Family Presence

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FAMILY PRESENCE DURING HOSPITALIZATION

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Studies have shown that the **personal beliefs and attitudes** of healthcare providers are the primary reasons that family presence is not provided.

The **purpose** of this project is to determine if a structured educational program improve nurses’ awareness and acceptance of FP during hospitalization.
History

- Family presence is commonly discussed regarding CPR and invasive procedures
  - The first study to question family presence during resuscitation was conducted at Foote Hospital in 1982
  - Researchers conducted a retrospective study involving families who had recently lost a loved one despite resuscitative efforts.

- In 1995, the Emergency Nurses Association developed a national guideline for family presence during CPR/IP.
  - This is referred to by many researchers as the “catalyst” for all future family presence research.

Fisher et al., 2008
PICO QUESTION
Does a structured educational program improve nurses’ awareness and acceptance of family presence during hospitalization?

P: RNs (7K + L&D)
I: structured educational program about FP
C: attitudes and beliefs pre/post survey
O: nurses’ awareness and acceptance of FPDH
TRIGGER?

Knowledge v. Problem

- KNOWLEDGE
  - New research or other literature
  - National Agencies or Organizational Standards & Guidelines
  - Philosophies of Care

- PROBLEM
  - Process Improvement
  - Identification of clinical problem
EVIDENCE

- CINAHL, Medline, OVID, Google Scholar

- Keywords:
  - Family presence, family centered care, family participation, staff perceptions, education strategies
A key need identified is determining how the HCPs in the hospital feel regarding family presence.

When asked, HCPs commonly identify the following as reasons for not allowing family presence:
- Fear that anxiety/stress caused by family presence will prevent them from being able to provide quality patient care
- Fear of an increase in medical malpractice suits
- Possibility that the family will impede care
- Fear that the family member will not be able to maintain self-control

Studies reveal that generally speaking, nurses are more likely to support family presence than physicians

Hanson & Strawser, 1992, Meyers et. al, 2000
Several institutions have successfully incorporated family presence into everyday practice

- **Example:**
  - **ED urban Level I trauma center:** baseline data gathered from pre-survey, educational program designed using pre-survey data and disseminated over 3 month time period,
  - **Results evaluated using post-survey**
    
    (Mian et al, 2007)

These institutions have combined structured educational programs with the established ENA guidelines to promote staff acceptance and implementation.

- **Children’s Medical Center, Dallas, TX**

  (Jones, et al. 2011)
Current Practice at LVHN

- Policy & Procedure Manuel
- Administration Policy Manuel
- Family Presence and Guest Visitation Guidelines
IMPLEMENTATION

- **Participants:** RNs on 7K and L&D/PNU
  - Survey available to everyone who qualified, participation on a volunteer basis

- **Baseline data collected via pre-survey**

- **Pre-survey results used to create educational tool**
Implementation

- Educational material (poster) presented to staff on both units for ~ 2 ½ weeks each
  - In addition, several informal discussions generated by poster allowed opportunity for staff education

- Effectiveness of education evaluated by post-education questionnaires
The purpose of this project was to enhance RNs awareness of FP and to encourage implementation of the FP Policy already in place at LVHN.
RESULTS

▪ A total of 32 responses were received for the entire project
  • 16 Pre & 16 Post
  • 16 L&D + 16 7K

▪ 18 RNs & 14 BSN, RN
Pre-Education Survey

- Based on pre-survey data, participants on both units reported already practicing FP
  - Part One (0-4 scale) responses range: 3.00-3.63
  - Part Two (0-5 scale) responses range: 3.44-4.19

- 13 out of 16 RNs reported their job performance had been hampered by FP in the past
  - Common themes: “overbearing” parent/spouse, family directly interfering with care
Post-Education

- 100% of participants reported that they learned something new about FP @ LVHN

- 50% of participants reported that they did not know LVHN has a FP Policy or where to find it
9 of 16 participants reported that they would be changing their practice regarding FP based on the policy

- Themes: better education of family members choosing to participate in care, more awareness of age requirements for overnight visitors (L&D)
Implications for LVHN

- Family presence enhances patient-centered care
  - Appropriate implementation of FP creates a more relaxing environment for the patient/family and the healthcare team
  - Consistency in how family are included from day-to-day
- Increase in patient satisfaction
- Congruent with LVHN mission:
  - “we heal, comfort and care for the people of our community by providing advanced and compassionate health care of superior quality and value supported by education and clinical research”.
Lessons Learned

- Family presence is initiated on a case-by-case, patient-by-patient basis.

- There is no “one good method” to disseminating education regarding family presence. Multiple approaches are beneficial to increasing awareness.

- “Side chats” on a 1:1 basis on the unit encouraged initial staff participation.

- It is impossible to get everyone “on board”, especially when it comes to acknowledging areas their practice could be improved.
Strategic Dissemination of Results

- Plan for dissemination on 7K & L&D/PNU:
  - presentations at monthly unit meetings, TLC education
- Possibilities for future education:
  - Simulation experiences
References


References


Make It Happen

- Questions/Comments

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