

# Patient and family centred care in the intensive care

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Professor in Clinical Nursing



UNIVERSITY OF  
PLYMOUTH





No conflict of interest

Jos M. Latour

# nothing about family

- (1) Care of the critically ill, or Intensive Care.
- (2) Pain relief.
- (3) Education.
- (4) Administration.

Anaesth. Intens. Care (1975), 3, 36

## ON THE FRINGE OF ANAESTHESIA\*

BRIAN DWYER†

*"On the Fringe of Anaesthesia" was chosen because it offered an opportunity to highlight some important aspects of our various commitments which have arisen as the speciality has matured and we have been accepted in the profession as properly trained, broadly based consultants.*



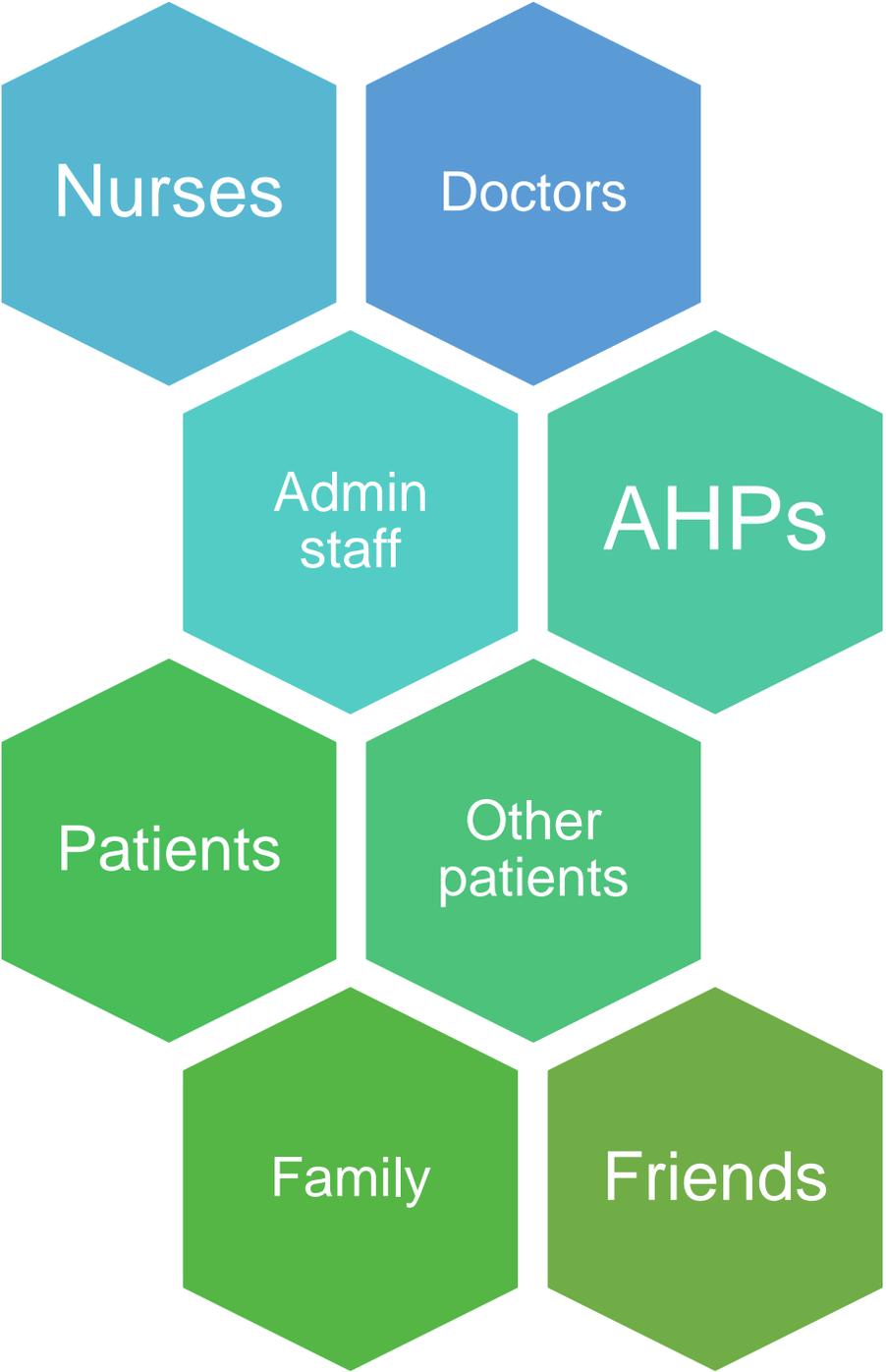
**On the fringe of ICU:  
what we have not yet improved**

