

# Implementing Family Presence During Trauma/Code Blue Resuscitation an Evidence Based Pilot Evaluation

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## Objectives

The learner will be able to:

- Ask the EBP question related to family presence based on acquiring and appraising the best evidence.
- Discuss the ways in which best evidence is applied to create and implement a family presence intervention.
- Relate strategies for analyzing the process and outcomes evaluations of the family presence intervention to make decision about whether to adopt the intervention into clinical practice.



## The Five A's + 1 A

- Ask
- Acquire
- Appraise
- Apply
- Analyze
  
- Adopt/Accept or Reject



## Ask



## Our Question

Is it feasible to implement a family presence intervention during trauma team activations and medical resuscitations in a pediatric emergency department using national guidelines to ensure appropriate family member behavior and uninterrupted patient care?

## ASK

- Building the team
- Establishing mutual wonderment



## Acquire & Appraise

- Collection of the Evidence
  - Family Presence during resuscitation research
  - ENA guidelines
  - Consensus statements
  - Internal survey

## Definitions

Family Presence involves the attendance of the family member(s) in a location that affords visual or physical contact with the patient during a cardiopulmonary resuscitation (CPR) or invasive procedures (IPs)

## Need for Discussion

- Strong debates within healthcare community over past decade
- Healthcare providers reluctant to involve family members
  - CPR or Invasive Procedures
- Family member exclusion grounded by tradition...not outcomes evidence
- National call for Family Centered Care and FP in emergency setting
  - Institute of Medicine's 2006 report on emergency care in the US
  - AAP/ACEP Policy Statement, *Pediatrics* 2006
  - Report on the National Consensus Conference on FP during CPR and procedures, 2006

Few have written policies despite recommendations advanced by national organizations

## What Families Want...

80% of family members surveyed would want to be present

– Meyers et al, 1998

Most [people] want to be present during a family member's resuscitation and would want a family member present if they required resuscitation

– Berger et al, 2004

## Using a Family Facilitator

94 -100% of family members who participated in family presence would choose to do it again.

These families stated family presence:

1. Is the right of the family member
2. Was helpful to them and the patient
3. Helped them comprehend the seriousness of the situation and that all treatment was exhausted.
4. Did not cause any traumatic memories at 2 months post resuscitation.

- Meyers et al

## The Total Experience

109 families and 290 ED staff members (38% physicians and 36% nurses) were surveyed on a family presence event of a **pediatric** patient. The families were surveyed 3 months after the resuscitation. The staff immediately after the event.

### Family Outcomes

All stated family presence with a family facilitator to be a positive event.  
No one claimed to have any traumatic memories since the event  
94% Stated the experience went as they expected  
94% Stated they were comfortable with the event

### Staff Outcomes

89% stated performance of the healthcare team was not effected  
97% stated family presence did not perceive family presence to disrupt care delivery  
93% stated the length of the resuscitation was unchanged  
92% nurses support family presence during resuscitation  
78% physicians support family presence during resuscitation

- Mangurten et al 2006

## The Big Picture

196 families surveyed

- No interruption in care
- No significant time differences in key events: time to log roll, time to first radiograph, time to IV
- Healthcare provider surveyed: 93% stated care was the same or easier than before FP implemented

- O'Connell et al 2008

## Benefits of Family Presence

### Family member (FM) benefits

- ↓ feelings of anxiety and fear
- ↑ awareness of patient's clinical status
- ↑ awareness of resuscitative efforts
- Facilitated grieving process
- Helped with continued patient-family connectedness; gave a sense of closure

Meyers 2000; Wolfram 1997; Sacchetti 1996; Mangurten 2006; Robinson, 1998; Timmermans, 1997; Turner, 1997; Shapira, 1996; Bauchner, 1991; Hanson, 1992; Doyle, 1987; Belanger 1997; Adams 1994; Doran, 2004; Powers, 1999

### Patient benefits

- Provided comfort
- Helped with coping and pain control

Eichhorn 2001; Robinson 1998; Wolfram 1997

## Summary

- Over 600 families have been evaluated in research studies – no direct or physical interference with patient care by families has been documented
- Most family members want to be there
- Does not appear to be harmful to family members; may be helpful
- Does not appear to negatively influence health care providers and patient care
- Fears are alleviated with experience
- The practice of FP and hospital policies endorsing a standardized approach to FP are recommended by professional societies

## Family Presence Option

- The Emergency Nurses Association (ENA) believes it is in the best interest of the patient and family to offer the option for a family member to be present during invasive procedures and resuscitation situations.

