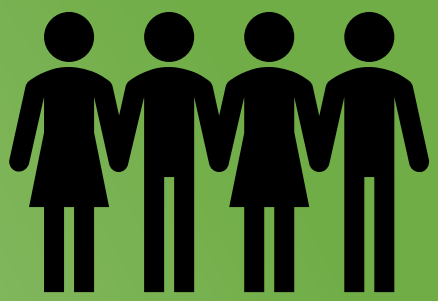
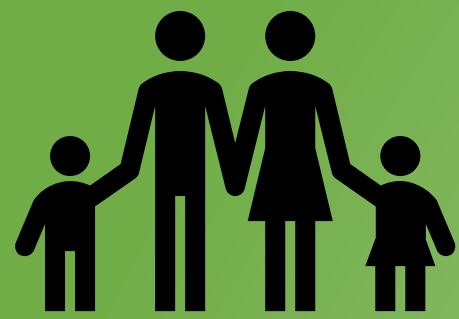


Family Engagement, Involvement, & Presence in the Critical Care Environment



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Does appropriately increasing the involvement, engagement, and presence of family members in the critical care environment positively influence patient outcomes and the reported experiences of the entire patient care team (patient, family, and providers)?

Factors Influencing Family Involvement:

- Nurses are *most likely* to suggest family participation in noninvasive, simple daily care activities (Hetland, Hickman, & McAndrew, 2017)
 - Ex:** lotion, feeding, oral care, massage, hair washing, and bathing
- Nurses are *least likely* to involve families in invasive, intimate, or technically skilled tasks (Hetland, Hickman, & McAndrew, 2017)
 - Ex:** ET tube suctioning, tracheostomy care, ambulation, peri care, and toileting ²
- Nurses with more critical care experience and those with doctoral degrees were more supportive of family involvement (Hetland, Hickman, & McAndrew, 2017)
- Lack of structured nursing education relating to family involvement is a significant barrier* (Hetland, Hickman, & McAndrew, 2017)
- The increased demands of an ICU environment can negatively influence family involvement (Hetland, Hickman, & McAndrew, 2017)



“When someone has cancer, the whole family and everyone who loves them does, too.” – Terri Clark



Family Presence During Resuscitation:

- Family members view family presence during resuscitation as a fundamental right (Toronto, 2019)
- Family members may feel that their presence benefits the resuscitation effort (Toronto 2019)
- Family presence may lessen feelings of moral distress in nursing staff after the resuscitation ends (Toronto, 2019)
- Lack of healthcare provider support is the greatest barrier to family presence during resuscitations (Toronto, 2019)

Policy and Education Recommendations:

1.) Structured Nursing Education

- Upon hire and biannually nursing staff will receive formal education on family centered care
- The educational module will be designed using feedback from the Patient Family Advisor (PFA) as defined by the Patient & Family Centered Care (PFCC) Executive Committee Charge Policy ID# 4835

2.) Family Presence during Cardiopulmonary Resuscitation Policy ID# 8473

- Include in the policy statement, “Family members present during cardiopulmonary resuscitation will be debriefed after the event to ensure all questions and concerns are addressed”

Clinical Implications and Future Research

1.) Trial the Use of ICU Diaries

- Provides a consistent method for staff to communicate with families about care needs and changes
- Will decrease adverse symptoms experienced by family members by improving communication

2.) Scope of Family Involvement in the Critical Care Environment Policy

- Define nursing care activities that family members can be involved in: noninvasive vs. invasive

3.) Design a Family Needs Assessment Tool

- A scoring tool to help nursing staff meet the needs of each individual family

ICU Diaries:

- Inconsistent communication between the family and the care team has been shown to be a significant factor in developing adverse symptoms (Whalen, 2015)
- 80.9%** of family members in one study recommended using an ICU diary after their experiences in a CVICU (Whalen, 2015)