

Improving Care for Critically Ill Patients & Families Through Research Dissemination/Implementation



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Introduction

The complexity of the intensive care unit (ICU) environment, compounded by multiple patient comorbidities and high acuity levels, makes the ICU a unique and challenging area of clinical practice. While there is increased interest in efforts to promote family engagement in care, information on strategies for implementation are often limited to single center initiatives. Additionally, promoting changes in clinical practice can pose challenges.

Aim

As part of an improvement program targeting ICU care, a national collaborative was launched to help hospitals implement patient- and family-centered care engagement initiatives that are based on patient centered outcomes research.

Hospital Teams

A call for applications was disseminated to the membership of the Society of Critical Care Medicine (SCCM), the largest non-profit medical organization dedicated to promoting excellence and consistency in the practice of ICU care.

A total of 150 applications were received and 63 teams were selected to participate in the 10 month collaborative. The 63 teams (Table 1) represented both adult and pediatric ICUs in academic and community hospital settings, from 38 of the 50 United States.



Table 1: Hospital Sites

Allegheny General Hospital	Hackensack University Medical Center	Sinai Hospital of Baltimore
Ann and Robert H Lurie Children's Hospital	Harborview Medical Center	Southern Ohio Medical Center
Arkansas Childrens Hospital	Holtz Children's Hospital	St Charles Bend
Banner University Medical Center Phoenix	James A. Haley Veterans Hospital	St. John Oakland Hospital
Barnes Jewish Hospital	Johns Hopkins Hospital	The Hospital of Central Connecticut
Baylor University Medical Center at Dallas	Kern Medical	The Queen's Medical Center
Baystate Medical Center	Lancaster General Hospital	The Valley Hospital
Billings Clinic	Long Island Jewish Medical Center	Thornton Hospital
Bristol Myers Squibb Children's Hospital	Maine Medical Center	UF Health Shands Hospital
Bryn Mawr Hospital	Memorial Hermann, Texas Medical Center	University of Kansas Hospital
Carilion Roanoke Memorial Hospital	Memorial Hermann, Southwest	University of Kentucky Albert B. Chandler
Children's Healthcare of Atlanta at Egleston	Mercy General	University of Maryland Medical Center
Children's Hospital of Wisconsin	MetroHealth Medical Center	University of Nebraska Medical Center
Children's of Alabama	New Hanover Regional Medical Center	University of Pitt Presbyterian Campus
Christiana Hospital	North Hills Hospital	University of Tennessee Medical Center
Emory University Hospital Midtown	Rapid City Regional Hospital	University of TX MD Anderson Cancer Center
Eskenazi Health	Rochester General Hospital	University of Vermont Medical Center
Fairview Southdale Hospital	Rush University Medical Center	Valley Children's Hospital
Froedtert & MCW Community Memorial	Sacred Heart Medical Center at RiverBend	Wake Forest Baptist Medical Center
Geisinger Community Medical Center	Saint John's Children's Hospital	Yale New Haven Hospital St. Raphael Campus
Grand Strand Regional Medical Center	San Joaquin Community Hospital	Yale-New Haven Hospital

Methods

An initial "kick-off" meeting brought the teams together, and helped to establish organizational commitment and outline key steps in implementation. Monthly coaching calls were held to assist the teams through the phases of project planning and implementation. Quarterly webinars were held to highlight project implementation strategies and to address potential barriers to instituting clinical change. A number of "assignments" were used to help facilitate project work.

In addition, a monthly newsletter was provided to teams with collaborative related updates. An electronic or "e" community listserve helped to promote team sharing as well as provide a mechanisms for dissemination of resources including articles of interest, sample tools and data collection forms, and relevant research studies.

Results

The teams implemented a number of initiatives including open visitation, families on rounds, family information pamphlets, patient and family diaries, family care conferences, family advisory boards, and music therapy, among others (Table 2).

Table 2: Engagement Initiatives

Type and Number of Initiatives Implemented

Patient/Family Advisory Group	3
Family Care Conferences	17
Patient/Family Diaries	10
Music therapy	2
Open Visitation	4
Family Information Pamphlet	9
Pet therapy	3
Family Centered Rounds	10
Other: Surrogate; Family Orientation; Enhancement; Transitions	5

A 9-member Patient and Family Advisory Group helped to inform and provide ongoing feedback during all phases of the collaborative.



Results (continued)

Several key lessons learned in implementing engagement initiatives were reported by the ICU teams including the usefulness of regular project team meetings that involve senior leaders to keep enthusiasm & momentum, the benefit of ongoing communication to provide updates on the status of the project, clinician education, and reporting project successes, including patient and family feedback (Table 3).

Table 3: Lessons Learned

- Ensure routine scheduled meetings that involve senior leaders
- Promote ongoing communication on project status
- Obtain buy-in from ICU providers to support clinical change
- Work to change culture within the unit
- Report on project implementation successes
- Share patient/family feedback to reinforce importance of initiative

Implications

The project is in the final stages of evaluation but the experiences thus far have demonstrated that using a national collaborative format can be a useful way to assist ICU teams to design & implement a patient and family engagement initiative.

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