**Family and friends' involvement in the  
patient's critical care journey**



**Keep People Integrated**

# People Integrated in ICU



# Pets are good Meds

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Vos et al. Pets or meds: how to tackle misery in a paediatric intensive care unit. *Intensive Care Med* 2007;33;1492-1493

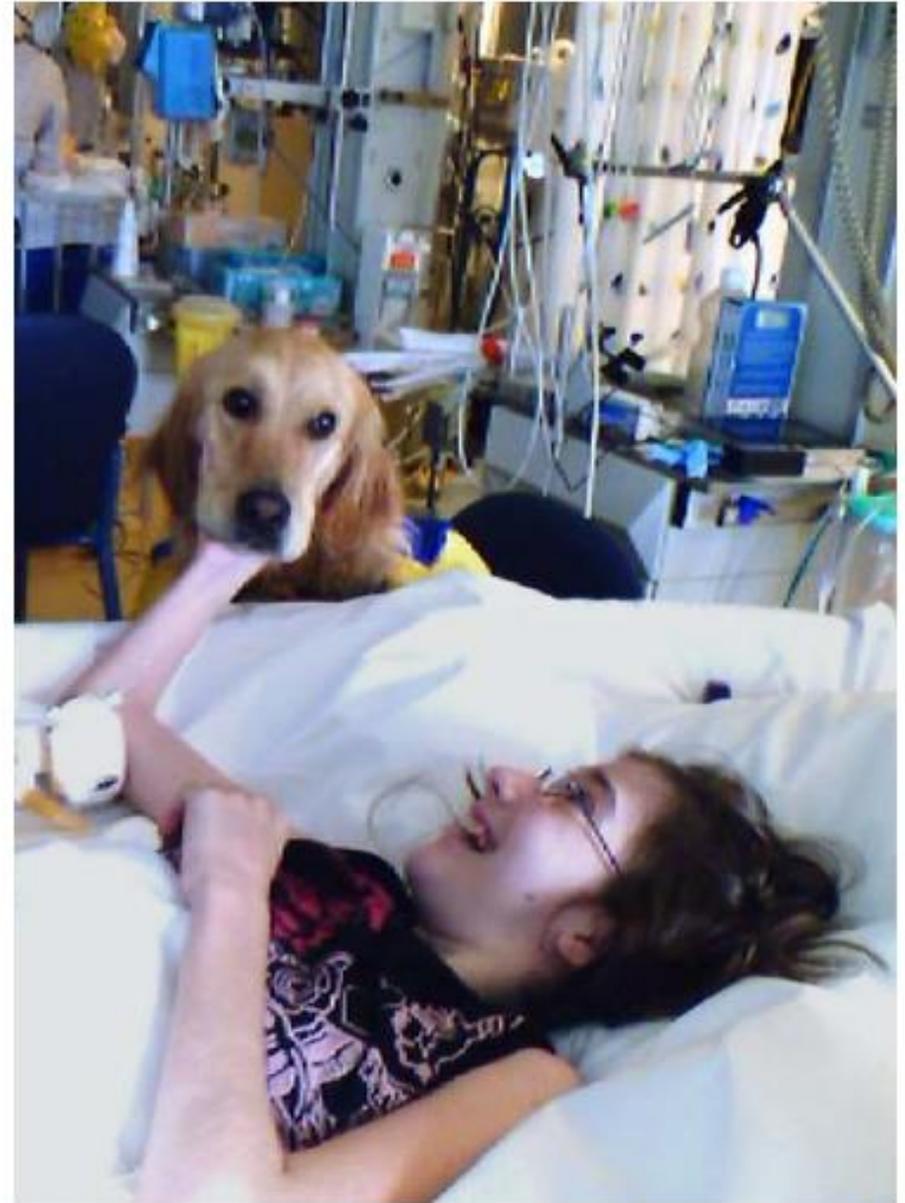


Fig. 1 Published with written permission of the patient and her parents. The patient gave written permission on behalf of Orka, who agreed with: 



