Humanizing ICU Care

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Hospital Quality Institute Conference
San Diego, CA
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Objectives

- Disclosures

- To share initiatives at UCSF & BIDMC that aim to humanize ICU/acute care
  - Create a culture of respect and learning
  - Eliminate emotional harm
  - Engage patients and families in their care
  - Engage clinicians, staff, leadership
ICU Environment
Lots of people, white coats, masks, gowns
Cultural Norms in the ICU
Limited patient/family engagement
Respect in the ICU

- Being treated as a person (individual with personal narrative)
- Being acknowledged
- Being greeted with introductions
- Responsiveness to needs and requests
- Being oriented to the environment

ICU-Respect Tool

- Introductions
- Courtesy
- Understanding
- Responsiveness
- Engagement
- Selfhood
- Equal
- Comfort
- Treated as a Human Being
Adult Critical Care Patient & Family Advisory Council is

PIONEERING CARE

for ICU patients, families and staff at UCSF
“Reducing the trauma”

- Communication & Care Coordination
- Education
- Safety
- Palliative Care
PFAC Major Accomplishments

- Welcome workflow
- Holiday care packages
- Staff recognition
- CUSP privacy work group
- Tech innovations
- Patient/Family education
- Clinician education
PFAC Current Work

- Support group for ICU survivors
- Code Blue: Family presence, patient dignity
- Advising on QI/research grant initiatives
Patients & Families

We’ve worked with our patient and family advisors to put together some information to support you while you’re with us in the ICU.
Improvements Needed: CCIG website

**Organization**
- Chronological preferred
- Based on ‘phases’ of care

**Content**
- Desire for more info about death/dying
- Practical information
- Arrival ‘checklist’ for care partners

**Layout**
- Shorter pages
- Improved navigation
- Less video, ‘bells & whistles’
- Better display on smartphones/tablets

**Voice**
- Patients should not be the audience
- Target family/care partner

See results of PFAC advisor input at ccig.ucsf.edu!
Emerge Care Team Portal: Harms wheel

Patient Schedule
Patient Profile
Set Family Activities

RESPECT & DIGNITY
Patient Profile

Things that you might like to know about me
I like music. I like Willie Nelson and Vince Gill, Gaither family.

What do you worry about and/or fear the most during your stay in the ICU?
All her sisters died young and her brother is in the icu in Sacramento right now. He couldn't speak after being intubated. He's been in icu 3 months.

What gives you strength when things get hard?
Grand kids, dogs, and inspirational music.

Tell us about things you have done or experienced that has given you the most joy.
When George got out of the service he needed time to recover and she let him do anything he wanted for a full year. Then she put her foot down after they bought a home maker.

Volcano
Music, bowling, garden
Lodi
Country- Willie Nelson, Vince Gill, Gather family
Home maker
Everybody loves Raymond, old black and white movies
### Get to Know Me

**NAME:**

**I LIKE TO BE CALLED:**

**IMPORTANT PEOPLE & PETS:**

**OCCUPATION:**

**FAVORITES**

<table>
<thead>
<tr>
<th>Favorites</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV Show</td>
<td>Item 1</td>
</tr>
<tr>
<td>Music/Artist</td>
<td>Item 2</td>
</tr>
<tr>
<td>Sport</td>
<td>Item 3</td>
</tr>
<tr>
<td>Color</td>
<td>Item 4</td>
</tr>
<tr>
<td>Foods</td>
<td>Item 5</td>
</tr>
</tbody>
</table>

**ACTIVITIES/HOBBIES:**

**QUOTE OR SAYING:**

**MOVIE OR MOVIE STAR:**

**AT HOME I USE:**

- [ ] Glasses
- [ ] Contact Lenses
- [ ] Hearing Aid
- [ ] Dentures
- [ ] Other

**I SLEEP BEST WHEN:**

- TV on
- Warm blanket
- Ear plugs, etc.

**I UNDERSTAND INFORMATION BEST WHEN:**

**THINGS THAT CHEER ME UP:**

**ACHIEVEMENTS OF WHICH I AM PROUD:**

**OTHER THINGS I’D LIKE YOU TO KNOW ABOUT ME:**

- Item 1
- Item 2
- Item 3
- Item 4
- Item 5
Emerge Patient & Family Portal

My Profile
Things I Would Like to Share with My Doctor & Care Team

Goals While in the ICU
Please help us understand your goals of care!

Family Involvement
How I Can Help Care For My Loved One

My Schedule
See the schedule you’re scheduled.

