Patient and Family-Centered Care Across the Lifespan In the ICU Setting

Victoria Kingsinger
Objectives

- What is Patient and Family-Centered Care (PFCC)?
- Perceived Barriers of PFCC
- Family Role in PFCC
- RN Perceptions
- Physician Perceptions
- CPR and PFCC
Objectives

- PFCC in Neonatal ICU’s (NICU)
- PFCC in Pediatric ICU’s (PICU)
- PFCC in Adult ICU’s
- Benefits and Drawbacks of PFCC
- Nursing Interventions
- Recommendations
Patient and Family-Centered Care (PFCC)

- Revolves around the patient, not the physician, nurses, or hospital organization

- An important component of safe and quality care identified by The Joint Commission and the American Association of Critical Care Nurses (AACN)

Key Elements of PFCC

- Respect for family preferences
- Flexibility and customization of care
- Honest information sharing
- Promote participatory decision making
- Collaboration across all levels of healthcare delivery system

(Institute for Patient and Family-Centered Care, 2010)
PFCC Perceived Barriers

- 90% of nations hospitals continue to have restrictive visitation policies
- Visitors can obstruct nursing, exhaust patients, and interfere with healing
- Negative psychological effects for patients and visitors
- Increased infection risk, unsafe working environments, and jeopardizing patient privacy

(Liu et al., 2013)
Family Role in PFCC

- Know the patient best
- In the best position to provide a voice for loved one
- Surrogates for decision making
- Can provide a calming effect or motivation for patient
- “We’re still out here. We still love you”

(Riley et al., 2014)
RN Perceptions of PFCC

Positive

- “Patients belong to family”
- Better understanding of complex ICU care
- Gift to dying patient

Negative

- Impeding patient care
- Demanding family members
- Not enough time
- “Picky” families
- Nurse safety

(Riley et al., 2014)
Physician Perceptions of PFCC

Positive
- Families are primary caregivers, should be given detailed information
- Visitation flexibility

Negative
- Too stressful on family members
- 24 hour visitation “not possible”
- Not enough time - “no time to spare”
- Delegated to other members of the team

(Riley et al., 2014)
CPR and PFCC

Positive
- Increases family understanding
- Allows families to see everything was done
- Increases rapport with the medical staff
- Facilitates grieving, especially when CPR is unsuccessful

Negative
- Lead to increased anxiety and fear
- Misunderstanding of events
- Interference with procedures or decisions to stop CPR
- Violations of patient privacy
- Staff performance anxiety and distractions
- Increased malpractice lawsuits

Meert et al., 2014
CPR in the PICU

- Helped them, and helped their child
- Parents who witness CPR have fewer degrees of intrusive thoughts, posttraumatic avoidance behavior, and symptoms of grief 3 months later

(Meert et al., 2013)
Neonatal ICU (NICU)

- Pioneer in family centered care
- Facilities that allow “rooming in” have more satisfactory bonding rates and decreased total length of stay
- Positive and trustful relationship facilitates mother/infant bonding
- Focus on family bonding, including fathers and existing children
- Transition room helps properly prepare parents

(Gooding et al., 2011)
Pediatric ICU (PICU)

- Widespread implementation has been challenging
- Disparities in quality
- Caregiving role transferred from parent to healthcare provider
- Alteration in role is stressful to parents
- Allow parents to interact and participate in daily care

(Meert et al., 2013)
Adult Intensive Care Units

- Same principles as pediatric and neonatal ICUs
- Challenge = child visitation
  - Child Life Specialists
  - Comprehensive Guidance Plans

(Hanley and Piazza, 2012)
Drawbacks of PFCC

- Risk for increased confusion during rounds with family present
- Breaches in confidentiality and privacy
- Inhibition of difficult discussions that are medically relevant - poor home care, medical errors, poor prognosis
- Time constraints

(Meert et al., 2013)
Benefits of PFCC

- Increase opportunity for families to give and receive information
- Improvement of understanding in loved ones treatment plan and condition
- Increase in family or parental role during hospitalization
- Increased capacity to advocate for loved one and participate in clinical decisions
- Increased transparency and trust in healthcare professionals
- Increased feelings of respect (Meert et al., 2013)
Nursing Implications

- Partnering with families in care of a loved one can improve respect, collaboration, and support.
- Improved job satisfaction for nurses and nurse manager
Recommendations

- Implement family centered care ideas in all ICU’s
- It starts with YOU
References


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