Improving ICU relatives' satisfaction with access & engagement in care

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Moral Courage: Meeting the Challenges of a Contemporary Healthcare System

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caring supporting improving together

safety & quality

respect & dignity openness & trust leading edge learning & development accountability

Background

- ***Service user feedback***, specifically, one mother's powerful account of constraint in advocating and caring for her daughter due to restrictive visiting practices and limited involvement inspired our QI initiative.
- Contemporary movements, including ***'Humanising the ICU'*** and research highlighted the importance of partnerships and family-centred care for patient and family well-being and minimisation of ***'psychological'*** **and** ***'moral distress'*** (St Ledger *et al*. 2013) and delirium (Giannini, 2017).
- ICU patients and their relatives also have the ***'human right'*** to family life (Human Rights Act, 1998).

Background

- Learning from feedback is a quality marker for organisations.
- *Moral courage* was required to change a culture based on long-standing strongly held assumptions, values and beliefs.

Purpose

This quality improvement (QI) project aimed to:

- (1) Ascertain ‘what mattered most’ to relatives of ICU patients
- (2) Identify staff’s alignment with relatives’ priorities
- (3) Identify cultural enablers and barriers to improvements
- (4) Implement person-centred improvements to visiting arrangements
- (5) Enhance the ICU experience for all

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Methods

- **Quality improvement methodology**
- **Setting** - Intensive Care Unit, BCH
- **Participants** – patients, relatives and members of the MDT
- **Methods** – focus groups, workshops and survey questionnaires
- **Data –** content and thematically analysed and satisfaction ratings
- **Belfast Trust's** - Safety Quality QI training programme (2017-2018)

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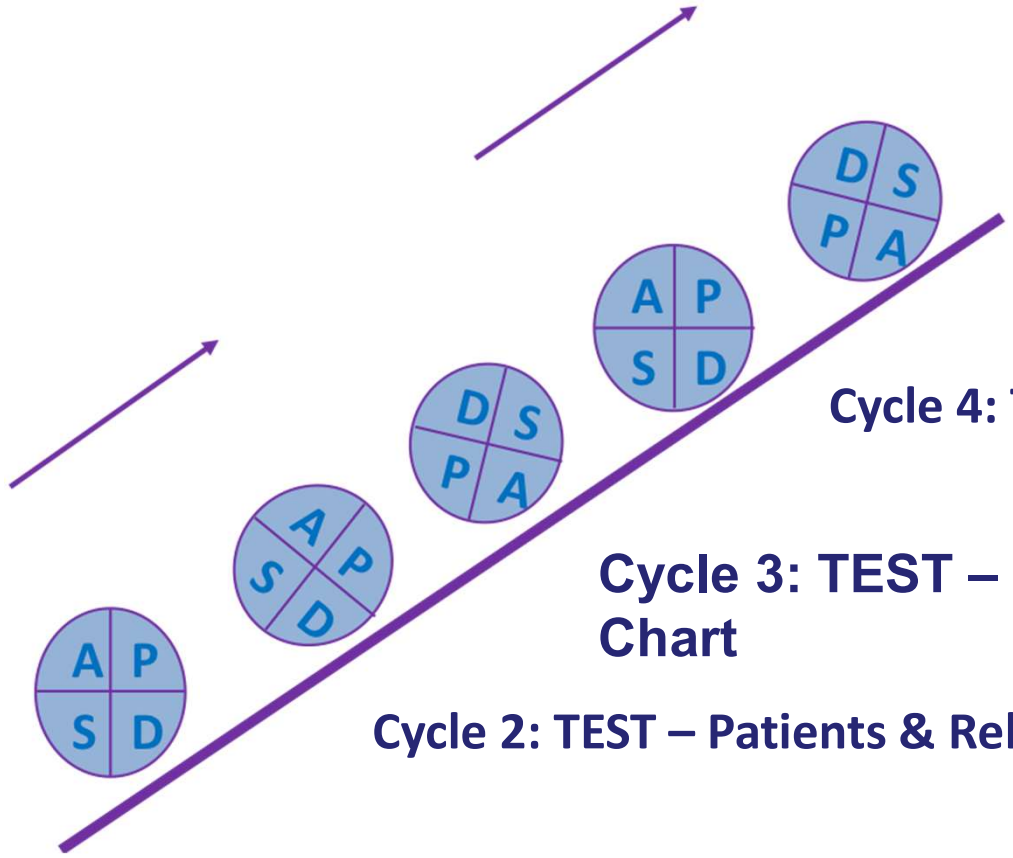
What did we do?

