PATIENT & FAMILY EXPERIENCE: SATISFACTION IN ICU (Filipino Perspective)

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The Philippines is an archipelago of 7,107 islands.

The Philippines has a tropical maritime climate that is usually hot and humid:

- Tag-araw: Hot dry season
- Tag-ulan: Rainy season
- Tag-lamig: Cool dry season

- Sit astride the typhoon belt
- Most of the islands experiencing annual torrential rains and thunderstorms
- Around nineteen typhoons entering the Philippine area of responsibility per year

- Newly industrialized country,
- Economy transitioning from one based upon agriculture to an economy with more emphasis upon services and manufacturing.
- The economy is heavily reliant upon remittances from overseas Filipino workers.
**Healthcare System**

Philippine health status indicators show that the country lags behind most of South-East and North Asia in terms of health outcomes.

The leading cause of death in the Philippines is heart disease, followed by vascular diseases and malignant neoplasms (or cancer),

Healthcare in the Philippines are varying from private, public, to barangay health centers (many rural municipalities).
- Most of the national burden of health care is taken up by private health providers.

At present, patients’ rights and safety are expressed under the purview of the Penal Code and Medical Act of 1959 and health professional practice acts.
- The lack of a gatekeeping mechanism in the health system allows patients to choose their physicians.

Although there is a third-party payer (PhilHealth) most health care cost and services are from out-of-pocket payment.

Patient empowerment, on the other hand, has remained more a concept than a practice. The relationship of the health system with individuals, families and communities is still largely one of giver to recipient.
Population

The population of the Philippines is estimated at 102,333,484 as of January 2015.

Philippines's population is equivalent to 1.38% of the total world population.

The Philippines ranks number 12 in the list of countries by population.

The population density in the Philippines is 334 people per Km$^2$
There has been a general upward trend in the number of both private and government hospitals over the last 30 years, with the biggest growth noted in the 1970s, and a flattening off of growth in the last ten years.

Source: Department of Health.
The average bed-to-population ratio from 1997 to 2007 matches the DOH standard, i.e., 1:1000 population. However, ratios across regions, provinces and municipalities vary.

Average number of beds totaled to 43,846 in government hospitals and 41,206 in private hospitals.

The graph shows the increasing gap between population size and the supply of hospital beds.
Hospital Scenario: During birth...

Several mothers and their babies share one bed inside a Hospital's busy maternity ward.
Hospital Scenario: During disasters.....

Patient and their families share the make-shift "ICU and ward beds" in evacuation centers.

SUPER TYPHOON HAIYAN
locally known as Yolanda

Haiyan hit the Philippines on November 8th as a category five storm with maximum sustained winds of 235 kilometres an hour as well as wind gusts at 275 km/h - one of the most powerful ever recorded anywhere in the world.

9.8 MILLION
PEOPLE AFFECTED

659,268
DISPLACED

394,494 people inside evacuation centres

10+
THOUSAND FEARED DEAD
Hospital Scenario:

During illness on normal days....
Hospital Scenario:
During illness on normal days....

Large disparities in health status between the poor and the non-poor
Fortunately...

- Filipinos possess some best positive traits:
  - Hospitable
  - Respectful
  - With strong family ties
  - Religious
  - Generous and helpful
  - Resilience

- that Filipinos can bounce back from a tragedy, emerging stronger and better than before.
- In the middle of a disaster, Filipinos can still manage to smile and be hopeful that the next morning brings new hope.
Let’s talk about “Patient and Family Satisfaction” in ICU care
Background

Patient satisfaction has been identified as one measure of quality, and in ICU, care the family satisfaction often serves as an important alternative to patient satisfaction (Heyland DK et al, 2003).

There is an ever growing body of literature that describes that family in general, are highly satisfied with ICU care that their love ones received (Heyland DK et al, 2003).

This presentation will provide a study of the Filipino patients and family experiences of ICU care and the factors that affected satisfaction with the care provided.
Design and Setting

• A qualitative investigatory study using semi-structured interviews of patients and family members with experience of ICU care in the Metro Manila and Cebu City, Philippines.
  – Participants’ background and medical history details of the critically ill patients were gathered
Participants

- Purposive sample of 9 Adult participants (age: 22-70 years)
  - 3 patients
  - 6 family members
Participants

• Experience of ICU care happened > 6 months - < 2 years
• Measurement: 12 interviews conducted with the 9 participants
  – 9 were face-to-face; 3 by telephone
4 Main Results (Themes)

- Emotional Upheaval
- Proximity with the Patient
- Communication
- Support after ICU
Emotional Upheaval

- Negative and positive emotions such as despair and joy were sometimes identified by subjects within the confinement period.
- Although fear, worry, anger and exhaustion were dominant themes during the first hours and when the family received bad news about the patient.
- Patient/family members become anxious and increasingly afraid.
- The uncertainty of not knowing what is happening, where to find resources, of losing a loved one or whether the patient will be able to pull through become overwhelming.
Emotional Upheaval

- The findings suggest that patient/family members of critically ill patients experience deep emotional turmoil throughout the intensive care unit stay.
- The uncertainty of the patient’s condition and the lack of enough time for readiness makes family stress intolerable and uncontrolled, that are manifested as psychological responses such as fear, anxious and lack of confidence.


- Analysis revealed a broad range of powerful emotions throughout the intensive care unit stay.
Proximity with the Patient

- One thing that is common among their expressed need is the need to be with their family member.
- Family members expressed the need to be at the bedside.
  - They want to do caring acts for the patient and show support.
  - The family needs to advocate especially when the patient is too sick to understand what seems to be going on.
  - The patient also feels reassured when his family is near.

