The Bridge Project

A nurse led collaborative intervention to promote early family meetings in the intensive care unit

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Introduction

The Medical ICU houses some of the sickest patients in the hospital. Often times, these patients are too sick to make their own decisions regarding their care. The medical team must then rely on the patient's family to make these difficult and often life and death decisions for their family member. The families frequently have little or no knowledge of the complex nature of the patient's illness, treatment options, and prognosis. Physicians usually receive little training and experience in speaking to families about decision-making. According to one study, after speaking with a clinician, 50% of the families of ICU patients had an insufficient understanding of diagnoses, prognosis, or treatment options (Azoulay et al, 2000). Another study found the basic tenets of informed decision-making are not commonly met in communication between medical teams and families (White et al, 2007).
With this in mind, a group of AgeWISE nurses developed a process improvement project to improve communication between the medical team, patients and their families.

Our goals for this project were identified as:
1. Implementing a new standard of family meetings taking place within 72 hours of admission to the MICU
2. Implementing a new documentation tool to be used during family meetings
3. Creating and using a designated family meeting room
4. Educating patients and families on communication in the MICU
5. Educating nursing staff, ancillary staff, and physicians on the project and on conducting effective family meetings

Medical ICU Family Meeting Project

University Hospitals Case Medical Center

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Method

1. Renovated a seldom used education room for use as the family meeting room
2. Created brochures and a poster to educate patients and families on family meetings
3. Worked with MICU Medical Director on creating a documentation tool to be used during family meetings, presented the project and tool to the MICU fellows and attendings at the MICU Morbidity and Mortality meeting
4. Educated MICU secretaries and nursing staff one-on-one on the project and their role in implementation
5. Educated each new resident group at their MICU orientation on the project and on family meetings
6. Conducted audits to evaluate whether meetings were being done and all steps being followed

Steps

- Upon admission to the MICU, the secretary records the patient name and date in the project log. A pink card is placed on the front of the chart with the date 72 hours from admission as a reminder for the nurses and physicians.
- A family meeting brochure, a pre-family meeting survey, and a blank family meeting documentation note have been included in the MICU admission packet. The brochure and the survey are given to the family by the bedside nurse. When the family has completed the survey, it is returned to the bedside nurse who places it in a collection envelope. The nurse places the family meeting documentation note in the front of the chart with a patient label.
- The family meeting is held within 72 hours of admission. The meeting is led by the MICU fellow with the resident, nurse, and family present. Palliative care, social work, ethics, or any other involved team members may attend. The meeting is summarized on the family meeting documentation note and is signed by the physician who led the meeting. The completed note is placed back in the front of the chart and a copy is given to the family for reference.
- The family is given a post-meeting survey to be returned to the bedside nurse when completed. The returned survey is also placed in the collection envelope.

Results

The program has now been running for approximately 28 weeks. At 20 weeks, we evaluated our progress so far. We found that we had admitted 781 patients to the MICU. Of those patients, 317 had a length of stay greater than 3 days or expired in the MICU. These were the patients we expected to have a family meeting. Data collection of meeting statistics is ongoing, but anecdotal evidence and feedback has been positive.

Discussion

Some of the obstacles we identified were the rotation of residents, fellows, and attendings in and out of the MICU, the relatively short length of stay in the MICU, the family meetings not being documented on the family meeting note, the absence of patients' family members at the bedside, the inconsistencies in the nurse presentation of the brochure and survey to the families, and the inconsistencies of the physicians coordinating family meetings. The successes we believe we have had so far include more open dialogue between physicians, nurses, patients, and families regarding the importance of communication and family meetings, the creation of a family meeting note to guide the format of the meeting and provide clear documentation of topics discussed and decisions made, the creation of brochures and posters to support and educate patients and families, and the creation of a private and peaceful room in which to hold family meetings.

References

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