HRET HIIN VAE Virtual Event

“The Importance of “F”: Family Engagement and Empowerment in VAEs”

August 30th 2018
11am - 12pm CT
WELCOME AND INTRODUCTIONS

Kavita Bhat, MD, MPH | Program Manager, HRET
## Today’s Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 - 11:05 am</td>
<td>Welcome and Introductions</td>
<td>Kavita Bhat, MD, MPH</td>
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<tr>
<td></td>
<td>• Introduction to today’s event and agenda overview.</td>
<td>Program Manager, HRET</td>
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<tr>
<td>11:05 - 11:15 am</td>
<td>The “F” Component of the ABCDEF Bundle</td>
<td>Maryanne Whitney, RN, CNS, MSN</td>
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<tr>
<td></td>
<td>• Introduction to the ABCDEF bundle and the importance of the “F” component.</td>
<td>Improvement Advisor, Cynosure Health</td>
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<tr>
<td>11:15 - 11:45 am</td>
<td>Hospital Journeys with Patient and Family Engagement</td>
<td>Kelly Drumright, MSN, RN, CNL, CCRN-CMC, CSC</td>
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<tr>
<td></td>
<td>• Tennessee Valley Healthcare System VA Medical Center and Vanderbilt University Medical Center speak and provide examples on their hospital’s strategy with implementing patient and family engagement in their ICUs.</td>
<td>Clinical Nurse Leader, VA Medical Center</td>
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<tr>
<td></td>
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<td>Jaime Inman, BSN, RN, CCRN</td>
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<td>Clinical Nurse Leader, VA Medical Center</td>
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<td>Christine Rowan, RN, BSN</td>
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<td>Research Nurse Specialist, Vanderbilt University Medical Center</td>
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<td>11:45 – 11:55 am</td>
<td>Q&amp;A</td>
<td>Kavita Bhat, MD, MPH</td>
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<td>• Open discussion for participants to ask subject matter experts questions.</td>
<td>Program Manager, HRET</td>
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<tr>
<td>11:55 – 12:00 pm</td>
<td>Wrap Up</td>
<td>Kavita Bhat, MD, MPH</td>
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<td>• Conclusion of today’s event with CME instructions and VAE resources.</td>
<td>Program Manager, HRET</td>
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HRET HIIN VAE Data (as of 7/2/18)

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<tr>
<th>Months</th>
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<th>% of hospitals reporting</th>
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<td>2017 - 03</td>
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PfP Vision for PFE

Hospitals and other health care providers achieving quality and safety goals by fully engaging patients and their families, determining what matters most to them in every situation, and partnering with them to make improvements to all aspects of care.
PfP PFE Metrics

**Point of Care**
- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

**Policy & Protocol**
- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

**Governance**
- Patient and family on hospital governing and/or leadership board (Metric 5)
Importance of Family in the VAE World
Polling Question unit?

- 0-2 Not present or involved
- 3-5 Just getting started with family engagement and empowerment
- 6-8 Been working on this, have open visiting and beginning to include family in MDR
- 9-10 Families participate in MDR daily
ABCDEF Bundle = ICU Liberation

- **A**
  Assess, prevent and manage pain

- **B**
  Both spontaneous awakening trails and spontaneous breathing trials

- **C**
  Choice of analgesia and sedation

- **D**
  Delirium: assess, prevent, and manage

- **E**
  Early exercise and mobility

- **F**
  Family engagement and empowerment
Optimize pain management.

Break the cycle of deep sedation and prolonged mechanical ventilation.

Reduce the incidence, duration of ICU delirium.

Improve short, long-term ICU patient outcomes.

Reduce health care costs!

Reduce harm including VAE!

Morandi et al Curr Opin Crit Care 2011;17:43-9
Vasilevskis et al Crit Care Med 2010;38:S683-91
Zaal et al, ICM 2013;39:481-88
Colombo et al, Minerva Anest 1012;78:1026-33
Bundle Implementation Success: key findings from a meta-analysis

21 studies, all including process measures and 9 with clinical outcomes data

Trogrlić Z. Critical Care 2015; 19:157
Bundle Implementation Success
key findings from a meta-analysis

• A variety of programs improved process measures e.g., 92% Delirium screening adherence
• Programs with 6 or more implementation strategies were best
  • Statistically lower mortality and shorter ICU LOS
  • Lower VAE rates
• Strategies targeting organizational changes in addition to provider behavior reduced mortality
Survival and Delirium/Coma Improved after Implementing PAD Guidelines via ABCDEF Bundle in >6,000 patients

RESULTS

Mortality Improvement

Delirium and Coma Freedom

NOTE: Adjusted for age, APACHE III, and mechanical ventilation
7 California Hospitals, Interprofessional QI Implementation project

Barnes-Daly and Ely, SCCM meeting, Orlando 2016
Characteristics of Patient and Family Centered Care

• Keep patient and families:
  – Informed.
  – Actively involved in decision-making.
  – Actively involved in self management.

