Patient and Family Centered Care in a MICU

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Massachusetts General Hospital
Boston, MA
Massachusetts General Hospital
• 900 Beds (122 ICU beds)
• Level I Trauma
MGH MICU (18 beds)
- Closed ICU, 24x7 intensivist, ~ 68 FTE nurses
- Medical with trauma, surgical boarders
- Two ICU Fellows and HO teams
- Unit-based social worker, case manager, RT, chaplain
Our Goal

• To merge Palliative and Critical Care Cultures in the Medical Intensive Care Unit
Palliative Care Defined

Comprehensive, interdisciplinary services for patients with life-threatening or terminal disease and for their families when the primary focus of care is comfort and quality of life.
Mission Statement

Based on the 5th International Consensus Conference in Critical Care: Brussels, Belgium, April 2003

• Measure success by patient and family outcomes

Intensive Care Med. 2004
Interventions

1. Palliative Care Nurse Champions
2. Get To Know Me Poster
3. Teach Family Meetings as a “procedure”
4. Open (24x7) Visitation
5. Protocols and Props (3x5 cards)
   Vent. withdrawal, family meetings, family orientation materials, etc
6. Multidisciplinary and Ethics Rounds
7. Bereavement Letters
## Get to Know Me ...

### NAME:
- ____________

### I LIKE TO BE CALLED:
- ____________

### OCCUPATION:
- ____________

### IMPORTANT PEOPLE (FAMILY AND FRIENDS):
- ____________

### I UNDERSTAND INFORMATION BEST WHEN:
- ____________

### ACHIEVEMENTS OF WHICH I AM PROUD:
- ____________

### THINGS THAT CHEER ME UP:
- ____________

### OTHER THINGS I'D LIKE YOU TO KNOW ABOUT ME:
- ____________

### FAVORITES

#### MOVIE:
- ____________

#### TV SHOW:
- ____________

#### BOOK:
- ____________

#### MUSIC:
- ____________

#### SPORT:
- ____________

#### COLOR:
- ____________

#### FOODS:
- ____________

#### ACTIVITIES/HOBBIES:
- ____________

#### QUOTE OR SAYING:
- ____________

#### PETS TOO:
- ____________

### AT HOME I USE:
- [ ] GLASSES
- [ ] CONTACT LENSES
- [ ] HEARING AID
- [ ] DENTURES
- [ ] OTHER ____________

### PHOTOS
ACHIEVEMENTS OF WHICH I AM PROUD:
Being a wonderful caring person. Being a second mother to Vincent and Leslie.

THINGS THAT STRESS ME OUT:
Trouble breathing - strong smells. Being told to relax.
NAME: __________________________

I LIKE TO BE CALLED: __________________________

OCCUPATION: __________________________

IMPORTANT PEOPLE (FAMILY AND FRIENDS):

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

I UNDERSTAND INFORMATION BEST WHEN:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

ACHIEVEMENTS OF WHICH I AM PROUD:

_________________________________________________________________________

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_________________________________________________________________________

THINGS THAT STRESS ME OUT:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

FAVORITES

HOME: __________________________

TV SHOW: __________________________

BOOK: __________________________

MUSIC: __________________________

SPORT: __________________________

COLOR: __________________________

FOODS: __________________________

ACTIVITIES/HOBBIES: __________________________

QUOTE OR SAYING: __________________________
Family Meeting Intervention

- Family meetings taught as a procedure
  - Critical Care Grand Rounds
  - Monthly House Officer teaching sessions
  - Intensivist supervision and teaching
- 3x5 card
  - “Guide to ICU Family Meetings”
  - “Talking with ICU Families”
- Nurse Champions encouraged and taught good meeting technique and documentation
Open Visitation
Open Visitation

• Families welcome 24x7:
  • Initial resistance from staff
  • Subsequent enthusiasm: emphasis on the patient and family as the focus of care

• With families in the ICU,
  ...what should we do during codes?
  ...what about work rounds?
Family Presence During CPR
Family Presence During CPR

• Families, in general, want to be present
Family Presence During CPR

• Families, in general, want to be present
• Concerns that families will be psychologically traumatized are unsubstantiated
Family Presence During CPR

• Families, in general, want to be present
• Concerns that families will be psychologically traumatized are unsubstantiated
• No evidence for increased liability
Family Presence During CPR

- Families, in general, want to be present.
- Concerns that families will be psychologically traumatized are unsubstantiated.
- No evidence for increased liability.
- Needs of the medical team and the needs and wishes of the patients may be at odds with the wishes of family members.
Family Presence During CPR

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- Concerns that families will be psychologically traumatized are unsubstantiated
- No evidence for increased liability
- Needs of the medical team and the needs and wishes of the patients may be at odds with the wishes of family members

Davidson CCM 2007
“It has been my experience that families deal better with the ‘knowns’ than the ‘unknowns.’ I find that what families actually see is invariably better that their fantasies”

Osuagwa J Emerg Nurs. 1991
Family Presence in the ICU
Family Presence in the ICU

• Literature: descriptive reports; many from NICU/PICUs
Family Presence in the ICU

• Literature: descriptive reports; many from NICU/PICUs
• Improved family satisfaction
Family Presence in the ICU

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• Improved family satisfaction
• Practice Guidelines for the support of families in patient–centered ICUs
Family Presence in the ICU

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• Improved family satisfaction
• Practice Guidelines for the support of families in patient-centered ICUs

Davidson CCM 2007
What Roles do Families Play?

