

Clinicians and Patient Family Advisors Come Together to Improve Care in the ICU

The Problem

BIDMC has had an Intensive Care Unit Patient and Family Advisory Council (ICU PFAC) since 2008. The goal of this group is to have former ICU patients and family members inform quality improvement work in the ICU setting by sharing perspectives and experiences to improve patient care. Critical Care quality created a separate Critical Care Experience Taskforce (CCET). This group included representation from Critical Care clinical staff, volunteer services, pastoral care, social work and critical care quality, and was tasked with designing and carrying out quality improvement work related to the patient and family experience. While these groups maintained a constant feedback loop, they did much of their work separately and lacked the ability to have clinicians and patients and families work together to better care for ICU patients and their families.

Aim/Goal

To form a cohesive workgroup that included clinical staff as well as multiple ICU alumni patient and family advisors to collaboratively improve care in the ICU.

The Team

Joanna Anderson, RN
Pam Browall, RN
Mark Courtney, NP
Paul Daigneault, Patient Advisor
Billy Duffey, Family Advisor
Jackie Giannakoulis, Family Advisor
Susan Holland, RN
Suzanne Joyner, RN
Sue Kitchen, RN
Lucie Lima, RN
Jen Manzo, RN
Dawn McDougal, NP
Joyce Midttun, Family Advisor
Sharon O'Donoghue, RN, CNS
Dawn Piccolo, Family Advisor
Kristin Russell RN
Barbara Sarnoff Lee, LICSW
Judy Sinclair, RN
Pat Sorge, RN
John Whitlock, RN, NS
Kathryn Zieja

Janet Beswick, RN
Michael Cocchi, MD
Juliann Corey, RN, MS
Justin DiLibero, RN, CNS
Jane Foley, RN, MS
Stephanie Harriston Diggs
Susan Johnson, Patient Advisor
Veronica Kelly, RN, BSN
Nicholas Kriketos
Lynn Mackinson, RN, CNS
Mary McDonough, LICSW
Wendy McHugh, RN, MS
Caroline Moore, MPH
Kristin O'Reilly, RN, MPH
Ashleigh Robert, Patient Advisor
Liz Saffi, RN
Margie Serrano, RN, MS
Alison Small, RN
Patricia Wenger
Donna Williams, RN, CNS

The Interventions

- Presented the idea of combining these two groups to the ICU PFAC to ensure they were comfortable with a stronger clinician presence
- Presented the idea of combining the two groups to CCET to understand their readiness to discuss issues and create solutions by working directly with patients and families. Both groups agreed that this would be a worthwhile change and anticipated an even more productive outcome. The first joint meeting was held on October 8th, 2014.
- CCET members and ICU PFAC members and facilitators join together for the first hour. The second hour is reserved for ICU PFAC and facilitators to ensure PFAC members still have a safe space to debrief and bring up any other concerns in a smaller venue.

The Results/Progress to Date

From a patient advisor's perspective: "It's been wonderful getting to know the people who are working directly with patients and families to make a difference. I enjoy hearing their stories and contributing to the conversation. Improving the quality of care and patient dignity is a priority for everyone in the room."

From an ICU Nurse Director perspective:

"Joining the two groups was a natural progression and the thoughtful suggestions and genuine care and concern the group as a whole has on improving the patient-family experience here at BIDMC has led to many improvements in our clinical area and our approach to patient-family centered care."

Lessons Learned

Real time brainstorming with both the clinical and patient/ family advisors has led to creative solutions and a greater appreciation from both sides as to the challenges of the ICU experience. This discussion reduces the risk of the nuance of a feedback item being lost in translation between the two groups.

It was important to maintain the second hour of the meeting for PFAC members and direct PFAC staff only. This has allowed us to maintain the trusting group dynamic between facilitators and PFAC members that was previously established.

Next Steps/What Should Happen Next

- Continue meeting as a combined group
- Continue efforts to improve the patient and family experience in the ICU
- Consider combining other PFAC groups with clinical staff workgroups when goals for outputs overlap