• Provide both physical comfort and emotional support to patient and families.

• Maintain a clear understanding of a patient’s concepts of illness and cultural beliefs.

IOM Crossing the Quality Chasm 2001
Myths/Misconceptions

• Family presence:
  – Interferes with care.
  – Exhausts the patient.
  – Is a burden to families.
  – Spreads infection.

Institute for Patient and Family Centered Care
http://www.ipfcc.org
“Social” isolation separates patients from families.
Families know the patient’s cognitive function.
90 percent US ICUs surveyed in 2008 had restrictive visitation policies.
   – 62 percent had three or more restrictions
   – Restrictions included:
     • Hours.
     • Visitor number.
     • Visitor age.

Ehlenbach, WJ 2010. JAMA, 303(8), 763-70.
Liu, V. 2013 Critical Care, 17(2), R71.
Creating the right environment

• Family Presence.
• Family and Patient Engagement.
• Family and Patient Empowerment.
Flexible Visitation

• Concept of an “open ICU.”
• Daily meetings with the family.
• Health care providers learn to work while being observed.
• Unit redesign efforts should consider impact of having family present.
  – Comfort.
  – Sleeping.

Cypress, BS 2012. Dimens Crit Care Nurse. 31:53-64
“Let’s Open the Door”

• Today
  – Resistance is from health care workers.

• WHY?
  – Fear of consequences.
  – Failure to understand the importance of families.
  – Family presence at the bedside seen as a privilege not as a component of the patients care.

Burchardi, H. Intensive Care Medicine 2002:28(10);1371-2
Patient Benefits from Flexible Visitation

– Decreases anxiety, confusion and agitation.
– Reduces cardiovascular complications.
– Decreases ICU length of stay.
– Provides feelings of security.
– Increases patient satisfaction.
– Increases quality and safety.

Bell L, AACN Practice Alert, Nov 2011;
Photograph: Family Presence during Cardiac Resuscitation NEJM March 14, 2013
Family Benefits from Flexible Visitation

– Increases family satisfaction.
– Decreases anxiety.
– Promotes communication.
– Contributes to a better understanding of the patient.
– Allows more opportunities for teaching.
– Increases involvement in care.

Bell L, AACN Practice Alert, Nov 2011
Inviting Families and Patients to Engage

• Focus on activities that actively involve families in the patient’s care.
• Be sensitive to the families questions and concerns.
• Communicate to allow for greater understanding of cultural and spiritual needs.
• Adopt some common strategies for engagement and provide education on the unit.
How to Engage Family Members

• Have pre-printed brochures that outline common things that can help the patient.

• These include:
  – Speak softly and use simple words.
  – Re-orient the patient.
  – Talk about family and friends.
  – Bring sensory aides (glasses, hearing aides).
  – Decorate the room with reminders of home.
  – Perform range of motion exercises.
  – Document in an ICU diary.
Empowering Family Members

- Family members are patients’ primary advocates.
- We need to provide the family the tools and permission needed to speak up for the patient.
- Create a safe environment to talk openly.
- Create a culture where it is acceptable for our actions to be questioned.
- Three key areas:
  - Shared decision-making.
  - Safety.
  - Future care expectations.
Thoughts? Questions?
TENNESSEE VALLEY HEALTHCARE SYSTEM VA MEDICAL CENTER’S JOURNEY WITH PATIENT AND FAMILY ENGAGEMENT

Kelly Drumright, MSN, RN, CNL, CCRN-CMC, CSC
Jaime Inman, BSN, RN, CCRN
About TVHS VA Medical Center

The Tennessee Valley Healthcare System (TVHS) provides service to the Veteran population and consists of two inpatient facilities and multiple outpatient facilities throughout Tennessee and Kentucky.

The Alvin C. York (ACY) campus in Murfreesboro

- Level 3 facility
- 245 geriatric extended care beds, 60 acute psychiatric beds, 35 medical-surgical beds, 3 intermediate specialty care beds, 4 intensive care beds and a 7 bed Emergency Department.

