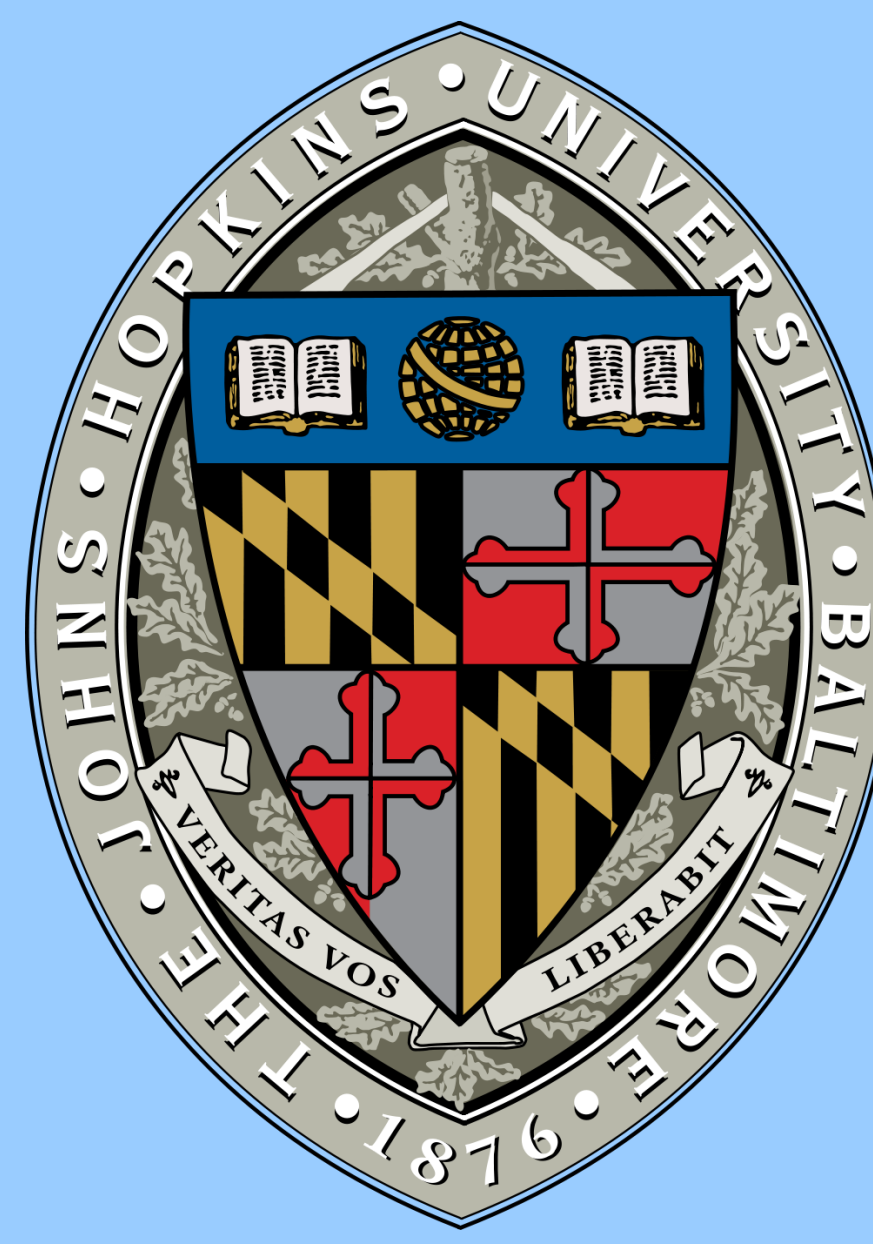


The Family Involvement Program

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1 Background

Patient and family centered care is integral to health care quality, yet little is known regarding how to achieve patient and family centeredness. Effective teamwork is important to improving health care outcomes. Current research overlooks family as part of the health care team.

The Family Involvement Program (FIP) harnesses the knowledge and participation of family members & loved ones by partnering in daily care activities patients receive during their hospital stay. The FIP recognizes family members as valuable partners in enhancing the patient care experience and quality outcomes at the bedside.

