Better Together
Partnering with Families

"Facts and Figures"
About Family Presence and Participation

Restrictive visiting policies are often based on long-held beliefs that the presence and participation of families interferes with care, exhausts the patient, is a burden to families, or spreads infection. These are myths and misperceptions. **There is no current evidence to support those beliefs.**

Current Realities

- Social Isolation is a risk factor . . . Research is clear that isolating patients at their most vulnerable times from the people who know them best places them at risk for medical error, emotional harm, inconsistencies in care, and costly unnecessary care.[1,2]

- Research indicates that for many older patients, hospitalization for acute or critical illness is associated with reduced cognitive function.[3] Families and other "partners in care" are more keenly aware of any change in cognitive function than hospital staff and therefore are a valuable resource during hospitalization.

- In a study of 606 hospitals in the U.S., 76.4% had restrictive hospital visiting policies and 89.6% of the ICUs had restrictions.[4]

> *"I was scared that I was going to die because of my previous reaction to Fentanyl. My husband knew, my mother knew—but they weren't there. That terrifying situation happened because the hospital's rules wouldn't allow my family to stay with me."*
>
> — A Patient's Story

- The majority of U.S. hospital ICU policies restrict family visiting.[5]

- In New York State, 26% of acute care hospitals have statements on their websites which are contrary to state and federal policies regarding patients' right to choose visitors.[6]

- In a 2014 Health Research & Educational Trust (HRET) survey of U.S. hospitals, about 58% of hospitals report that they have a policy or guidelines that exist across all units in the hospital that facilitate unrestricted access to the patient by families or partners in care, according to patient preference.[7]

- A 2014 U.S. Health and Human Services report shows positive effects of the recent national focus on quality and safety for Medicare fee-for-service beneficiaries. The readmission rate dropped to 17.5 percent over six years and the rate of harm dropped 9 percent in two years. While these are positive trends, there is still much work to be do to improve care transitions and patient safety.[8]

Evidence to Guide Change in Practice

- Family presence in adult critical care:
  – Decreases anxiety for patients and families.
  – Increases satisfaction for patients and families.[5]

- ICU nurses gain a more personalized view of their patients through family members and believe that families provide an essential source of emotional support to patients which has positive effects on physiological and psychological outcomes.[9]

- Interviews with family members of ICU patients revealed helpful roles that families take on in intensive care settings: "…active presence, patient protector, facilitator, historian, coach, and voluntary caregiver…" Researchers conclude that family members "…are an integral part of patient care in the ICU. They need to be recognized for the contributions they make and invited 'into the world and work' of ICUs." [10]

> *"She's not a visitor, she's my wife"… My husband wanted me there more than I was allowed. I feel it was a very cruel thing that was done to us."*
>
> — A Family's Story

- Family presence in adult critical care is not associated with increased infection rates.[11]

- Since implementation of family presence, the overall rate of infections decreased in a burn intensive care unit.[12]

- A randomized trial of 226 ICU patients in Italy showed that septic complications did not increase when visitor frequency and duration was chosen by the patient. Further, patients in the group with restricted visiting hours had a two-fold greater risk of major cardiovascular complications.[13]

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Evidence to Guide Change in Practice (continued)

- Seven hospitals participating in a Joint Commission Center for Transforming Healthcare project reduced patient falls by 35% and injuries from falls by 62%. In their discussion of key lessons learned, the authors state, "Empowering patients and their families to take an active role in their own safety in health care organizations created a partnership to prevent falls." [14]

- A French Study of 500 relatives of patients who received CPR found that "Family members, who did not witness CPR, were 60 percent more likely to have symptoms of post-traumatic stress disorder later. They also had more anxiety and depression." Family presence did not contribute to CPR team stress or lengthen the CPR process. There was no impact on survival. None of the families filed lawsuits." [14]

- A survey of 375 nurses found that those who invited families to be present during resuscitation perceived more benefits and fewer risks. [16]

Agencies, Organizations, and Individual Leaders Supporting Family Presence and Participation

- "Families of patients are not just visitors, they are a vital part of the team caring for the patient. ASHRM believes that changing the concept of families as 'visitors' to one of partnership is a proactive approach to risk management." [17]

- The American Association of Critical-Care Nurses advocates for unrestricted access of hospitalized patients to a chosen support person. [5]

- Clinical practice guidelines issued by the American College of Critical Care Medicine state that the "important role that family members play in patient care" must be acknowledged and "their participation embraced." [18]

- The American Institutes for Research, in a report for the Agency for Healthcare Research and Quality on patient and family engagement in hospitals, states, "Conceptually, both patients and providers support patient and family involvement and participation in their own care and recognize that it can lead to better patient experiences and outcomes." [19]

- The Joint Commission affirms that families and other care partners are essential to patients' health and well-being. [20]

> *"With the Welcoming Policy, the staff feels respected and empowered. In caring for patients, they are not bound now by the restrictions, regulations, and rules that were in place before."*
>
> — A Nurse Leader's Experience

- The United Hospital Fund led a three-year quality improvement initiative involving 45 health care organizations in testing the involvement of family caregivers in care transitions. Results showed positive effects on staff satisfaction and communication and involvement of families in medication reconciliation and management, discharge planning, and post-discharge care. [21]

- A 2014 report, ***Safety Is Personal***, of the National Patient Safety Foundation's Lucian Leape Institute, affirms that "patients and families can play a critical role in preventing medical errors and reducing harm." Among the recommendations, the authors suggest that patients "don't go alone to the hospital…" and "be very sure you understand the plan of action for your care." They also recommend that patients and families be invited to participate on quality and safety committees. [22]

- Many leading hospitals, both public and private, already recognize that partnering with patients and families is a smart business strategy. [23]

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

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