Ramp 1 Aim: Identify what matters



Cycle 5: IMPLEMENT

Cycle 4: TEST – Compare Pareto Charts

Cycle 3: TEST – Patients & Relatives Pareto Chart

Cycle 2: TEST – Patients & Relatives Focus Group

Cycle 1: TEST – Workshop with Staff – Pareto Chart

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Identifying what matters

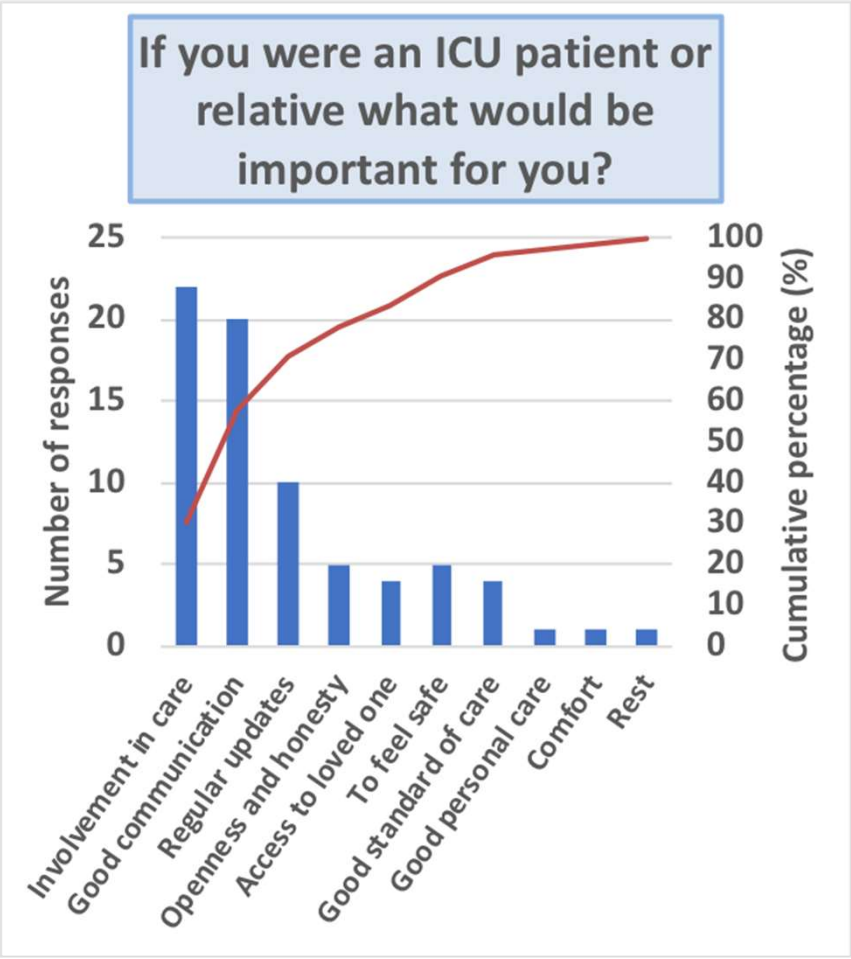
Staff Workshop

- MDT participants **(n=23)**
- What would matter to you, if you or a family member were in ICU?

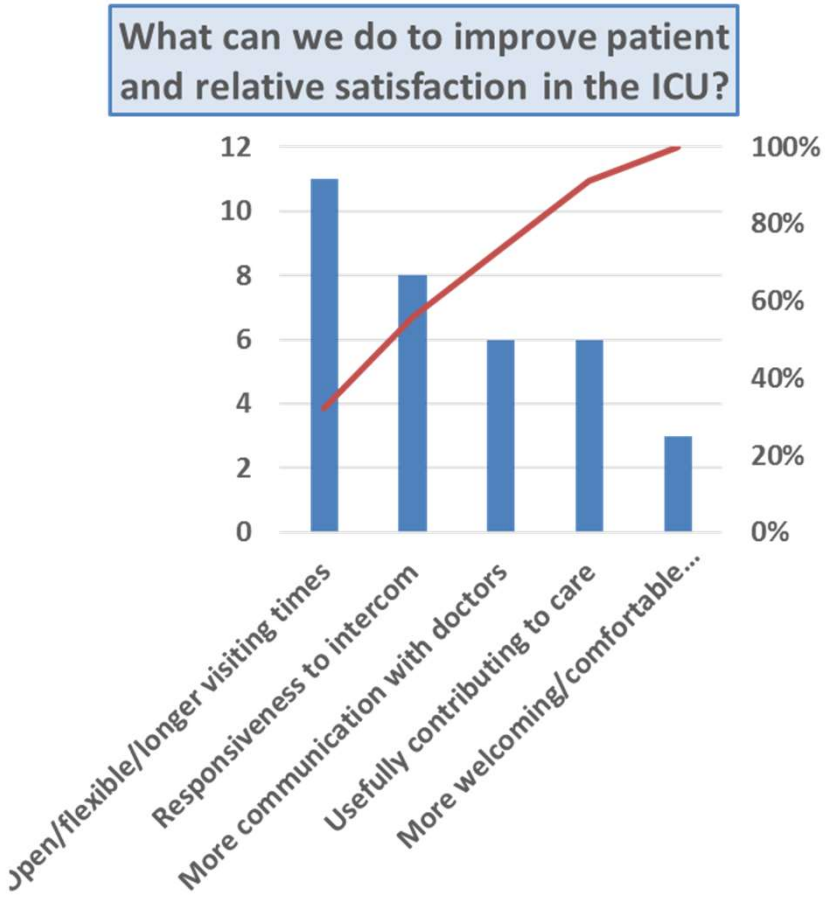
Service User Focus Group

- Patients and family **(n=8)**
- The good and the not so good experiences
- Powerful impact ……
- What can we do to improve?

