Family Presence During Resuscitation: To Be or Not To Be



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Outline

phenomenological research study

Giorgi's Phenomenological Analysis

 "the lived experiences of families who were present during cardiopulmonary resuscitation (CPR)"



Significance

A better understanding of family presence during resuscitation, will inform how care can best support the needs of individuals who wish to be at their family members bedside



Question?

Recommend family presence during resuscitation

Recommend against family presence during resuscitation



Background

- Family presence during resuscitation (FPDR) has gained increasing attention over the past few decades
- Routinely family members were not invited to be present
- Unit Council- families should be given the opportunity to be in the room during a resuscitation
- Research Challenge



Research Question

- What is the structural description of family presence during resuscitation in the emergency department?
- The purpose is to describe family members lived experiences when present during CPR of a loved one.
- Giorgi's Phenomenological Analysis
- Parse (2001) critical appraisal of qualitative research used to ensure the rigor and credibility



Process

- Family members were given a choice
- Facilitator assigned to family
- Given a package outlining the study before leaving the department
- Called to see if they would participate- consent
- Interview



Family Presence During Resuscitation Algorithm

EMS (911) notifies ED of VSA or ED in house Code Blue called

Charge Nurse Informs Nurse Family Facilitator Facilitator Chosen From Areas of ED With Lower Aculty or Patient Volumes at Time of Arrest)

> Facilitator Receives Report from Code Team And Ensures Patient / Room / Resus Team Ready to Receive Family

Ambulance
equipment removed from room
Patient appropriately dressed
Chairs present
Patient medical management issues
for resuscitation team resolved

Facilitator Introduces Themselves to Family Patient's Current Health Status Discussed Choice To Be Present Offered Facilitator assesses
Family members individually
evaluating mental status, extreme
emotional instability, and combative
behaviour, to ensure appropriate
levels of coping to be present
during resuscitation

YES

Appropriate Coping & Choose To Be Present NO Inappropriate Coping or Choose Not To Be Present

Facilitator Notifies Resuscitation Team of Family Wishing To Be Present & Receives Latest Patient Condition Updates and Ensures Team Ready Facilitator Escorts Family To Quiet Room Facilitator Stays With Family For Duration Of the Code Receives Updates From Resuscitation Team Provides Updates and

Information to Family

Facilitator Updates Family On What to Expect Before Entering Room Provides Personal Protective Equipment As Necessary Facilitator Escorts Family To Resuscitation Room

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Facilitator Escorts Family To The Quiet Room, Provides Comfort & Addresses Concerns In Collaboration With MD & Primary Nurse

Prior To Leaving ED Provides Family With Explanation of FPDR Study and Package Outlining Study Facilitator Ensures
Only 2 Family Members Present
Stays With Family During Entire Code
Provides Information & Updates
Answers Questions and
Facilitates Opportunities For Family to See,
Touch & Speak With Patient
Escorts Family To Quiet Room if They Beoome Disruptive, Faint or
Requesting to Leave

Family Members
Will Be Contacted 4 Weeks After
The Resuscitation
Regardless Of Patient Outcome
Written Consent Will Be Obtained if Desire
To Be Part Of Study—2 Copies Malled To
Family & Wisit Date Arranged
Face to Face Interview Will Be Conducted
With Telephone Follow-Up As Needed
Investigator Contact Information



Family Facilitators

- Ensure that relatives understand that they can choose whether or not to be present during resuscitations
- Explain that someone will be designated to care for them, regardless of their choice
- Discuss the patients' illness or injuries and what the relatives will see when the enter the room
- Ensure relatives understand that they can leave and return at any time
- Explain resuscitation procedures in simple terms as they occur



Interviews

- Six participants consented & interviewed by two study team members
- Interview location determined by participant
- Audio recorded
- Family member was asked one question "Describe your experience of being present during the resuscitation of your loved one."
- Participants were emotional & able to talk about their experience in great depth



Data Analysis: Four Basic Steps

- 2 study team members & 2 research experts in phenomenological analysis & telephone consultation with Giorgi
- Interviews were transcribed verbatim
- Over the course of 5 meetings:
 - 1) Read & re-read each transcripts
 - 2) Identified meaning units for each transcript
 - 3) Discussed meaning units and identified focal meaning(s)
 - 4) Focal meanings were discussed and transformed into language that best expressed the participants experience



Focal Meanings Meaning Units Feeling Here but not . Desire to be but concurred about being in the way Unsureness Shirley Helen Susan · Shocked & scared but ·Terrible experience · Grateful for styl grateful that everything but necessary for her ["be ther, su & non eyes, telling her everything possible dre Arrest person with her to provide support · Fearful of unknown had she Fear of abandoning her family not been at the resusitation . Looked like they were member hinting her but appreciating · Tremendous reed to know they were fighting hard to sweher + share with family about . I need to be there forme of formed protect grandma for my family - Self protection protect grandma what happened

Meaning Units

- Feeling there but not there
- Desire to be there but concerned about being in the way
- Hard, difficult experience but necessary to see with their own eyes
- Grateful for staff telling her everything/ support
- Shocked and scared but grateful everything possible was done
- Looked like the staff was hurting the patient at times but appreciated that they were fighting to save the patient



Meaning Units

- Fear of abandoning her family unit
- Fearful of the unknown if they had not been present
- Need to know and be able to share with family members what happened
- Wanting to be close to loved ones
- Being reassured by seeing everything possible was done
- Confusion, disbelief, denial



Meaning Units

- "Like a movie"...there but not there
- Memories were haunting, remembering what she saw
- Afraid for their loved one
- Hoping and praying she would come back to like
- Emotional rollercoaster, relief when resuscitated
- Important role for English speaking family members to be able to explain what happened

Focal Meaning

- Push/ pull- striking a balance
- Need to be guided in this foreign land/ foreign language by the facilitator
- Hard and difficult experience- intense and profound- but wanted to be there
- Expectations weigh heavily on the family member who is present, but was necessary in order to fulfill the family expectations
- Spiritual connections
- Vacillating emotions



Study Finding: General Structural Description

"The essence of witnessed resuscitation is: A profound emotional experience where the onus on the witnesser demands in the moment, shifting of how to be within their role as conduit INTERMEDIARY between health care team and family during this critical incident in the patient's and family's life journey."



Recommendations

Recognize that care is an opportunity to strengthen individuals during a critical time in a person/family's life journey, and positively impact on family's health

Nurse Coach:

- Focus on the Witnesser
- Appreciate individual as family
- Help them to negotiate how to be
- Address emotional issues as needed
- Provide information/interpret what is happening



Recommendations

Health Care Team -

- Recognize importance of witnesser who can provide information about the patient in the moment
- Information valuable to support care and decisions



Limitations

- 6 participants
- older with chronic illness
- 2 successfully resuscitated but died within 3 months
- all female
- all non English speaking (TWH Catchments)



Summary

"Resuscitation teams often take for granted that they will be the last people to be in the presence of dying patients. But being present in these last moments is a privilege, and sharing this privilege may be the greatest comfort that healthcare professionals can offer grieving relatives" (Boucher, 2010)



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- TWH ER Staff





Go Jays Go!!!









Thoughts? Questions?



