Humanisation of ICU:
Sustaining Patients And Nurses

@BHTCriticalCare

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37th Annual BACCN Conference - First Joint BACCN/IACCN Conference

Conference Partner **LINET**

BACCN British Association of Critical Care Nurses **IACCN** IRISH ASSOCIATION OF CRITICAL CARE NURSES

Critical Care Across the World: Breaking Down Barriers

17 - 18 October 2022: Belfast ICC, Northern Ireland

@BACCNUK   #BACCNConf2022 #IACCNConf2022   facebook.com/BACCN   baccnuk

NHS
Buckinghamshire Healthcare
NHS Trust

Professional **NHS** #teamCNO Nurse Advocate

HORROR IN ICU!

Wilson, ME et al. *Crit Care* (2019)

"In the midst of trying to correct organ failures, clinicians may neglect to carefully consider what the patient is experiencing: to be on the brink of death, be unable to speak, be stripped naked, have strangers enter the room and simultaneously do things to their bodies without explanation, have tubes inserted into multiple orifices, have their arms restrained, hear a cacophony of disorienting bedside alarms whose meaning lies beyond them, and to be poked, and prodded—all while family is torn away. Compounding these facts, patients often have no memory or understanding of how they ended up in this horrifying situation. Patients and families must surrender all control…"
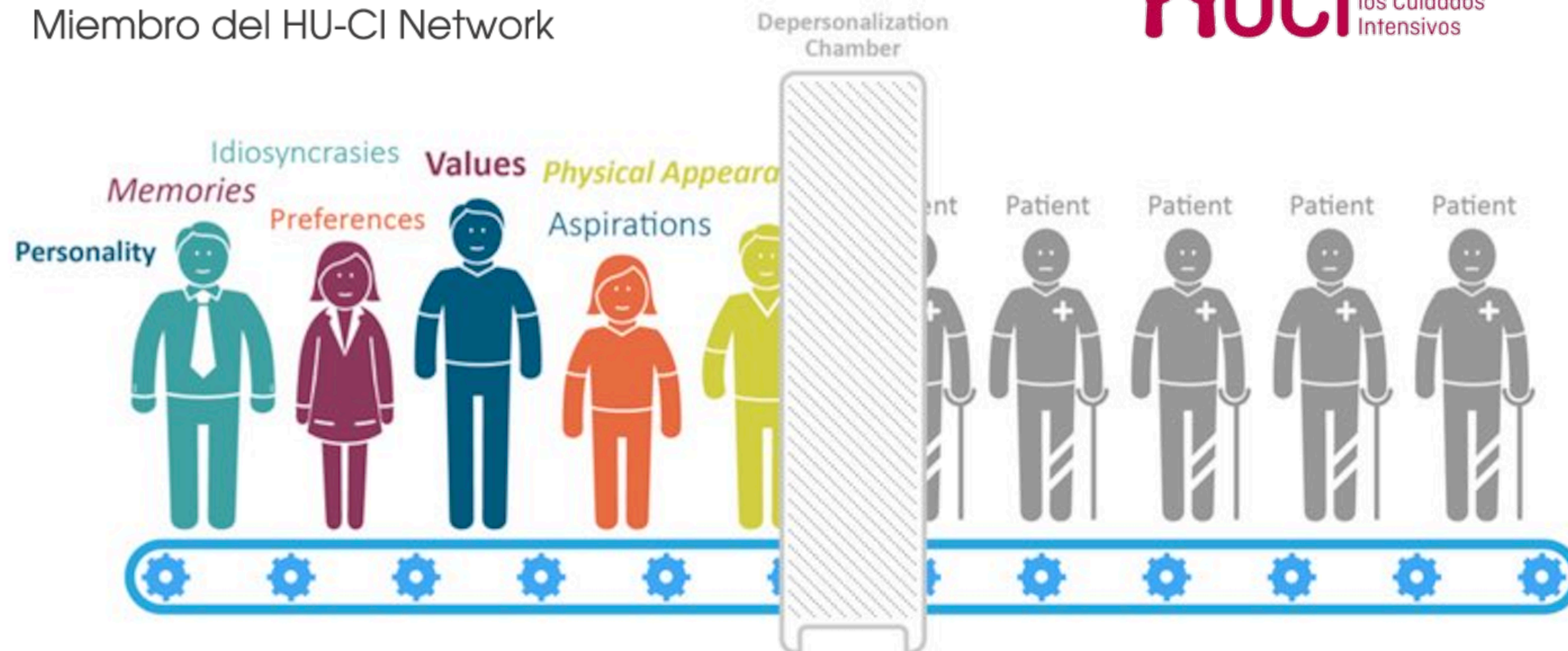
DEPERSONALISATION CHAMBER

