Adding “F”: Integrating Family Throughout the ABCDE Bundle

Q&A From the Live Webinar

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The AACN Critical Care Webinar Series is not only an efficient way to learn from true thought leaders within our community, it serves as the seed of robust discussion among colleagues. To encourage continued discussion, our experts have responded to participant questions not addressed during the live webinar. Please enjoy reading the responses below.

Our experts’ responses to your questions:

Q: What if the family is difficult to deal with?

A: There are many different dynamics active within families. In general family presence is associated with positive outcomes for both patients and families, but there are exceptions. However, in the instance that a family member is making the patient uncomfortable or anxious, interfering with care, or disrupting others then it can be appropriate to restrict that family member’s visitation. The AACN Practice Alert: Family Presence: Visitation in the Adult ICU includes a recommendation to have written policy that documents the limitation of “visitors whose presence infringes on the rights of others and their safety or are medically or therapeutically contraindicated to support staff in negotiating visiting privileges” [1]. Such a policy allows the unit to practice open visitation as part of the general rule while having a plan and procedure for limiting visitation when needed. This practice alert is a great starting place when developing a new visitation policy or editing an old one.

Q: Sometimes it is the family that doesn’t see or care for the patient for a long time that wants to be involved. How do we deal with them?

A: It is always helpful to have designated a primary support person (who may be different that the legal authorized decision maker). These key family members can be incredibly helpful in navigating and interpreting family dynamics. When new family members arrive to the patient’s bedside the primary support persons can be helpful in identifying who they are and what role they have in the family. The bedside nurse can involve multiple family members, but it is helpful to know whom the primary person will be that will care and support the person once he/she is discharged. This allows for the nurse to provide more in-depth teaching and guidance to those individuals.

Q: Sometimes when families are present the nurse feels like they are ‘always on’ and being watched. Do you have any suggestions for how to help the nurses feel less stressed?

A: This is especially stressful for nurses who are new to the ICU setting. However, it seems to diminish quite quickly as nurses gain confidence and organization in their skills. Many families are eager to understand what the nurse is during the patient’s first few days in the ICU. Other families are less attentive (e.g. reading, napping or on the computer in the corner). It could be helpful for the nurse to explain to the family member (and patient) what she/he is about to do and briefly answer any questions prior to beginning. This allows for transparency and gives the family member information,
which often will satisfy them and their attention. Preceptors should model to the new nurses how to work in front of others and to emphasize that it is key to take your time and walk through the needed steps in your head without feeling rushed.

Q: How do we advocate to management and nursing leadership that increased family involvement requires additional time to support and conference with them when we typically don’t have time to do what we need to do for our patients already?

A: A key part of advocacy is education. Providing hospital management and nursing leadership with the evidence to support family presence and involvement is the first step. AACN has two action alerts on family presence:
- Family presence in general: http://www.aacn.org/wd/practice/content/practicealerts/family-visitation-icu-practice-alert.pcms?menu=practice and
- Family presence during resuscitation and invasive procedures: http://www.aacn.org/wd/practice/content/family-presence-practice-alert.pcms?menu=practice
- Another great resource is the Society of Critical Care Medicine’s Clinical practice guidelines for support of the family in the patient-centered intensive care unit http://www.learnicu.org/Docs/Guidelines/Patient-CenteredIntensive.pdf
- Helping administration to see the link between family presence and improved satisfaction may help as well. Here is an example of an article supporting this: http://www.ncbi.nlm.nih.gov/pubmed/23377154

Q: How do we foster buy-in of the positive family involvement concept from staff who feel they have too little time to spend with families and patients?

A: Education is vitally important to help dispel myths associated with family presence and to provide a focus on patient centered care. Education on the benefits of family presence and involvement can be followed by “town hall” type unit meetings where the staff can review the current policies, voice concerns, and make suggestions on how to move forward. This would also allow an opportunity for the staff to identify areas of further education needs (e.g. maybe they would benefit most from some education on communication skills). Additionally, identifying key staff members that are particularly skills at involving family members and having them lead a workshop on practical ideas could be very helpful. Having a unit wide family brochure/handout that is developed by bedside nurses can be a unifying strategy. Lastly, celebrate and point out successes when families have been involved. It is always powerful to have a family members come back and talk to the ICU team.

Q: Isn’t taking pictures violating privacy?

A: ICU dairies include a description of events and milestones. They can include photographs, but do not have to. Some institutions prohibit photography in the ICU units by patients, families and visitors. Others do not. In settings where photography is prohibited due to privacy or liability concerns, another option is to take “stock” photographs from the viewpoint of the bed. Photographs would be room and of ventilatory – equipment. This provides a way to show the patients what the room looked like without included any specific patient. These visuals can help patients interpret their memories and demystify delusional memories they have from the ICU time (e.g. The patient may see pictures of the room and say, “Oh there was a wallpaper border on the wall that had blue flowers....in my memory there were little blue bugs”).