

Communicating and Caring in UK Intensive Care Units: Results and Implications of the FREE Study

Stephen Wright and Annette Richardson
Freeman Hospital, Newcastle upon Tyne



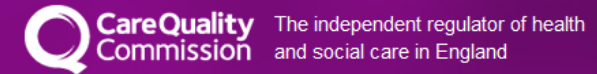
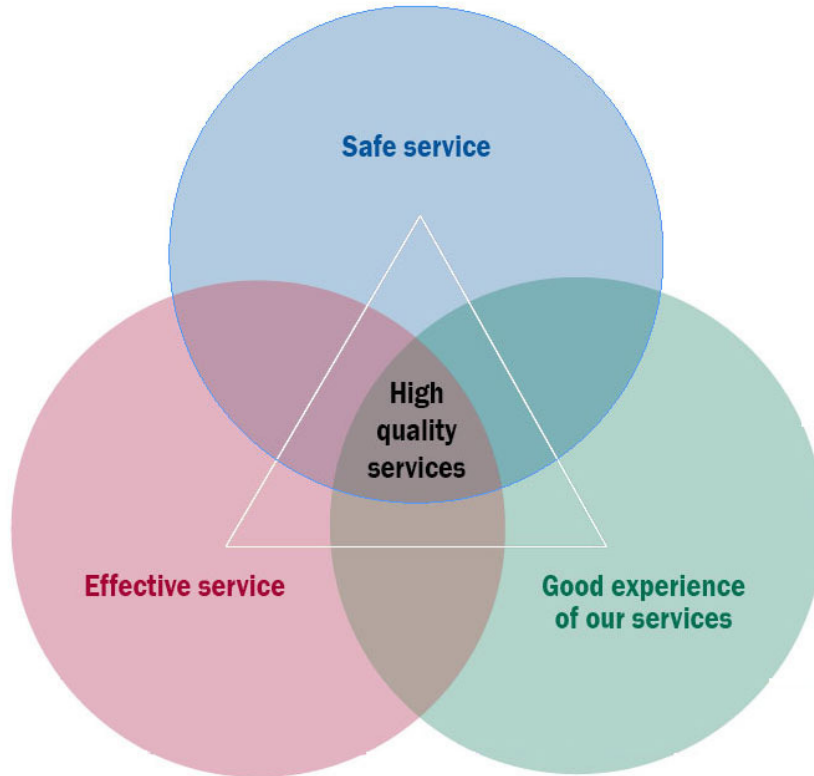
HS&DR - 11/2003/56: Family-Reported Experiences Evaluation (FREE) study: a mixed-methods study to evaluate families satisfaction with adult critical care services in the NHS

S.E. Wright¹, S.E. Harvey², E. Walmsley², P. Ferrando-Vivas², D.A. Harrison², K.M. Rowan², on behalf of the FREE Study Investigators

1 Freeman Hospital, Newcastle upon Tyne, UK 2 Intensive Care National Audit & Research Centre, Clinical Trials Unit, London, UK


***National Institute for
Health Research***

Introduction



We ask the same five questions of all the services we inspect.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?



Introduction

- Assesses family satisfaction measuring two main conceptual domains
 - *satisfaction with care*
 - *satisfaction with decision-making*
- ‘Family’ - any person(s) with close familial, social or emotional relationship to the patient

free
Family Reported
Experiences Evaluation

Family satisfaction with decision making around care of critically ill patients

Instructions for family members of critically ill patients

This part of the questionnaire is designed to measure how you feel about your involvement in decisions related to your family member's health care.

In the Intensive Care Unit (ICU), your family member may have received care from different people. We would like you to think about all the care your family member received when you are answering the questions.

Please tick one box that best describes your feelings...

Information needs

Q1 **Frequency of communication with ICU doctors?**
• *How often doctors communicated to you about your family member's condition*

Excellent Very good Good Fair Poor N/A

Q2 **Ease of getting information?**
• *Willingness of ICU staff to answer your questions*

Excellent Very good Good Fair Poor N/A

Q3 **Understanding of information?**
• *How well ICU staff provided you with explanations that you understood*

Excellent Very good Good Fair Poor N/A

Q4 **Honesty of information?**
• *The honesty of information provided to you about your family member's condition*

Excellent Very good Good Fair Poor N/A

Q5 **Completeness of information?**
• *How well ICU staff informed you what was happening to your family member and why things were being done*

Excellent Very good Good Fair Poor N/A

Q6 **Consistency of information?**
• *The consistency of information provided to you about your family member's condition (did you get a similar story from the doctor, nurse, etc.)*

Excellent Very good Good Fair Poor N/A

5 FR-ICU

Objectives

- Assess family satisfaction with critical care in the UK using the FS-ICU-24
- Explore the impact of family, patient and other factors on comparisons between ICUs
- Compare results internationally

Design – multicentre cohort study

- Minor modifications to FS-ICU-24
- Nested in the CMP
- Representative sample of 20 ICUs based on
 - geographical location
 - university and non-university hospital
 - large and small ICUs
- Recruitment over one year

Screen/identify all patients
≥24h unit LOS over one year

Identify/consent
first four family members
to bedside after 24h

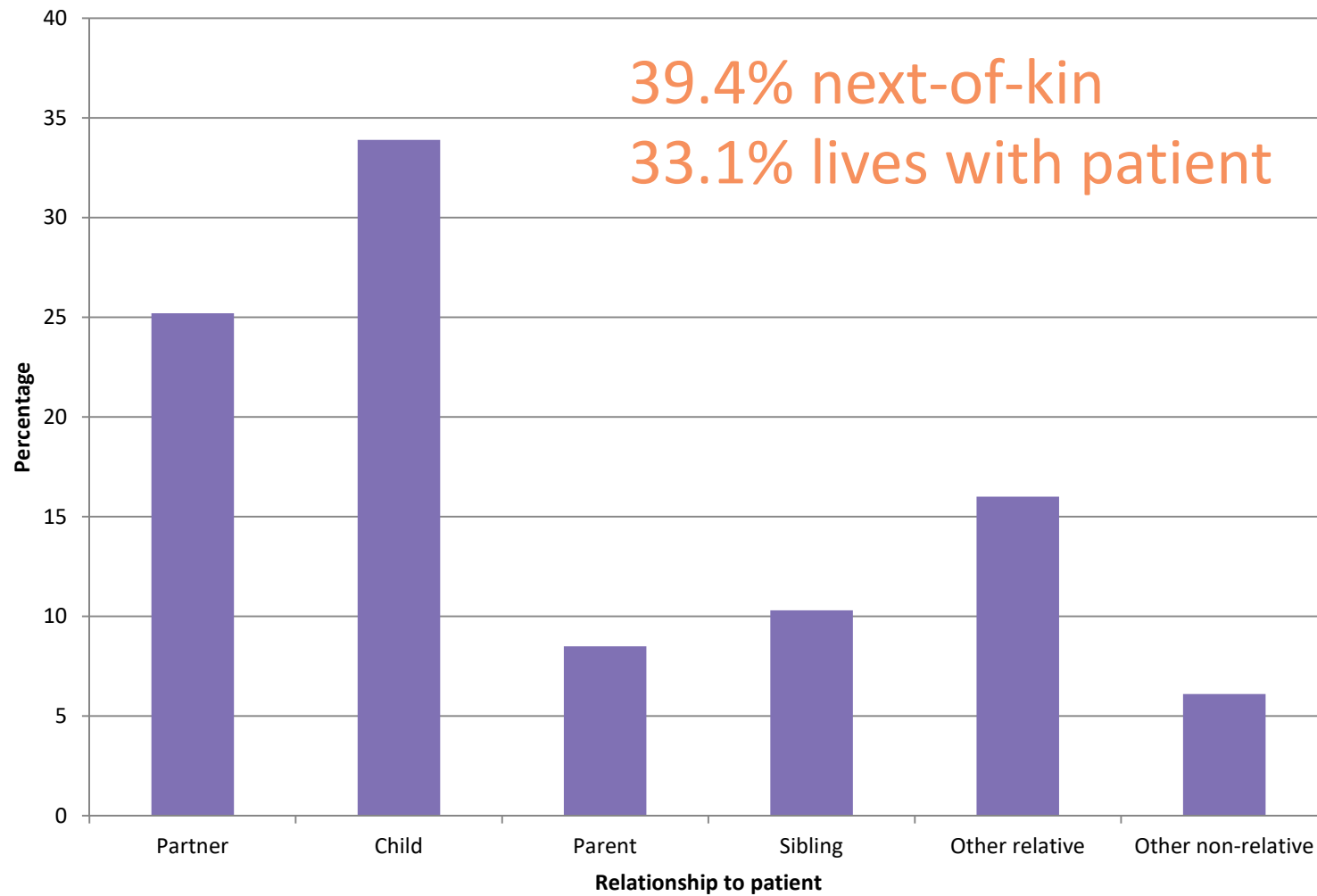
Three weeks after
patient discharge/death –
questionnaire pack sent to
family member(s)

