Audit of a bereavement follow up service: Lessons learnt to improve nursing communication and support for critically unwell patients and their families.

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Abstract
Traditionally, bereaved members in intensive care have been supported prior to and up to the point of death. Intensive care doctors and nurses have had little awareness and understanding as to how family members cope after death in intensive care. Furthermore, there has been little feedback from bereaved family members about the quality of care received, and opportunities for improvement in care delivery.

In recent years, international studies have begun to explore the impact that bereavement has on those whose family member has died in Intensive Care (Kogel, Hayhoe, Vanderwerker, et al, 2008). One established strategy to support family members after bereavement has been the introduction of bereavement follow-up services on intensive care (Williams, Harris, Randall, Nichols, and Brown 2003).

This paper reports on findings of an audit of an established bereavement follow-up service in a tertiary New Zealand intensive care unit. Quantitative and qualitative data recorded from these calls were audited between January 2009 to April 2012. This process included a content analysis of free text narrative made by bereavement nurses during the follow-up calls.

A total of 526 entries (family calls) were reviewed. Key themes from this were grouped around: communication (25%); comments on care (25%); further support recommended (7%); and feedback on the overall intensive care experience (40%). Lessons learnt from this audit have informed the preceptorship of nurses progressing to caring for the patient at high risk of dying and raised awareness of shift leaders for the timely access and consistent information for families in intensive care.

Introduction
Caring for the dying is an integral part of Intensive Care with supporting grieving families on Intensive Care Units (ICU) an important part of medical and nursing staff role.

Recent studies demonstrate the impact that high quality family centred care delivered inside the ICU has on improving bereaved family outcomes (Lauretta et al. 2007). Whilst the literature focuses on care of families whilst on the ICU, less well explored is how medical and nursing staff can support families after bereavement.

The importance of follow-up of families after a bereavement is often attributed to reducing the effects of unresolved, complicated grief (Fauri et al. 2000) and has long been recognised in some settings e.g. hospice. Bereavement follow-up services have been established in some ICUs to offer such on-going support to families, although there is limited reporting of these in the literature.

There are case reports detailing individual ICU bereavement services (Williams et al. 2003, Garland 2011) but few studies detailing the extent of such services (Valks et al. 2005).

This study adds to knowledge on bereavement services by allowing analysis of common themes emerging from data documented in the bereavement service database. These common themes have informed and enabled us to initiate practice changes to improve care and communication in the care of families facing death and dying in the ICU.

Method
Wellington ICU is an 18 bed tertiary unit admitting approximately 1700 paediatric and adult patients each year. The mortality rate is 8.2%.

The bereavement service was established in 2000. It provides the family with an opportunity to talk with a nurse from the bereavement team around 6 weeks after a patient’s death. Initial contact is made by phone, with families offered a visit to the unit to discuss issues in more detail.

The ICU bereavement team is made up of five registered nurses who make the follow-up bereavement calls. A database was created in 2009 to keep a record of the phone calls made. A free text box was added to the database allowing the bereavement nurses to make notes on each call.

A retrospective audit of this bereavement service database was undertaken on 2013 on all bereavement calls made between January 2009 – April 2013. Analysis was undertaken on the number of calls made together with content analysis of the free text box. The themes from each call were screened, analysed and grouped.

Results
During the period of the audit, 95% of families agreed to receive a follow up call with a further 20% of families accepting the offer of an additional face to face meeting with the ICU team. A total of 126 record of calls were audited.

From the content analysis, key themes raised by bereaved families concerned: ICU experience (40%); comments on care (25%); communication (23%); further support recommended (7%).

Themes from Audit of Bereavement Calls

Comments On Care (25%)

23.3% positive – Essential cares valued, caring with compassion and respect.

2.2% negative – poor rapport with nurse.

“The standard of care given to my husband was exceptional. The nurse was busy attending to his needs, but she also had awareness of our needs. She showed empathy and composure”.

Communication (25%)

6.3% negative reports – felt misled, severity of condition and deterioration not conveyed.

“When they explained things about mum, dad would always keep nodding his head and no one ever asked, can you repeat back to me what I just told you. And I wish they had because I'm sure my father did not understand anything he was told”.

Further Support Recommended (7%)

40%

16.1% positive reports

11.1% negative reports – felt pressured, severity of condition and deterioration not conveyed.

“20% of families needed additional follow up (face to face) meetings with the ICU team”.

Lessons learnt
Cementing a culture of compassion and empathy into the care of the dying and their families is essential for the delivery of high quality end of life care in ICU. Effective communication is key in order for families to understand what is happening during the dying process on ICU.

Without question the overriding need of families is to be with their loved ones as much as possible near the end of life.

Unit Initiatives to arise from the audit

Education:

• Care of the palliative patient in ICU now part of the ICU orientation competency with on-going updates at the annual core competency study day

• Ongoing counselling skills updating for bereavement team members

Improving Communication And Access To The Bedside For Families:

• Side rooms designed to allow rapid and easy access away from main unit entrance for family visiting

• Enrolment of volunteers at the front desk to ensure timely access into the ICU for all family members.

• Family meeting integrated into daily care bundle and scheduling discussed at daily ward round.

Service Development, Reporting And Data Collection:

• Dedicated admin time for bereavement nurses to be freed up from the floor to make follow-up family calls

• Good practice reinforced together with positive family feedback with publication in the “ICU pulse” monthly newsletter.

• Feedback from bereavement calls reviewed at all quality assurance meetings.

References
