay E, et al. *Am J Respir Crit Care Med* 2002; 165:438–442

FAMILY RESOURCES

Visitor restroom: On Level 7 outside the unit double doors beyond the stairs on the left hand side of the hallway. Level 6 across from the Emergency Department desk

Accommodations: Please refer to the hotel recommendations list.

Four Season's Café (Cafeteria): Level 4. Meals are served daily 6:00 am to 7:30 pm.

The Rhododendron Restaurant: At the Inn at Virginia Mason, adjacent to the Hospital's Emergency Department (Level 6) entrance. Open for breakfast, lunch and dinner.

Tully's Espresso: Hospital breezeway on Level 4. Open 6:30 AM to 7 PM Monday-Friday and 6:30AM to 1 PM on Saturday.

Vending Machines: Level 4 just outside the cafeteria.

Gift Shop: Located on Level 4 next to cafeteria

Cash Machine: Located on Level 4 next to Gift Shop

Chaplain Services: Call (206) 583-6463.

Customer and Business Services: For insurance coverage and financial concerns, call (206) 223-6601 or (800) 553-7803.

Patient Relations: For concerns about patient care, safety or quality, call (206) 223-6616.

Social Services: Call (206) 583-6578.

Child Care: Hourly at Short Stop (206) 583-6584.

Parking: Call (206) 583-6065. Discounted parking rates for patient's immediate family members- inquire at Nurses' station.

TEAM MEDICINE — VIRGINIA MASON

Virginia Mason Medical Center
Department of Surgery
1100 Ninth Avenue
Seattle, WA 98101
VirginiaMason.org

KEY CONTACTS

CCU Level 6: (206) 341-0458
CCU Level 7S: (206) 341-0470 (beds 12-22)
CCU Level 7N: (206) 341-0456 (beds 23-32)

Hospital Operator: (206) 624-1144.

Other contacts in the CCU:

Michael Westley, MD, FCCP
Medical Director, Critical Care Services
(206) 624-1144 ext. 62525

Deb Coles, RN, MSN
Director, Critical Care Services
(206) 341-1685

Becky Walsh, RN, MSN
Clinical Nurse Leader
(206) 223-8852 (office)
(206)989-4821 (pager)

TEAM MEDICINE — VIRGINIA MASON

THE CRITICAL CARE UNIT AT VIRGINIA MASON

A guide to help during your fam member's hospi stay

ABOUT CRITICAL CARE

Our Critical Care team consists of Registered Nurses, Physicians, Respiratory and Physical Therapists, Patient Care Technicians (PCTs), Pharmacists, Dieticians, and Monitor Technicians. These professionals are here to provide the patient with the finest, most comprehensive care. VMMC is a teaching hospital,. There will be doctors, nurses and therapists in training, involved in the care of your family member.

We actively include family to help us create a healing environment for the patient.

HOW YOU CAN HELP

- **Be involved in your family member's care.** We encourage you to ask questions, express your feelings to the health care team and request assistance if needed. We depend on you to speak for your family member when he or she is unable. This will help the rest of the health care team understand what the patient wants.
- **Select a contact person.** A contact person from your family should be selected. Please discuss this with your family before leaving. The contact person's name and phone number should be left with the patient's nurse.
- **Follow proper hand hygiene.** To help reduce the spread of germs, make sure you wash your hands with soap and water or use *Purell* before and after contact with the patient..
- **Get food and rest.** Because you're concerned about your family member, you may not remember to take care of yourself. It's important for you to get enough food and rest, too.

ACCESSING INFORMATION

- **Multidisciplinary Rounds** are held daily. Since you're a team member, we would like to encourage your participation. Ask your nurse for the approximate time your physician and health care team members will be arriving.
- **Nurses change shifts** at 7 a.m. and 7 p.m., and they will relay important information about your family member.
- **Family Conferences** with the physician, family members and selected team members are important conversations held at the request of the family or team.