Every Deep Drawn Breath, Wes Ely 2021

Repersonalisation
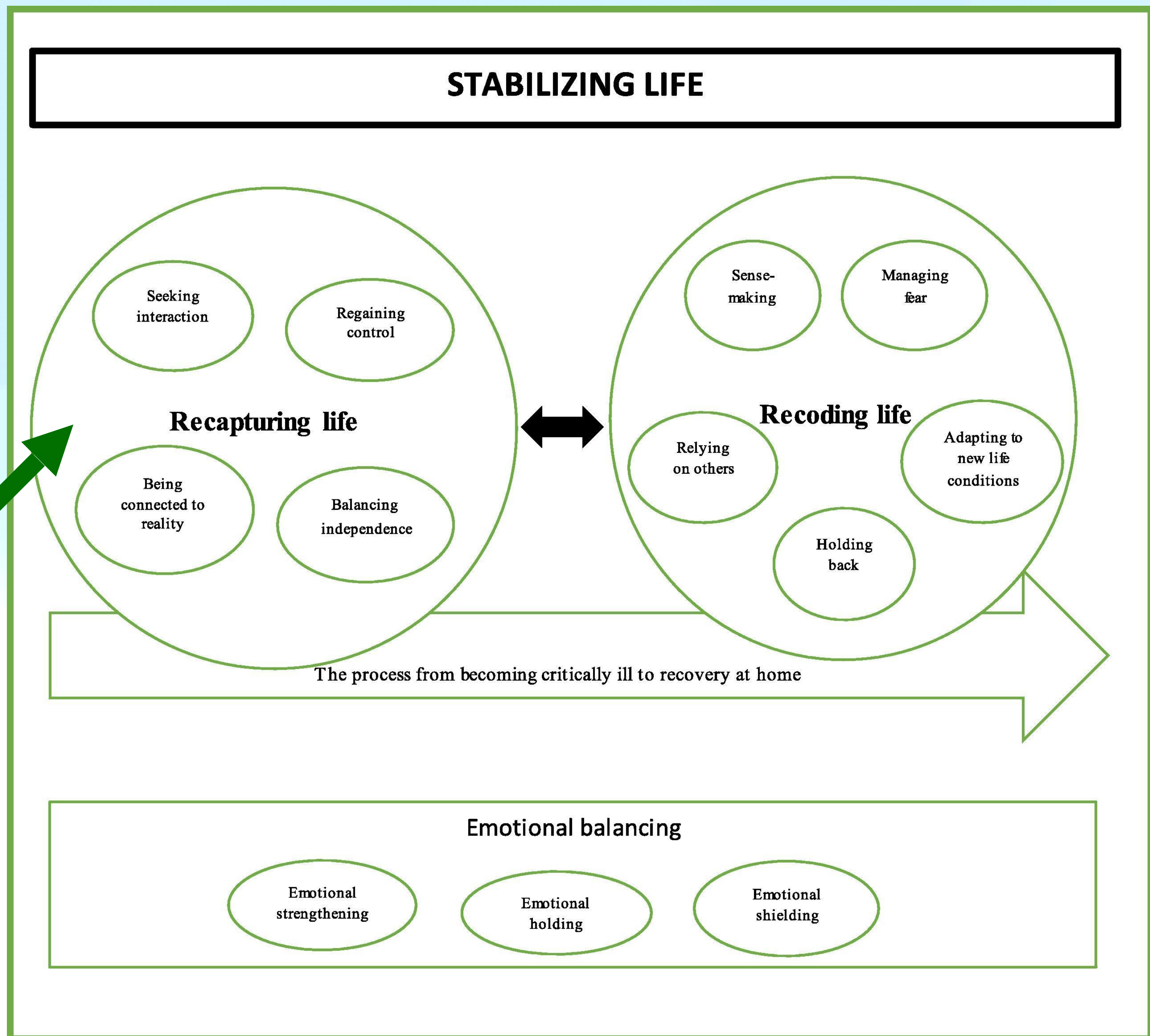Each patient is an ENTIRE PERSON

FEELING OUT OF CONTROL

Vogel (2021) Stabilising Life:
A grounded theory of
surviving critical illness

1st RECAPTURING LIFE (Hosp)

2nd RECODING LIFE (Home)

**+ EMOTIONAL BALANCING
(Throughout)**

STABILIZING LIFE

Recapturing life
- Seeking interaction
- Regaining control
- Being connected to reality
- Balancing independence

Recoding life
- Sense-making
- Managing fear
- Relying on others
- Adapting to new life conditions
- Holding back

The process from becoming critically ill to recovery at home

Emotional balancing
- Emotional strengthening
- Emotional holding
- Emotional shielding

Dehumanisation - The Perfect Storm

Weakened Nurse-Patient Synergy

Patient Vulnerability:

Critical illness

ICU Environment

Loss of Humanity

Delirium & Sedation

Complex recovery

PICS: 1. Cognitive impairment

2. Mental Health Concerns

3. Physical Debility   (Needham 2012)

PICS-F

Staff Vulnerability:

Covid-19 pandemic

Moral Injury

Compassion Fatigue

Emotional Exhaustion

Staff sustainability

1. Chronic excessive workloads
2. Understaffing

Core Work Needs

The King's Fund, 2020

The King's Fund > Ideas that change health and care

The courage of compassion

Supporting nurses and midwives to deliver high-quality care

Figure 1: The ABC framework of nurses' and midwives' core work needs

Autonomy
The need to have control over one's work life, and to be able to act consistently with one's values

- **Authority, empowerment and influence**
  Influence over decisions about how care is structured and delivered, ways of working and organisational culture
- **Justice and fairness**
  Equity, psychological safety, positive diversity and universal inclusion
- **Work conditions and working schedules**
  Resources, time and a sense of the right and necessity to properly rest, and to work safely, flexibly and effectively

Belonging
The need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported

- **Teamworking**
  Effectively functioning teams with role clarity and shared objectives, one of which is team member wellbeing
- **Culture and leadership**
  Nurturing cultures and compassionate leadership enabling high-quality, continually improving and compassionate care and staff support

Contribution
The need to experience effectiveness in work and deliver valued outcomes

- **Workload**
  Work demand levels that enable the sustainable leadership and delivery of safe, compassionate care
- **Management and supervision**
  The support, professional reflection, mentorship and supervision to enable staff to thrive in their work
- **Education, learning and development**
  Flexible, high-quality development opportunities that promote continuing growth and development for all

Benefits of Humanisation

Cognitive
Psychological
Physical

PATIENT SAFETY + STAFF SAFETY

- Avoids undesirable consequences
- Improves outcome / LoS / QoL
- Defines quality care
- Best evidence-based practice
- Improves patient experience
- Improves family experience
- Pro-active, rather than reactive
- Requires reasonable adjustments

- Philosophy of care
- Shared goals and values
- Multi-disciplinary collaboration
- Team working / civility
- Inclusion / belonging
- Recovery / restoration
- Staff satisfaction
- Person-centred leadership

Optimal Balance

Patient Experience

- Outcome
- Survivorship
- Satisfaction
- Advocacy

Staff Experience

- Excellence
- Retention
- Satisfaction
- Advocacy

Critical Care Professional Nurse Advocate

Professional Nurse Advocate (PNA)

- New Clinical Leadership Role (Ruth May 2021)

- Critical Care key area of concern

- Level 7 Masters training

- National Implementation (1 PNA : 20 RNs)

- NHS Contract

- Model of Clinical Supervision:

  Staff support / Well-being / RCS
  Training & Education, Career Conversations
  Quality Improvement

- 360° Advocacy in practice

QI Project: Humanisation of ICU

Humanisation of ICU

(BHT Critical Care, 2021)

METHODOLOGY: In-action learning themes:

JULY: Introductory

The essence of humanisation
'Patient First' approach
'This is me' booklet
Patient & colleague check-ins
Explanations / active listening
Team safety / support huddles

AUG: What is the patient hearing?

SEPT: What its the patient seeing?

DEC: What is the patient feeling?