Second questionnaire pack sent four
weeks after initial mailing,
if required

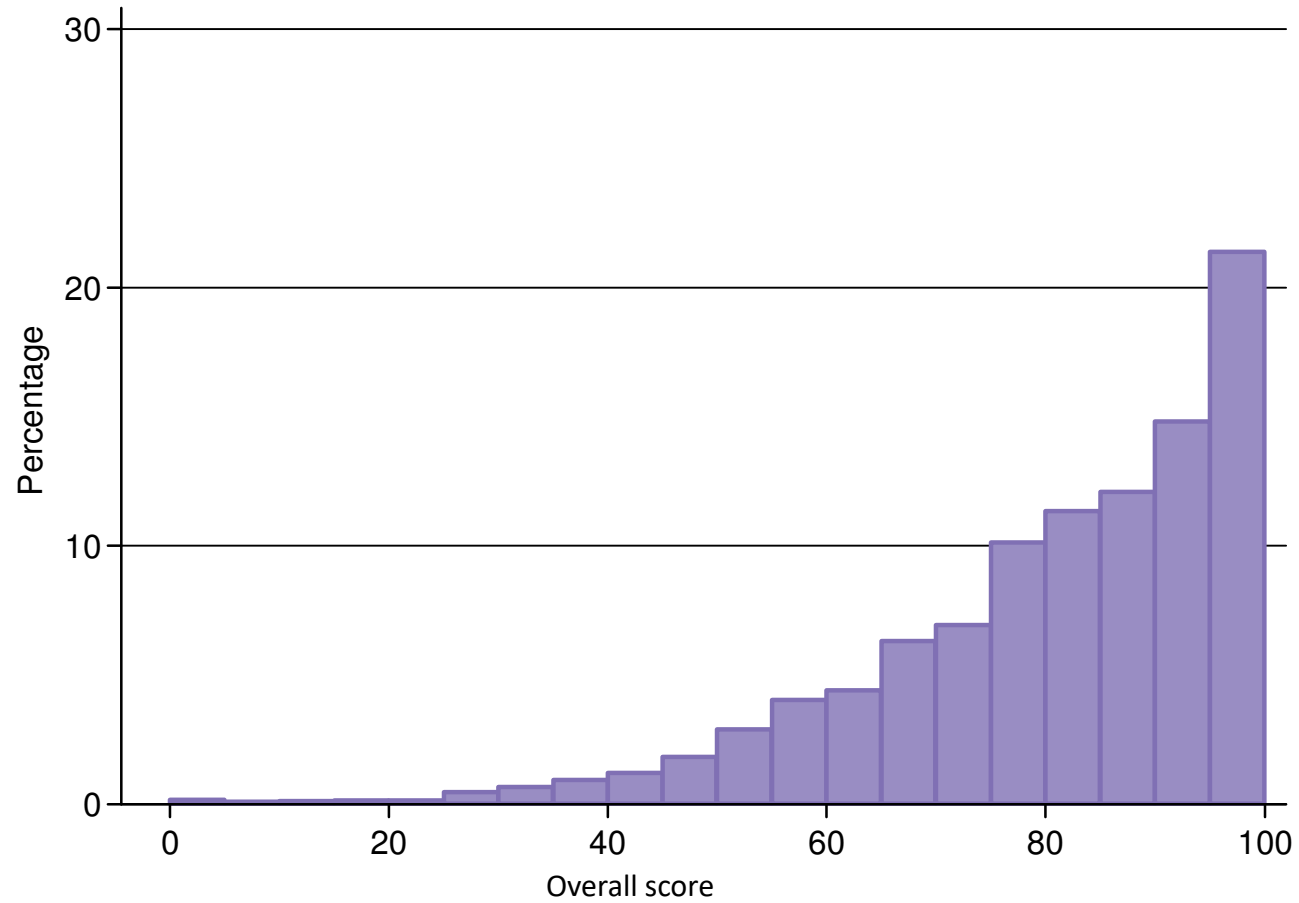
Results

- 12,346 family members of 6380 patients were recruited
- 7173 (58%) family members of 4615 patients returned a completed questionnaire
- Multiple imputation of missing item response enabled inclusion of all responders