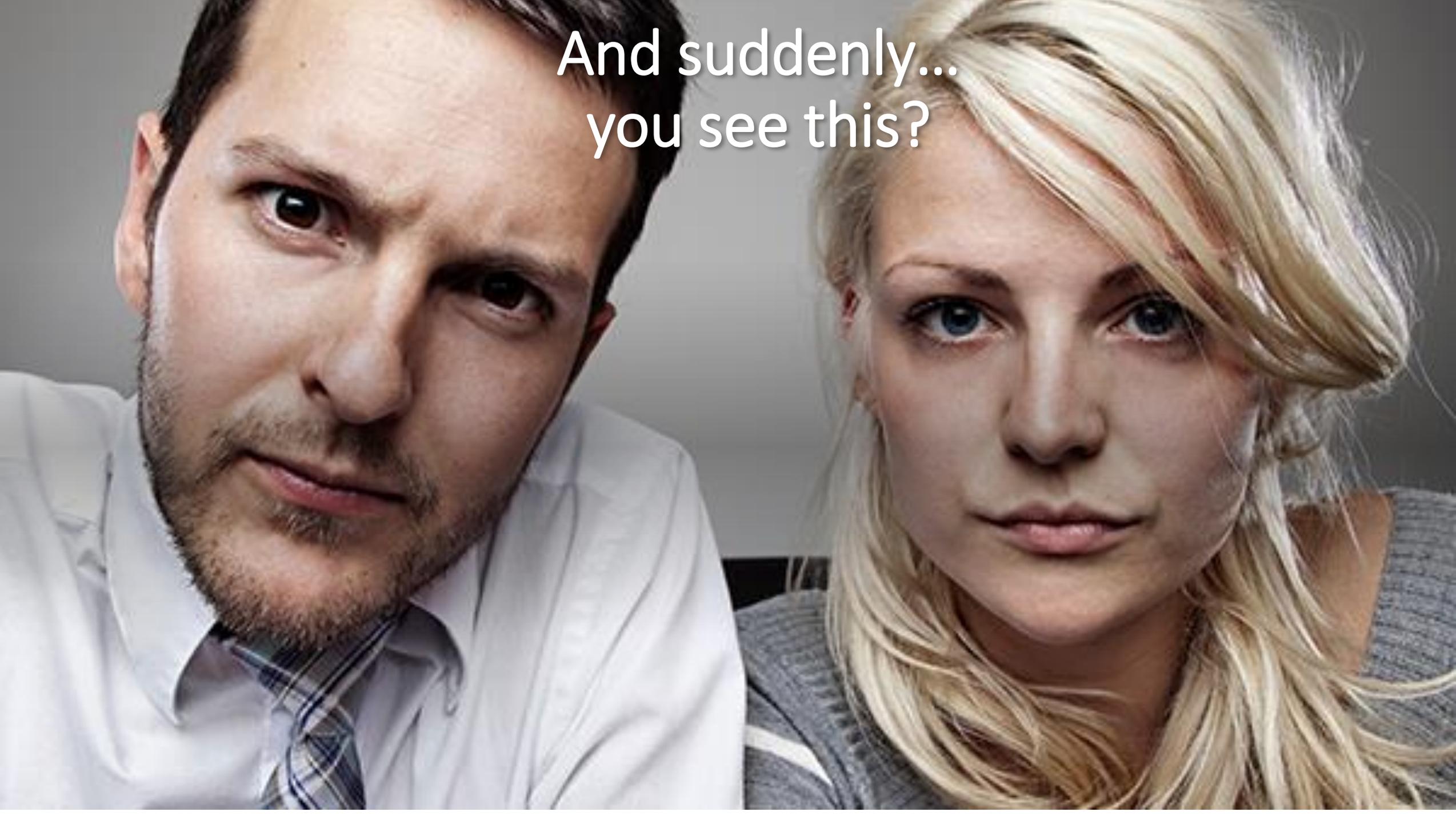
## **Risk minimisation through proper communication with relatives**

<https://www.esicm.org/education/educational-initiatives/patient-safety-training-research-programme/>



*Relative Connection*

And suddenly...  
you see this?