The Nashville VA campus

- Level 1 teaching facility that has a total of 143 beds: 16 acute psychiatric beds, 93 medical-surgical beds, 11 intermediate specialty care beds, 10 surgical intensive care unit (SICU) beds, 8 beds on the bone marrow unit (BMU), 18 beds in the Emergency Department (ED) and 13 medical (MICU) beds.
- Academic affiliation is with Vanderbilt University School of Medicine.
- The Nashville VA is also the only VA facility in the country that supports all solid organ transplants.
### IPEC Data Management System

**Ventilator Associated Events**

- **Time interval:** Quarterly fiscal year: 2017 (10-16 through 09-17); network: 09 Mid South, facility: 626 Nashville [61/c1a], includes data values, national aggregates for fiscal year.

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<tr>
<th>FQTR1</th>
<th>FQTR2</th>
<th>FQTR3</th>
<th>FQTR4</th>
<th>FY17</th>
<th>09.626.S101 SICU</th>
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<td>50</td>
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<td>APRV ventilation days of care (APRV)</td>
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<td>57</td>
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<td>03</td>
<td>Total ventilation days of care (vent days + APRV vent days)</td>
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### Ventilator Associated Events (VAE)

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<th>FQTR4</th>
<th>FY17</th>
<th>09.626.S101 SICU</th>
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<td>Infection Related Ventilator-Associated Complication (IVAC) events</td>
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<tr>
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<td>0</td>
<td>0</td>
<td>Possible Ventilator-Associated Pneumonia (PVAP) events</td>
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<tr>
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<td>0</td>
<td>Monthly total of IVAC + PVAP events</td>
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<td>Monthly total of VAE events (VAC + IVAC + PVAP)</td>
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### Monthly Rates

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<td>17.54</td>
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<td>Monthly IVAC rate per 1000 total ventilation days of care</td>
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<td>Monthly IVAC+PVAP rate per 1000 total vent. days of care</td>
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<td>Monthly % APRV utilization rate</td>
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### Ventilator Associated Events (VAE) in ICU/CU

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<tr>
<td>242</td>
<td>203</td>
<td>210</td>
<td>138</td>
<td>793</td>
<td>Total ventilation days of care (vent days + APRV vent days)</td>
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<tr>
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### Ventilator Associated Events (VAE)

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### Monthly Rates

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<td>Monthly PVAP rate per 1000 total ventilation days of care</td>
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<td>Monthly IVAC+PVAP rate per 1000 total vent. days of care</td>
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<td>9.25</td>
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<td>34.13</td>
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<td>Monthly % APRV utilization rate</td>
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<td>Monthly % APRV utilization rate</td>
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### Ventilator Associated Events

* IPEC Data Management System  
20 August 2018, page 2 of 2

**time interval:** quarterly; **fiscal year:** 2017 (10-16 through 09-17); **network:** 09 Mid South; **facility:** 626 Nashville (T1/c1); **includes:** data values, national aggregates for fiscal year

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<th>FQTR1</th>
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<td>(01) ventilator days of care</td>
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<td>(02) APRV ventilation days of care (APRV)</td>
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<tr>
<td>260</td>
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<td>(03) total ventilation days of care (vent days + APRV vent days)</td>
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<td>1246</td>
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<td>1195</td>
<td>1306</td>
<td>5023</td>
<td>(04) bed days of care</td>
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**ventilator associated events (VAE):**

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<th>FQTR1</th>
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</tr>
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<td>0</td>
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**monthly rates:**

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<tr>
<th>FQTR1</th>
<th>FQTR2</th>
<th>FQTR3</th>
<th>FQTR4</th>
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<th>NATIONAL AGGREGATES</th>
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<td>8.73</td>
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<td>2.17</td>
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<tr>
<td>0.00</td>
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<td>(12) monthly P-VAP rate per 1000 total ventilation days of care</td>
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<td>17.95</td>
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<td>18.16</td>
<td>(15) monthly % ventilator utilization rate</td>
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<tr>
<td>17.95</td>
<td>19.75</td>
<td>14.37</td>
<td>18.16</td>
<td>(16) monthly % rate of APRV per total ventilation days of care</td>
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<tr>
<td>19.75</td>
<td>14.37</td>
<td>18.16</td>
<td>(17) monthly % APRV utilization rate</td>
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**ventilator associated events (VAE):**