**EVALUATION:** Staff survey

JULY 2021 HUMANISING ICU - INTRODUCTORY THEME

Building Trusting Relationships
At every contact - handovers, ward rounds clinician visits
Think 'patient first' when approaching

Approach with Smile
Friendly open body language, eye contact
Verbal and non-verbal
Common courtesy
Introductions (Hello XXX my name is XXX) even if looks asleep, unresponsive or delirious
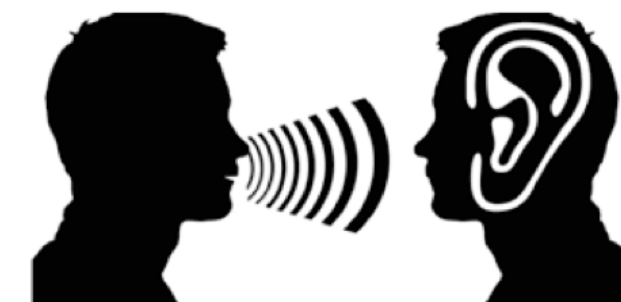Introduce all visitors to bed space

Explanations
Orientation to time, place, situation, what has occurred, plans for day, what is happening
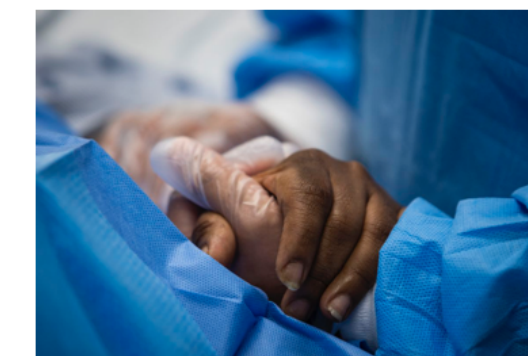
Reassurance
That they are safe, ask how patient feels, check not scared

REASSURANCE
DESPAIR

Stop and Listen
Learn something about the patient as a person
Pay attention to their Identity
Ask 'What is important to you today?', or ask family
Value of seeing photos of patient before illness
Complete the 'This is me' booklet

8 Standards of Dignity & Respect
Honesty
Communication
Kindness
Privacy
Compassion
Confidentiality
Courtesy
Understanding

Dignity and Respect
Also think Learning Disability/ special needs

Modesty and Privacy
Exposure, embarrassment
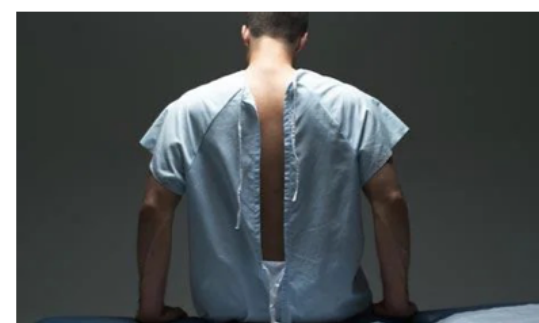
What is the patient HEARING?
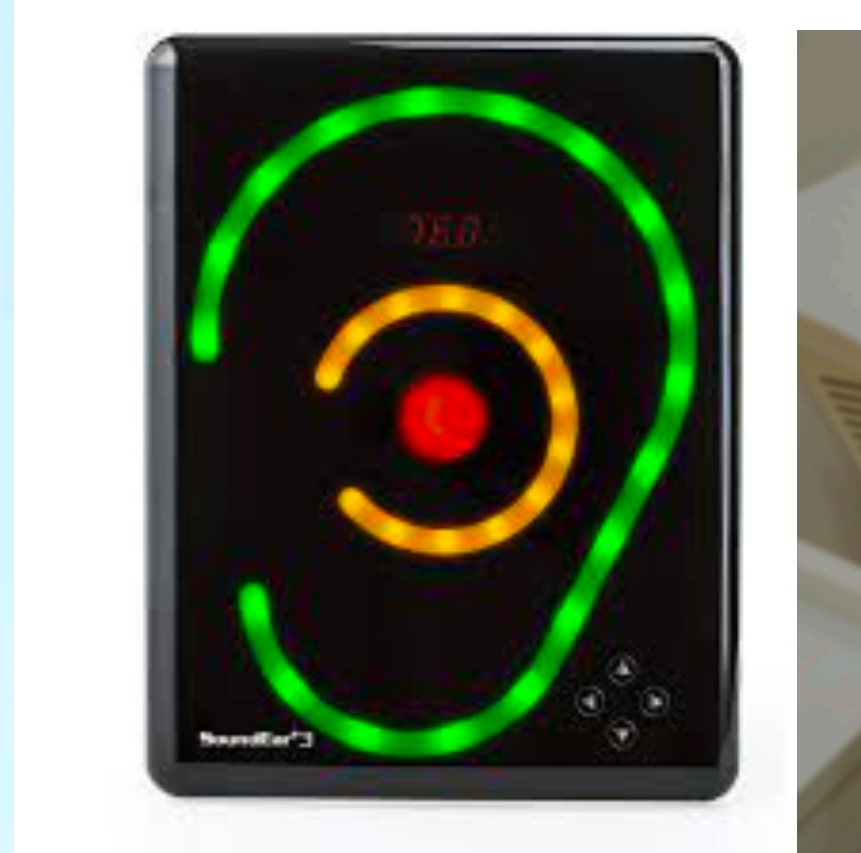## The ICU soundscape a target for improvement

Noise in the ICU - sound levels can be harmful
(Maidl-Putz 2014)

Noise impact:
- Psychological & physiological
- Temporary or permanent
- Negative consequences
- Source of nursing stress

Balance comforting sounds which reassure and create safety, with frightening, unexpected and intrusive sounds

Benefit   Risk

Noise Reduction
- Staff behaviour modification
- Appropriate alarm adjustments
- Explanations, provide meaning
- Quiet Time
- Functional Improvements
- Raise Awareness
- Sound Ear - cue to take action

