Beth Cotten, RN, BSN, CCRN
Lyn Jay, RN, MSN, ACNP, CCRN
Travis VanDinh, RN, BSN, CCRN
Phyllis Barron, RN, MSN, MSHP, FNPC, CCRN
Coach
Frances Simpson, RN, MSN, ACNS
Project Lead
Bridging the Gap: Improving Care Through Understanding

Courtesy of Nancy Granai-Sisk
Seton Medical Center Austin

Our Hospital:
- 474-bed hospital in urban area
- Magnet facility
- Provides complex care to a diverse patient population

Our ICU:
- 35-bed mixed ICU, expanded to 37 in September 2013
Seton Medical Center Austin CSI Team
The goals of this project:

- Implement Care and Communication Bundle from Improving Palliative Care in the ICU (IPAL-ICU) initiative
- Improve communication with patients and families
- Improve patient and family satisfaction
IPAL-ICU Care and Communication Bundle

Day 1
- Identify decision maker
- Address advance directives
- Address code status
- Distribute brochure
- Assess pain regularly
- Manage pain optimally

Day 3
- Offer social support
- Offer spiritual support

Day 5
- Hold interdisciplinary family meeting
Baseline Data

Day 1:
- Identify Decision Maker 25%
- Address Advance Directive 62.5%
- Address Code Status 87.5%
- Distribute Brochure 0.0%
- Assess Pain Regularly 100%
- Manage Pain Optimally 87.5%
Baseline Data

Day 3:
- Offer Social Support 75%
- Offer Spiritual Support 50%

Day 5:
- Interdisciplinary Family Meeting 25%
Planning for Success

Pilot 3 aspects of the IPAL-ICU Care & Communication Bundle:

- Identify surrogate decision maker by ICU day 1 in at least 75% of cases
- Present family brochure by ICU day 1 in at least 75% of cases
- Facilitate and conduct interdisciplinary family meeting by ICU day 5 in at least 75% of patients with 5-day length of stay (LOS)
How We Came to Our Topic

- Started system-wide palliative care initiative
- Identified communication gaps
- Needed more accurate identification of legal decision maker
- Topic supports relationship-based care
  - Seton’s professional practice model
How We Came to Our Topic

Evidence-Based Best Practice

- Institute of Medicine
- All 4 major societies representing critical care professionals (ATS, SCCM, ACCP, AACN)
- National hospital and health care networks, eg, Voluntary Hospital Association
- Veterans Administration Healthcare System
- Institute for Healthcare Improvement
- Commercial insurers
# Outcomes of the Care and Communication Bundle

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Selected Relevant References*</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓ ICU/Hospital LOS</td>
<td>Campbell, 2003; Campbell, 2004; Norton, 2007; Curtis, 2009</td>
</tr>
<tr>
<td>↓ Use of Non-beneficial Treatments</td>
<td>Campbell, 2003; O’Mahony, 2009</td>
</tr>
<tr>
<td>↑ Family Satisfaction/Comprehension</td>
<td>Azoulay, 2002</td>
</tr>
<tr>
<td>↓ Family Anxiety/Depression, PTSD</td>
<td>Lautrette, 2007</td>
</tr>
<tr>
<td>↓ Conflict Over Goals of Care</td>
<td>Lilly, 2000</td>
</tr>
<tr>
<td>↓ Time From Poor Prognosis to Comfort-Focused Goals</td>
<td>Campbell, 2003</td>
</tr>
<tr>
<td>↑ Symptom Assessment/Patient Comfort</td>
<td>Erdek, 2003; Chanques, 2006</td>
</tr>
</tbody>
</table>
Project Metrics

Meeting With Christine Jesser, SHF Analytics:

- LOS – Multifactorial, no way to isolate effect of project
- HCAHPS – Not representative (live discharges, combined ICU/IMC, low n)

Recommendation:
- Focus on Implementation of Best Practice
Budget

Grant Allocation

- Salary: 5000
- Kick Off Promotion: 1205
- TV for Education: 650
- Video Education: 180
- Redosing Promotion: 575
- Items: 1205
Project Timeline

1/10/13
AACN
CSI Start – Project Team Identified

2/5/13
Dr. Bekanich-Palliative Care / IPAL-ICU / Care & Communication Bundle Overview

6/6/13
Dr. Bekanich-"Family Meeting" Training for meeting facilitators

7/2 & 7/5/13
Day and Night shift Ice Cream Social Kick offs with unit education and Pre-Pilot Survey

7/23/13
Project Go Live!

