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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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
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)
Ramp 1  Aim: Identify what matters

Cycle 1: TEST – Workshop with Staff – Pareto Chart

Cycle 2: TEST – Patients & Relatives Focus Group

Cycle 3: TEST – Patients & Relatives Pareto Chart

Cycle 4: TEST – Compare Pareto Charts

Cycle 5: IMPLEMENT

What did we do?
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?

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caring supporting improving together
Staff – Pareto Chart

If you were an ICU patient or relative what would be important for you?

Number of responses vs. Cumulative percentage (%)

- Involvement in care
- Good communication
- Good standard of care
- Good personal care
- Comfort
- Rest
- Openness and honesty
- Access to loved one
- To feel safe

Relatives – Pareto Chart

What can we do to improve patient and relative satisfaction in the ICU?

- More welcoming/comfortable...
- More communication with doctors
- Responsiveness to intercom
- Usefully contributing to care
- Open/flexible/longer visiting times

Bar chart with cumulative percentage (%)
The joy of working together
Ramp 1  Aim: Identify what matters

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Cycle 4: TEST – Compare Pareto Charts

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

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Cycle 5: IMPLEMENT (the data informed our driver diagram ideas for change, enablers & barriers)
To improve family & staff satisfaction ratings from baseline to 100% by August 2018

**Aim**

**Primary Drivers**

- Improve Family Involvement in Care
- Improve Communication Processes between Families and Staff

**Secondary Drivers**

- Improved family access
- Improved family engagement
- Regular family updates
- Consistency of information and caregiver

**Why? What’s Driving this?**

**Specific Changes to Test**

- Introduce volunteer service to improve access
- Expand existing visiting times
- Increase to 3 x discrete visiting periods in 24 hours
- Open/Flexible visiting
- Identify patient care activity for relatives to participate in

**How?**
Changes tested......

1. Visiting Times Extended x 60%
   Old times = 1500-1600 & 1830-2000
   **New time 1400-2000**

2. Introduction of Volunteer Service
   *(to improve intercom response/unit entry times)*
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
PDSA Ramp 2 Aim: Identify/Test Change: Extension of Visiting Times

Cycle 1: TEST – Pre-intervention staff questionnaire

Cycle 2: TEST – Pre-intervention relatives’ questionnaire

Cycle 3: TEST – Mapped out shift activity

Cycle 4: TEST - Trial of extended visiting times

Cycle 5: TEST - Post-intervention staff questionnaire

Cycle 6: Agreement to implement change
Visiting times are flexible and fit in with relatives’ family life/working life

Visiting times should be more flexible to fit in with relatives’ needs

Staff Survey (around 50% improvement)

Pre-intervention (n=25)

Post-intervention (n=18)
Visiting times were of sufficient length

Visiting times suit family and work life

Relatives’ Survey (around 50% improvement)

Pre-intervention (n=23)

Post-intervention (n=16)
Ramp 3 Aim: Identify/Test Change: Trial of Volunteer Service to improve Access

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

Cycle 2: TEST – Explore potential of Volunteer service

Cycle 3: TEST – Commence service

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

Cycle 5: IMPLEMENT SERVICE
Intercom Response & Access to Unit Times

I chart for time of buzzer pressing

I chart for delay between pressing and answering buzzer
I Chart for total time from pressing buzzer to entry to ICU
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)
‘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

Thank you for listening

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