Alarms, Noise, and Delirium in the ICU - Current concepts in adult critical care (Peterson 2018)
- Burden of noise / Dangerous Decibels → Delirium
- Technology → Alarm proliferation
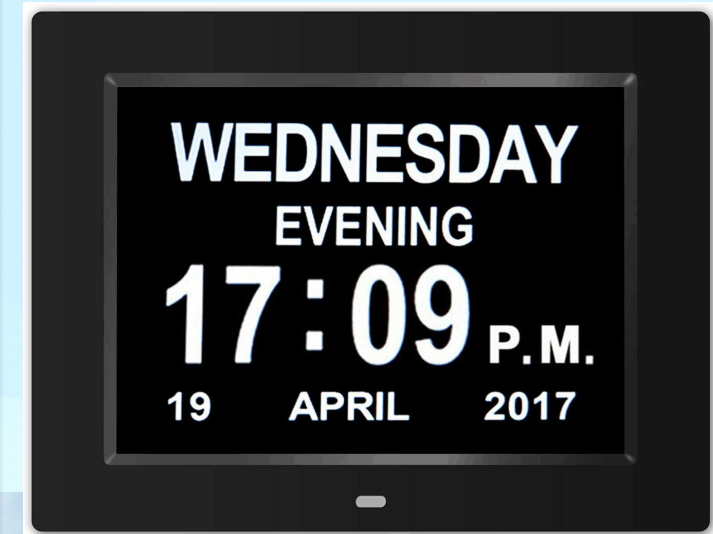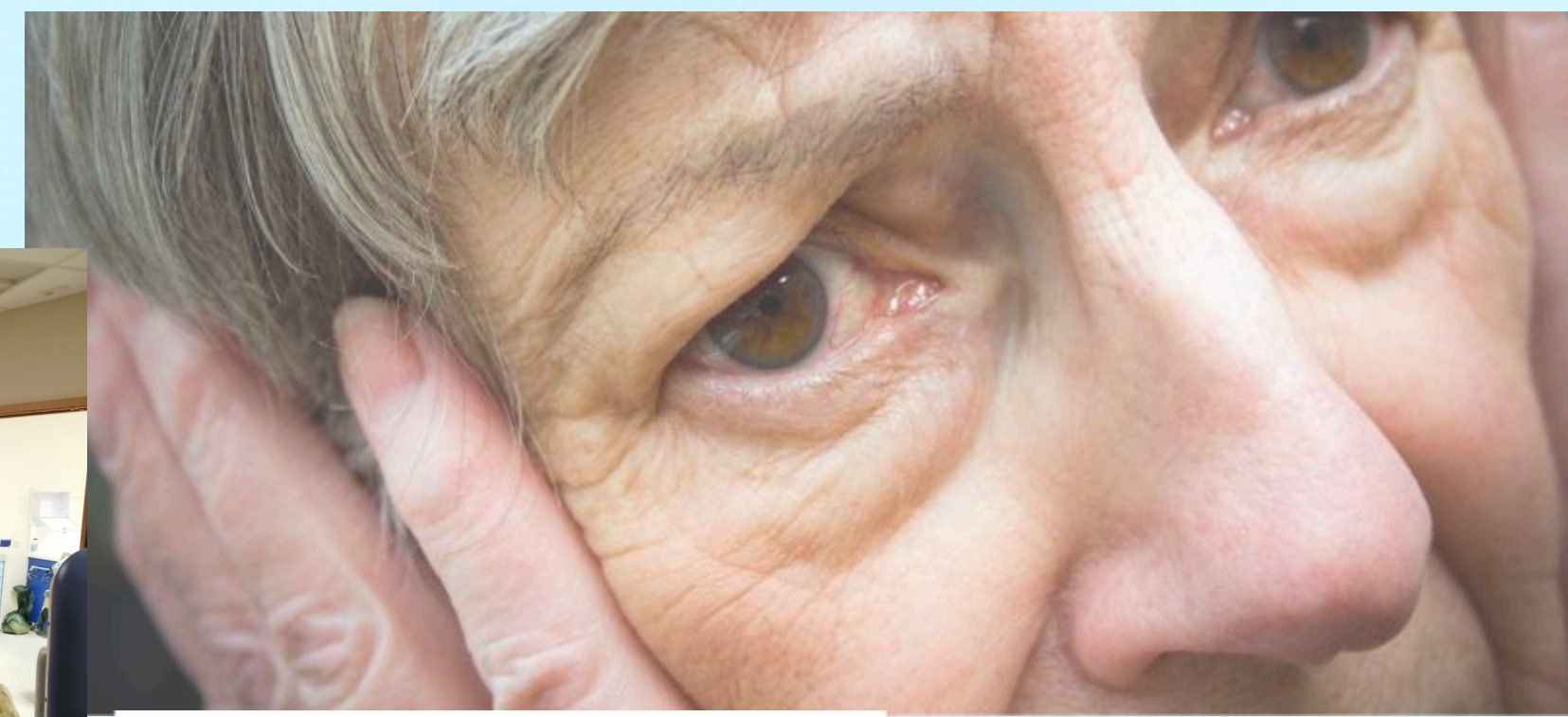- High Frequency, non-actionable alarms
- Alarm fatigue

ALARM

What is the patient SEEING?

Negative effects

Minimal natural light
Unaware of day/night
Lights/monitors/waveforms
Seeing other patients
Unfamiliarity
PPE - everyone covered up
Hallucinations/Delusions
Misperceptions

Positive solutions

Visual aids/glasses, Family photos
Digital Clocks
Visual Entertainment
Lights - Day/Night continuum
LED Ceiling Panels
Privacy / Respect Signs
Handovers / Care plans
Digital Devices - Internet/Apps
'Hearts for Loved Ones' scheme
Motivational aids / boards

WEDNESDAY EVENING 17:09 P.M.
19   APRIL   2017

What is the patient FEELING? The Power of Touch

TYPES OF TOUCH:
- Procedural: Part of Instrumental Care
- Non-Procedural: Comforting Touch