My ICU
Learn about your room, setup, and answers to frequently asked questions

My Care Team
Learn about your care team

Contact Us
Have a Non-Urgent Question or Concern

MY ROOM
What’s In My Room?
Learn about the items & equipment in your room.

Hand Sanitizer
Bedside Cart
IV Pump
Dialysis Machine
SCD Pump
Bed & Hover Mat
Ventilator
Call Bell
Feeding Pump
Monitoring

ACTIVITY MENU
We will help guide you through each of these options if you may choose.

Entertainment
Hair Care
Shave
Bathing
Oral Care

Hand Care
Massage
Arm & Leg Repositioning
Mealtime Help
Bedside Table

Stretching
Breathing Exercises
Transfer (Bed to Chair)
Physical Therapy
ICU Diary
Clinician Perspectives on Family Involvement  
April 2015, 96 ICU Clinicians representing all disciplines

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Agree or Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I consider patients and families part of the healthcare team.</td>
<td>81.6</td>
</tr>
<tr>
<td>I follow the family's wishes when they ask to participate in care of the patient.</td>
<td>67.4</td>
</tr>
<tr>
<td>Engaging families in direct care can improve efficiency of care delivery.</td>
<td>65.9</td>
</tr>
</tbody>
</table>

**Family involvement:** "Gives families a sense of involvement and importance, helps patient stay connected with their previous life, helps spread out therapeutic activities throughout the day, provides an 'extra set of eyes' on the patient to help monitor for small changes in patient's condition."

– Health Care Provider
ICU Delirium

A Guide for Family and Friends

Delirium... is a severe state of confusion

Adapted from: http://www.icudelirium.org/patients.html

Delirium Facts

It may come and go quickly or last for days to weeks

It is caused by a change in the way the brain is working

It can lead to cognitive impairment that may last for months, but we cannot predict who this will affect

2 out of 3 patients in the ICU will develop delirium

People with delirium:

- Cannot think clearly
- Have trouble paying attention
- Have a hard time understanding what is going on around them
- May see or hear things that are not there

How can family and friends help?

- Speak:
  - softly & use simple words and phrases
- Remind:
  - your friend or family member of the day & date
- Bring:
  - glasses & hearing aids
- Decorate:
  - room with calendars, posters, family pictures
- Talk:
  - about family & friends

Is your loved one CONFUSED?

This could be a common condition called... DELIRIUM

Delirium may begin rapidly or come on gradually.

Delirium may come and go quickly or last for DAYS to WEEKS.

Causes of delirium include:
- pre-existing illness
- current illness
- unfamiliar surroundings
- some medications

Nurses screen routinely for delirium

2 out of 3 patients in the ICU may develop DELIRIUM

People with DELIRIUM:

- Cannot think clearly
- Have trouble paying attention
- Have a hard time understanding what is going on around them
- May see or hear things that are not there
- May be withdrawn or agitated

Together, what can we all do to help?

- Speak to your nurse if your loved one has not themselves
- Remind your loved one of the day, date & situation
- Bring glasses & hearing aids
- Decorate room with calendars, personal items, & family photos
- Talk about family, friends, & familiar topics

Ask your nurse for an ICU Diary or about other ways you can help.

More Information:
http://www.icudelirium.org/patients.html

Contact: Kendall Gross, PharmD at Kendall.Gross@ucsf.edu

Created by: Marti Larrive, PharmD
CUSP Safety Solutions
ICU Code Bags

COMPREHENSIVE UNIT-BASED SAFETY PROGRAM

PROBLEM
What Happened?
ICU code bags that did not have a standardized reordering approach for supplies and medications were lost.

SOLUTION
1. Quick and easy drop box exchange with pharmacy.
2. New bag re-order was on 12 K.
3. Bagging checklist with tags.
   - Code Bag Request Checklist
   - Code Bag Inventory Tag
   - Code Bag Daily Check Tag
4. Barcode labels on all ICUs tags to confirm re-order.
5. Stock and refill ICU bags with medications.

CUSP Safety Solutions
CPR Step Stool

COMPREHENSIVE UNIT-BASED SAFETY PROGRAM

PROBLEM
What Happened?
Inconsistent CPR step stools, which may improve the quality and efficiency of CPR compressions.

SOLUTION
1. Standardize CPR step stools, which may improve the quality and efficiency of CPR compressions.
2. Place CPR step stools located within close proximity to the transport bed on all floors.

The CUSP team would like to thank Selene Sharbin for identifying this safety concern.

An important step in the CUSP learning from defects process is sharing identified defects and solutions with the team.