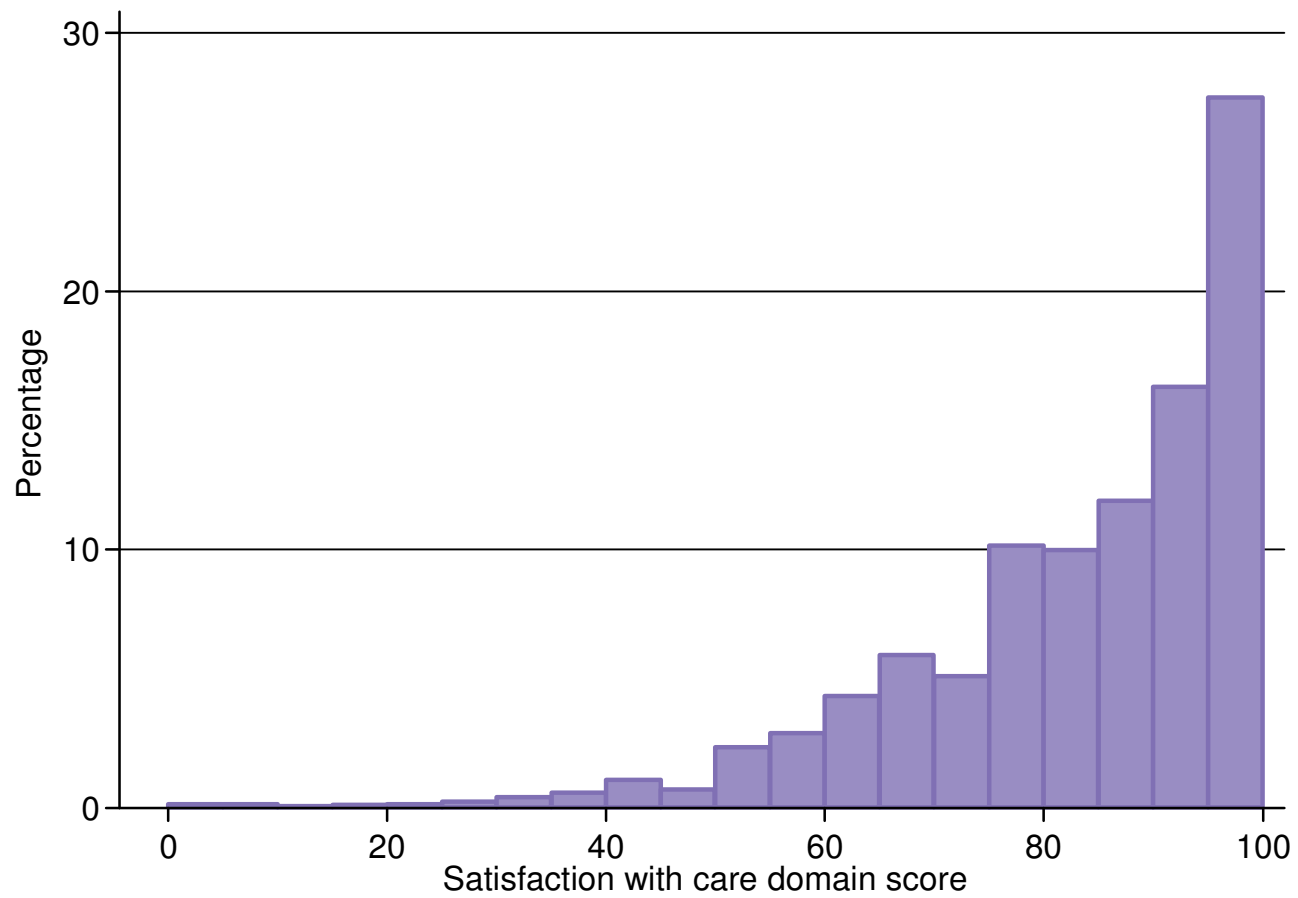
Characteristics of family members



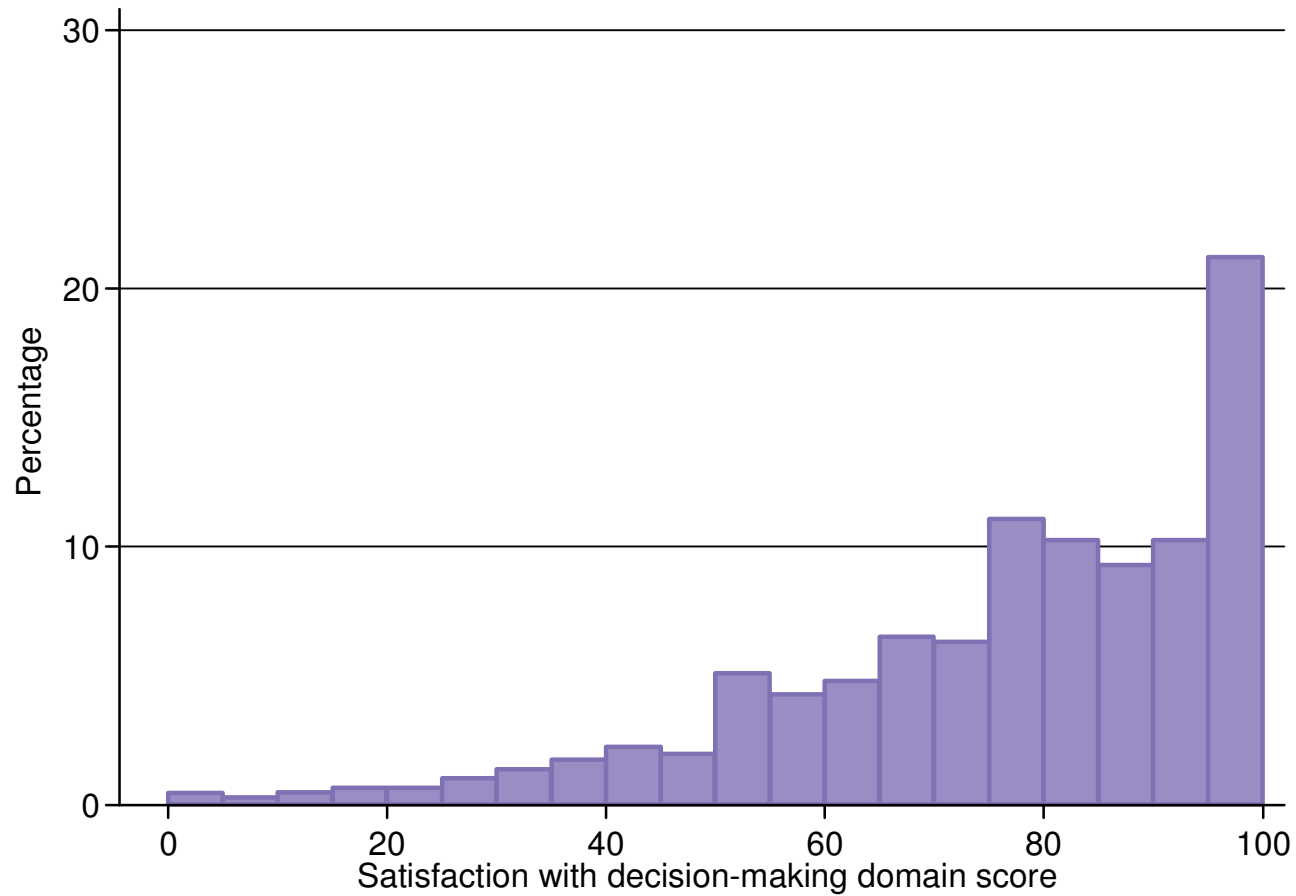
Overall satisfaction score



Satisfaction with care score



Satisfaction with decision-making score



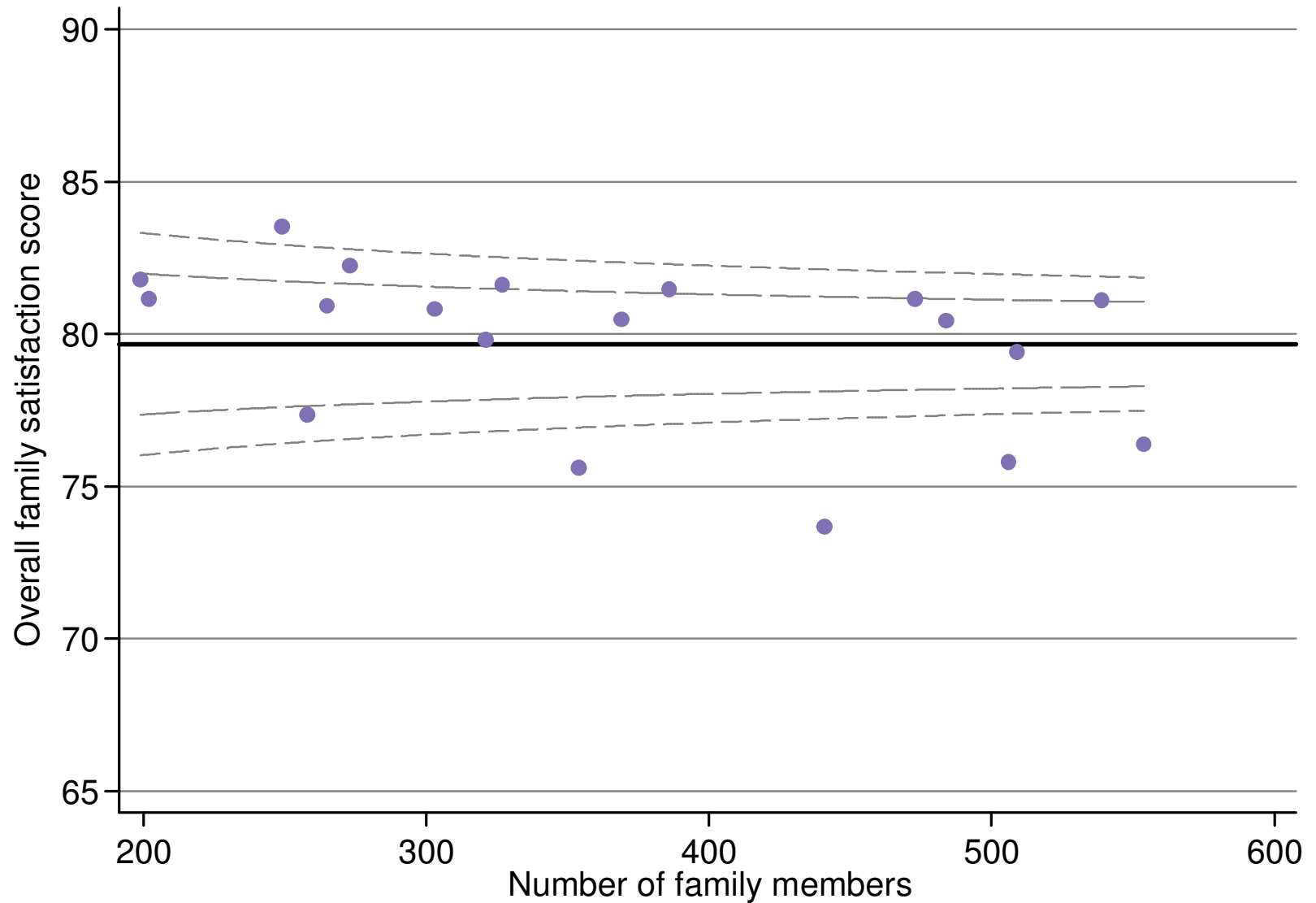
Satisfaction by patient ICU outcome

	ICU survivors	ICU non-survivors
Overall		
Mean (SD)	79.3 (16.5)	82.0 (17.5)
Median (IQR)	82.7 (69.9, 92.7)	87.1 (74.4, 94.8)
Satisfaction with care		
Mean (SD)	83.0 (15.9)	83.8 (16.9)
Median (IQR)	87.5 (73.6, 96.4)	88.1 (76.8, 96.4)
Satisfaction with decision-making		
Mean (SD)	74.3 (19.9)	79.6 (20.3)
Median (IQR)	77.5 (62.5, 90.0)	85.0 (71.8, 95.0)

Satisfaction by characteristics

- **Family members**
 - Age, ethnicity, next-of-kin (↑ satisfaction)
- **Patients**
 - Severity of illness, mechanical ventilation, age (↑ satisfaction)
 - ICU LOS if non-survivor (↓ satisfaction)

Variation across ICUs - overall score (adjusted)