BARRIERS TO TOUCH:
- High-tech critical tasks
- Excessive workloads
- Stress & Capacity
- Infection Control
- Glove Overuse
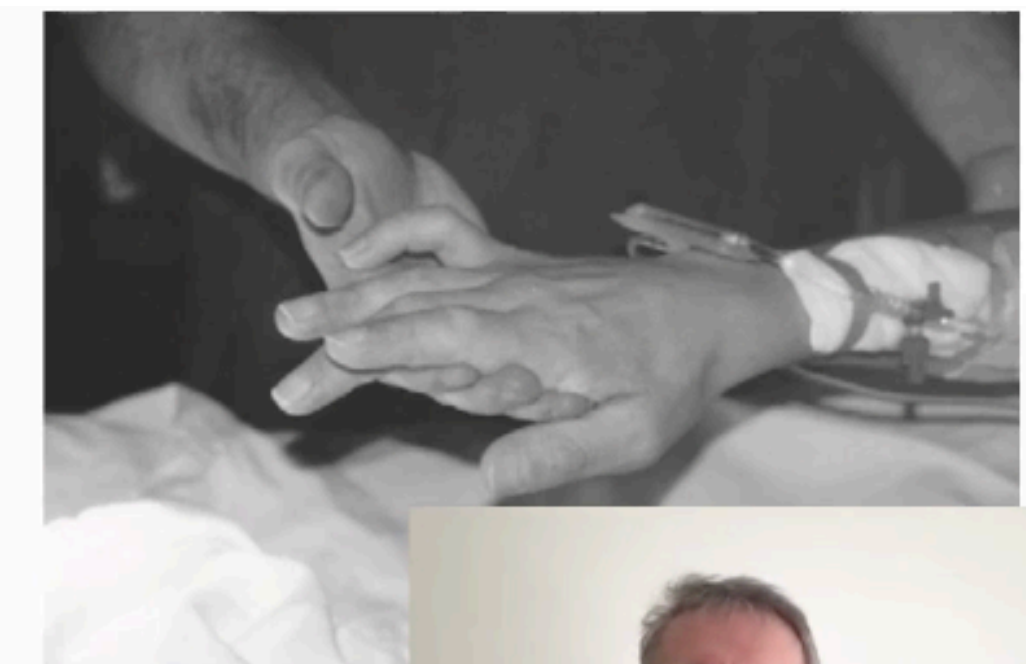- Covid-19 challenges
- Family absent
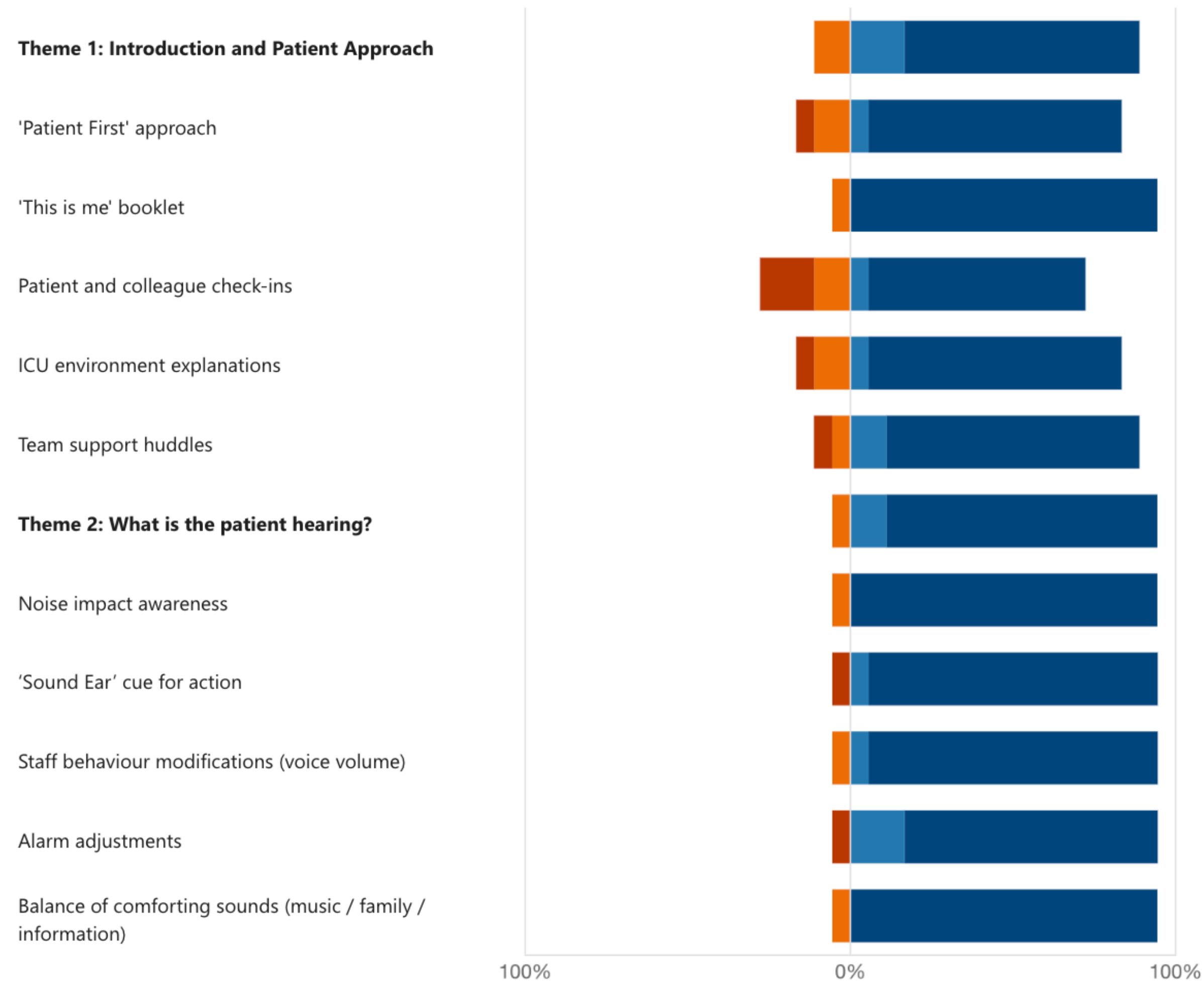- Emotional containment
- Rarely taught

WHY?
- Communicate needs
- Helps patient and nurse
- Demonstrates compassion
- Indicates human presence
- Allows sensory processing / generates meaning
- Strengthens connection
- Calming / comforting effect
- Decreases anxiety
- Communicates empathy

HOW? Peter Nydahl, BACCN Conference 2021 'Make a Difference'
- Making initial contact
- Preparation and permission
- Structured touch - modelling wash
- Support moving the body, holding limbs beneath
- Feeling safe in the environment
  Feel edges of bed
- Realising situation
  Moving hands to face
  Feel ETT, makes more tolerable

Being moved or being supported in own

BACCN   @BACCNUK   #BACCNConf2021

Survey results: Awareness of themes, learning & application in practice

- No, not aware, and not used in practice
- No, not aware, but have used in practice
- Yes, aware, but not used in practice
- Yes, aware, and used in practice

Theme 1: Introduction and Patient Approach

'Patient First' approach

'This is me' booklet

Patient and colleague check-ins

ICU environment explanations

Team support huddles

Theme 2: What is the patient hearing?

