PATIENT, FAMILY-CENTRED CARE IN THE ADULT MEDICAL INTENSIVE CARE UNIT AT LIFE VINCENT PALLOTTI HOSPITAL THROUGH IMPLEMENTATION OF A FAMILY MEETING ROOM

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INTRODUCTION

Patient, Family-Centred Care (PFCC) is described as the partnership that occurs between multidisciplinary team members (MDT), families and patients in facilitating care plan development for the purpose of good patient outcomes and experiences (Mohammadi et al., 2020).

PFCC is a paradigm shift from considering patients and families as passive recipients of healthcare, to viewing them as partners in healthcare. A mutually beneficial partnership exists between patients, families and multidisciplinary teams (Thirsk et al.,2021).

PFCC consists of six dimensions of healthcare improvement: patient-centered care, respect for patient's values and needs, information sharing, structured and integrated care, communication and education, physical comfort and emotional support (Kiwanuka et al., 2019).

PFCC emphasizes effective and sensitive communication during information sharing with patients and their families in the intensive care unit (ICU).

The ICU is a high-technology and busy environment which increases stress levels for patients and families visiting the critical care settings. The lack of PFCC results in patient complaints, and inadequate communication between MDTs due to a lack of responsibility between MDTs (Thirsk et al., 2021). A South African study conducted by Almaze et al. (2017) discovered that a patient-family-centric approach that promotes effective communication and information sharing between MDTs and families, relieves mental war and psychological suffering. These findings were similar to the findings of an international study by Mohammadi et al. (2020).

BACKGROUND

Life Vincent Pallotti Hospital, Medical Intensive Care Unit (MICU) noted an increase in patient and family complaints. Patients and family complaints were related to inadequate communication between the multidisciplinary team (MDT), patients and families.

These complaints were: lack of timeous updates about patients' conditions, insufficient information shared amongst MDT members and lack of patient–family orientation to MICU.

A root cause analysis revealed that due to high workload pressures and high patient acuities often resulted in a challenge of interacting and actively engaging with families by the multidisciplinary team. The second root cause was that there was a lack of a conducive environment to promote family discussions with MDTs.

Through implementation of evidence based practice guidelines, which are coherent to recent scientific literature, the hospital adopted PFCC in the medical ICU according to these guidelines. This evidence based practice on PFCC is now aligned with Life Healthcare work procedures, guidelines and policies. i.e (NUR-WP-GEN-017; NUR-WP-GEN-035). PFCC is a way of caring for patients in a family centric approach in hospital. Healthcare practices have evolved from paternalistic care, patient centered care to family centered care. PFCC originates from pediatrics and palliative care settings. The philosophy of PFCC is broader than what has been implemented in the mentioned domains of healthcare (Mitchell et al., 2009; Shields et al., 2010).

METHOD / CASE PRESENTATION

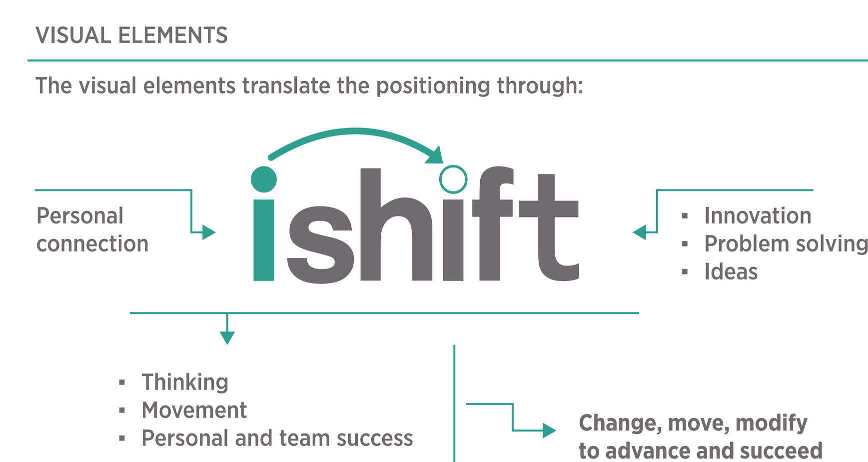
- This is a Clinical audit interventional study conducted in the medical ICU at Life Vincent Pallotti Hospital.
- The process of filling in the comment card remains voluntary for all patients. Medical ICU admits both High Care (HC) and ICU-graded patients.
- Data was collected using the Patient Experience Scorecards, discharge comment surveys and Intensive Care Unit (ICU) complaints during the period October 2021 – October 2022.
- The patient experience scores were completed by either patients or their family members who were regular visitors of the patient.
- Additional data came from post-discharge surveys for patients who were admitted to the medical ICU.
- All the patient complaints were reviewed and analysed to understand the break in communication.
- Stakeholder engagement with the healthcare teams was held and evidence-based data was shared.