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<tr>
<th>FQTR1</th>
<th>FQTR2</th>
<th>FQTR3</th>
<th>FQTR4</th>
<th>FY17</th>
<th>NATIONAL AGGREGATES</th>
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<tbody>
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<td>56</td>
<td>73</td>
<td>47</td>
<td>241</td>
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<td>22</td>
<td>26</td>
<td>17</td>
<td>15</td>
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<td>6</td>
<td>7</td>
<td>9</td>
<td>11</td>
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<td>26</td>
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<td>99</td>
<td>73</td>
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</table>

**monthly rates:**

<table>
<thead>
<tr>
<th>FQTR1</th>
<th>FQTR2</th>
<th>FQTR3</th>
<th>FQTR4</th>
<th>FY17</th>
<th>NATIONAL AGGREGATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.26</td>
<td>2.74</td>
<td>4.11</td>
<td>2.55</td>
<td>3.15</td>
<td>(10) monthly VAC rate per 1000 total ventilation days of care</td>
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<td>1.10</td>
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<td>0.96</td>
<td>0.81</td>
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<td>4.67</td>
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<td>20.54</td>
<td>19.23</td>
<td>18.34</td>
<td>16.67</td>
<td>19.24</td>
<td>(15) monthly % ventilator utilization rate</td>
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<tr>
<td>13.58</td>
<td>13.61</td>
<td>12.77</td>
<td>12.75</td>
<td>13.92</td>
<td>(16) monthly % rate of APRV per total ventilation days of care</td>
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<td>0.28</td>
<td>0.27</td>
<td>0.24</td>
<td>0.73</td>
<td>0.38</td>
<td>(17) monthly % APRV utilization rate</td>
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</table>
Postintensive Care Syndrome

Implementing the “F” Bundle

- **Interprofessional teams (IPT)** were developed around each element of the bundle and met weekly at first, then monthly
  - Included physicians, nurses, respiratory therapists, physical therapists, pharmacists, chaplains, social workers
  - Volunteers were selected to champion each component of the ABCDEF Bundle allowing for peer-driven education and accountability
  - Education sessions for staff focused on each element of the bundle
- Development of tools (documents and reference materials) to assist staff at bedside
- Creation of brochures for patients and families
Implementing the “F” Bundle

- Open visitation policy in place prior to start of collaborative
- Large white communication boards in each room
- Family and support persons encouraged to participate in daily bedside IPT rounds to discuss daily goals of care for their loved ones
- Family presence and involvement in care documented in EHR
- Brochures developed to educate and inform families regarding a stay in the ICU
- Weekly **ICU Recovery group** organized for patients and families who have experienced an ICU stay
- **ICU diary** program developed and implemented
Implementing the “F” Bundle

This patient has an ICU Diary

All clinical staff (i.e. physicians, nurses, physical therapists, respiratory therapists, chaplains, social workers) are strongly encouraged to make make entries.

Family and visitors are invited to make entries.

Please see nurse for diary location.

Tennessee Valley Healthcare System proudly announces our new ICU Recovery Group

to provide ongoing support for Veterans, relatives, and support persons who have encountered critical illness.

DATE:
Every Monday

TIME:
11:00 am

LOCATION:
MICU family conference room

• Meet with other Veterans and relatives who have had an ICU admission
• Share experiences of critical illness and recovery
• Meetings led by former ICU patients, relatives and health professionals

For more information or to sign-up, contact Leanne Boehm at 615-873-7971 or leanne.boehm@va.gov
Find us on Facebook at “THRIVE for ICU patients/families” or scan the code

Information for Families of Patients in the CCU/ICU
(Critical Care Unit/Intensive Care Unit)

VA Healthcare
Defining Excellence in the 21st Century

To the Families of Patients in the VA Critical Care Units,

Our mission is to provide exceptional, evidence-based critical care in the unique needs and goals of each patient and their families are unique in their goals and visions. We believe that optimal critical care medicine is deployed in manner and their families are unique in their goals and visions. We believe that optimal critical care medicine is deployed in manner of each patient.

For frequently asked questions, additional information regarding the ABCDEF is available on our website.

The Staff of the VA Critical Care Units
Implementing the “F” Bundle

Full-immersion baptism photograph shared with permission from patient and family.
Peer Support Collaborative

20+ hospitals in the US, UK, South America, and Australia committed to fostering an international network of in-person support groups linking survivors of critical illness and their families.