Noise impact awareness

'Sound Ear' cue for action

Staff behaviour modifications (voice volume)

Alarm adjustments

Balance of comforting sounds (music / family / information)
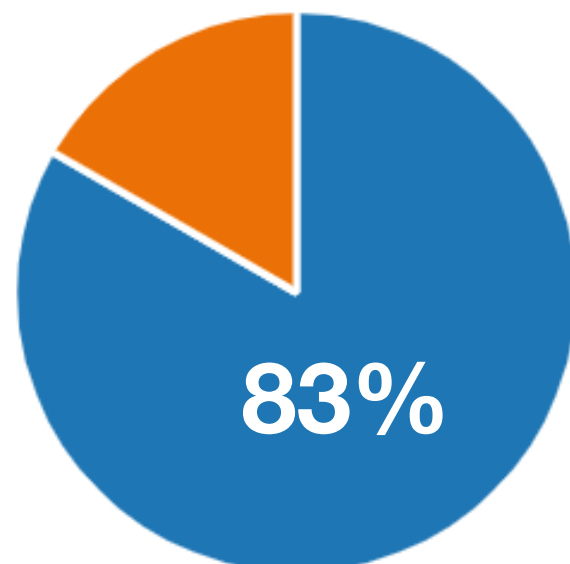
100%   0%   100%

All themes: At least 76% of respondents were aware of a given theme and were making adjustments in practice

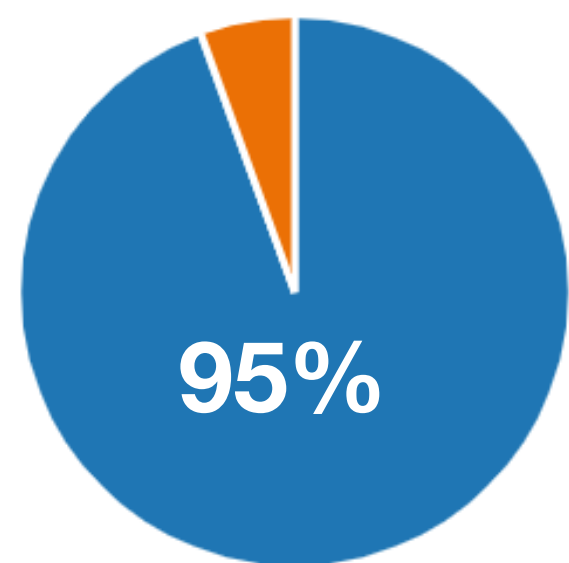# Survey results: Staff engagement & motivation
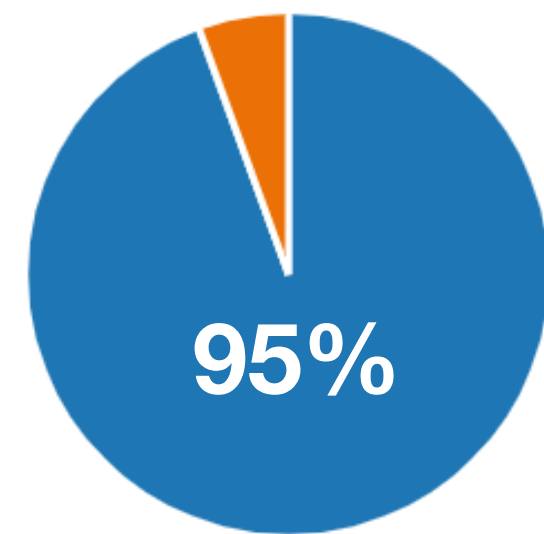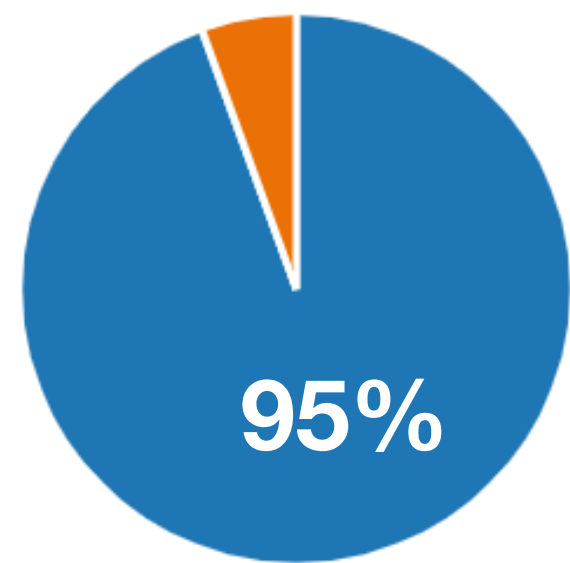
95% reported being **engaged** with the programme

95% **inspired** to initiate humanising strategies of their own

83% **shared** their humanisation knowledge with colleagues

95% observed other staff instigating promoted practices

Survey results:
Access to the Themes & Learning

Multiple media used to access information and all were of value

Survey results: Scope of Impact

Benefits for patients / families, nurses' professional self & personal wellbeing, team working, organisational productivity / outcomes

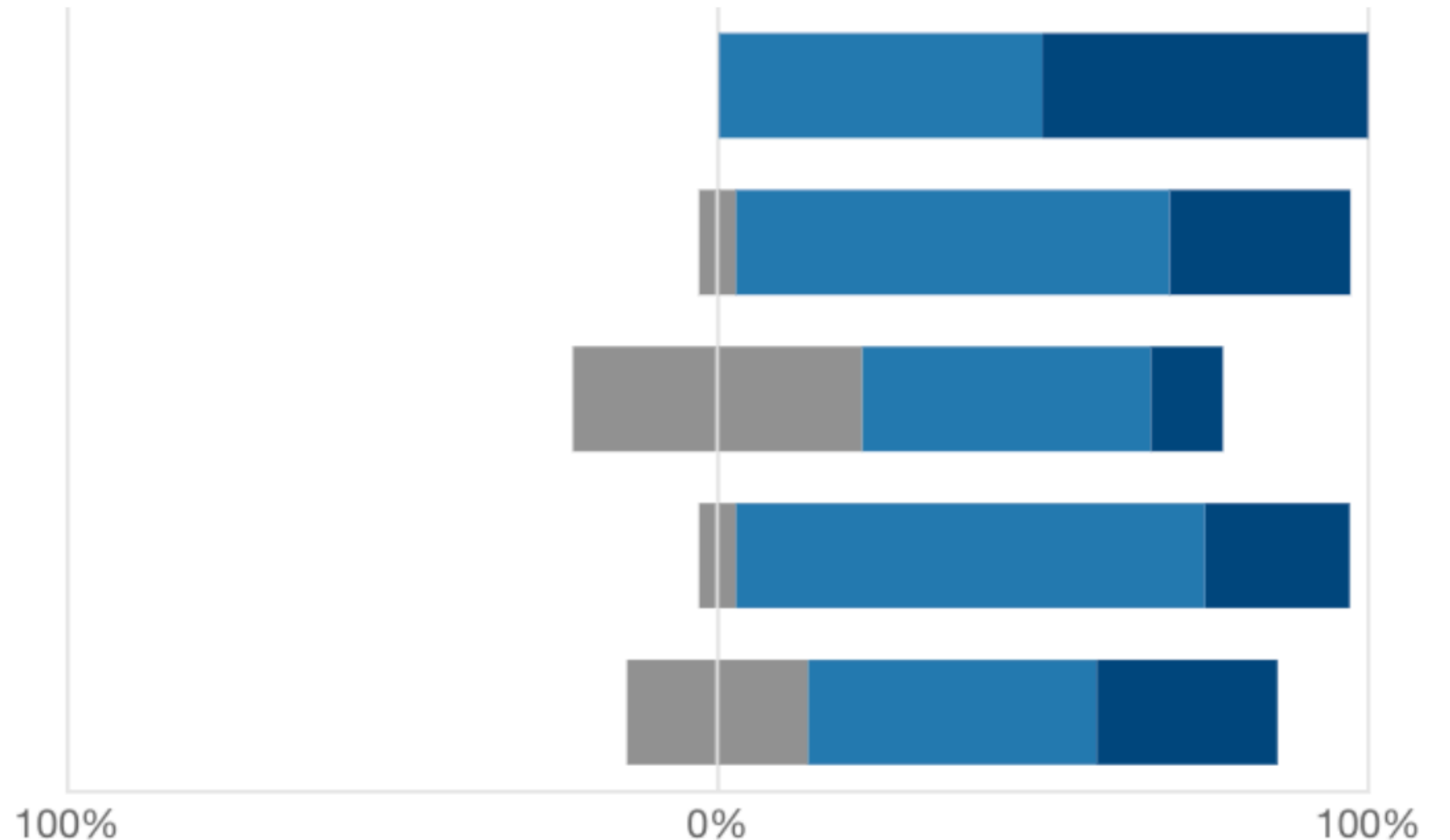Legend: ■ Strongly Disagree ■ Disagree ■ Neither disagree nor agree ■ Agree ■ Strongly agree

