

Cultivating Award-Winning Family-Centered Care in the ICU

The Problem

In late 2007, our Critical Care Executive Committee unanimously selected developing Person-Centered Critical Care as our next major quality improvement priority.

Aim/Goal

To develop a program that markedly improves the patient and family experience in the ICU and to improve family satisfaction in the ICU by 10%.

The Team

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ICU Physician Directors
ICU Nurse Managers

ICU Experience Task Force – a multi-disciplinary group of front-line providers involved in planning and implementing various projects

The Interventions

- Solicited feedback in two ways:
 - o ICU Patient and Family Advisory Council
 - o FS-ICU: Family Satisfaction in the Intensive Care Unit survey
- Provide pagers to families that allow them to go to the coffee shop, cafeteria, and nearby shops with the confidence that we can page them if they are needed
- Renovated one family waiting room which now includes a sleep room for families and computers with an ICU-specific landing page
- Developed a program in which all medical house officers now rotate through our Simulation Center, receiving didactic and high-fidelity simulation sessions on conducting family meetings
- When patients transition from the Cardiovascular ICU (CVICU) to the floor, RNs from both areas perform a hand-off with the patient in the room with a focus on pain management requirements
- Developed a pilot to actively invite and include families on multidisciplinary work rounds
- Developed an introductory brochure that covers information on staff roles in the ICU as well as the day-to-day logistics of visiting (such as parking)
- Chaplaincy staff actively solicit patient/family needs by pro-actively rounding in the ICUs
- Eliminated formal visiting hours

Progress to Date

As a result of this work, BIDMC was awarded the Society of Critical Care Medicine's 2010 Family-Centered Care Award. This award, whose goal is to "recognize innovation to improve the care provided to critically ill and injured patients, the family, and those chosen by the patient to be with them," is given to only one hospital in the world each year.



Lessons Learned

- Making many small changes can have a large impact on the family experience
- Successful program execution requires a shift in practice to view families' needs as part of the needs of the patient
- Providing patients' and families' narratives regarding their care really hits home with and reminds staff of the family's important role in patient care

Next Steps

- To develop a framework and tools to ensure patient/family-clinician communication within 3 days of admission to the ICU
- To add a family member to the Critical Care Executive Committee



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