Staff – Pareto Chart



Relatives – Pareto Chart



The joy of working together

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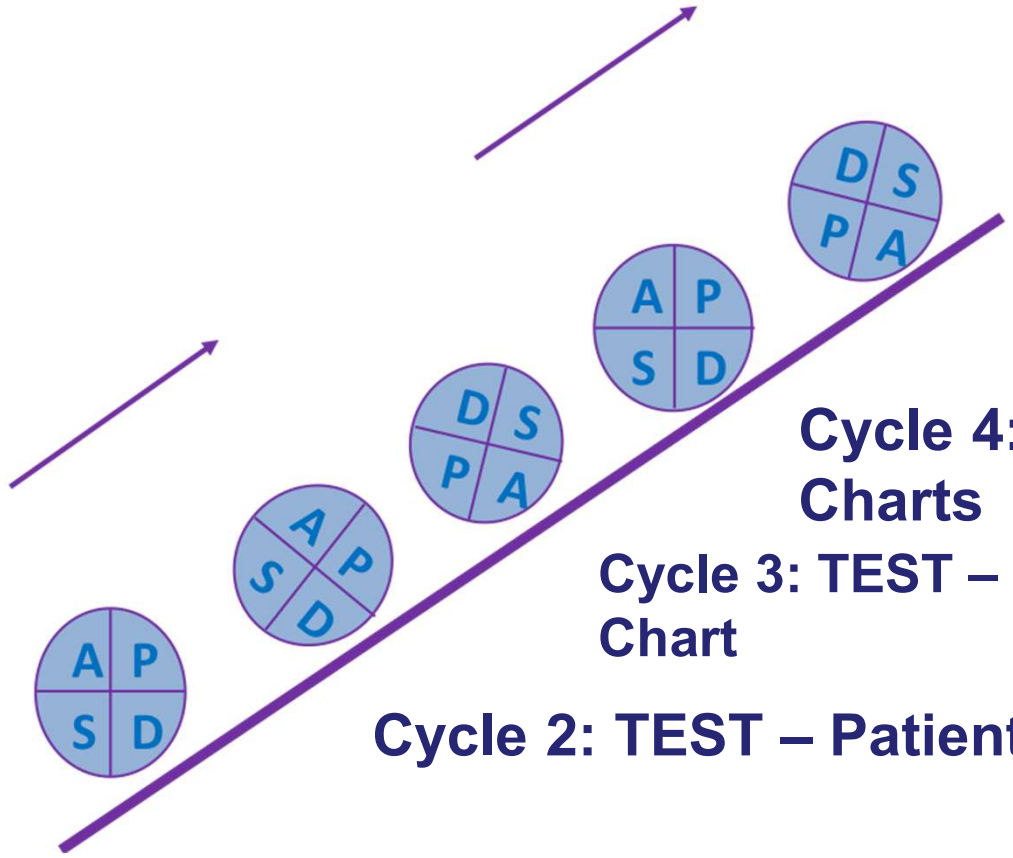
Ramp 1 Aim: Identify what matters



Cycle 5: IMPLEMENT (the data informed our driver diagram ideas for change, enablers & barriers)

