Surgical Intensive Care Unit Supportive Care Initiative to Improve Communication
The University of Maryland Medical Center

Program/Project Description.
20% of US deaths annually, approximately 500,000, take place after an intensive care unit (ICU) admission (Angus, Barnato, Linde-Zwirble et al., 2004)
90% of deaths in the ICU involve decisions to withhold or withdraw treatment (Prendergast & Luce, 1997).
< 5% of ICU patients are able to participate in making their own healthcare decisions (Prendergast & Luce, 1997). Decisions for the remaining 95% of patients typically fall on family members.
The 2001 Institute of Medicine report calls for patient-centered care, which recommends patients and families are kept informed and actively involved in medical decision-making and management (Davidson et al, 2007). Clinician-family communication is a central component of good medical decision making in the ICU (Curtis & White, 2008, p. 835).
Numerous studies show that communication in the ICU at the end of life is inadequate, with families lacking basic information about patients’ diagnoses, prognoses, or treatment options (Curtis & White, 2008, p. 835). This results in increased stress for families, prolonged ICU stays and disagreements among staff (Lautrette, Ciroldi, Ksibi, Azoulay, 2006).
Effective communication and a collaborative relationship between ICU caregivers and their patients’ family members are vital components of quality care
An increased focus on interdisciplinary communication is associated with a number of important outcomes in critical care, including increased patient survival, decreased length of stay, and decreased readmission rates
A clinical intervention, such as a protocol or standardized procedure, has been shown to ensure consistent communication from admission to discharge between the ICU team, patients, and their families
Baseline process improvement data, via the ICU Family Satisfaction Survey, were collected over a 10-week period (6/1/09-8/13/09) from patients and their family members (N=65) who were discharged from the Surgical Intensive Care Unit (SICU).
This baseline data revealed <90% satisfaction in a number of areas related to communication with health care team members and with participation in decision-making
Our goal or purpose was to develop an evidence-based practice protocol to promote interdisciplinary communication and collaboration with patients and families in the SICU.

Process.
Design: Program Evaluation comparing satisfaction at baseline and post intervention
Sample: Patients admitted to the SICU from Acute Care Emergency Service (08/10 Roll-out)
Instrument: ICU Family Satisfaction Survey
Study Procedure: Project will be piloted for 6 months
Outcome Measures: Communication, Family Meeting Outcomes, Length of Stay, Patient/Family Satisfaction and Nurse Satisfaction

Solution.
A novel evidence-based practice protocol and algorithm designed to support families in the delivery of patient-centered care in the ICU was developed. The protocol has substantially improved patient-family satisfaction with interdisciplinary communication on a consistent and timely basis.
This interdisciplinary protocol has empowered ICU nurses to “Stand Tall” as they deliver effective patient-family-centered communication.

Measurable Outcomes.
Pilot results will be analyzed in March 2011

Sustainability. Currently, we have gained buy in from our interdisciplinary team as well as engaged patients and families in this project to ensure ongoing sustainability and success. It is our hope that not only will the patients and families be impacted positively by this initiative but ICU’s nationally can implement this solution and create a nationwide change to improve communication.
Role of Collaboration and Leadership.

Team work and collaboration played a significant role in the development and success of this ongoing project. This solution involved an interdisciplinary team that included palliative care, pastoral care, patient advocacy, social work, SICU nurses and physicians, Acute Care Emergency Service physicians, the medical director for the SICU, the director of nursing research, and a clinical practice coordinator. Our leadership is engaged and always shares a vision for success when embarking on any project that will improve patient outcomes.

Contact Person  Linda Naranjo, DNP , RN
Title              Clinical Practice Coordinator
Email              lsmitznaranjo@umm.edu
Phone              410-328-1249