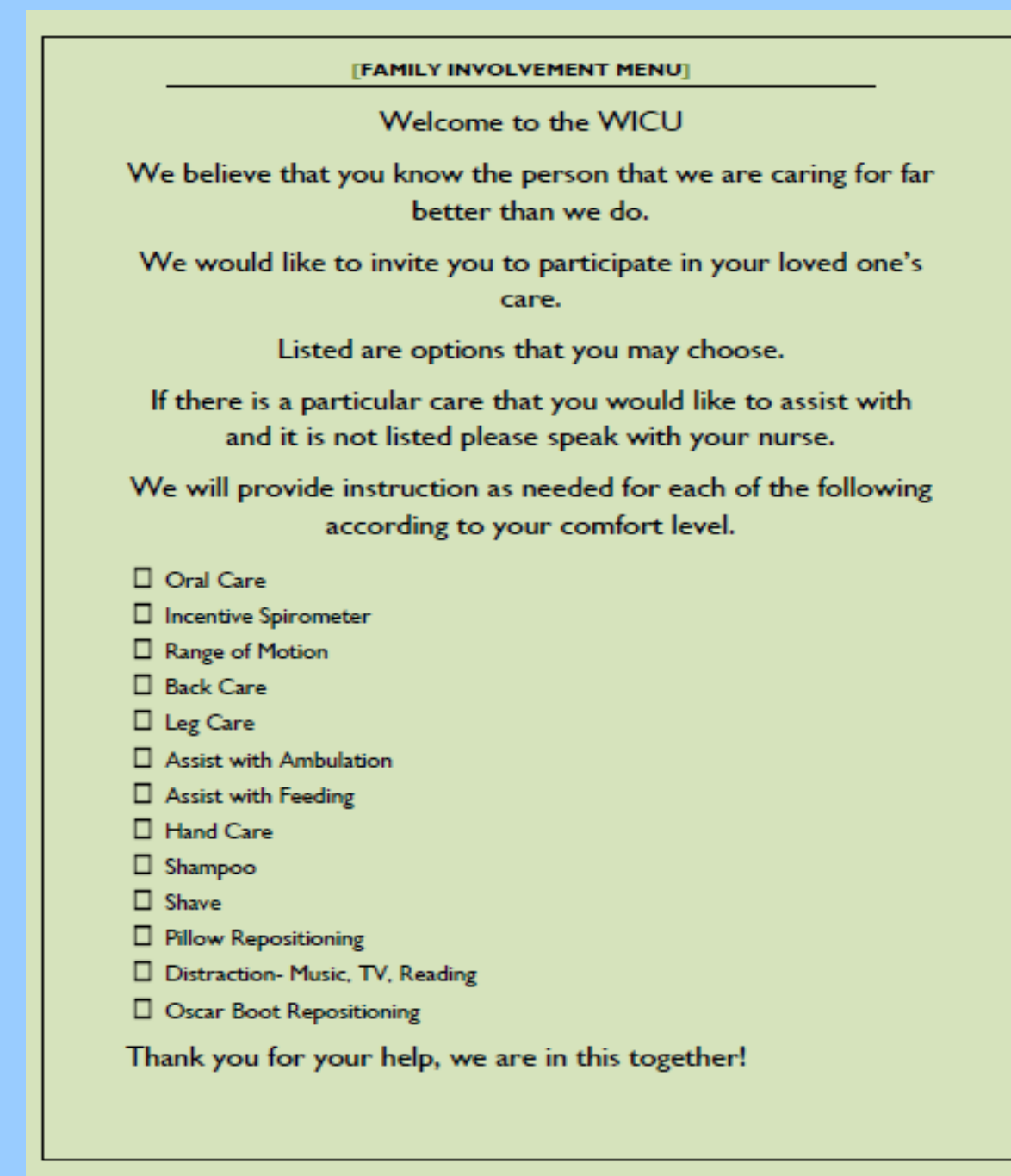
Goal: To improve family engagement in the care of their loved ones as measured by surveying metrics.