- Made a difference to patients and their families
- Made a difference to yourself professionally eg post-pandemic return to your purpose as a nurse, improv...
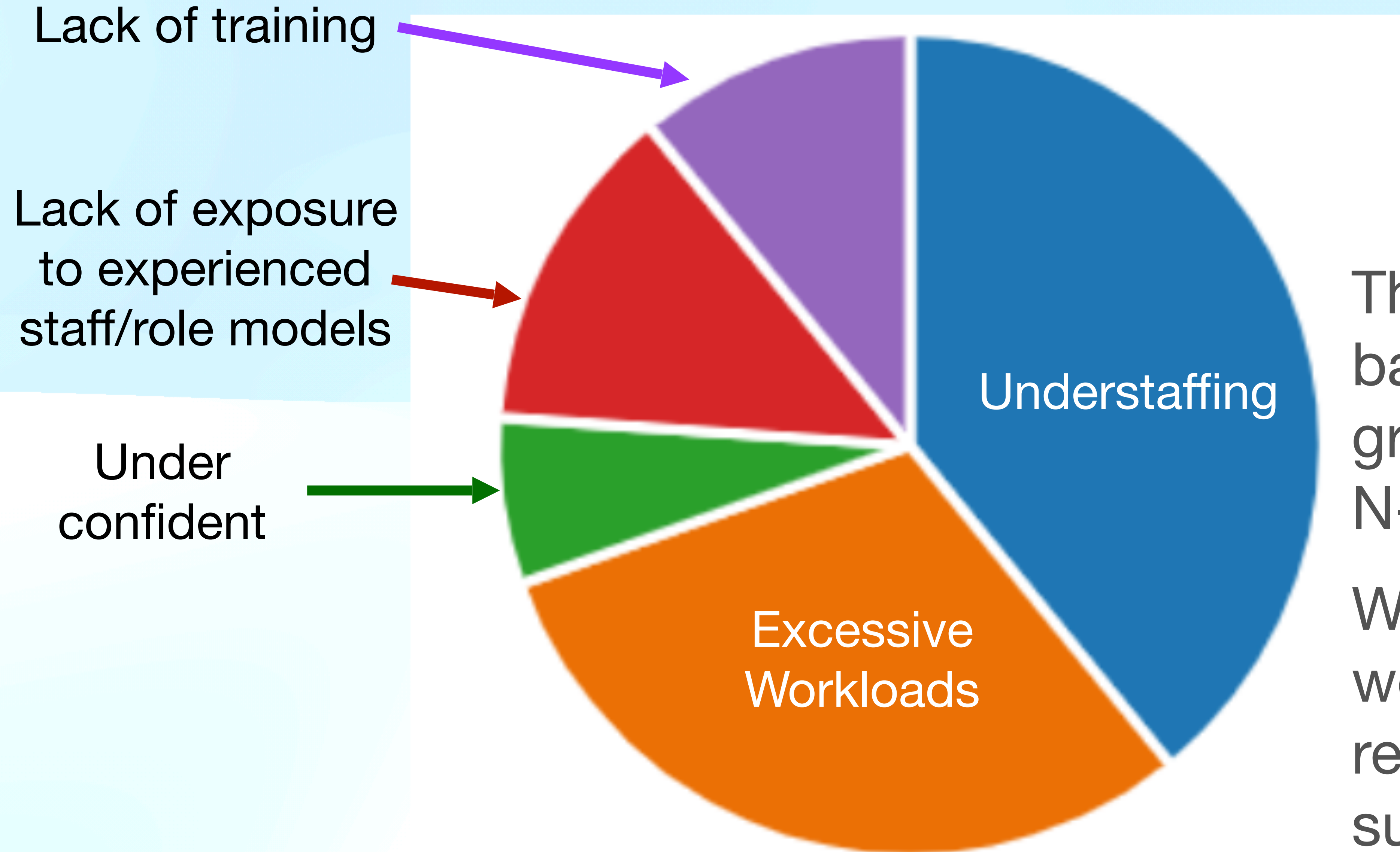- Made a difference to your own well-being and being able to switch off at the end of shifts
- Made a difference to team working
- Made a difference to organisational productivity and outcomes

100%   0%   100%

Survey results: The Barriers

Lack of training

Lack of exposure to experienced staff/role models

Under confident

Understaffing

Excessive Workloads

The greatest barriers are the greatest threats to N-P Synergy.

Warrant a shift in workforce planning, retention & sustainability.

