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Family Presence

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Published In/Presented At

Pasquale, L., Tolaj, D. (2014, October 29). *Family Presence*. Poster presented at LVHN UHC/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

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FAMILY PRESENCE DURING HOSPITALIZATION

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A PASSION FOR BETTER MEDICINE.™



Background/Significance

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

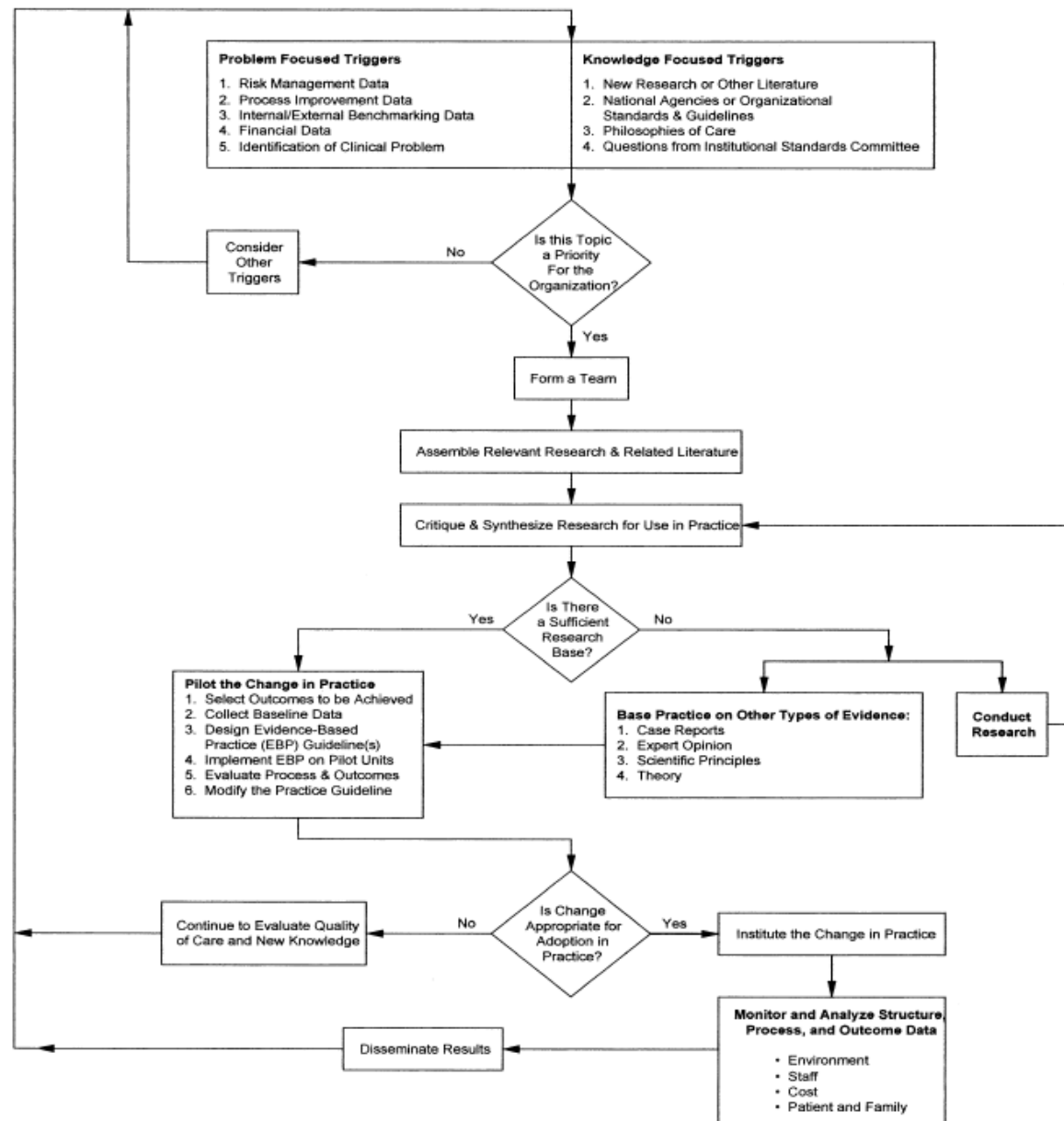
Does a structured educational program improve nurses' awareness and acceptance of family presence during hospitalization?

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



◊ = a decision point

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

EVIDENCE

- 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

EVIDENCE

- 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
 - Survey adapted from Fisher, et al (2008)
Family Presence Attitude 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

Practice Change

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

Post-Education

- 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

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Make It Happen

- Questions/Comments

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