8/1/13
1st Day 5 Meeting

9/2013
Revisit Metrics w/ SFH Analytics

10/10/13
CNO interim presentation

12/2013
End Day 5 Meetings

2/2013
End of data collection

5/2014
Video Production

5-6/2014
Re-dosing Staff Education with Video

6/20/14
Innovation Conference!

Jan 13
Mar 13
May 13
July 13
Sept. 13
Nov. 13
Jan. 14
Mar 14
May 14

2/13-5/13
Project Planning, Identifying Measures

6/3-6/17/13
Baseline Data Collected

6-7/2013
RN/CA Education, Documentation, and Project Tool Development

DAY 5 FAMILY MEETINGS
Kickoff and Ice Cream Social
Kickoff and Ice Cream Social
Kickoff and Ice Cream Social
Kickoff and Ice Cream Social
Developed Tools

Education Tools:
- Staff education handout – Project/IPAL-ICU/Palliative Care/MPOA/LNOK
- Kickoff Education Board

Project Tools:
- IPAL-ICU checklist
- Family meeting progress note
- Family brochure in collaboration with Palliative Care
**SMCA ICU Unit A - AACN PILOT: Care & Communication Bundle Checklist**

<table>
<thead>
<tr>
<th>Day</th>
<th>Goal</th>
<th>Data Addressed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>By ICU Day 1</td>
<td><strong>Identify &amp; Document surrogate decision maker</strong></td>
<td>&quot;Legal not of of 1st in MOSA form&quot; Write on bottom of bottom page of KYEML</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Distribute Brochure</strong> to patient/family (legal surrogate preferred)</td>
<td>&quot;Getting your loved one Meeting with ICU Team&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Address Advance Directives</strong> (ie., completed/Ad or documented discussion in ANC)</td>
<td>Check box</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Address Code Status</strong> (ie., documented in dictated note or progress note; Code Status Order completed)</td>
<td>Check box</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Assess Pain regularly</strong> (Intake minimal q 6 hours documented per Critical Care Bundle 9 ICU Day 1)</td>
<td>Check box</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Manage Pain optimally (per subjective patient response on 0-10bly)</strong></td>
<td>Check box</td>
</tr>
<tr>
<td>Day 3</td>
<td>By ICU Day 3</td>
<td><strong>GOAL:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Offer social support</strong> (per TAPS Part B or SWR note)</td>
<td>Check box</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Offer spiritual support</strong> (per TAPS Part C or chaplain note)</td>
<td>Check box</td>
</tr>
<tr>
<td>Day 5</td>
<td>By ICU Day 5</td>
<td><strong>GOAL:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Interdisciplinary patient/family meeting</strong></td>
<td>Check box</td>
</tr>
</tbody>
</table>

**Form completed by:** ______________________ (approx. min to complete) / Family signed approx. __ min.
Family Brochure

Helping Families Prepare for Patient/Family Meetings

In our intensive care unit (ICU), we meet with patients and families to discuss your/your loved one's condition and care.

To make the most of meetings, you may find it helpful to think about any questions you may have in advance. This guide will help you prepare for that.

You may wish to write notes and bring them with you to the meeting. There is more space to write your questions and notes on the back of this brochure.

When you share this information with us, it can help you and the ICU team decide together about the right care for your loved one.

In ICU Unit “A,” we are currently piloting an informal “check-in” meeting for patients who remain in ICU for 5 days or more. This is an opportunity for us to address any concerns you may have and coordinate resources to help with those needs.

Health Care Team members who may attend your “check-in” meeting:
- Nurse
- Physician(s)
- Palliative Care Team member
- Social Worker
- Chaplain

Some questions to think about:
1. What do you understand about your/your loved one’s illness and treatment?
2. What are you most concerned about?
3. Do you have unanswered questions?
4. How can we best support you?

Other questions some other families have asked at ICU family meetings:

Check the questions that you may want to discuss:
- Why was your loved one brought to the ICU?
- What has happened since then?
- What are the main medical problems now?
- What treatments are being given or planned?
- What do the doctors expect to happen?
- What are the other treatment choices?
- What medical decisions do we need to make?