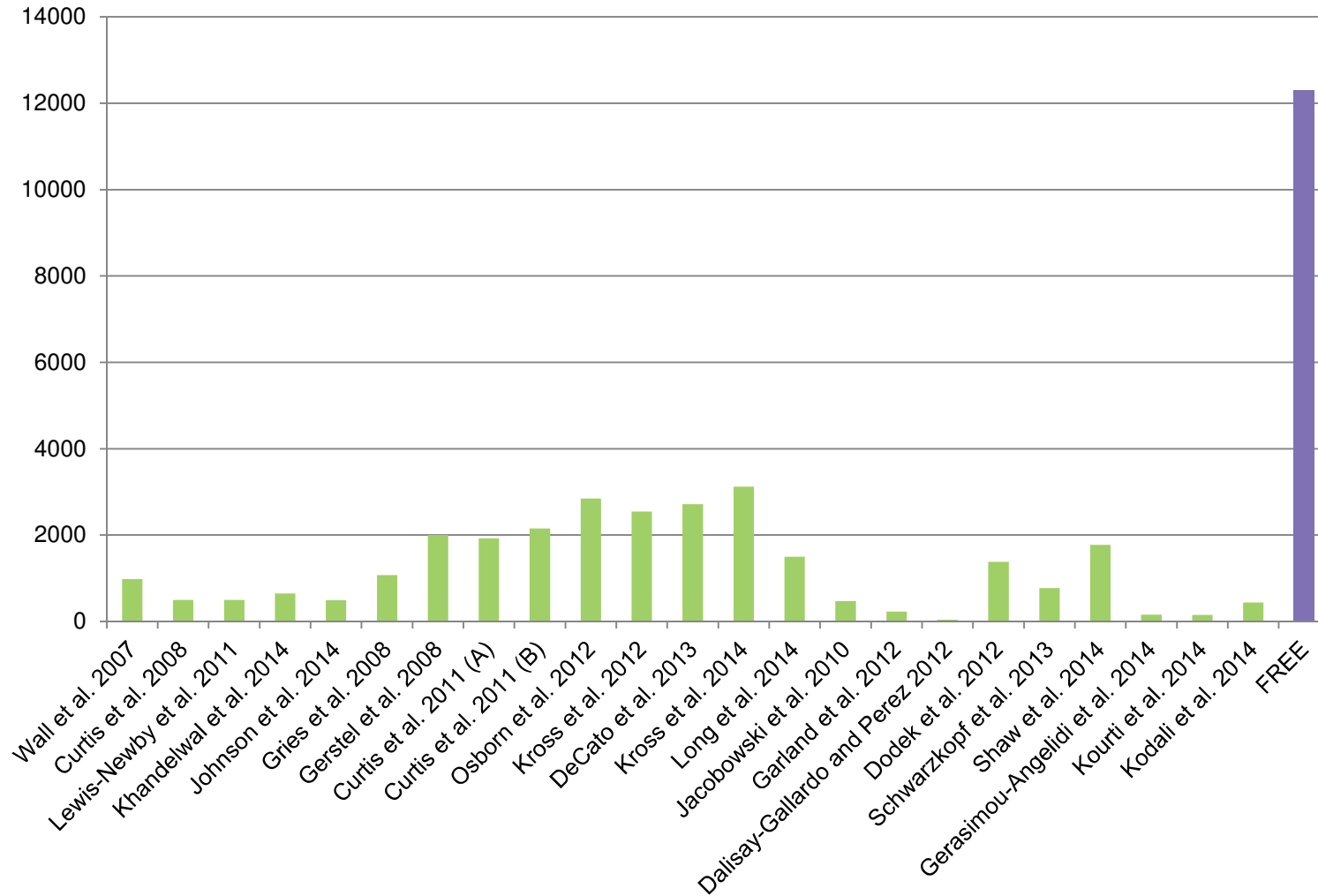


International comparison

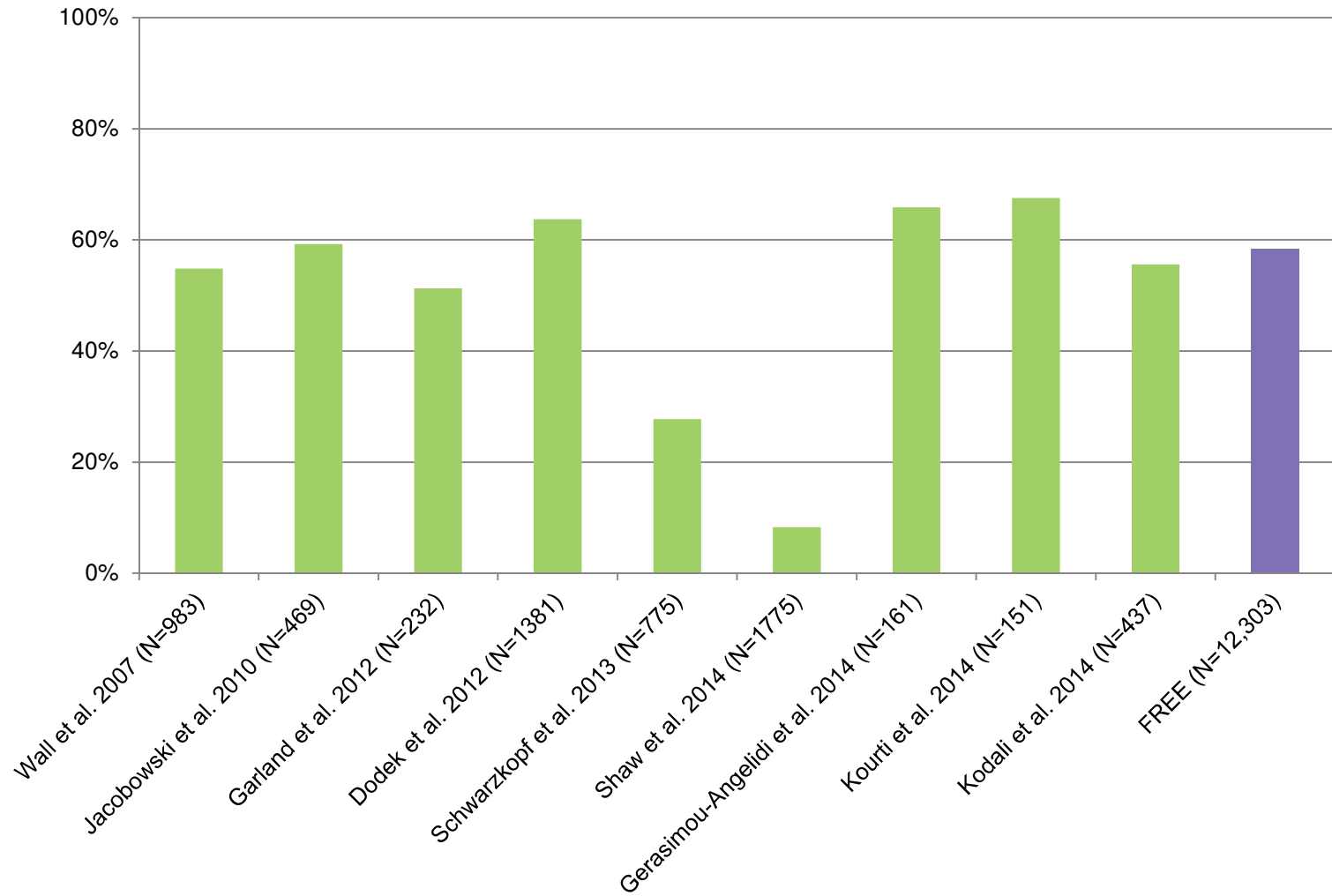
- 35 publications from 21 studies



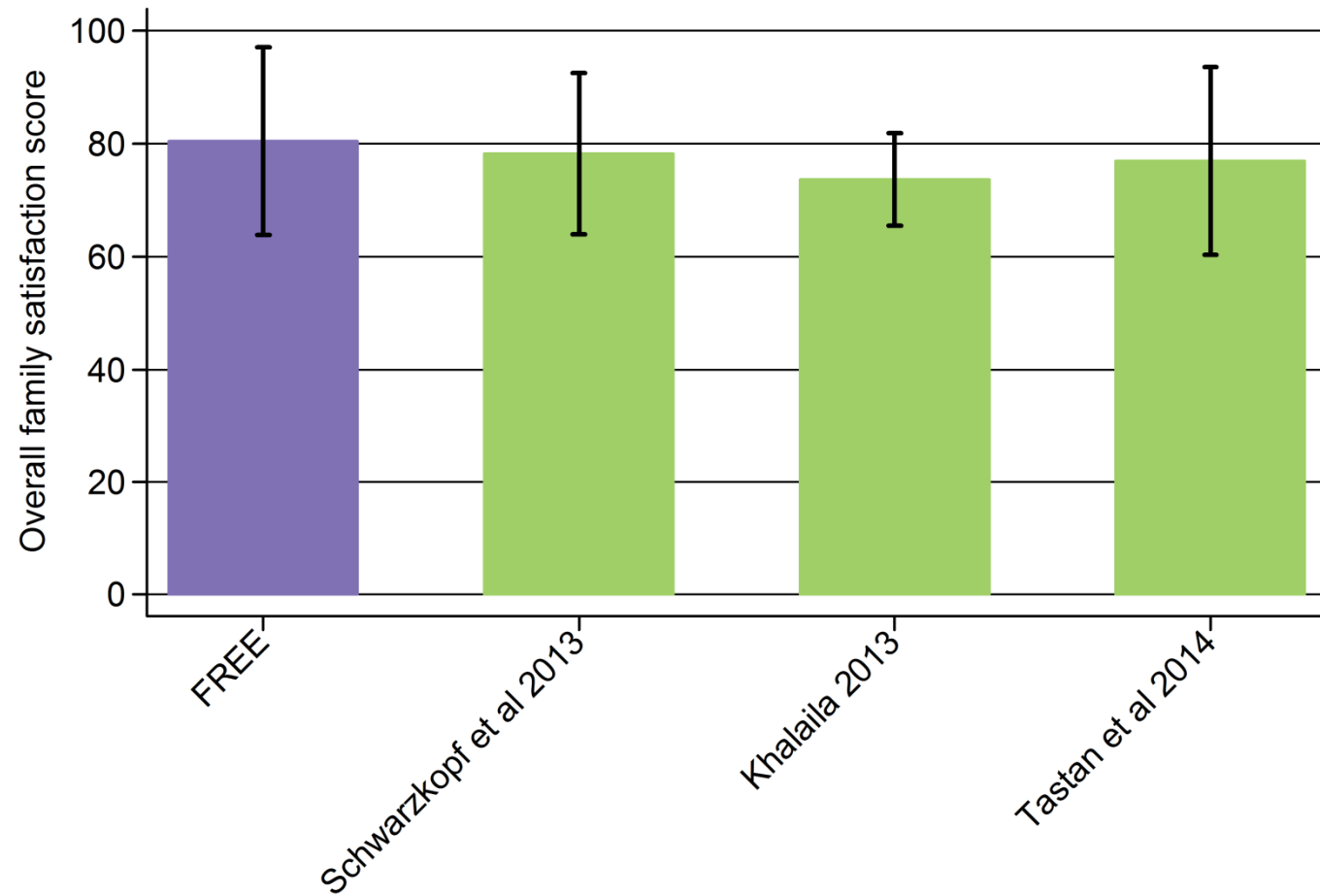
Sample sizes



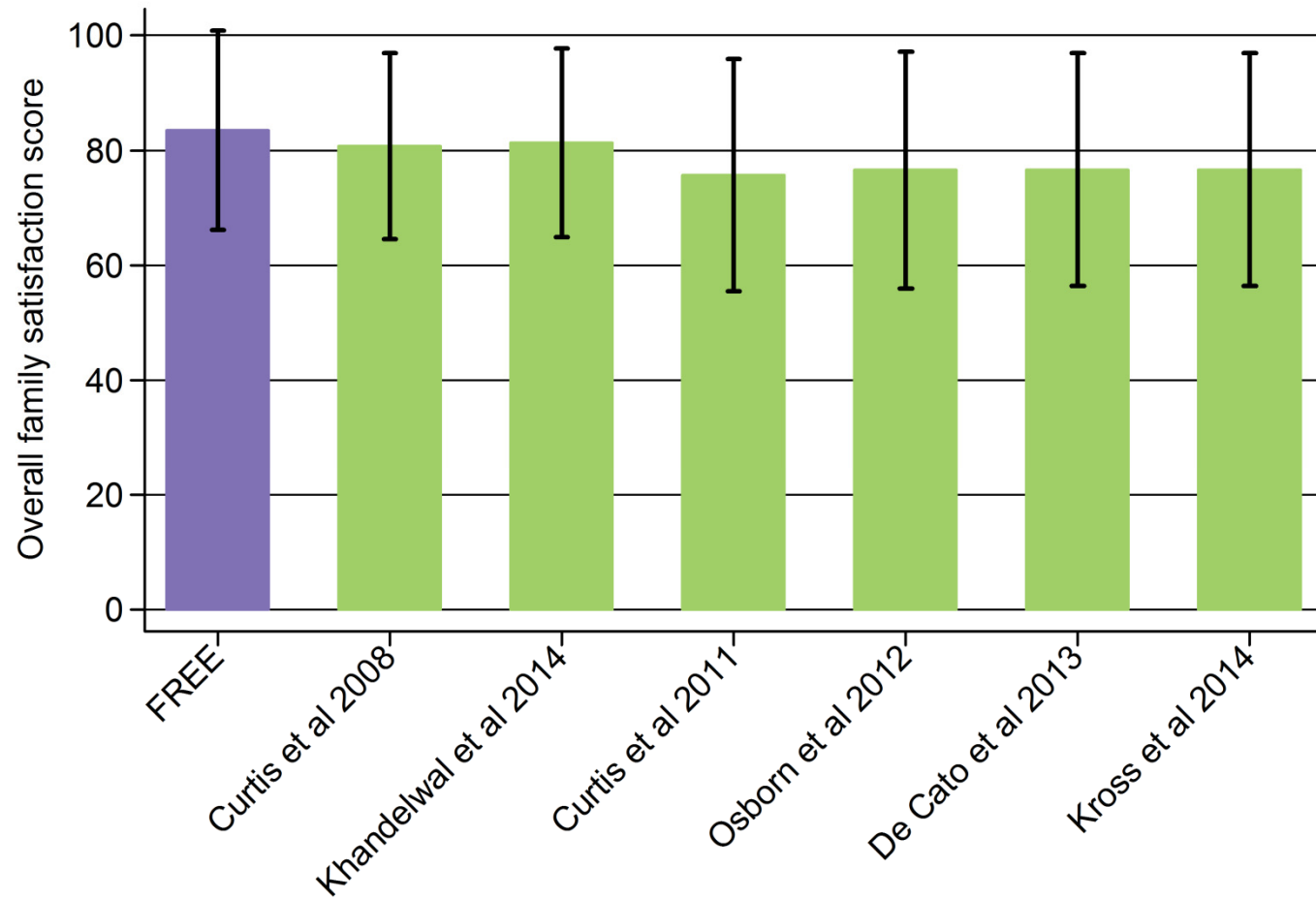
Response rate



Overall family satisfaction score



Overall family satisfaction score



Conclusions

- Overall and domain scores were high
 - mean scores ranged from 75 to 83
 - skewed distribution
- Significant variation in family satisfaction across ICUs
- Adjustment for patient and family member characteristics important
