

Title: The Family Involvement Project

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1 Background

The Family Involvement Project (FIP) aims to implement the use of patient family members visiting their loved ones in the hospital in the care of the patient. They will be asked to perform small tasks such as applying chap stick for chapped lips, applying socks, etc. for the patient. We theorize that this program will lead to higher satisfaction rates for patients and their families as well as decrease the burden on healthcare personnel. We are now in the process of engaging units and patient families on these units readiness for this program at Hopkins and other pilot sites in its use. We will focus in more detail on the pre-implementation survey data from the Queens Medical Center (QMC) pilot site. We plan to introduce the activities family members can perform on the Family Involvement Menu (FIM). The FIM will include about 10 patient centered activities family members can choose from along with detailed descriptions of each activity. The FIM's format will be catered specifically to each unit.

2 Objectives

- Assess the readiness level of each unit and patient families interested in implementing FIP
- Assess the comfort level of both clinicians and family members of activities on the Family Involvement Menu

3 Methods

To assess the readiness of the hospital units for this project, we sent out surveys assessing the readiness to implement the FIP project on their unit.

Specific methods:

- Distribute and analyze pre-implementation survey focused on key factors such as patient and clinician comfort level with letting families perform activities for patients, clinicians attitudes towards families being part of the health care team, activities clinicians and family members both feel comfortable with performing/delegating out, etc. These answers along with the readiness assessment surveys are deemed necessary for the success of the FIP program on that unit.
- Monthly conference calls teaching and preparing/predicting boundaries to the implementation of FIP on the different units, as well as ways to identify early adopters and motivate laggards.

Funding Source:

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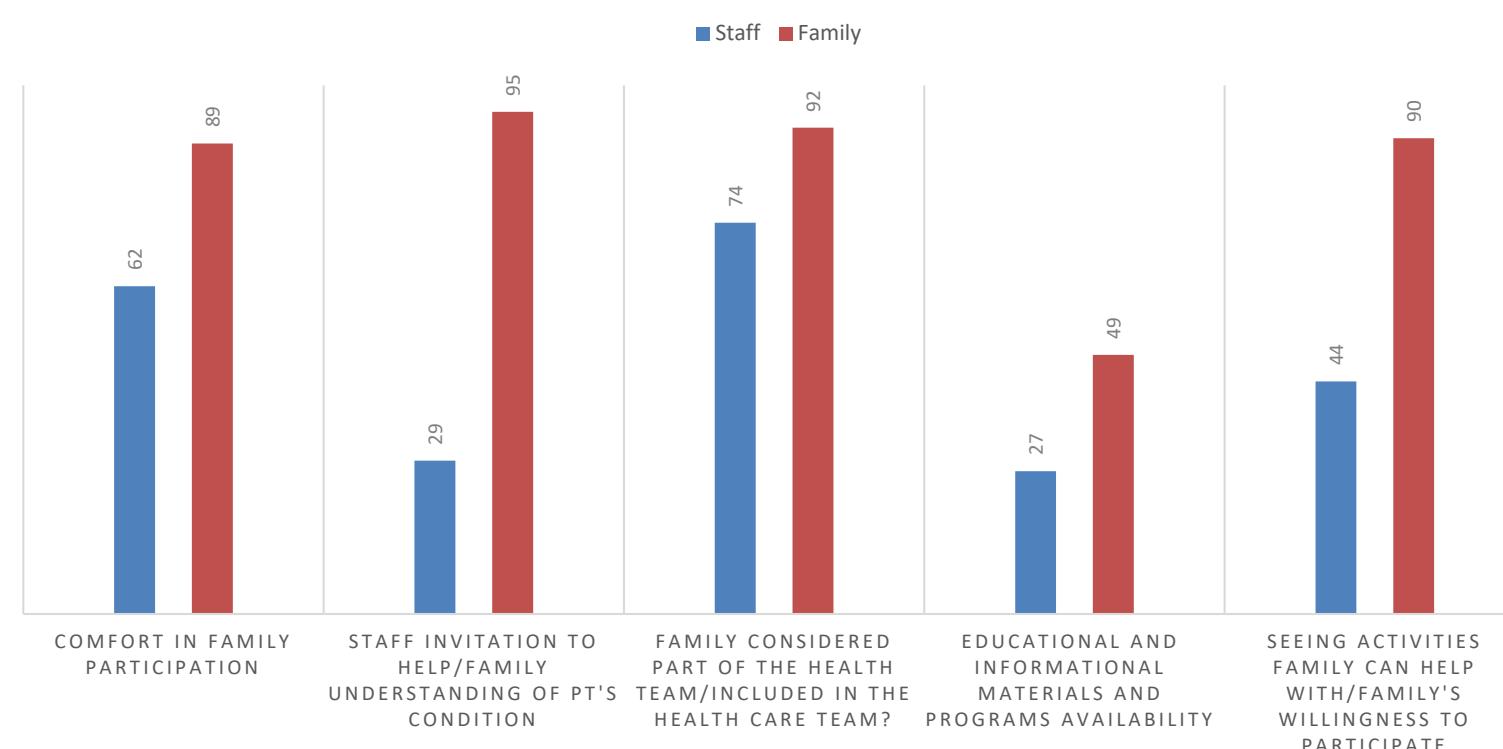