Share your concerns:
- If you have concerns, worries, fears, or other feelings about your/your loved one’s condition or anything else related to ICU care, write them down so you can share them with us when we meet.

Documents for family to bring to meetings (if you haven’t done so):
- Bring any documents expressing patients’ wishes regarding medical decisions, such as an advance directive or power of attorney designation.

When you need to decide on a “right” for you/your loved one:

If your loved one can’t talk to you, please think about:
- Things he/she may have said about ICU treatment.
- What has your loved one said in the past, when someone was seriously ill?
- What your loved one would do if he/she could talk and make decisions?

What are your goals for this meeting?

We will do our best to answer your questions and address your concerns.
Process Measures

Initial Process Measures (July to September 2013)

- 144 patients admitted to pilot unit
- 74.3% of checklist filled out
- 72.9% of family brochures handed out
Process Measures

August through February 2014

- 654 patients admitted to pilot unit
- 116 patients with LOS who would need a day 5 meeting
  - ~18% of patients meet criteria for day 5 meeting
- Day 5 family meetings:
  - Completed 55 of 73 day 5 meetings = 75.3%
Day 5 Meeting Findings

Communication Feedback:
 Physicians update families inconsistently
 Physicians sometimes update whoever is present, not surrogate decision maker
 Meetings very well received: “Good idea.” “Thank you for asking for feedback.”

Care Feedback:
 Nurses do a good job keeping family up-to-date
 Difficult having a different nurse every day
 Care boards well received, but at times inconsistently updated
Day 5 Meeting Findings

Care Feedback:
- Family request for ordering on-demand menu for patient undergoing chemotherapy
- Family request for shuttle service from Austin to Luling

Follow-ups:
- Physician updates requested/completed
- Palliative consults
- Chaplain revisits
- Social worker revisits
- Advance directives (missing paperwork, chaplain consult)
Day 5 Meeting Findings

Equipment:
- Took 2 days to receive bariatric bed
- Chairs in waiting room uncomfortable

System:
- No dedicated field for legal next of kin/surrogate decision maker
- No documented deliberate notification/rescreen for a chaplain needs when patient admitted to floor then transferred to unit
Project Impacts

- Increased collaboration with Palliative Care
- More staff conversations to identify surrogate decision maker
- Identified a need to clarify terminology (medical power of attorney vs legal next of kin) and incorporated into project
Unanticipated Positive Outcomes

- Immediate staff buy-in and satisfaction
- Increased staff awareness of ICU LOS
- Positive feedback from patients/families regarding care boards
Maintaining Momentum

- Educate staff on communication strategies in the unit with video education by Dr. Stephen Bekanich, Palliative Care Department
- Provide video education to network/new hires
- Strategize/resolve process for weekend meetings
- Share project through publication or presentations
Key Challenges to the Project

- Census fluctuations
- Staffing model changes
- Staff RNs less able to participate in day 5 meetings than anticipated; not currently feasible for RN to facilitate
- Significant amount of time collecting data
- Physical unit changes
  - New unit/construction - opening and closing units
- Logistical difficulty for meeting facilitators
- Day 5 meetings on weekend resulted in delay
Recommendations

With our findings, we recommend:

- Dedicated RN to coordinate and conduct day 5 meetings
- Expand project to all ICU units (September 2014: 43 beds)
- Dedicated place in EMR for legal next of kin as surrogate decision maker
  - Submitted as enhancement to EMR/COMPASS team
What We Learned

- Culture change is challenging
- Timing is critical
- Logistics can impede best intentions
- Back to basics
  - Staff education regarding definitions of MPOA/LNOK
  - Palliative care overview/education video
  - Communication strategies
Acknowledgements

- Heather de la Paz, Critical Care Administrative Assistant
- Nancy Granai-Sisk, RN, BSN
- Dr. Stephen Bekanich
- Holly Cross, Palliative Care APN
- Christine Celio, Palliative Care APN
- Anne Hulzing, ICU Clinical Manager
- Ashley Ruiz, LCSW
- Mollie Gabel, RN, MSN, CCRN, Clinical Educator
- Michelle Hill, RN, Case Manager
- Kevin Sheehan, Chaplain
- Whitney Power, Senior Project Coordinator, Research and EBP
- Christine Jesser, Analytics
- Cynthia Gallegos, Palliative Care Manager
- Seton Medical Center Austin ICU Staff
References


References