Conclusions & Discussion

- Empowering grassroots service improvement

- Self-sustaining continued culture change

- Strengthening nurse-patient synergy

- Potential to transform healthcare

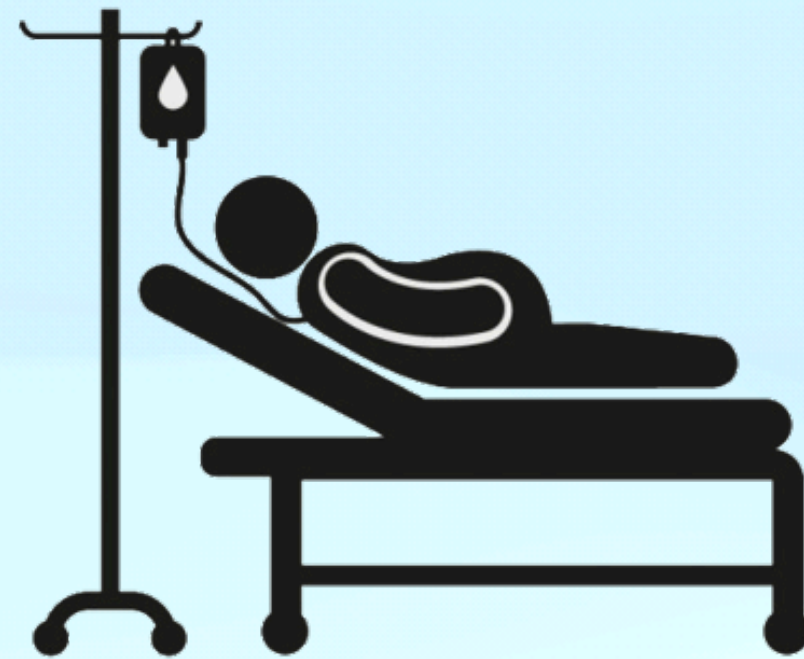- Humanisation Continuum from moment of access to HC
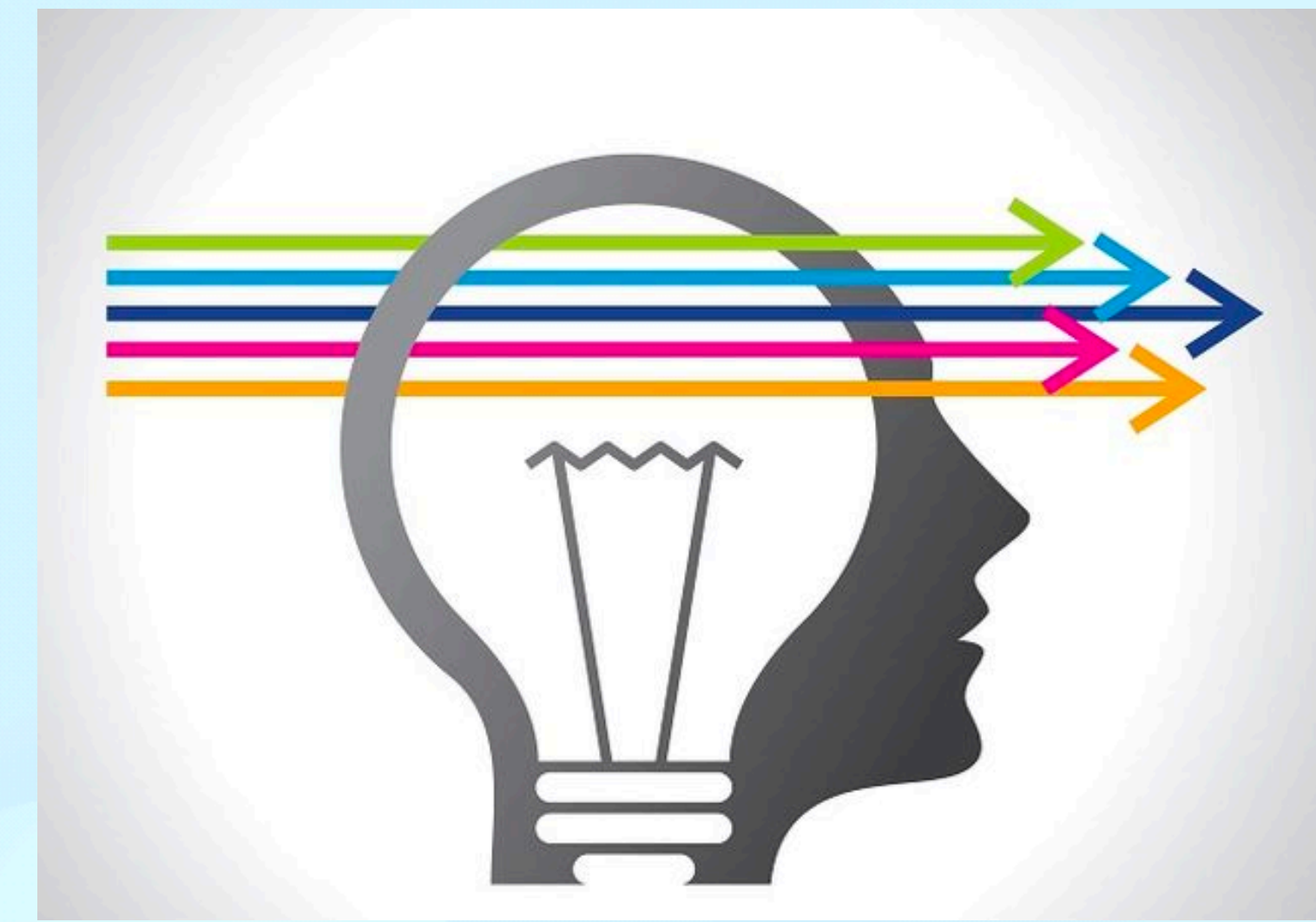
Next Steps

- Further humanisation themes eg Rehabilitation, EOL, Outdoor excursions, Sleep, Communication, Family involvement

- Championing related events eg #WDAD, #ICURehabDay

- A-F Bundle

- Development beyond this preliminary study

HUMANISATION of ICU IS A MATTER FOR ALL

Professional Nurse Advocate (PNA) Focus
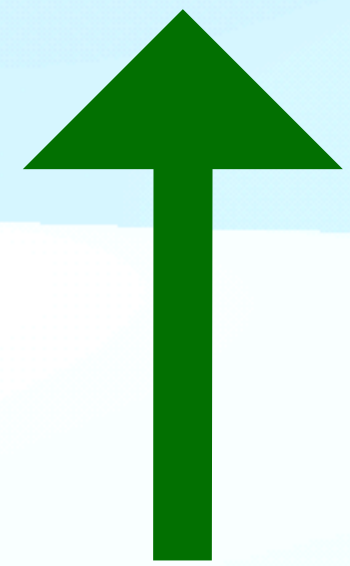
PATIENTS

PROFESSIONALS

FAMILY

Whole Organisation

Nursing Clinical Leadership

Humanisation of ICU

Thriving

↑

Surviving

ICU Team Collaboration

P
N
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