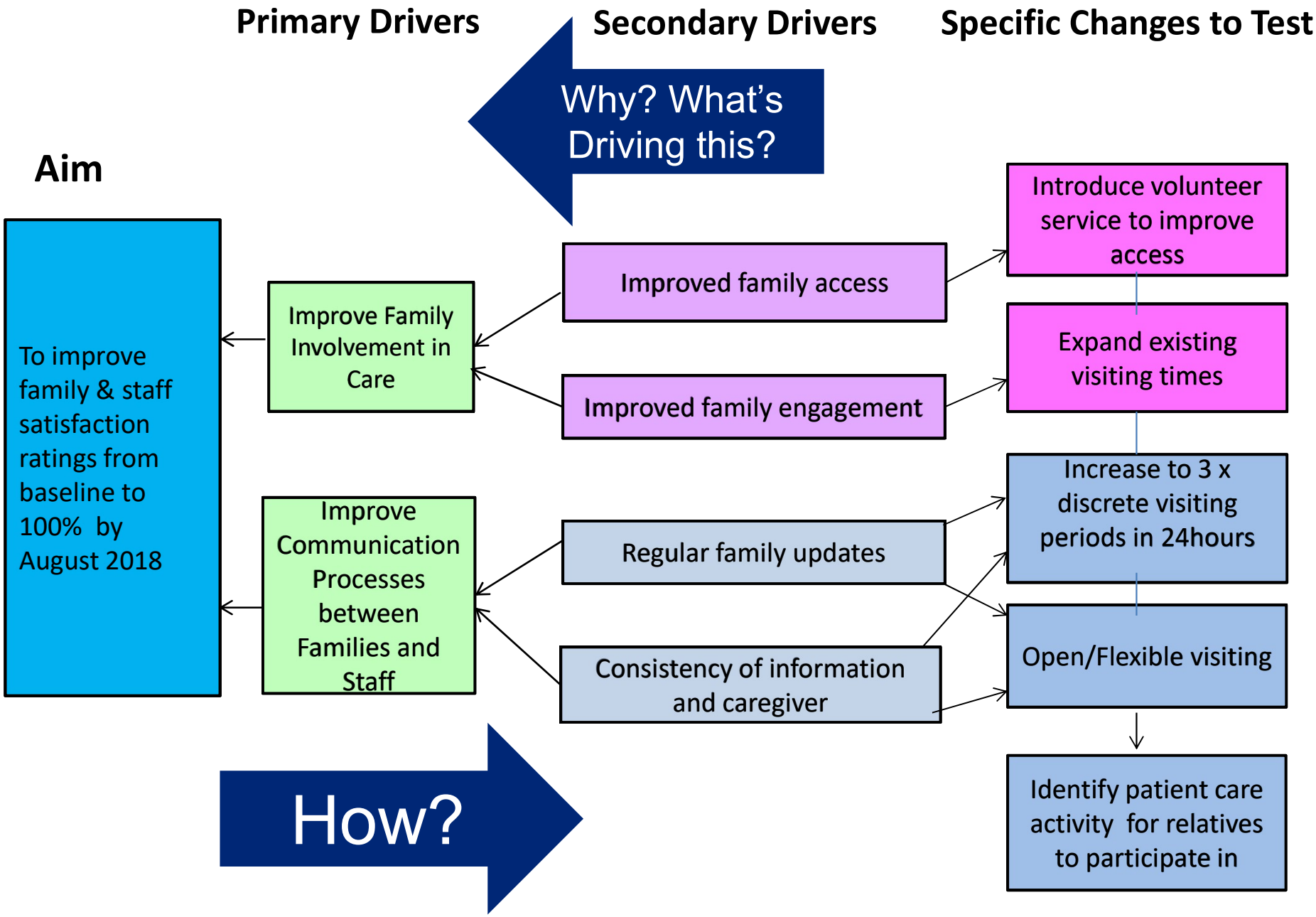
Cycle 4: TEST – Compare Pareto Charts

Cycle 3: TEST – Patients & Relatives Pareto Chart

Cycle 2: TEST – Patients & Relatives Focus Group

Cycle 1: TEST – Workshop with staff – Pareto Chart

Driver Diagram



Changes tested……

1. Visiting Times Extended x 60%
   Old times = *1*500-1600 & 1830-2000
   New time 1400-2000

2. Introduction of Volunteer Service
   (*to improve intercom response/unit entry times)*

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Measures to evaluate improvements

- **Outcome Measures** – improved survey satisfaction ratings, reduced complaints
- **Process Measures** – access/waiting times, time of visiting, length of visit, interruptions to visit, interactions with staff
- **Balancing Measures** – views of staff, unintended consequences - privacy levels, noise levels

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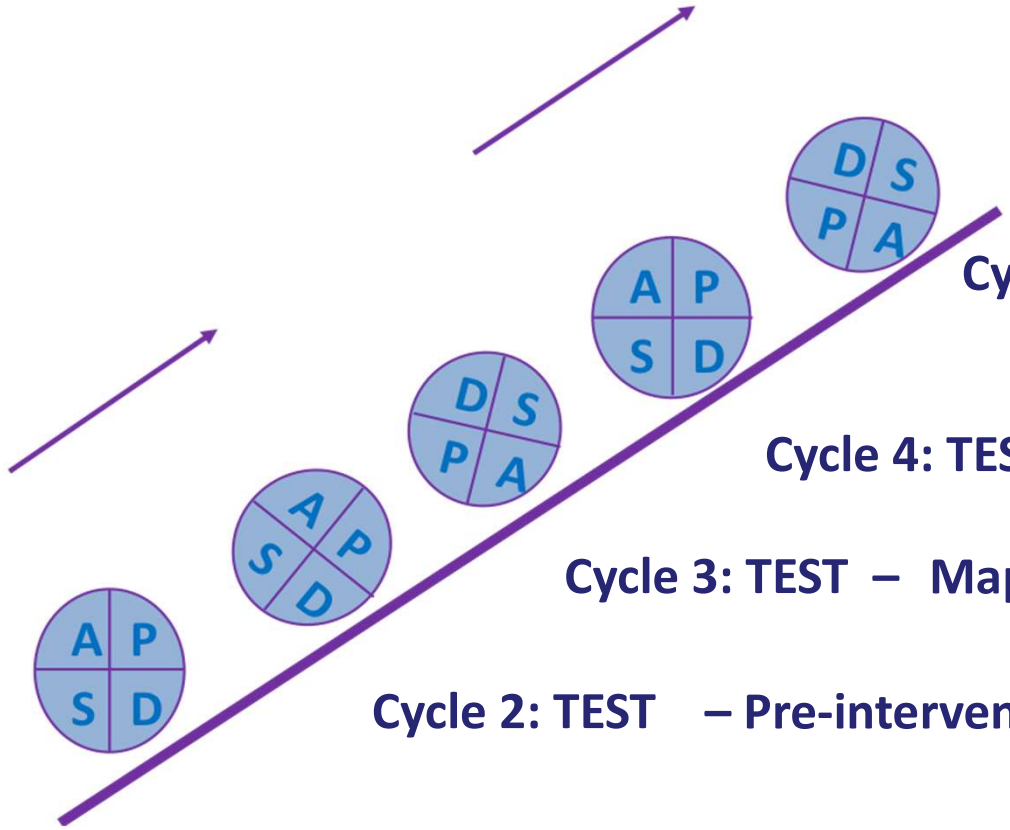
Project Progress……

PDSA Ramp 2 Aim: Identify/Test Change: Extension of Visiting Times



Cycle 6: Agreement to implement change

Cycle 5: TEST - Post-intervention staff questionnaire

Cycle 4: TEST - Trial of extended visiting times

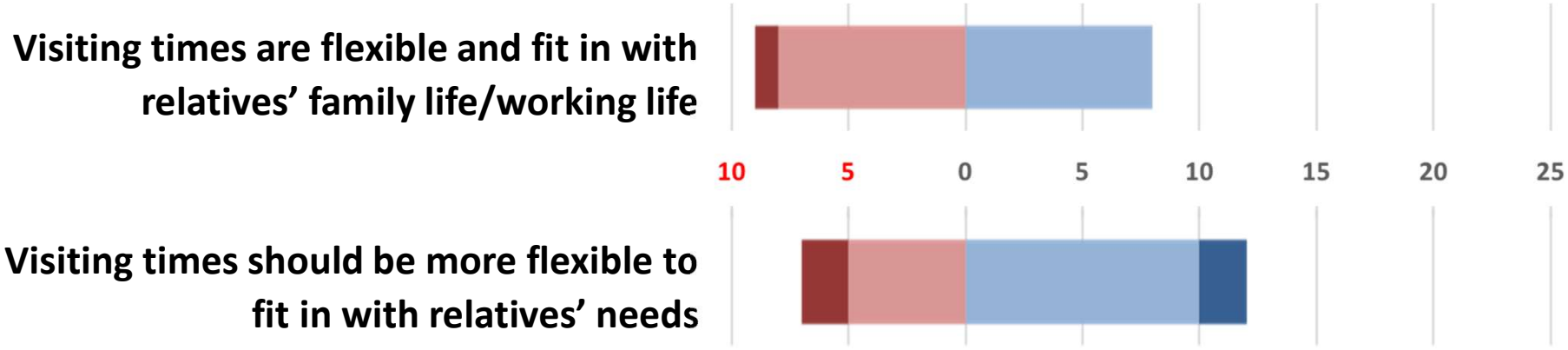
Cycle 3: TEST – Mapped out shift activity

