FAMILY CENTERED CARE IN ICU

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Family centered care - overview

- Definition
- Traditional Models
- Private Rooms vs Multibed Rooms
- Open Visitation Policy
Family centered care

• Patient centered care (PCC) ICU paradigm recognize the patient-family unit as inseparable, and it’s focused to meet needs of patient and patients family.

• PCC is advocated by professional organizations for critical care nursing and medicine.
Family centered care

• Treatment in intensive care unit is not only very stressful for the patient but also for the family as well. (1)

• Meeting the needs of patient’s family is an essential part of the responsibilities of ICU physicians and nurses. (2)

Traditional models

- Restricted ICU visitation -
  - Obstruction of nursing and medical care
  - Exhausting patients
  - Interfear with healing
  - Increased infection risk
  - Jeopardize patients privacy
Traditional models

• Strict visiting hours are still most common in the adult ICU (5)

• Nurses favor restricted visiting hours because excessive visits are presumed detrimental for patient.

Private rooms vs multibed

• Results of several trials have shown that patients can suffer from sleep disturbance and restlessness due to high level of noise. (3,4)

• Private rooms provide quite environment.

Private rooms vs multibed

• Private room – patient family

• Ulirch et al – reducing airborne infection and contact transmission

Our experiences

• Multibed ICU
• Strickt visiting hours
Open visitation policy

- Policy that imposes -
  
  No restriction on visiting hours

  Duration of visits

  Number of visitors
Open visitation policy

- The presence of family is a positive factor for the patient, giving comfort and reducing stress level. (7)

Organization changes

- Team leaders
- Education
- Constant supervision
What is our goal!!!

- EVIDENCE BASED CARE
Results

- *Rilley et al* found that patients' families identified facilitators of patient centeredness as nurses and physicians' communication, concern, compassion, closeness, and flexibility. However, competing roles of control over the patients' health care served as barriers to a patient-centered paradigm.
Results

• Kesecioglu et al: Features of ICU design linked to the needs of patients and their family are single rooms, privacy, quiet surrounding, exposure to daylight, views of nature, prevention of infection, a family area and open visiting hours. Other features such as safety, working procedures, ergonomics and logistics have a direct impact on the patient care and the nursing and medical personnel.
STRATEGIES FOR PROMOTING FAMILY-CENTERED END-OF-LIFE CARE

• Get to know the family
• Assess the family’s understanding of the patient’s condition
• Keep the family informed
• Provide clear, honest information to the family
• Maintain consistency of care providers
• Coordinate early family meetings
• Facilitate the decision-making process
• Assist the family through shared decision making
• Guide the family through the end-of-life process
• Prepare the family for what to expect during the dying process
Conclusion
See you in Brisbane, April 2016
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