• Prospective convenience sample of 25 family members of 24 adult ICU patients
• Qualitative, descriptive analysis of audiotapes of family experiences in the ICU
• Roles:
  • Active presence
  • Patient protector
  • Facilitator
  • Historian
  • Coach
  • Voluntary caregiver

McAdam ICM 2008
Does family presence in the ICU improve outcomes?

- 198 general ICU patients in Sweden
  - 25% had no visitors
  - 36% were visited for up to 2 h/day
  - 17% were visited > 2h/day
- Patients with no visitors were older, lived alone, and had a shorter ICU LOS
- No difference in mortality, hosp LOS

Erickson  Nurs Crit Care 2007
Inviting families to work rounds
Inviting families to work rounds

• Introductions
Inviting families to work rounds

• Introductions
• Invitation
Inviting families to work rounds

- Introductions
- Invitation
- Ground rules
  - Apologize for the jargon, offer to "translate" later
  - Invite interruptions for errors
  - Short time for questions when rounds conclude, private time with us later
- My perceptions: well accepted by families and house officers;
Preliminary Findings
# MICU Nurse Perceptions

## Annual MGH Nursing Survey

<table>
<thead>
<tr>
<th></th>
<th>Baseline vs. Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nurse Autonomy</strong></td>
<td>↑↑↑↑</td>
</tr>
<tr>
<td><strong>Control over Resources</strong></td>
<td>↑↑↑↑</td>
</tr>
<tr>
<td><strong>Nurse/MD Collaboration</strong></td>
<td>↑↑↑</td>
</tr>
</tbody>
</table>
## Family Perceptions

<table>
<thead>
<tr>
<th>Heyland Family Satisfaction Questionnaire</th>
<th>Baseline vs. Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICU experience</strong></td>
<td>↑↑</td>
</tr>
<tr>
<td><strong>Informational needs</strong></td>
<td>↑↑</td>
</tr>
<tr>
<td><strong>Decisions</strong></td>
<td>+/−</td>
</tr>
<tr>
<td><strong>Family QODD</strong></td>
<td>+/−</td>
</tr>
</tbody>
</table>
Results: All MICU Admits

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU admissions (#)</td>
<td>748</td>
<td>735</td>
</tr>
<tr>
<td>ICU Mortality</td>
<td>21.4%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Case Mix Index (by DRG)</td>
<td>5.18</td>
<td>5.43</td>
</tr>
<tr>
<td>MICU/Hospital LOS (days)</td>
<td>5.7/19.7</td>
<td>5.5/18.5</td>
</tr>
<tr>
<td>MICU/Hospital LOS (non-survivors)</td>
<td>8.3/15</td>
<td>7.6/14</td>
</tr>
<tr>
<td>Mean Cost/patient</td>
<td>$55,477</td>
<td>$57,958</td>
</tr>
</tbody>
</table>
## Results: Non-survivors

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU Deaths (#)</td>
<td>153</td>
<td>126</td>
</tr>
<tr>
<td>Days from DNR to death (mean)</td>
<td>1.61</td>
<td>↑ 3.17</td>
</tr>
<tr>
<td>Mechanical ventilation last week</td>
<td>81%</td>
<td>↓ 71%</td>
</tr>
<tr>
<td>Daily labs last days</td>
<td>72%</td>
<td>↓ 47%</td>
</tr>
<tr>
<td>Daily x-rays last days</td>
<td>26%</td>
<td>↓ 11%</td>
</tr>
<tr>
<td>Mechanical ventilation withdrawn</td>
<td>57%</td>
<td>↑ 64%</td>
</tr>
</tbody>
</table>
Thank you
Open Visitation
Open Visitation

Families welcome 24x7:
• Initial resistance from staff
• Subsequent enthusiasm: emphasis on the patient and family as the focus of care

Catalyst for family involvement in work rounds and bedside care and presence during CPR

Billings CCM 2006
1. Open visitation and family presence on rounds
2. Teaching and structuring family meetings
3. Get to know me posters
MGH MICU

- Evidence Based protocols for care
- Evidence based nursing standards
- Broad expertise (ECMO, IABP, ICP, etc)
- Quality Improvement activities ongoing
  - Benchmark against other ICUs (UHC)
  - Weekly performance reports on quality metrics

“rule of rescue” “culture of cure”
Guide to ICU Family Meetings

1. Prepare agenda and setting
   Assure team consensus on facts.
   Decide who comes to the meeting
   and who leads the discussion.

2. Introduce participants

3. Assess family understanding and
   what they want to know

4. Summarize the patient’s medical
   condition & key clinical decisions

5. What is it like for the patient now?

6. What was the patient like? What
   would the patient want in such
   circumstances = “substituted
   judgment”

7. Explore and address family fears
   and concerns

8. Frame recommendations

9. Plan for follow-up

10. Document meeting and
    communicate content to team
Talking with ICU Families

1. **Communicate regularly**, using family meetings prophylactically. Beware of family members who are non-participants. Involve the staff, especially the nurse.

2. **Listen, listen**, for family understanding, affect, and how they make decisions. Establish trust. Acknowledge emotions. Avoid jargon. Lecture less and let the family guide you to further topics.

3. **Provide psychosocial and spiritual support**. Offer hope, not false hope. Bad news is a shock. Use support from the team. Culture & religion play key roles.

4. **Inform** family regularly about goals of care and how we know if goals are met.

5. **Convey uncertainty**; avoid false certainty. Describe treatment as a “therapeutic time trial” aimed at specific short-term goals.

6. “**Care** always continues, but treatments may be withdrawn or withheld.

7. **Don’t ask the family to decide** about each diagnostic or treatment options; ask them what the patient would want and allow them to concur with a plan consistent with patient values.