

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

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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)

(AACN Practice Alert, 2011, The Joint Commission, 2010)

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

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