I have experienced disagreement by family members about care decisions

Yes, many times

Sometimes

No, never

# Risks of 'failed' communication with relatives

Tension, distrusts, conflict, legal implications

Distress among all stakeholders

Influence decision-making



# Risks of 'failed' communication with relatives

Thus...

Focus on early identification of **needs**

Focus on effective and **compassionate** communication

**EMPATHY**

# EMPATHY, a definition

The healthcare professionals' skills to understand the feelings of others, identify emotional situations, and respond effectively to patient' needs (Zhai et al., 2015)

# EMPATHY

Empathy is a special skill of communication and has an impact on interpersonal relationships (Percy et al., 2018)

Someone may need to have a certain level of empathy before they are able to feel compassion

**EMPATHY, can we learn this?**



## PubMed search: *conflict family ICU*

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In 2019 alone

58 new articles

Topics:

Barriers Family-Centred Care in ICU

Family satisfaction

Family needs

Family visitation

PICS-F

Respectful care

Healthcare Conflict scale

## Relationships among Climate of Care, Nursing Family Care and Family Well-being in ICUs

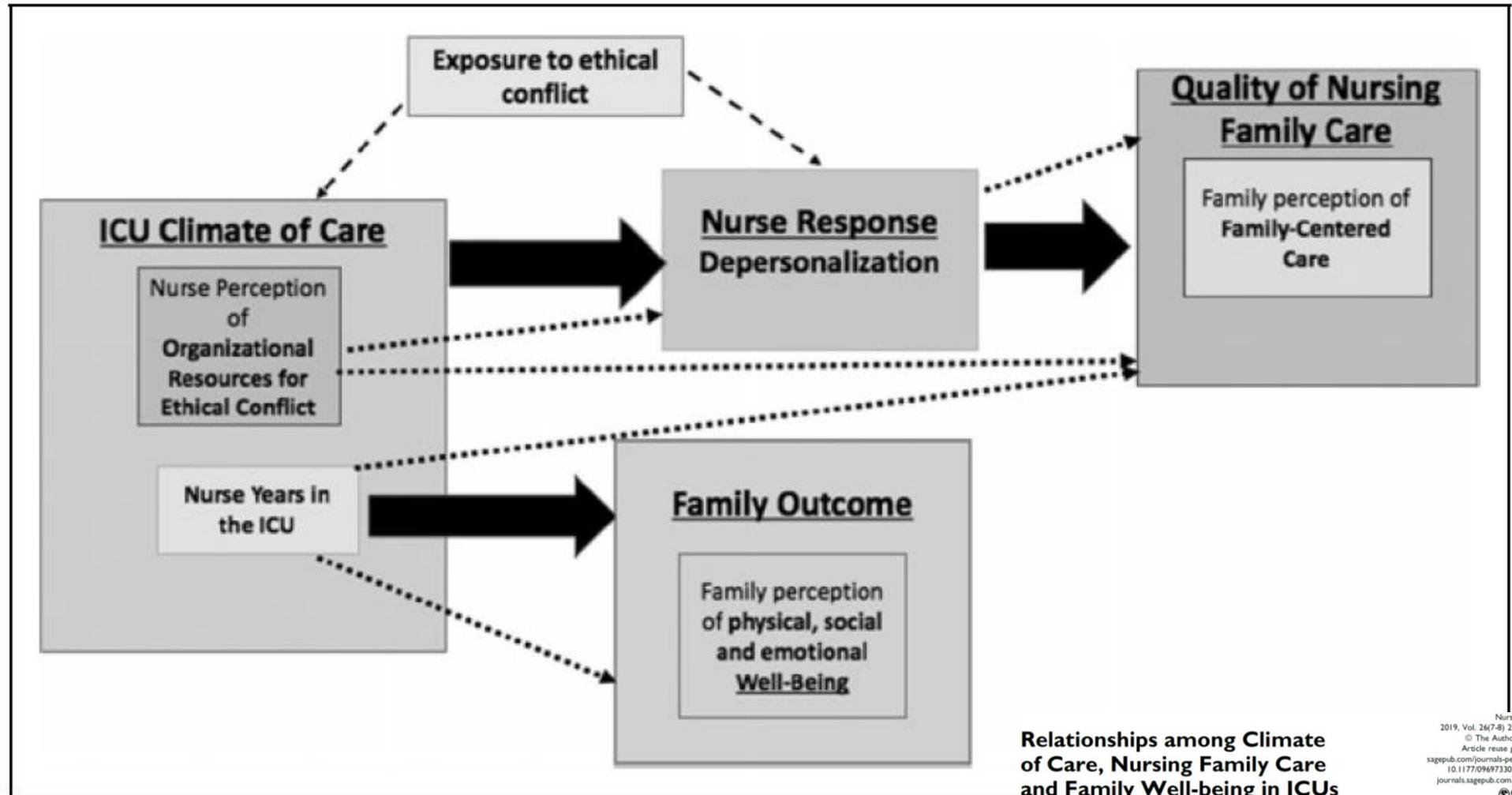
**Natalie S McAndrew and Rachel Schiffman**  
University of Wisconsin-Milwaukee, USA