- Report sent to each of the 20 units

Thanks!

- C Smalley and R Jacob (Arrowe Park Hospital)
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Disclaimer

- The views and opinions expressed are those of the authors and do not necessarily reflect those of the Health Services and Delivery Research Programme, NIHR, NHS or the Department of Health

Freeman Hospital



Institute of Transplantation



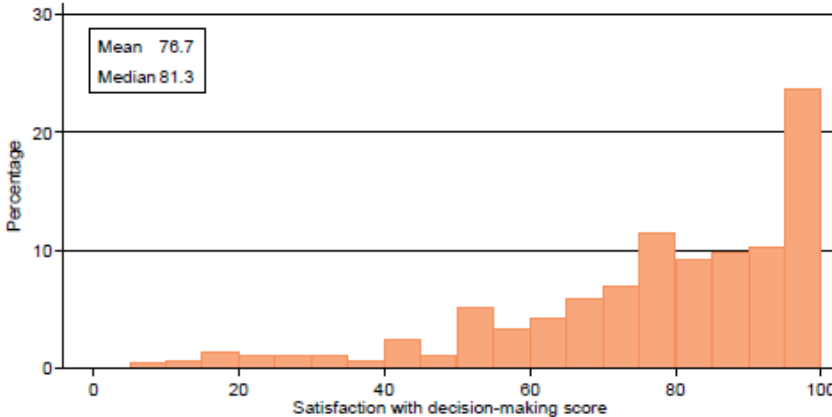
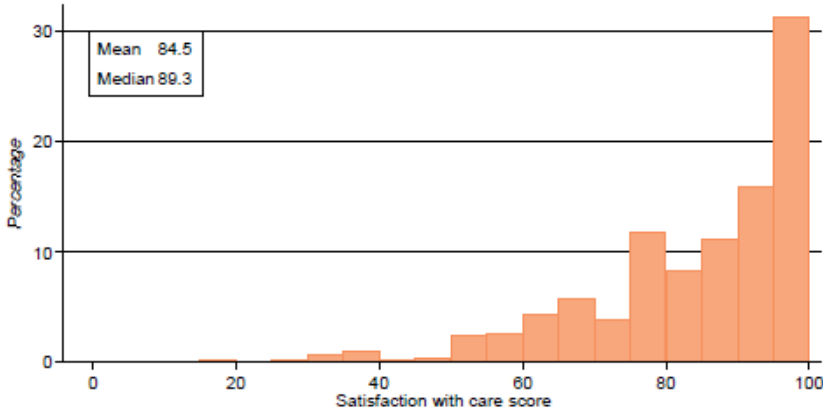
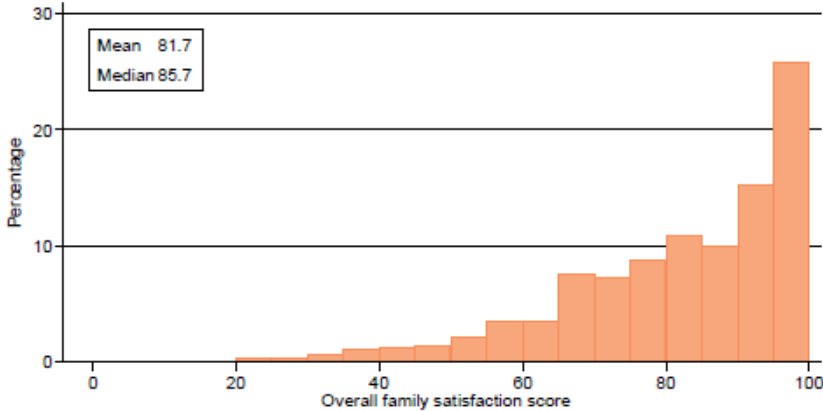
Critical Care Unit- ward 37



