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MEMBERSHIP**

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Brenda Morgan

Members:
Nicole Alva
Patrycja Birbaum
Stacey Brown
Claudio Martin
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Pam Gladysz
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Erin Penstone
Melanie Quinlan
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Krista Shea
Gina Souliere

Patient and Family Experience in CCTC

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CCTC Patient and Family Experience (PAFE) Committee

This is the second year and fourth issue of our Patient and Family Experience (PAFE) Committee Newsletter.

The purpose of this Newsletter is to keep all members of the team up-to-date on our improvement strategies.

We ask that you please take a few minutes to read these newsletters and stay informed of new initiatives. Hopefully, the newsletter will also stimulate additional ideas and suggestions.

We welcome any interested members to our Q Third Wednesday of the Month meetings (1300—1500 hrs) in the Large Conference Room and would like to hear any comments or suggestions from members of our team. Please forward your ideas Alison or Brenda.

The work of the committee, along with a number of articles of interest are also available in the shared drive:

S://CCTC/shared/Patient and Family Experience.

*Patients
and
families
remember
60% of
what you
tell them,
but 100%
of how you
made
them feel."*

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Upcoming Education Workshop

We are currently working with our colleagues from ICU at the University Hospital to develop a cross site educational workshop to support our patient and family experience initiatives. This will likely have a similar workshop style as we used for our End of Life Care workshop a few years ago.

Goals for this interactive program will include skill enhancement in the area of patient and family support and partnership development, as well as the sharing of tools to approach challenging situations.

To help us to plan an educational event that meets your learning needs, please take a few minutes to complete the short survey that will be sent out by email today. Your feedback is important to the development of an educational day that meets your needs.



Update on PAFE QI Projects

Enhance Bereavement Follow-Up Program (Lead: Pam Gladysz)

Reminder to complete sympathy cards which are now included in the death packs, with instructions for use. Share the card with coworkers who may wish to sign it and return it to the designated box at the front desk. **PLEASE BE SURE THAT THE PATIENT'S NAME IS IDENTIFIED ON THE CARD (place sticky with patient's name onto card).**

Develop EOL Supply Cart (Lead: Alison/Patrycja)

We are currently working on obtaining a cart...stay tuned!

Promote Visiting Guideline Consistency (CCTC/TOU) (Lead: Alison Rowlands)

We continue to strive to support our open model of visiting and to work with families to coordinate patient care/family access that meets their needs. If you encounter any challenge, please bring them forward.

Develop Child Resource Kit (Lead: Patrycja Birbaum)

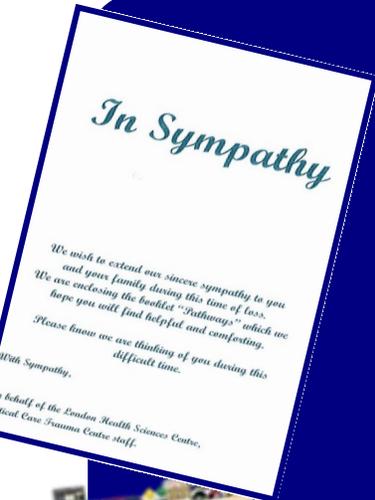
The PAFE committee is reviewing books and other supplies to develop a resource library to support the needs of children of critically ill patients. Patrycja has "contacted" with a talented lady who has made a teaching boy and girl doll with lines and tubes that can be used to explain critical care to children. See below

Shorten Time to Family Access at Patient Admission (Lead: Melanie Quinlan)

Please remember to assign someone (e.g. a nurse with a less acute patient, the Charge Nurse, Unit Clerk etc) to locate families upon admission of patient to CCTC (e.g., they might be in the OR or ED waiting rooms). The goal is an initial "eyes on" visit within 30 minutes; this can be supported by your "family support person".

Establish Assessment Process for Values/Family Needs (Lead: Brenda/Patrycja)

Please remember to give out Patient Needs/Values assessment tool. See information on page 3.