Cycle 2: TEST – Pre-intervention relatives' questionnaire

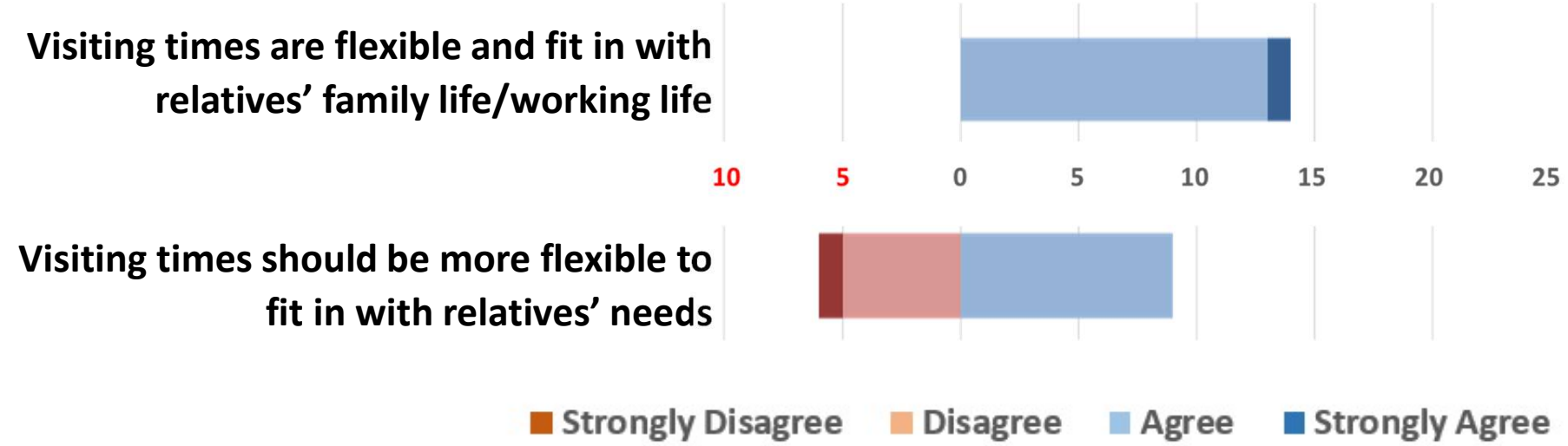
Cycle 1: TEST – Pre-intervention staff questionnaire

Staff Survey (around 50% improvement)

Pre-intervention (n=25)



Post-intervention (n=18)

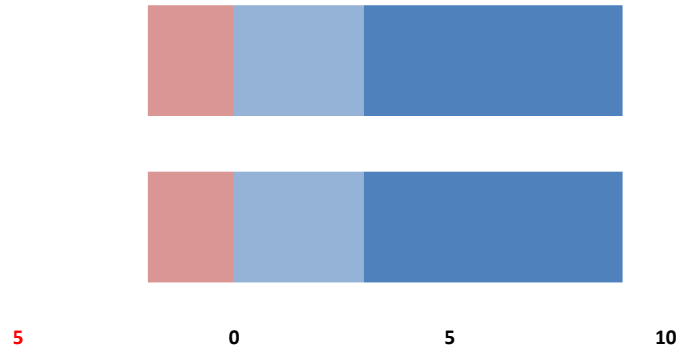


Relatives' Survey (around 50% improvement

Pre-intervention (n=23)

Visiting times were of sufficient length

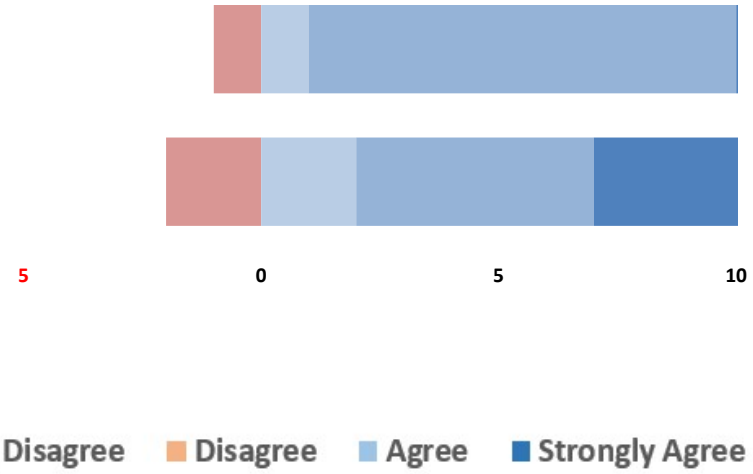
Visiting times suit family and work life



Post-intervention (n=16)