The following interventions were implemented during the process of restructuring PFCC implementation in MICU.

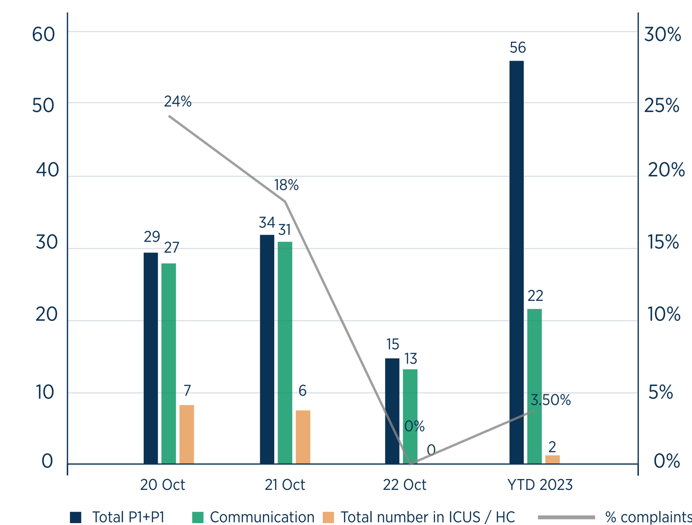
- Literature reviews were conducted on PFCC's recent evidence-based practice guidelines
- Relooked at company procedures, policies and guidelines of PFCC
- Unit manager collaborated with Clinical training specialist to conduct staff training on PFCC 6 dimensions
- Restructured and developed a family meeting room to promote a conducive environment for consulting with patients and families
- Presented the information on PFCC to MDT, mortality and morbidity meetings and quality meetings
- Communicated with service lead agreement doctor to get stakeholder involvement
- Developed family meeting file with the relevant documentation to be completed by MDT as proof of discussion
- Implementation of I-Shift ideas with nursing teams to promote PFCC implementation
- The unit manager developed the ICU / HC patient-family information brochure to orientate families and patients

(Vennedey et al.,2020; Emmamally and Brysiewicz, 2018).

I-Shift idea analysis process



Trend of patient-family complaints in medical ICU



Data Collection process

	20 October	21 October	22 October	YTD 2023
Total P1+P2	29	34	15	56
Communication related complaints in facility	27	31	13	22
Communication related complaints number per ICU / HC category of patients	7	6	0	2
% complaints in ICU / HC	24%	18%	0%	3,50%

METHOD / CASE PRESENTATION *continued*

Findings

The highest percentage of complaints was 24% and it slowly came down to 18% and then through intervention implementation, the percentage dropped to 0%. These complaints were mainly about communication challenges in MICU. The contributing factors to inadequate communication with patients and families were the following:

- Communication with patients and their families was limited and restricted due to privacy and space restrictions in the MICU unit.
- It was further noted that distractions and disturbances in the MICU contributed to poor communication with patients and families.
- Further to this, it was evident that the healthcare team, the patient, and the families were not properly prepared for meetings.