**Jane Leske**  
Froedtert & the Medical College of Wisconsin Froedtert Hospital

Nursing Ethics  
2019, Vol. 26(7-8) 2494–2510  
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10.1177/0969733019826396  
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ICU climate of care predict quality of nursing family care and family wellbeing  
Effects of climate of care on quality of nursing family care and family wellbeing

- 111 nurses + 44 family members
- Ethical Conflict Questionnaire-Critical Care Version
- Maslach Burnout Inventory
- Hospital Ethical Climate Scale
- Family-Centered Care-Adult Version
- Nurse Provided Family Social Support Scale
- Family Wellbeing Index



**Relationships among Climate of Care, Nursing Family Care and Family Well-being in ICUs**

Natalie S McAndrew and Rachel Schiffman  
University of Wisconsin-Milwaukee, USA

Jane Leske  
Froedtert & the Medical College of Wisconsin Froedtert Hospital

**Figure 3.** Revised conceptual model based on study findings.

# So what?

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Implications  
for practice

Resources for (ethical) conflict  
resolution

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Family integration in patient  
care and decision-making

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Education and training for  
interactions with families

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Patient and family engagement  
in ICU vision and mission

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**Keep People Interested**

# Patient and Family Centred Care In the last 40 years

Nursing Clinics of North America  
Volume 19, Issue 1, March 1984, Pages 173-188

## Models of Family-Centered Care in One Acute Care Institution

Deanna R. Pearlmuter R.N., Ed.D., C.N.A.A. \* §, Ann Locke R.N., M.S., C.S. †, Susan Bourdon R.N., M.S., C.S. †, Gail Gaffey R.N., M.S., C.S. §, Rosalie Tyrrell R.N., M.S., C.S. †

1984

What's  
next? →

# Patient and Family Centred Care In the last 40 years

Nursing Clinics of North America  
Volume 19, Issue 1, March 1984, Pages 173-188

Models of Family

Deanna R. Pearlmutter R.N., E  
R.N., M.S., C.S., Rosalie Tyrre

Is family-centred care in critical care  
units that difficult?  
A view from Europe

Jos M Latour

Nursing in Critical Care 2005 • Vol 10 No 2

1984

2005

What's  
next?

# Patient and Family Centred Care

## In the last 40 years

Models of Family

Deanna R. Pearlmutter R.N., E  
R.N., M.S., C.S., Rosalie Tyrre

Nursing Clinics of North America  
Volume 19, Issue 1, March 1984, Pages 173-188

Is family-centred care in critical care  
units that d  
Families in the ICU: do we truly  
consider their needs, experiences and  
satisfaction?  
A view from  
Jos M Latour

Jos M. Latour, Caroline Haines.