Visiting times were of sufficient length

Visiting times suit family and work life



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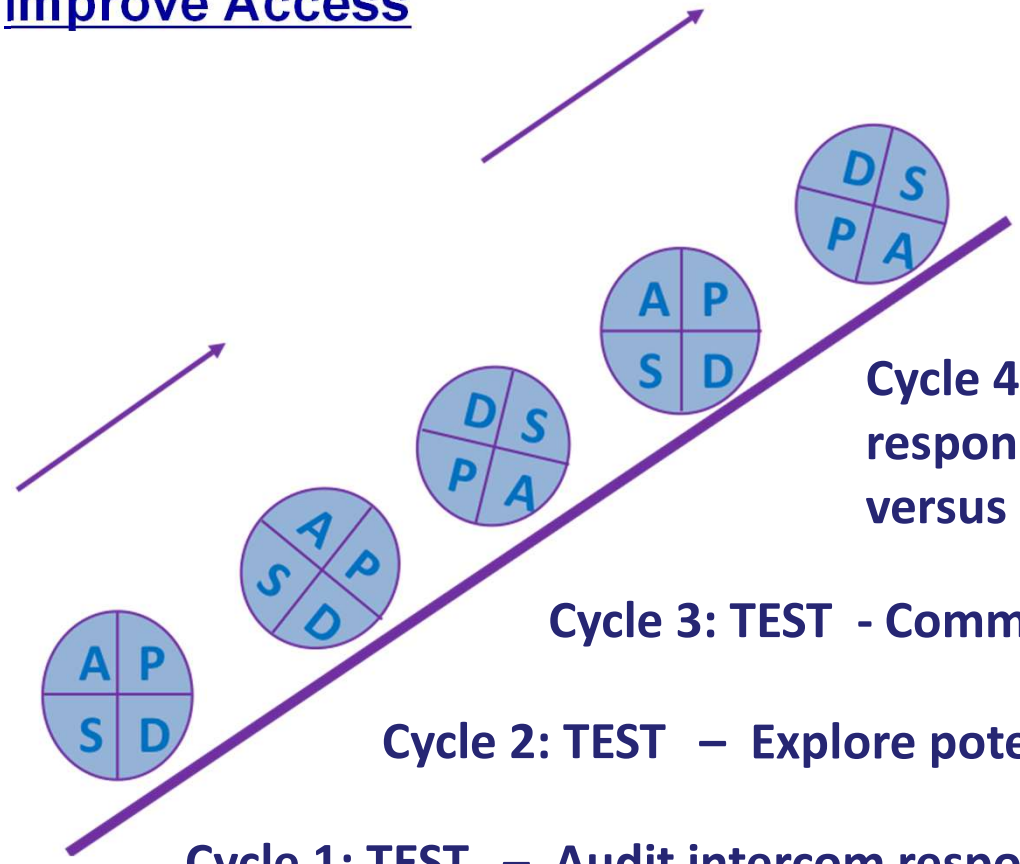
Ramp 3 Aim: Identify/Test Change: Trial of Volunteer Service to improve Access



Cycle 5: IMPLEMENT SERVICE

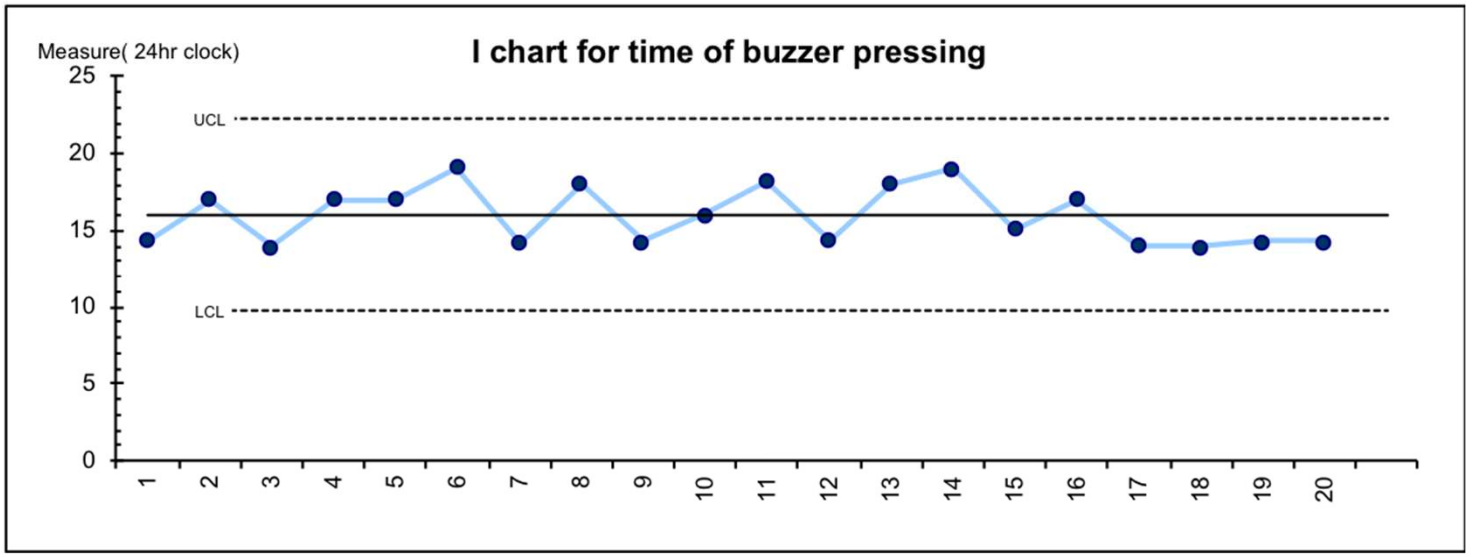
Cycle 4: Test - Compare response/admission times - volunteer versus non-volunteer days

