

New guidelines seek to promote family-centered care in the ICU

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Critical illness is a stressful and traumatic experience that may have lasting effects on the health of patients and families, even months after discharge from the intensive care unit (ICU). A new set of guidelines for promoting family-centered care in neonatal, pediatric, and adult ICUs will be presented at the Society of Critical Care Medicine's (SCCM) 46th Critical Care Congress, to be held January 21 to 25, 2017, at the Hawaii Convention Center, Honolulu. The guidelines also appear in *Critical Care Medicine*, SCCM's official journal.

"These guidelines identify the evidence base for best practices for family-centered care in the ICU," comments lead author Judy E. Davidson, DNP, RN, FAAN, FCCM, of the University of California San Diego Health. The new guidelines are based on evidence showing that family-centered care may prevent or lessen the impact of [post-intensive care syndrome](#)—lingering physical and mental health effects that can occur in family members as well as patients. The guidelines and supporting work tools are now available on the [SCCM](#) and *Critical Care Medicine* websites. They also are available at the Society's ICU Liberation website at <http://www.ICULiberation.org/Family>.

Family-Centered Care in the ICU: Evidence and Recommendations

Based on analysis of more than 450 qualitative and quantitative studies, a multidisciplinary international [expert panel](#) developed a series of

evidence-based recommendations for family-centered care in the ICU. Defined as "an approach to healthcare that is respectful of and responsive to individual families' needs and values," family-centered care recognizes the central importance of the family to the patient's recovery.

The expert panel followed a rigorous, objective, and transparent approach to evidence analysis, including steps to incorporate the perspectives of former ICU patients and family members. Examples of the 23 recommendations, grouped into five areas, include:

- * Family presence in the ICU. "Open or flexible" family presence in the ICU, along with support and positive reinforcement for staff in partnership with families.
- * Family support. Family education and instruction on how to assist with care.
- * Communication with family members. Family conferences to promote communication and trust between family members and clinicians and lower the risks of anxiety, depression, and posttraumatic stress symptoms.
- * Specific consultations and ICU team members. Palliative and ethics consultations, as well as the roles of psychologists, social workers, family navigators, and spiritual advisors.
- * Operational and environmental issues. Policies and procedures to support family-centered care, for example, considering space for family members to sleep.

The report includes a summary of the supporting evidence for each recommendation. The expert panel highlights areas for further research

to strengthen the evidence base." One of the key findings from these guidelines is that there are many important areas of family-centered care where the evidence-base is inadequate. The guidelines highlight key areas for future research," comments senior author J. Randall Curtis, MD, MPH, of the University of Washington, Seattle. The guidelines have been endorsed by nine leading [critical care](#) and family-centered care specialty organizations in North America and Europe

The panel, in collaboration with a task force led by David Y. Hwang MD, of Yale University, has also developed a guide to help in planning and implementing steps to improve family-centered care in ICU settings. This [document lists tested resources](#) for translating the recommendations into practice. A [gap analysis tool](#) was also developed for use in developing hospital-specific priorities for change to enhance family-centered care. [This video offers instruction](#) on how to use the gap analysis tool

At the Critical Care Congress presentation titled "Family-Centered Care: Translating Research into Practice," panel members will introduce and discuss the recommendations, including the use of the gap analysis and other work tools. "Family presence, improved communication and [family](#) engagement in care may reduce post-intensive care syndrome for both patients and their [family members](#), ultimately improving the health of our community," Judy Davidson comments. "Families in the ICU aren't visitors—they should be an integral part of the care and the care team." The session will be broadcast live at <http://www.sccm.org/live>.

Endorsing Agencies: American Association of Critical-Care Nurses, American College of Chest Physicians, American Thoracic Society, British Association of Critical Care Nurses, European Society of Intensive Care Medicine, Institute for Patient- and Family-Centered Care, Pediatric Cardiac Intensive Care Society, Society of Critical Care Anesthesiologists, World Federation of Societies of Intensive and

Critical Care Medicine.

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