The above findings were congruent to the study of Thirsk et al.(2021). This study emphasises the use of a conducive physical environment in supporting families during critical illness periods. A convenient environment like a designated family meeting room for critical discussions with families is significant for family support in the PFCC approach. Studies conducted in America on the implementation of PFCC suggested the utilisation of structured family meetings in the designated family meeting rooms to enhance communication and collaboration between families and MDT (Singh et al., 2021; Glajchen et al., 2022; Galrica et al ., 2007).

Family meeting room

Effective communication with families should take place in a designated family meeting room. These meetings require proper planning from the MDT side and the family should be informed timeously. Family meeting rooms should be established in a very quiet environment close to or adjacent to the critical care unit.

The following should be in place in the family meeting room:

- A table and chairs that allow comfort and proximity for the purpose of discussion during meetings
- Therapeutic light to ensure clear visualisation of images for critical discussions or drawings
- The pictures on the wall should be calming and relaxing for family members
- Information brochures with unit contact details should be kept inside the unit
- Clinical documentation of family meetings should be kept inside the room
- The resuscitation criteria documents should be kept inside the room but separate from family meeting documents
- Pure drinking water should be made available for the family inside the room
- The family meeting room should be on the same floor as ICUs
- The family meeting room should minimize interruptions in the communication process to ensure clarity for the family

(Singh et al., 2021; Galrica et al., 2007; Glajchen et al., 2022).

Family Meeting Room Image at Life Vincent Pallotti Hospital

OUTCOMES AND CONCLUSION

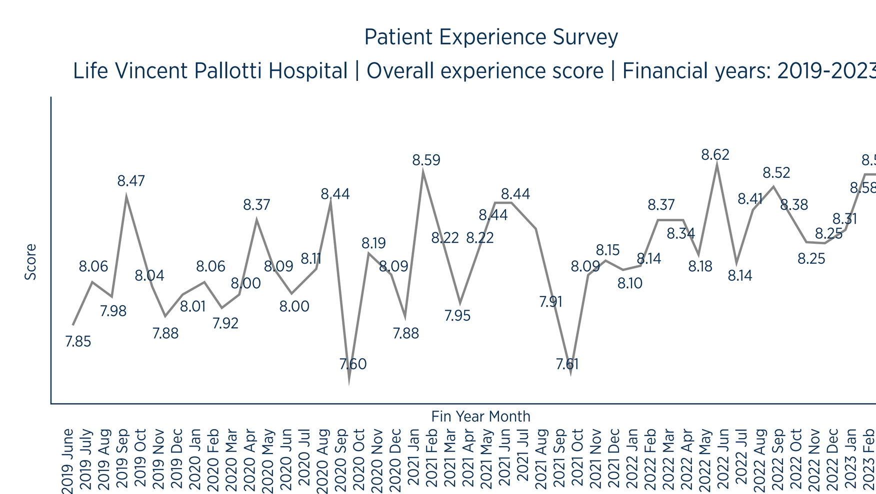
The implementation of the family meeting room with a structured approach and relevant documentation to guide the doctors and staff led to the following outcomes:

- An increase in Patient Satisfaction Experience Scores
- And a decrease in patient and family complaints regarding poor communication
- Improved MDT collaboration amongst each other towards the achievement of one goal of improving patient outcomes
- The family meeting room and PFCC concept promotes partnership between MDT as a whole and this further extends good care to our patients

Conclusion

PFCC implementation is not only an MDT approach but also requires hospital management to review policies, guidelines and procedures to be aligned with recent evidence-based practice in PFCC. The process of implementing mutually beneficial care does not require or include financial implications for the hospitals but it is about modifying current healthcare practices. The improvements in PFCC resulted in improved patient experiences and making someone's life better.

Patient Experience Survey on hospital level



ICU / HC information brochure

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