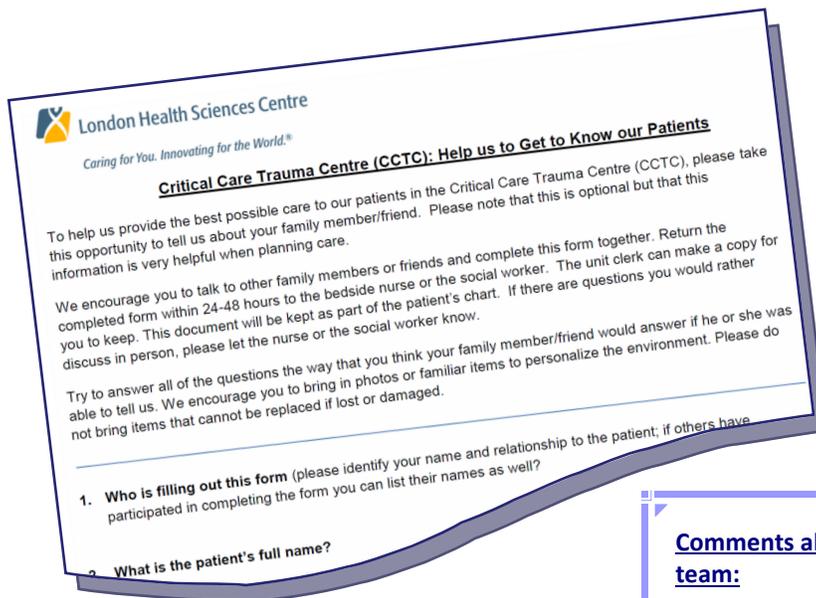
INTRODUCING: Our Newest Team Members

These new members of our "child resource team" have lines and tubes for helping to explain critical illness to children.

We believe they need names! Please send suggestions to Patrycja.



Launch of our Values Assessment



After several short PDSA “tweaking” cycles, our new “CCTC : Help us to Get to Know our Patients” assessment tool is now part of the admission package.

Please give this form to the patient’s SDM at admission (or to the patient if awake). Encourage the family to complete the form together and return to the bedside nurse within 48 hours. They may need a reminder to return the form (if they wish to return it). When completed the form can go into the Nursing History section of the chart. These two documents should stay together at transfer. If the family provides information also contained in the nursing history, you can “refer to CCTC Assessment tool” rather than duplicate information.

There are two major goals for this tool. First, it provides valuable information that will help us to understand who the *person*. It also provide details that can help to reorient patients when they are awakening from coma/sedation.

The second major goal is to encourage patients and/or family members to reflect upon the patient’s life, goals and wishes. This may help them to prepare for family meetings, and promote discussion among family members.

Remember that patients/families have entrusted us with information that may be sensitive.

Comments about the Values Assessment from members of our team:

“it really helps to understand where the patient and family are coming from”

“it helps staff to better understand the essence and fabric of the patient and what life looked like before coming into the unit”

“Other family stressors are identified and better understood”

“Information has become very valuable when discussing goals of care as we perhaps have a more holistic view of the patient and family situation which is important in decision making and overall care planning”

Comments about the Values Assessment from FAMILIES:

“we appreciate having an opportunity or venue to share valuable information from our experience and perception”



All interested CCTC staff are welcome!

Monthly Meetings (Next: April 15):
3rd Wed of each month, 1300-1500 hrs

[Email: alison.rowlands@lhsc.on.ca](mailto:alison.rowlands@lhsc.on.ca)

Preparing for a Family Meeting Using SPIKES

PREPARING FOR A FAMILY MEETING: USING SPIKES

Setting (include team briefing)

Perceptions

Invitation

Knowledge and information

Emotion and empathy

Strategies and summary

Nurse follow-up/check in

SETTING

- Round table
- Alternate team member with family (versus team on one side and family on other)
- Private
- Tissues
- Introductions, refer to the patient by name versus "your husband"

PERCEPTIONS

- "Tell me what you already know about his/her condition?"

INVITATIONS

- Invitation: "Would you like me to provide an update on Jim's condition?"

KNOWLEDGE AND INFORMATION

- Provide information using simple language/language appropriate to family member's background
- Demonstrate respect for existing knowledge
- Validate comprehension
- Provide opportunity for questions
- Observe/monitor family response to identify distress, confusion, comprehension. This may be an area to follow-up with after the meeting concludes.
- Solicit input from other members of the team

EMOTION AND EMPATHY

- Recognize difficulty of situation
- Express empathy
- Acknowledge and accept emotion
- Refer to the patient by his/her name
- Voice or tone
- Behaviour

STRATEGIES AND SUMMARY

- Review responsibilities of SDM
- Keep focus on patient's wishes
- Discuss options
- Avoid offering inappropriate interventions "do you want everything done"