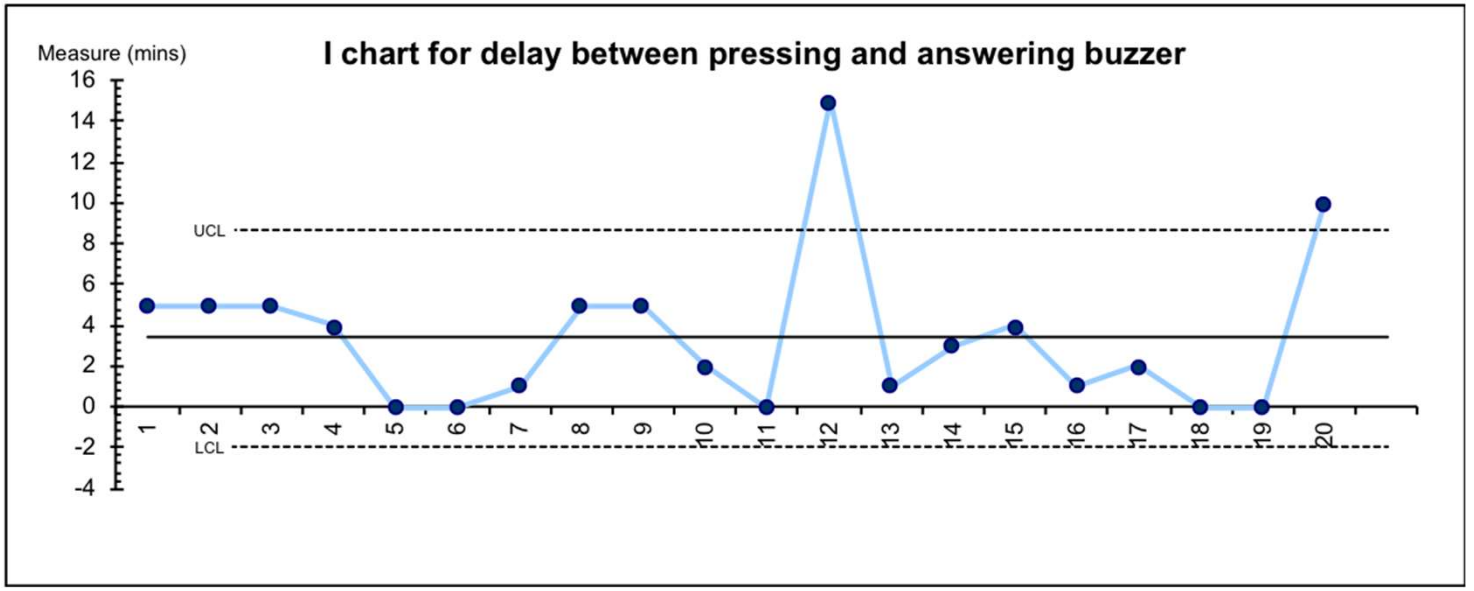
Cycle 3: TEST - Commence service

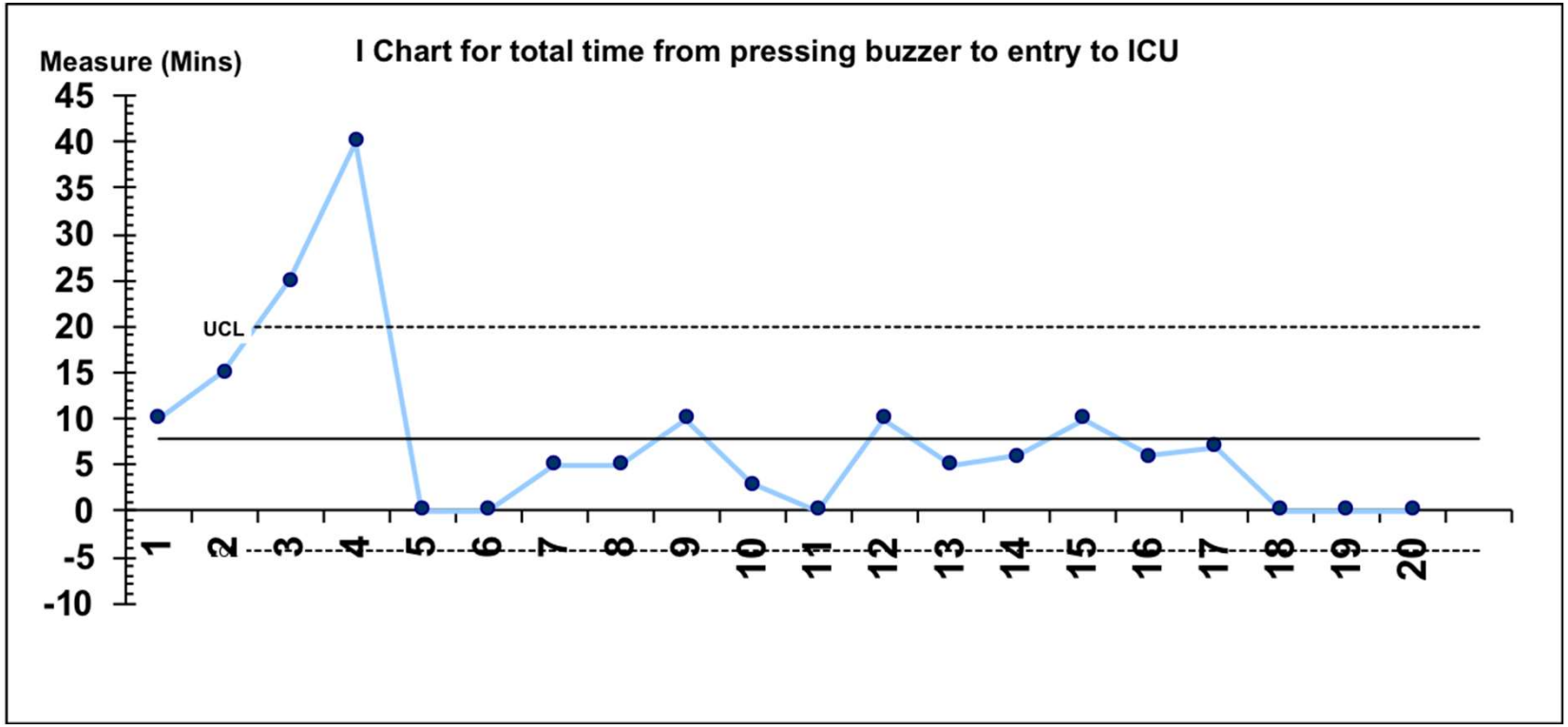
Cycle 2: TEST – Explore potential of Volunteer service