2 Methods

Surveys were administered to 37 clinicians to gather baseline data regarding their views of promising opportunities for families to be involved in direct patient care, as well as perceived barriers and benefits of family participation in patient care.

Measure: Baseline Process		
Table 1. Promising opportunities reported by clinicians for families to participate in direct patient care (n=37)		
Highest	100%	Entertainment (music, TV, & reading)
	97%	Eating (feeding)
	95%	Mouth care
	95%	Pillow positioning
Lowest	70%	Splint/boot repositioning
	70%	Sitting up & walking
	46%	Physical therapy

Table 2. Perceived barriers and benefits reported by clinicians (n=37)		
Barriers	19%	Family fear
	19%	Uncomfortable
	14%	Unwilling
	14%	Nurse time constraints to train families
Benefits	35%	Nursing time for other tasks
	19%	Relationship building
	16%	Education of family members in caring for patients



Intervention: Family Involvement Menu
 Nursing staff received education on uses and availability of this menu

3 Results

Comparing pre- and post-implementation results at JHH Weinberg 5B oncology stepdown unit, we saw improvements in clinician metrics including:

- Nurses' comfort in inviting family to participate in direct care (78% vs. 87%),
- Nurses routinely invite families to participate in direct care (86% vs. 97%), and
- Nurses consider patients and families a part of the healthcare team (92% vs. 97%).
- Post-implementation, 60% of families reported that they participated in the care of their loved one.

Reported Benefits:

- ↑ Patient and family satisfaction
- ↑ Nursing time for other tasks
- ↑ Relationship building
- ↑ Education of family members to better care for their loved ones post discharge

Analyze:		
Table 3. Family members' perception, comfort level, and interest in participating in the care of their loved ones		
	Pre (n=13)	Post (n=15)
How well do you understand the patient's condition during their stay in the ICU?	13 (100%)	11 (73%)
How comfortable are you asking the Health care team about the care your loved one is receiving?	13 (100%)	13 (87%)
How comfortable were you in participating in the care of your loved one during their stay?	12 (92%)	13 (87%)
How included do you feel as a part of the health care team so far during your loved one's stay?	11 (85%)	12 (80%)
Are you interested in participating in the care of your loved one?	13 (100%)	
Did you participate (assist with any daily care or treatments) in the care of your loved one?		9 (60%)
During your loved one's hospital stay in the unit, did anyone discuss the family Involvement Menu with you?		2 (13%)

Analyze:		
Table 4. Clinicians' perception, comfort level, and experience in inviting family members to participate in the care of their loved ones		
	Pre (n=37)	Post (n=30)
How comfortable are you inviting family to participate in direct patient care?	29 (78%)	26 (87%)
How often do you routinely invite families to participate in direct patient care?	32 (86%)	29 (97%)
I consider patients and families a part of the Healthcare team	34 (92%)	29 (97%)
How often do you have work tasks to take care of, which you believe the patient's family could assist with?	37 (100%)	
I follow the families wishes when they ask to participate in care of the patient	34 (92%)	
Engaging families in direct care can improve efficiency of care delivery	33 (89%)	
How often do you invite the family to participate in care using the Family Involvement Menu?		20 (67%)

4 Conclusions

- Nurse-driven implementation of Family Involvement Menu (FIM) shows improvement in clinician metrics but penetration to family is low (13%) and effect is unclear (small sample)
- Qualitative responses indicate many oncology family members already participate in care.
- Nurse-driven implementation of the FIM showed improvement in clinician metrics but the effect on families is less clear. Sustained implementation and data collection may help increase our understanding of its effect.

Future Directions

- 5 Sustained implementation and additional data collection, particularly for family metrics
- Expansion of implementation to other unit types
- Development of comprehensive program based on the 4Es framework
- Inclusion of patient relations staff in implementation
- Movement from use of tool to the design of a program that can be implemented across different sites.

6 References

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