CUSP Safety Solutions
O2 tank storage and safety

COMPREHENSIVE UNIT-BASED SAFETY PROGRAM

PROBLEM
What Happened?
Unstructured storage of oxygen tanks can cause injury and lead to non-compliance.

SOLUTION
1. Organized the O2 tank storage area with color-coded O2 tanks.
2. Adhered to a new protocol of maintaining O2 tanks in a specific location.
3. Changed from yellow O2 tanks to red/white A/B tanks.
4. Accurate O2 data that indicates the number of oxygen for which O2 tanks can be delivered based on flow rate and flow.

The CUSP team would like to thank Kazu & Inna Meidav for identifying this safety concern.

An important step in the CUSP learning from defects process is sharing identified defects and solutions with the team.

CUSP Safety Solutions
14 Gauge Angiocaths

COMPREHENSIVE UNIT-BASED SAFETY PROGRAM

PROBLEM
What Happened?
Increased risk of infection due to non-compliance with safety protocols.

SOLUTION
1. Change from yellow O2 tanks to red/white A/B tanks.
2. Organized O2 tank storage area with color-coded O2 tanks.
3. Adhered to new protocol of maintaining O2 tanks in specific location.
4. Changed from yellow O2 tanks to red/white A/B tanks.
5. Accurate O2 data that indicates the number of oxygen for which O2 tanks can be delivered based on flow rate and flow.

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Teaching-Sharing

Patient & Family Experience

- Hematology/Oncology Grand Rounds
- Surgery Grand Rounds
- ICU Fellow-Faculty Seminar
- UCSF Mini Medical School for the public
- “Walk a Mile In My Shoes” continuing education course
- Critical Care Training Program for new ICU nurses
ICU Diary

- Narrative of a patient’s stay in the ICU
- Co-created by family & clinicians

“The only way I have of understanding what my family was going through”

-ICU patient

“A tangible memory... it helped with my grieving”

-Family member

“My wife cherishes her book. She told me not to forget to bring it in – please write in it”

-Family member
Animal-Assisted Therapy in the ICU
## Patient & Family Reported Outcome Measures

<table>
<thead>
<tr>
<th>Construct</th>
<th>Measure</th>
<th>ICU Day 3+</th>
<th>Patients &amp; Families (Non-decedents)</th>
<th>Families of decedents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient satisfaction</td>
<td>HCAHPS</td>
<td></td>
<td>At ICU discharge*</td>
<td></td>
</tr>
<tr>
<td>Family satisfaction</td>
<td>FS-ICU</td>
<td></td>
<td>6-8 weeks after hospital DC</td>
<td></td>
</tr>
<tr>
<td>Respect</td>
<td>ICU-Respect</td>
<td></td>
<td>6-8 weeks after death</td>
<td></td>
</tr>
<tr>
<td>Shared decision-making</td>
<td>CollaboRATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of dying</td>
<td>QOD-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-traumatic stress symptoms</td>
<td>PCL-5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*HCAHPS is administered to patients between ICU discharge and hospital discharge. FS-ICU is administered to family members of non-decedents after ICU discharge, up to 2 weeks after hospital discharge.

### Patient Satisfaction – HCAHPS administered @ ICU discharge

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>% 'always’ n=48</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses / Doctors</td>
<td>81% / 88%</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>79%</td>
</tr>
<tr>
<td>Pain Management</td>
<td>68%</td>
</tr>
<tr>
<td>Communication About Medicines</td>
<td>66%</td>
</tr>
<tr>
<td>Quietness of Hospital Environment</td>
<td>26%</td>
</tr>
</tbody>
</table>

### Family Satisfaction - FS-ICU

<table>
<thead>
<tr>
<th>Satisfaction Area</th>
<th>Mean (0-100) n=58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction with care</td>
<td>86</td>
</tr>
<tr>
<td>Emotional support provided by ICU staff</td>
<td>83</td>
</tr>
<tr>
<td>Coordination of care: The teamwork of all the ICU staff</td>
<td>86</td>
</tr>
<tr>
<td>Assessment and treatment of patient symptoms: agitation</td>
<td>84</td>
</tr>
<tr>
<td>The atmosphere in the ICU waiting room</td>
<td>60</td>
</tr>
<tr>
<td>Overall satisfaction with decision making</td>
<td>84</td>
</tr>
<tr>
<td>Consistency of information provided about your family member's condition</td>
<td>83</td>
</tr>
<tr>
<td>Did you feel included in the decision-making process?</td>
<td>71</td>
</tr>
</tbody>
</table>
Transforming Critical Care

Revolutionizing the ICU by partnering with patients and their families