Cycle 1: TEST – Audit intercom response/unit admission times

Intercom Response & Access to Unit Times






I Chart for total time from pressing buzzer to entry to ICU
Measure (Mins)
45
40
35
30
25
20
15
10
5
0
-5
-10
UCL
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

Challenges and Catalysts

- **Managing timely response to intercom/entrance requests**
  - *"No receptionist from 1pm and weekends"* *(Staff)*
  - *"Difficult to answer door when delivering patient care"* *(Staff)*
- **Managing concerns regarding extended visiting times**
  - *"Patient privacy" "Repeating updates" "Unfair on patients"* *(Staff)*
- **Competing pressures/commitments**
- **Getting to grips with QI methodology**
  - *SQB Mentor & SQB Team support*

- **Positive responses**
  - *"We like what you are doing with the visiting"* *(Relative)*
  - *"More opportunities to visit"* *(Relative)*
  - *"Beneficial for patients and families to spend time together"* *(Staff)*
  - *"Still adequate time to care for patients"* *(Staff)*

Going from this….

'I didn't know what to do with myself when waiting for the next visiting time and would go and sleep in my car.' (Relative)

' They [family] were always leaving me and telling me goodbye.....I was angry with them for leaving me.' (Patient)

'Visiting hours were rigid. Sometimes there was no one to answer the door...and if we had to wait out for procedures we lost time with them.' (Relative)

To This…… spurred us on

'Being able to spend as much time with him and knowing he is progressing is so important to us' (Relative)

'An opportunity for informal bedside updates and getting relatives involved in motivating patients' (Staff)

'Access is vital as it provides contentment and satisfaction that everything is okay' (Relative)

Learning

- Power of engagement and patients/relatives stories to drive person-centred improvements
- Having courage of convictions helped overcome constraints and bring about culture change
- Project success was contingent on interventions identified as important and acceptable to all groups, regular feedback and addressing environmental constraints.
- No increase in HCAI’s
- Relatives did not sit all day

Next steps….

- Ongoing measurement/feedback
- Embed, spread
- Continue to ask/listen - engage relatives in daily conversation
- Benchmark/share learning locally/regionally
- Inform future QI projects
  -flexible visiting models
  - involve relatives in care – motivating patient/supporting personal care/ rehabilitation
- Develop ICU App
- Models of family support during/post ICU

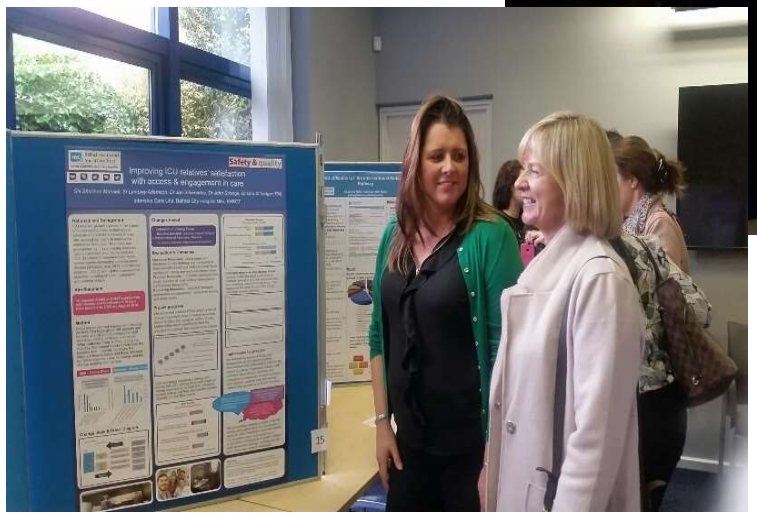
Simple & sustainable measurement

The Marble Test

121 satisfied /15 non-satisfied **=**
88% satisfaction rate over 3 weeks

Celebrating Success

- SQB Celebratory Event
- Poster presentation at regional RCN Research & Quality Improvement Event
- Won 3rd place Trust's Chairman's Award
- Presented at World Quality Day
- Presented Trust Board



‘Access is vital as it provides contentment and satisfaction that everything is okay’

(Patient’s Relative, Focus Group)

References

- Calle, G., Martin, M., Nin, N. (2017) Seeking to humanize intensive care. *Revista Brasileira de Terapia Intensiva*, 29(1), 9-13.
- Giannini, A. (2017) Beneficial impact of open visiting and family presence on incidence of delirium among ICU patients. *Critical Care Medicine*, 45(10), 1785-1786.
- St Ledger, U. (2012) Begley, A., Reid, J., Prior, L., McAuley, D., Blackwood, B. (2013) Moral distress in end-of-life care in the intensive care unit. *JAN*, 69(8), 1869-1880.

Thank you for listening

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