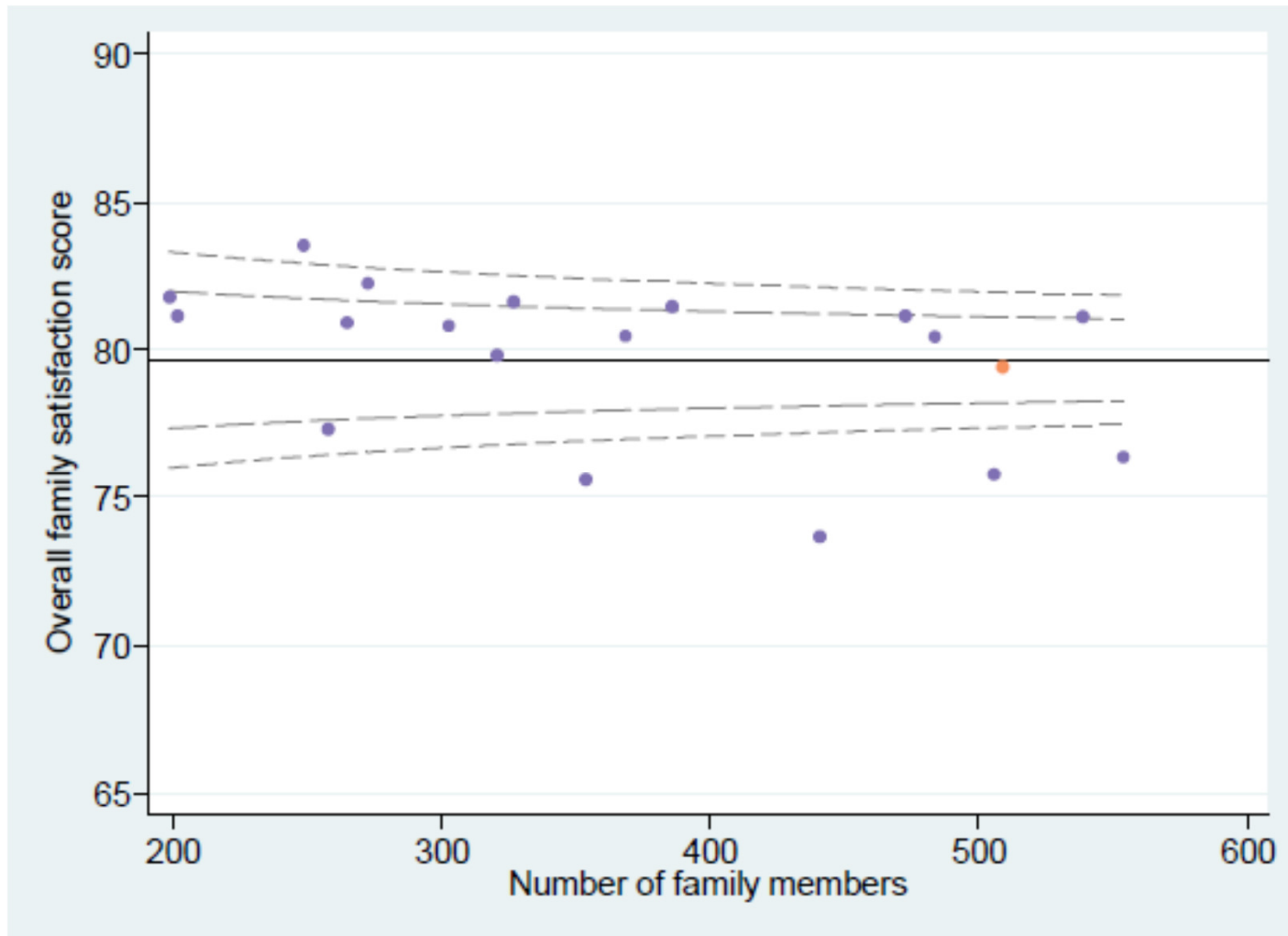
No of beds: 23
No of nurses: approx. 120
No of consultants: 12
No of admissions/year: approx. 1600



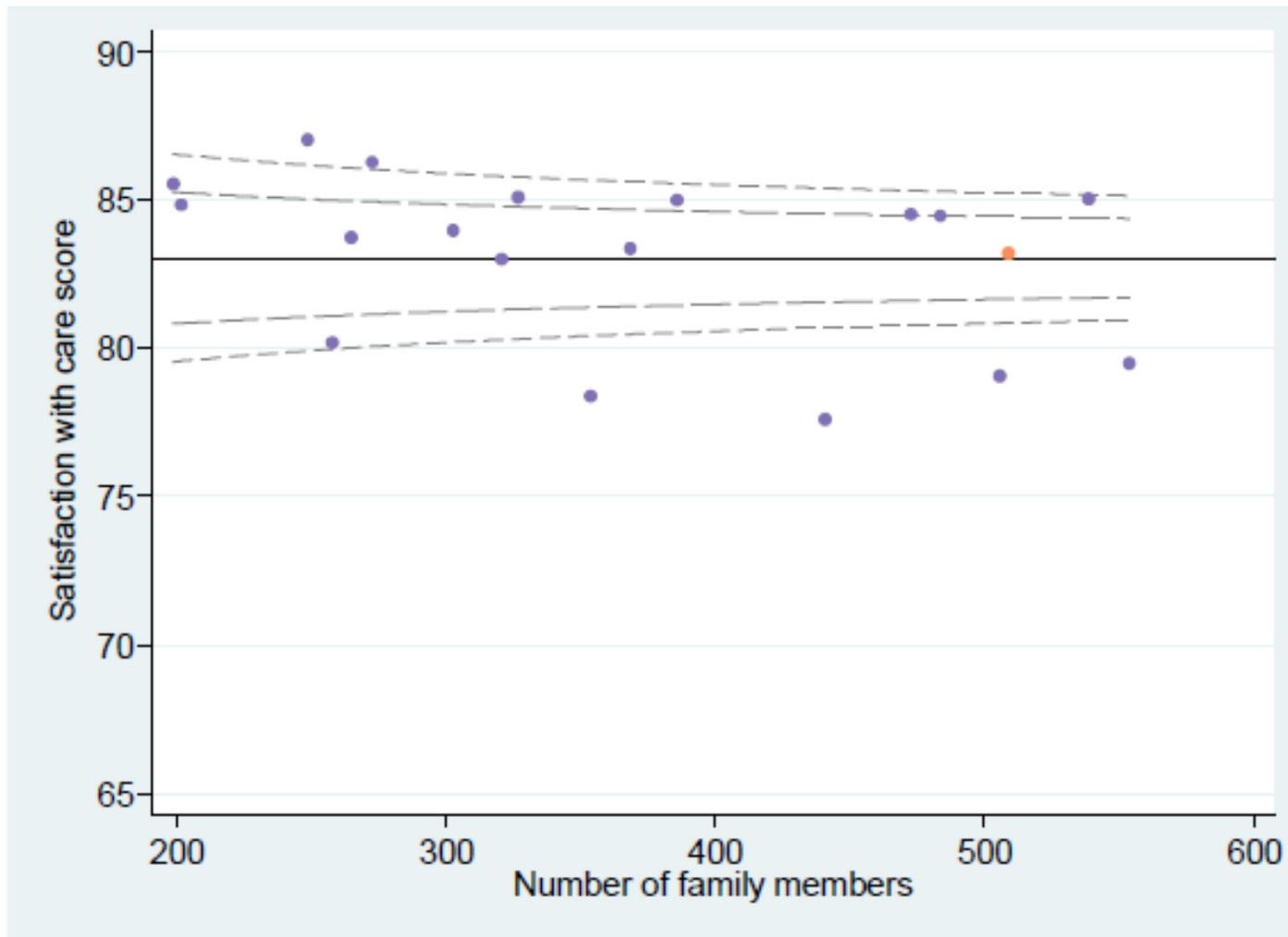
Freeman Hospital: distribution of Scores for Family Members