THRIVE Initiative seeks to create an ICU survivor community.

http://www.sccm.org/Research/grants/Thrive/Pages/THRIVE-In-Person-Support-Network.aspx
ICU Recovery Group Structure

• Open to family members and survivors
• Free-flow, unstructured format
• Led by chaplain and social worker
• ICU nurse present for clinical insight, if needed
• Resources provided, if desired
**Support Person ICU Recovery Group Feedback**

- I feel emotionally supported by the group facilitators and attendees of the support group. 
- I feel like I can learn a lot from other ICU patients and families on how to best cope with my situation.
- I have a better understanding of common situations related to prolonged stays in the ICU and critical illness.
- I know more about what community and VA resources are available to me and how to access them.
- I am now better prepared to plan for my own wellbeing while my loved one recovers.
- I feel more in control of my life than I did before starting the group.

n=50

- **Very much/A lot**
- **Somewhat**
- **A little**
- **Not at all**

American Hospital Association™
Advancing Health in America
“IT IS SO GOOD TO HAVE SOMEONE TO TALK TO OR JUST LISTEN...”
Participant Feedback

“AMAZING GROUP WITH AUTHENTIC LOVE AND CARE FOR OTHERS...”
Participant Feedback

“IT IS SO HEALING TO TALK WITH OTHER PEOPLE WHO HAVE THE SAME CHALLENGES — STRENGTH TOGETHER.”
Participant Feedback

“I WAS ASKED TO COME AND NOW I FEEL LIKE I REALLY CAN DO IT. I ENJOYED SHARING WITH THE GROUP. I AM NOT ALONE.”
Participant Feedback
Conclusions of Support Group Implementation

• We can do it!!

• Helpful in increasing support

• Ideal participant number (for us) 3-6 per session

• Group participation not inhibited with attendance by
  o Blend of ICU survivors and family members/friends
  o Clinician
Addressing Sequelae of Critical Illness in Veterans and Their Families with ICU Diaries

Kelly Drumright, MSN, RN, CNL, CCRN-CMC, CSC
Tennessee Valley Healthcare System VA Medical Center
Nashville, TN

Leanne Boehm, PhD, RN, ACNS-BC
Vanderbilt University School of Nursing
Nashville, TN
ICU Diaries

- Strategy to decrease the incidence of PICS/PICS-F
- Facilitate recovery from critical illness
- Simple, inexpensive, and fairly easy to implement
- **AIM**: Implement ICU diaries at Nashville VA

Nielsen, A. H., & Angel, S. (2016). *Intensive and Critical Care Nursing*, 37, 4-10
Implemented January 2017:
• Model for Quality Improvement
• Established interprofessional team
• Created process & resources
• 1:1 training
• Pre/post staff surveys and informal interviews
• FS-ICU survey for family satisfaction with ICU care
Results

• Over 70 diaries started since initiation of this program

• Compliance tracking (i.e., at least one entry per day):
  – 92.7% of nurses
  – 21.8% of non-nurses
  – 31.9% of families/caregivers

• Barriers: physician buy-in, legal concerns, comfort in writing, and workflow interruption

• Benefits: increased family engagement, enhanced communication, provides a frame of reference for Veteran’s hospitalization
ICU diary staff perspective survey results
Conclusions

• Implementing diaries is feasible in this facility’s ICUs

• Diaries enhance communication

• Family participation relies on presence

• Further work needed to engage non-nurse providers

• Research warranted to identify perceived vs. actual impact of diaries on unit workflow
Successes with “F” implementation

Family engagement and empowerment: Documentation at least once in a 24-hour period that a family member/significant other participated in rounds or a family conference or assisted with the plan of care or the ABCDEF Bundle Care or received education on the bundle elements.
Successes

Nashville VA receives top honors for ICU care

by Katie Grunik | Friday, April 7th 2017
Successes

2018 Congress Recognizes ICU Hero Award Winners
Challenges with “F” implementation

• Unit culture change can be extremely challenging
  – Identifying barriers and Overcoming resistance
  – Keeping the team engaged, including the champions!
  – Engaging non-nursing providers
Key Tips

• Engage upper leadership and harness their support
• Interprofessional teams and collaboration are essential
  – Don’t leave it to just the nursing staff to do it all!
• Evaluate the systems you have in place
  – Develop systematic and repeatable processes using formalized policies or standard operating procedures
  – Monitor for consistency and reliability
    • Is it getting done and is it getting done right?
    • Helps to have an air traffic controller over your project implementation (CNL, CNS, NP, etc.)
  – Ward off negativity by celebrating small victories and successes!
    • Share via testimonials from patients & families, recordings, interviews, etc.
VANDERBILT’S JOURNEY WITH PATIENT AND FAMILY ENGAGEMENT  Christine Rowan, RN, BSN
About VUMC