Visiting hours and designated waiting rooms are important for family members who waited vigilantly for the sick relative and open visitation has been made an option in many hospitals, while some remain rigid with visitation hours (Hashim, 2007).
Family member inside ICU

ICU with restricted family visit

Family staying in lounge while patient is in ICU

Family Lounge
Proximity with the Patient

- Family members from hospitals that adhered strictly to visiting hours stated that they need to have a few moments every hour to check the patient.
- Family members are disappointed when they were not allowed to be with the patient once the visiting hours are over.
- Policy such as this makes family dis-satisfied with care (perceived as lack of empathy from nurses).
Proximity with the Patient

- Analysis revealed that regardless of the educational level (Chui & Chan, 2007) family members need time with the patient to be able to adjust to the sudden critical situation (Azoulay, 2001).
Expected Practice

• Facilitate unrestricted access of hospitalized patients to a chosen support person (e.g., family member, friend, or trusted individual) who is integral to the provision of emotional and social support 24 hours a day, according to patient preference, unless the support person infringes on the rights of others and their safety, or it is medically or therapeutically contraindicated. 1 [Level D]

• Ensure that the facility/unit has an approved written practice document (i.e., policy, procedure, or standard of care) for allowing the patient’s designated support person—who may or may not be the patient’s surrogate decision maker or legally authorized representative—to be at the bedside during the course of the patient’s stay, according to the patient’s wishes. 1-6 [Level D]

• Evaluate policies to ensure that they prohibit discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and/or gender identity or expression. 1-6 [Level D]

• Ensure that there is an approved written practice document (i.e., policy, procedure, or standard of care) for limiting visitors whose presence infringes on the rights of others and their safety or are medically or therapeutically contraindicated to support staff in negotiating visiting privileges. 6 [Level D]
Communication

• The participants expressed that it is necessary for the healthcare team to talk and discuss matters with them.
• The need for information such as diagnosis, prognosis, management/interventions and the reasons why certain things need to be done are what the family requires.
• Information given should be easily understandable and communicated with considerations of empathy and care.
Communication

• The family needs to be immediately informed about changes in patient’s condition
  – The reason why the family opted to stay within the premises of the hospital so that they would readily know about the progress or regress of their patient’s condition

• The participants expressed the need for their questions to be answered honestly
  – They expressed the need that answers to their questions will be explained within their level of understanding
  – Understanding will ease the fear and anxiety they have making it easier for them to bear the stress of the situation
Support after ICU

- When patient is transferred to the ward, the family expressed concern over the care being provided.
  - Nurse – Patient ratio in the nursing unit
  - Quality of assessment and attention to patient

- The staffing ratio varies in most hospital
  - 1:6 to “1: Ward”
  - Limited nurse position in most government hospital
- Fast turn-over of nurses makes most nurses on the floor “Novice – advanced beginners”
  - Affects quality of performance and competence
Support after ICU

• Financial matters compounds the concern of both patient and family
  – The burden of health care spending falls mostly on private households as out-of-pocket (OOP) payments
• Family and patients expressed need that the hospital will have a system that will facilitate getting information related to financial and social service.
Coverage Scope and Depth: What and how much is covered under the NHIP

• “PhilHealth” provides insurance coverage, which covers expenditures as per the benefits schedule up to a ceiling, but over this ceiling, patients have to cover the costs.
• The basic type of coverage is reimbursement for inpatient services.
• Ceilings are specified for each type of service, including:
  – (1) room and board;
  – (2) drugs and medicines;
  – (3) supplies;
  – (4) radiology, laboratory and ancillary procedures;
  – (5) use of the operating room;
  – (6) professional fees; and
  – (7) surgical procedures.
• They vary by hospital level, public and private, and by type of case, i.e. whether ordinary (type A), intensive (B), catastrophic (C), or super catastrophic (D).
Conclusion

• The 3 themes identified in the findings were consistent with other previous studies indicating needs of empathy (emotional upheaval), proximity and communication.

• Although the findings of this small study cannot be generalized for the whole Filipino population of family members with a relative in the ICU, the similarities of the needs identified in the study cannot be ignored as they showed consistent results with studies done in the west (Azoulay, 2001; Leske, 2002; Sturdivant & Warren, 2009) and those in Taiwan (Liaw, Chen, & Yin, 2004).
Conclusion

• The 4th theme “Support after ICU” provided a different need of the patient and family in ICU considering the Philippine health system in terms of:
  – Organization and governance
  – Financing
  – Physical and human resources
Conclusion

- This study, although is limited in its generalizability, provided a purview that the Filipino patients and families surpassing the hurdle of “life threatening” illness, still continue to take on the challenge to survive the crisis of a developing country.

- Surviving because of the formidable trait of *resilience*
“This is Althea Mustacisa, born in the aftermath of Typhoon Haiyan. Unable to breathe on her own, her young parents and medics have been hand pumping oxygen into lungs non-stop and round the clock since she was born. The bottom floor of the two-story government-run Eastern Visayas Regional Medical Center was flooded, and the intensive care unit for newborns was destroyed. Along with life-saving equipment like its incubator. Doctors and staff have taken 20 babies from the unit to a small chapel for safety, placing some of them on the tiny church altar.”
A major theme that's arisen in Guttenfelder's photographs is the resiliency and general good cheer of the Filipino people in the face of the disaster.

"It's almost confusing because people are so good-natured here."

"People laugh and are happy, even though their lives are just destroyed. They've built basketball hoops in rubble and play pickup games, and people watch and cheer."

"Filipino people have an incredible spirit and an incredible way of moving on. If it were any other place in the world, it would be so different."

Guttenfelder
November 23, 2013
National Geographic
감사합니다  Natick
Danke  Дякую
Thank You  Dalu
Köszönöm  Tack
Спасибо  Gracias
Merci  Сеэ
谢谢  謝谢
ありがとう
Obrigado