Interventions to Improve Communication with Families in the ICU

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Role of Communication with Families in the ICU

• Sharing information about illness and prognosis
• Engaging families in treatment decision-making
  – Assessing patient values
  – Establishing goals of care
• Providing support, relieving distress

Curtis et al. Crit Care Med 2001;29:N26
Barriers to Communication with Families

- Time constraints
  - Prioritization
- Lack of training
- Uncertainty about condition and prognosis
- Challenging family dynamics
- Family availability
Interventions to Improve Communication

Systematic Review
– Scheunemann LP et al. CHEST 2011;139:543

• Printed information aids

• Scheduled structured family meetings
  – Primary team
  – Ethics team
  – Palliative care team
Printed Information Aids

Azoulay et al. AJRCCM 2002;165:438

- RCT 34 ICUs in France
- Family Information Leaflet (n=87 families) vs 88 controls
  - General information about ICU and hospital
  - Name of physician
  - Glossary and diagrams of ICU room, devices

- Improved family comprehension and satisfaction
  - 11.5% with poor comprehension vs 40.9%
Scheduled Structured Family Meetings


• Pre–post design – Intensive Communication
  – Structured meeting within 72 hours
  – Patients with poor prognosis

• ICU length of stay 4 to 3 days
Scheduled Structured Family Meetings

Daly et al. CHEST 2010; 138:1340

• Pre–post design – Intensive Communication
  – Patients on MV >72 hours
  – Medical, surgical, neurosurgical ICUs

• No difference in ICU length of stay or mortality
Printed Information and Structured Meeting

Lautrette et al. NEJM 2007; 356:469
• RCT – 22 centers in France
• Patients with a high likelihood of death
• Intervention: Bereavement brochure and proactive family conferences

Family Centered Outcomes
• Fewer symptoms of PTSD at 90 days (p=0.02)
Quality Improvement – Clinicians

Curtis et al. AJRCCM 2011;183:348

QI intervention to improve end–of–life care
  – Clinician education
  – Local champions
  – Academic detailing
  – Clinician feedback
  – System supports

No improvement in family or nurse Quality of Death and Dying scale
No improvement in family satisfaction surveys

Improving ICU end–of–life care will require interventions with more direct contact with patients and families
Ethics Teams

• Cohort study. Patients ventilated >96 hours
• Decreased length of stay
• Increased withholding or withdrawing of treatments
• Increased mortality (48% vs 23%, p<0.05)

Schneiderman et al. JAMA 2003;290:1166
• RCT 7 centers. Patients with value-laden treatment conflicts
• Decreased hospital length of stay and fewer days of mechanical ventilation for decedents
Palliative Care

- Alleviation of symptom distress
- Communication about goals of care
- Alignment of treatment with patients’ values and preferences
- Transitional planning
- Support for patient and family

AJRCCM 2008; 177:912
Palliative Care

- No RCTs. Pre–post designs or historical controls
  - Campbell  Crit Care Med 2004 – CNS or multi–organ dysfunction
  - Mosenthal  J Trauma 2008 – Trauma patients at high risk
  - Norton  Crit Care Med 2007 – Medical patients at high risk

- Decreased length of stay

- Improved decision making and
# Summary of Current Data

Studies with **primary outcome** favoring intervention

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Studies</th>
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<td>Family Satisfaction</td>
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<td>Decrease non-beneficial</td>
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Summary

• Printed information aids improve family comprehension of critical illness

• Scheduled structured family meetings may improve decision making, reduce length of stay, and improve emotional outcomes for families
  – May be enhanced by ethics or palliative care teams

• Current data are limited and of moderate quality
Information Brochure for Prolonged MV

1. Identification of Information Domains
2. Initial Draft
3. Expert Review
   3 revisions
   2 revisions

“Chronic Critical Illness in Adults Requiring Prolonged Mechanical Ventilation”
http://sccmams2.sccm.org/Purchase/ProductDetail.aspx?
Product_code=CHRONIC
Support and Information Team Intervention for PMV Patients

Day 7 - 10 of Ventilation
Families

Structured Meeting of SIT Clinicians With Family Information Brochure

Second Meeting

12-14 Days after Randomization

Interview Families for Study Outcomes

Usual Care Information Brochure

Interview Families for Study Outcomes

90 Days
Decision Aid for PMV

• Describes Prolonged Mechanical Ventilation
• Explains goals of treatment
  – Maximize survival
  – Aim for survival; avoid prolonged life support
  – Maximize comfort
• Provides prognosis – ProVent Model
• Elicits surrogates’ understanding
• Provides guidance in deliberation and communication
Decision Aid – Pilot Study

Decision Aid vs Usual Care
Before/After design
30 Surrogates, Duke and UNC
-10 Control, 20 Intervention
30 physicians, 20 nurses