## Family Presence Option

- American Heart Association has included the option of family presence into the new PALS guidelines

## AAP/ACEP Policy Statement 2006

- The option of family member presence should be encouraged for all aspects of ED care
- Institutional policies should be developed for provision of Patient-family-centered care (PFCC)

## National Consensus Conference

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• AAP</li><li>• ACEP</li><li>• American College of Surgeons</li><li>• AHA</li><li>• American Trauma Society</li><li>• American Pediatric Surgical Assoc</li><li>• American Psychological Assoc</li><li>• Nat'l Assoc of EMTs</li><li>• Nat'l Assoc of Ped NPs</li><li>• Nat'l Assoc of Social Workers</li><li>• Assoc of Prof Chaplains</li><li>• Agency for Healthcare research and quality</li></ul> | <ul style="list-style-type: none"><li>• Ambulatory Peds Assoc</li><li>• ENA</li><li>• SAEM</li><li>• SCCM</li><li>• US DHHS, Maternal and Child</li><li>• Health Bureau, EMSC</li><li>• National Resource Center</li><li>• Child Life Council</li><li>• National Assoc of Children's Hospitals and Related Institutions</li><li>• Vince Hutchins School of Public Health</li></ul> |
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## Our Survey

- Distributed to 80 nurses and 20 physicians with a 40% response rate
  - 75% agreed family members should have the option of family presence in the code room
  - 96% have been involved in family presence with no interruption in care
  - Suggestions offered:
    - Social work to remain with family
    - Family assessment prior to entering code room
    - Implementing a policy and procedure

# APPLY

## Interdisciplinary P/P

- Physician agreement to offer the option
- Family Facilitator role
- Family assessment and preparation for entering
- Continued family assessment through out event
- Plan to remove families

## Policy Appraisal

- Surgical Service
- ICU
- Anesthesia
- Social work
- Crisis/admission nurse
- Legal



## Family Presence Data Tool

- Demographic data
- Number of family members in the room and relationship
- Feasibility of implementing the steps of the policy & procedure
- Outcome evaluation on the safety of the FP intervention

## Education

- General Education
  - ED attendings
  - ED staff nurses
  - ADs
- Facilitator Education
  - Social work staff
  - ED Charge nurses

## Analyze

- 106 events
  - 9 Excluded:
    - 3 family not present
    - 2 physician did not agree
    - 2 limited space
    - 1 legal concerns
    - 1 family inappropriate
- 96 remaining ALL wanted to be present

## Analyze

- 72% trauma activations; 28% medical alerts
- 90% arrived with patient
- 96% were screened for family presence
  - All deemed appropriate for entry
- 86% cases discussed with attending
  - 92% physicians agreed
- 92% of families were prepared to enter the room

## Analyze

- 70% had one family member; 21% had 2
- Mothers 74%; Fathers 28%; Siblings 9%
- In the room:
  - 53% observed to be quiet
  - 33% anxious but cooperative
  - 17% distractible but able to follow instruction
  - 14% distressed and crying but consolable
  - 1 event terminated – family initiated

## Analyze

**ZERO Family Members Interrupted Care**

## ADOPT/ACCEPT or REJECT

- Findings were shared with ED staff, surgical staff and social worker staff
- Policy and Procedure Permanence
- Continued Evaluation
  - 3 year, multi-center study evaluating the practice of family presence during trauma team activations (funded by HRSA, Maternal and Child Health Bureau, and EMSC)

Questions?