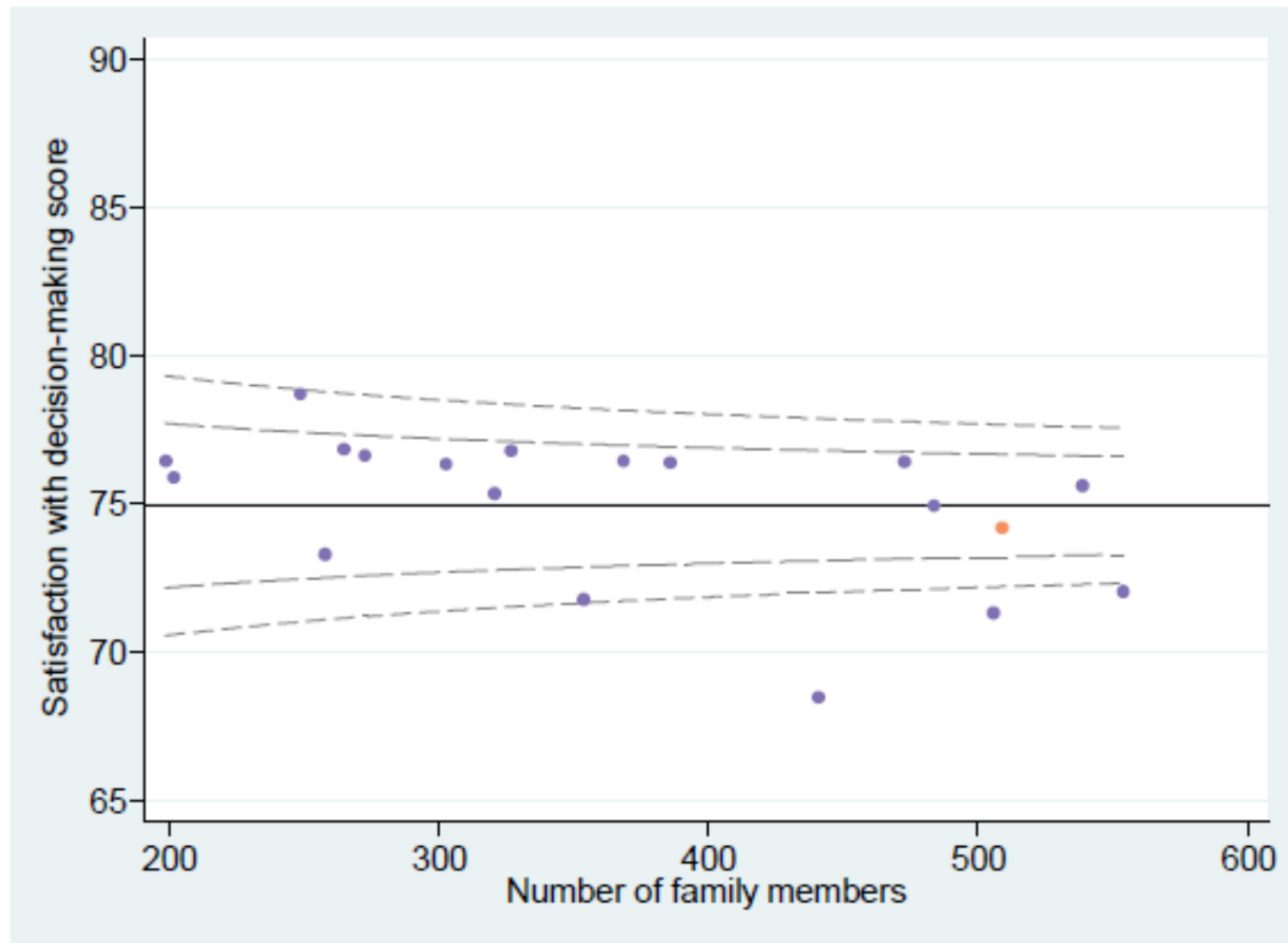
Freeman Hospital: overall family satisfaction score



Freeman Hospital: satisfaction with care score



Freeman Hospital: satisfaction with decision making score



3 free text questions

- What could we do better?
- What did we do well?
- Any comments or suggestions for the staff?

.....708 responses for our ICU

Freeman – free text comments

Staff were extremely friendly, having visited other hospitals this was a breath of fresh air. You felt staff were there to help, previous experience elsewhere you were made to feel you were being a nuisance by asking. All staff would help in any way.

You did not give up on my mother even though I was told she might not survive the infection she was suffering from. All efforts were made to make her comfortable and aid her recovery.

Doctors need to speak with relatives on a daily basis. I understand they are busy but two minutes of their time is better than nothing.

It was the only time since husband had been admitted that we had satisfactory answers about his health and treatment. The doctor came to explain everything as soon as I asked which I was very grateful for.

I witnessed a receptionist being verbally abused over visiting times and not being able to see their relative outside of 'normal' time. The receptionist dealt with the situation professionally and a complaint was made against her. She (receptionist) was only following rule.

Visiting times shouldn't be time restricted, I feel. Critical time, family should be allowed to visit whenever, for any length of time. Thank you and goodnight.

Local Action Plan- Improvements

- Communication between relatives and nursing staff
- Communication between relatives and doctors
- More compassion
- More flexibility in visiting times
- Provision of some overnight accommodation
- Reduction of noise
- Continuity of care

Relatives felt that there was a lack of interaction between themselves and some nursing staff

#hello
my name is...

Use 'Hello My Name Is....' Campaign

- ensuring bedside white boards are kept up to date with nurse and consultant
- small laminated cards on bedside tables to act as prompts
- staff name badges



Poster in relatives room on which staff wear which uniform



Communication teaching sessions

- lead by a band 5 nurse with an interest in improving communication/empathy

“Time to
Talk”

'Time to Talk' sessions introduced

- encourages nurses to spend 5-10 mins introducing themselves to relatives
- giving a brief update and asking if they would like to ask any questions

Relatives highlighted the need for regular updates with the ICU doctors. The need for communication with the patients Home Team, particularly post-surgery



Reinforce the current unit practice of brief bedside updates.
Reminder to all doctors available to update family members and to offer this to families as appropriate.
ICU registrars to play a bigger role in providing these updates.



Where necessary contact Home Teams to meet with relatives, in particular for immediate post op patients.

Our current visiting times were seen as being restrictive, old fashioned and aimed at benefiting staff rather than the patient



A trial of new visiting times

- Moved from strict 2-8pm
- To 9am-9pm + time allowed outside this at discretion of nurse in charge
- Staff surveyed – positively evaluated



The phrasing of visiting hours changed to “recommended visiting hours” leaving option of extending visiting more open



Are critical care services caring?

Outstanding

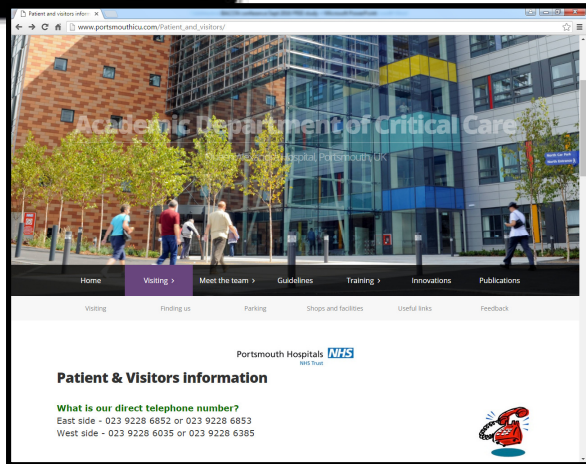
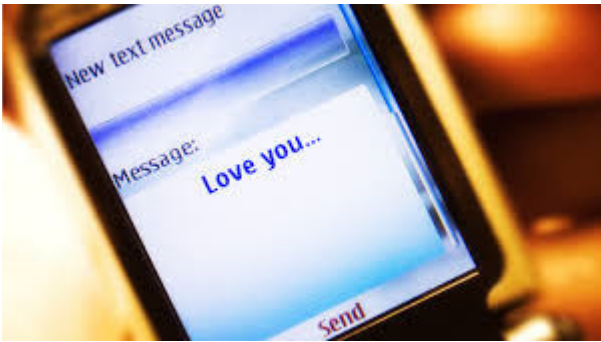


- The team had implemented ICNARC national Family Reported Experiences Evaluation (FREE) study to capture the experiences of patient's families. 873 family members of 475 patients in ward 37 were surveyed in 2014 and highlighted awareness of family feedback across all units. The survey detailed predominantly positive responses with suggestions for improvement, which had been shared with staff across all units.

It has highlighted awareness of family feedback across all units and plans to roll out were in place. Staff had implemented a change in visiting hours for relatives who work shifts as an early response to results and further work was planned.

- We had opportunity to see data results from the FREE survey and reviewed in excess of 250 comments made by families around satisfaction with care, symptom control, communication and consideration of family members, environment and decision making. The survey detailed predominantly positive and less negative responses with suggestions for improvement, which had been shared with staff across all units.

How technology may offer new approaches in the future



Thank you!