- Level 1 Trauma Center serving 6 states
- 758 adult beds
- 5 adult ICU’s with over 120 beds
- 1.6 million clinic visits per year
- 70,000 ED visits per year
- Over 1,100 residents
- Over 20,000 employees
- Network of 56 hospitals and 23 health systems
Implementing the “F” Bundle

• Strategies for implementing new “F” bundle initiatives -
  – Timing new initiatives as physical needs and structures changed – 24/7 visitation
  – Supporting nurse-driven projects – Service Team - Family Education Book
  – Family orientation and pamphlet

• Initiation -
  – Multidisciplinary tasks forces that spanned several years and continues to grow.
  – Meetings, planning time, gathering champions, etc.
  – A lot of our initiatives came as a result of growth – we had to find solutions to new problems that growth created
Challenges

• Describe challenges you faced with implementing the “F” bundle in your ICUs.

  - Fears and wrong perceptions
  - “This is the way we’ve always done this”
  - “Families won’t be able to handle this amount of involvement”
Successes

• Describe successes you have had after implementing the “F” bundle in your ICUs.

• Increased Family Engagement
• Increased Patient and Family Satisfaction
• Weekly ICU Survivors/Caregiver Support Group attendance
Critical Care Equipment is used to monitor patients, give medicine, and help patients breathe. Do not worry if you hear alarms. Some alarms do not need quick action. The health care team knows which alarms need immediate attention. **For your loved one's safety, never touch, handle, or try to use any hospital equipment yourself.**

1. **A ventilator** is a machine that gently moves oxygen through a tube into a patient's lungs.

2. **An endotracheal (breathing) tube** is a tube that goes through the mouth and connects the patient's airway to a ventilator in order to help with breathing.

3. **Restraints** keep patients from pulling out important tubes and cords. Nurses will take off the restraints when patients are alert enough to understand that they should not pull out tubes and cords.

4. **An arterial catheter** may be placed in the wrist or leg. It keeps track of the patient's blood pressure and also lets the nurse get samples of blood without having to use a needle every time.

5. **A nasogastric tube** is a tube that goes through the mouth or nose and down into a patient's stomach. It is used to drain or gently suction air and gastric juices from the stomach.

6. **A Foley catheter** drains urine from the bladder until a person is able to urinate (pee) normally.

7. **Chest tubes** help drain extra fluid from the chest. A patient may still have these tubes when moved to a regular hospital room.

8. **Intravenous (IV) lines** may be attached to the hand, arm, or neck. IV lines allow medicines and fluids to be put into the patient.

9. **A cardiac monitor** lets the doctors and nurses know how well a patient's heart is working.

10. **An IV pump** helps push medicine and fluids through the IV into the patient. This should only be touched by a nurse or doctor.

11. **A feeding pump** gently pumps liquid food into a patient's stomach through a feeding tube or, sometimes, a nasogastric tube.

**NOT PICTURED**

**Compression stockings** help prevent blood clots. They may be elastic, or they may be small, air-filled pillows.

**A feeding tube** in the nose or belly puts liquid food, fluids, and medicine into the patient's stomach.
Interdisciplinary Collaboration
ICU RECOVERY SUPPORT GROUP
for survivors, caregivers, and family members

This free, psychologist-led group provides a safe place to:

- Develop supportive relationships with others who understand unique challenges facing ICU survivors
- Connect with other family members who are facing similar struggles
- Learn tips on how to handle day-to-day challenges
- Discuss topics related to recovery after the ICU

WHEN:
Tuesdays from 1pm-2pm

LOCATION:
2525 West End Avenue
4th Floor, Suite 450
Nashville, TN 37203

PARKING:
Park in 2525 garage on 3rd level
Take Sky Bridge to access main building
Bring your parking ticket and we will validate it

CONTACT:
Erin Collar
(615) 936-7338
Key Tips

• Key Tips:
  - Have buy-in from ALL key players!
  - Utilize your champions (nurse, doctor, MR, etc)
  - Incorporate people who are there every day (doctors rotate off frequently, nurses work 3 days a week – we used the unit pharmacist!)

• How do you get started?
  - Start small!
  - Start with involving family in rounds and go from there
WRAP UP

Kavita Bhat, MD, MPH | Program Manager, HRET
Continuing Education Credits

- Launch the evaluation link in the bottom left hand corner of your screen.
- If viewing as a group, each viewer will need to submit separately through the CE link.
VAE Change Package