Figure 1: Analysis of pre-IM responses for both clinicians and visitors at QMC

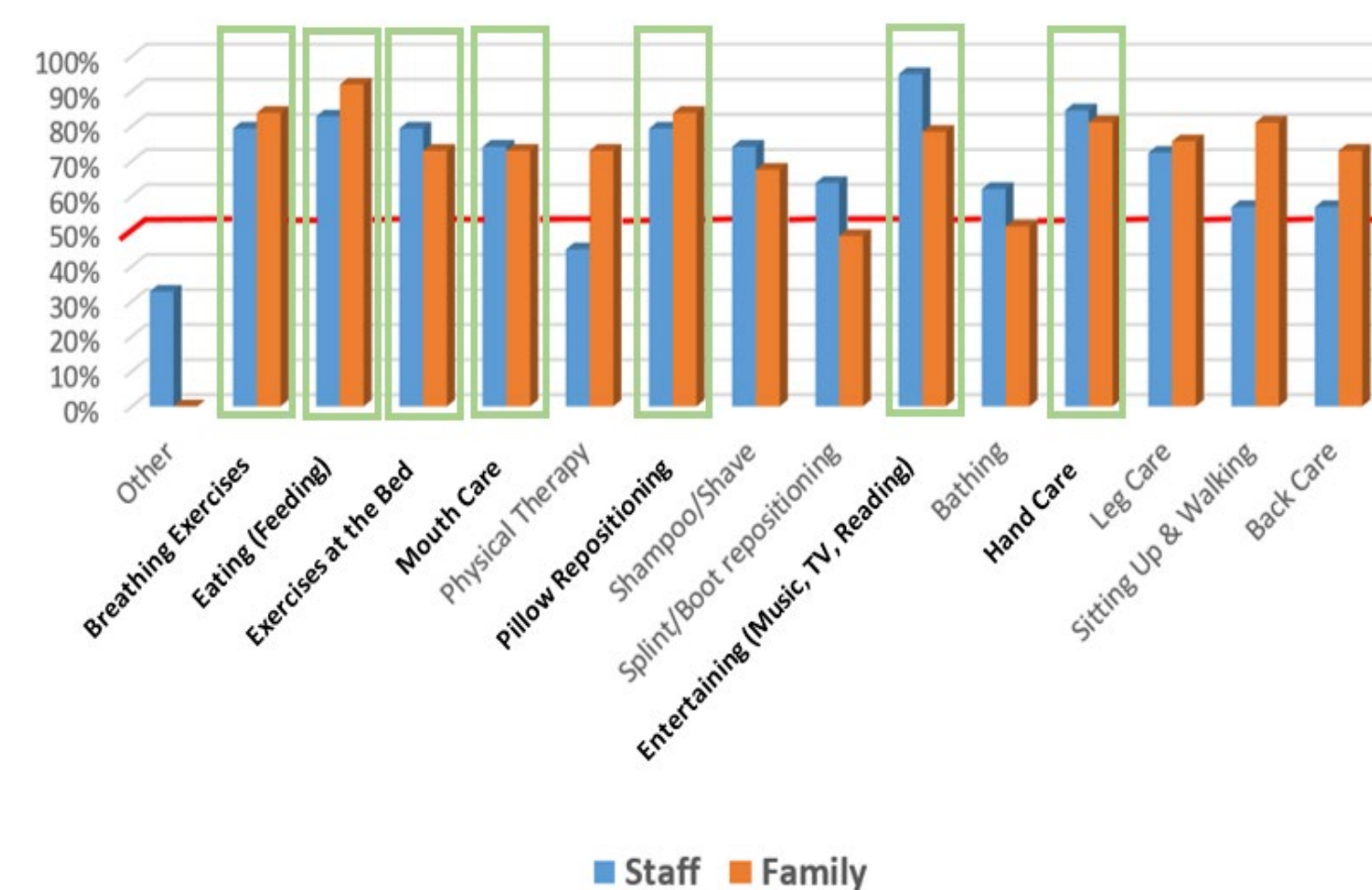


Figure 2: Menu activities favored by both clinicians and families at QMC

4 Results

Figures A and B above show the pre-implementation survey responses from 58 clinicians and 47 family visitors on the unit at Queens Medical Center. Figure A visualizes the comfort level, level of including families in healthcare on the unit, and availability of resources and programs on the unit from both clinician and family perspectives. This data was then analyzed to determine if the unit was favorable for having FIP on the unit or if some other programs needed to be put in place first before FIP could be started. From this figure we see that both families and clinicians who participated the survey are relatively comfortable starting the FIP program and clinicians seem to generally view families as part of the healthcare team. However, we do see that clinicians do not offer to let family help with the patients care even though family members in this survey generally feel they know a great deal about the patients condition. Clinicians also scored relatively low on identifying activities families can do for the patient. Both clinicians and families scored lower on the availability of educational materials and programs available on the unit. Figure B highlights the 7 top activities rated highest by both clinicians and family members for the Family Involvement Menu currently being developed. Eating (feeding), breathing exercises, and entertainment activities scored the highest among clinicians and family members. The 7 top choices for this survey will be included in the FIM once it is implemented for the next phase of the program.

5 Conclusions

Clinicians reported rarely inviting family members to participate in direct patient care even though 91% of family members surveyed stated they fully understood the patients condition. With this data, we can use this as a teaching moment for the next conference call with QMC to teach staff that family members will be helping in the care of the patient when they leave the hospital and allowing them to perform activities for the patient in the hospital will help them to be more effective in the care of the patient outside the hospital and may help decrease rehospitalizations of these patients. We also see that clinicians scored relatively low on identifying activities families can do for the patient which could be one of the factors why clinicians generally do not invite family members to participate in care. The clinicians and family members were then asked to pick from a list of activities they would be interested in choosing for the FIM. This list may help clinicians to think more critically about activities family members can participate in and we will hopefully see an increase in staff invitation for family members to help in patient care in the post-IM survey.

6 Future Directions

- The 7 top activities chosen by both clinicians and family members that participated in this survey will be implemented in the trial run of the FIM
- Future conference call with QMC and other sites about family involvement in patient's recovery after leaving the hospital
- Future conference call to address why clinicians at QMC feel there is not enough educational material and programs available to patients and their families
- Trial run of the FIM on the unit

7 References

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