VISITING POLICY

- The Virginia Mason CCU is open to visitors 24 hours a day.
- Two visitors at time may be in the patient room. This includes family, significant others and friends.
- Only covered beverages are allowed in the patient room. Please hold on to beverages so they won't spill.
- One family member may spend the night in the patient's room. Comfortable loungers, pillows and a blanket will be available when the Nurse is notified of your plans. Please remember, there will be lights, sounds and odors that often times cannot be controlled.
- Keep in mind that the entire CCU and Waiting Area are high traffic areas. Entrances and hallways must be kept clear for safety and privacy for our other patients.
- For their safety, children need to be directly supervised. They are not allowed to sit or crawl on the floor or run in the halls. Our staff will be happy to talk with children before they visit to let them know what to expect.
- If you have an illness that could spread (for example a cold or flu) it's best not to visit. If needed, you should wear a mask provided at the CCU entrance or from the nurse or patient care technician.

VIRGINIAMASON.ORG

- If the patient curtain or door is closed, check at the desk
- Make yourself comfortable in the CCU waiting room but remember that many people use it. Low voices and picking up after yourself are a common courtesy.
- Do not leave personal belongings in the waiting area or the patient's room. We cannot ensure their security.
- Wireless access is available in the patient and waiting rooms

The following are not allowed into a patients room because it affects safety:

- Cell phones
- Flowers
- Eating in patients rooms *(covered beverages are permitted In non-isolation rooms)*

Communication Training

- SPIKES Communication for Delivering Challenging News
  - S= setting
  - P =perception
  - I = invitation or Information
  - K= Knowledge
  - E= Empathy
  - S= Summarize or Strategize

Improved staff confidence with communication, Improved communication measures in the family satisfaction survey

Shaw DJ,. *Crit Care Med*. 2014;42(2):265-271.

Patient & Family Centered Rounds

- Interdisciplinary work rounds at the bedside in which the plan of care is determined by shared decision making between the patient/ family and the care team

Observational Studies: Outcomes on Family Presence In Rounds

- Express the preference to have an option to be present
- Improvement in family preferences and satisfaction
- Involvement in asking questions and in decision making (overall communication)
- Support with decision making
- Anxiety could theoretically increase or decrease with family presence on rounds compared with rounds without family presence

Ladak LA, et al. *Int J Nurs Stud* 2013; 50:717–726
Voos KC, et al. *J Matern Fetal Neonatal Med* 2011; 24:1403–1406
Jacobowski NL, et al. *Am J Crit Care* 2010;19:421–430
Cameron MA, et al. *J Pediatr* 2009; 155:522–528

Implementation: Family Participation in Rounds

RN Orients the family to process

- You (patient/family) are a critical member of the team
- Short questions-if longer set up a family meeting
- Pad a paper for questions

RN encourages partnership

Family and or patient given option to join rounds

Rounds follow a relatively standardized format

Recommendations: Family Presence in the ICU

- Impact of open family presence vs. visiting (remove restrictive hours) on family satisfaction
- Observational studies
  - A 2013 by study by Liu et al. which surveyed 606 hospitals (BETWEEN 2008 & 2009 throughout the US showed that majority of ICUs still practiced restricted visitation policies, with restrictions commonly surrounding visiting hours, number of visitors, and age of visitors (2013).
  - Beneficial effects of open visitation include enhanced teaching, improved communication, reduced anxiety, and physiologic benefits.
  - May effect staff workload or perception of workload

Current Study: Effectiveness and Safety of a Flexible Family Visitation Model for Delirium Prevention in Adult Intensive Care Units: a Cluster-randomized, Crossover Trial (The ICU Visits Study)

Consider the Messages These First Impressions Convey . . .

Patient- and family-centered care is working **with** patients and families, rather than just doing **to** or **for** them.

We cannot work with families if they are locked out of our clinical units.

Negative Impact of Visiting Restrictions

- Labeling families as “visitors” and imposing visiting restrictions undermines the ability of patients and families to engage in care planning and decision-making
  and

  limits their ability to be adequately prepared for the transitions to home and community care.

“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Maya Angelou