Simulation to Support Family Presence During Resuscitation: Comparing ICU and PCU Staff

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Objectives

• Describe the benefit of using simulation as part of nursing education of family presence during resuscitation

• Describe the differences (if any) between the scores of the ICU staff versus the PCU staff
Family Presence Team

- Cindy Gillespie MSN, RN
- Evelyn Rubongoya MSN, RN, PCCN
- Carla Hazelwood ADN, RN
- Cecile Dietrich PhD, RN
- Jeanne Abbott ADN, RN
- Susan Blankenship BSN, RN, MS
- Julie Morris DHEd, MS, ACSM
- Sara Kagarise AAS, Rad Tech, ARRT
Family Presence during Resuscitation-Definition

• The practice of allowing the patient’s family to be present during resuscitation (including CPR, Defibrillation, Intubation, etc…)
Background

• Family centered care has been a focus of critical care for many years
• Staff were initially resistant to more open visitations
• Critical Care Family Needs Inventory developed in 1983 (Molter and Leske)
• Family involvement practices have been shown to consistently improve outcomes for the patient and the family
Background

- Along with increasing family involvement in the day to day care of the critically ill patient; a group started looking at having family present during resuscitation efforts
- This practice issue is very controversial
- Emergency Nurses’ Association Position Statement
- American Association of Critical Care Nurses
Background

• So why is there resistance when the evidence clearly indicates positive outcomes from family presence during resuscitation?
• Study published in 2002 found 78% of healthcare professional (physicians, nurses, allied healthcare professionals) opposed family presence (80% physician, 57% nurses)
• Small Amount of research done outside of ICU and Emergency Department
Background-Reasons for resistance

- Lack of written guidelines/policy
- Violation of patient’s rights
- Concern for increased litigation
- Unpleasantness of what the family will see
- Fear the resuscitation team will not function well with the family in the room
- Fear of family requesting more aggressive treatment

(Twibell, 2008; Chapman 2011)
Study

- **Objective**: To compare two educational approaches to determine if the inclusion of simulation in education improves reported self-confidence in having family present during resuscitation events and to compare results from ICU and PCU staff.

- **Method**: Administer Twilbell’s Family Presence Risk Benefit Scale and Family Presence Self-Confidence Scale to professional staff in MICU and VPCU, randomize staff to 2 education groups, then re-administer survey after education.

- Approved by IRB 12/8/2014
Survey Instrument

- Socio-demographic Data
- Risk-Benefit Scale
- Self Confidence Scale
- Additional questions related feelings and experience with family presence during resuscitation efforts
Twibells Family Presence Survey - Sample of questions

**Family Presence Risk-Benefit Scale**
(1=Strongly Disagree   5= Strongly Agree)

| 1 | Family members should be given the option to be present when a loved one is being resuscitated |
| 2 | Family members will panic if they witness a resuscitation effort |
| 3 | Family members will have difficulty adjusting to the long-term emotional impact of watching a resuscitation effort |
| 4 | The resuscitation team may develop a close relationship with family members who witness the efforts, as compared with family members who do not witness the efforts |

**Family Presence Self-Confidence Scale**
(1=Strongly Disagree   5= Strongly Agree)

| 1 | I would communicate about the resuscitation effort to family members who are present |
| 2 | I could administer drug therapies during resuscitation efforts with family members present |
| 3 | I could perform electrical therapies during resuscitation efforts with family members present |
| 4 | I could deliver chest compressions during resuscitation efforts with family members present |
Other Questions

43. If you were a patient who was being resuscitated, would you want your family members to be present in the room?

44. Have you ever been present in the room during the resuscitation of one of your family members?

45. How many times have you invited a family member to be present during a resuscitation attempt at CRMH?

46. On what unit were you working the last time that you invited a family member to be present during a resuscitation attempt?

47. Who should make the decision about family presence during resuscitation efforts? Choose all that apply. Patient (beforehand) Nurse Family Physician

48. Should the decision about family presence be part of an advanced directive authorized by the patient?

49. The main reason I would not invite a family member into a code is:

50. The main reason I would invite a family member into a code is:

In the space below or additional pages, please share with us any other opinions, stories, or perspectives about family witnessed resuscitation.
Education

• Cornerstone Presentation developed by the Emergency Nurses Association for Family Presence

AND/OR

• Simulation Lab Experience
# Demographics

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<tr>
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<th>PCU RN</th>
<th>ICU RN</th>
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<tbody>
<tr>
<td><strong>Number of Participants</strong></td>
<td>17</td>
<td>28</td>
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<tr>
<td><strong>Gender</strong></td>
<td>Female 88%</td>
<td>Female 86%</td>
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<tr>
<td><strong>Race</strong></td>
<td>Caucasian 70%</td>
<td>Caucasian 100%</td>
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<tr>
<td><strong>Age</strong></td>
<td>40-55 years 35%</td>
<td>25-29 years 46%</td>
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<tr>
<td><strong>Years of Experience</strong></td>
<td>11-20 years 41%</td>
<td>1-5 years 54%</td>
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<td><strong>Code Experience</strong></td>
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<td>Too Many To Count 79%</td>
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<tr>
<td><strong>Family Presence Experience</strong></td>
<td>Between 2-5 50%</td>
<td>Less than 5 64%</td>
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<td><strong>Risk-Benefit Scale</strong></td>
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<td>Pre</td>
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<td>Post</td>
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<td><strong>Self-Confidence Scale</strong></td>
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5 Point Likert Scale 1=Strongly Disagree 5= Strongly Agree
Analysis

• All results should consider the small number of subjects. A larger study is need to confirm results.

• PCU Nurses who attended the Simulation lab experience did show statistical significance with improvement of risk benefit of family presence during resuscitation while there was NO statistical significance in ICU nurses attending the Simulation lab.

• Both ICU and PCU showed improved scores following both types of education but only the PCU scores were statistically significant.

• Conclusion: Education of family presence improves the nurses self-confidence and identification of risk versus benefit. However, use of the Simulation lab should be considered for nurses with less code experience.
What was learned during session:

- Awareness of families during resuscitation
- Guidelines for what to say as family liaison
- It is important to introduce staff and explain roles as liaison
- Staff need to be organized with good communication to facilitate
- Designate liaison and brief family before entering the room
- Need for education hospital wide
- Security needs to be present at codes
- Understanding to give an overview prior to family arriving
- Assess family member’s state
- Need for scripting, defined expectations for liaison
References

Questions?

Thank-you

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