Nursing in Critical Care 2007 • Vol 12 No 4

1984

2005

2007

What's  
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consider  
satisfac

Jos M Latour

Intensive Care Med (2014) 40:730-733  
DOI 10.1007/s00134-014-3267-y

Alberto Giannini  
Maité Garrouste-Orgeas  
Jos M. Latour

WHAT'S NEW IN INTENSIVE CARE

What's new in ICU visiting policies: can we  
continue to keep the doors closed?

1984

2005

2007

2014

What's  
next?

# Patient and Family Centred Care In the last 40 years

Latour et al. *Critical Care* (2022) 26:218  
<https://doi.org/10.1186/s13054-022-04094-x>

Critical Care **truly**  
VE CARE

**MEETING REPORT**

**Open Access**

Improving the intensive care experience  
from the perspectives of different stakeholders



visiting policies: can we  
the doors closed?

Jos M. Latour<sup>1,2\*</sup>, Nancy Kentish-Barnes<sup>3</sup>, Theresa Jacques<sup>4,5</sup>, Marc Wysocki<sup>6</sup>, Elie Azoulay<sup>3</sup> and Victoria Metaxa<sup>7</sup>  
Deanna R. Pearlman<sup>1,2</sup>, R.N., M.S., C.S., Rosalie Tyrone<sup>1,2</sup>  
Jos M Latour  
sau...  
Ma...  
Jos M. Latour

1984

2005

2007

2014

2022

What's  
next?

A blurred office scene with people working at desks. The image is out of focus, showing silhouettes of people in a bright, modern office environment. The text "Keep People Informed" is overlaid in the center.

**Keep People Informed**

## What is known about this topic

- Admission of a patient to intensive care unit is a stressful experience for relatives.
- A family-centred care approach to engage relatives in the care of critically ill patients is associated with better outcomes.
- Valid satisfaction measurement instruments are essential to identify both best practices and areas for improvement.

## What this paper adds

- The EMpowerment of PATients in The Intensive Care-Family (EMPATHIC-F) questionnaire is a reliable and valid quality performance indicator to measure the perceptions of relatives in adult intensive care unit (ICU) settings.
- This instrument should empower relatives to work along with nurses and physicians focusing on family-centred care principles.
- The EMPATHIC-F questionnaire can provide a framework for a standardized quality improvement approach towards the development of a family-centred care philosophy within adult ICUs worldwide.

Received: 23 November 2020 | Revised: 24 May 2021 | Accepted: 25 May 2021  
DOI: 10.1111/nicc.12670

RESEARCH

BAEN Nursing in Critical Care | WILEY

### Measuring family-centred care practices in adult intensive care units: The EMPATHIC-F questionnaire

Emilio Rodríguez-Ruiz MD<sup>1,2,3</sup> | Maitane Campelo-Izquierdo RN<sup>4</sup> |  
Montserrat Mansilla Rodríguez RN<sup>4</sup> | Ana Estany-Gestal PhD<sup>5</sup> |  
Andrés Blanco Hortas BSc<sup>5</sup> | María Sol Rodríguez-Calvo MD, PhD<sup>6</sup> |  
Antonio Rodríguez-Núñez MD, PhD<sup>2,3,7</sup> | Jos M. Latour RN, PhD<sup>8</sup>

Domain	Number of items	n	Median	IQR	$\alpha$
Professional attitude	6	262	6.0	5.8-6.0	.75 (.70-.80)
Organization	5	262	5.8	5.4-6.0	.64 (.57-.71)
Care and treatment	8	262	5.8	5.3-6.0	.70 (.65-.75)
Information	5	262	5.8	5.4-6.0	.69 (.63-.74)
Family participation	6	262	5.7	5.2-6.0	.66 (.60-.71)
Satisfaction total items	30	262	5.8	5.5-5.9	.90 (.88-.91)

Abbreviations: EMPATHIC-F, EMpowerment of PATients in THE Intensive Care—Family; IQR, interquartile range;  $\alpha$ , Cronbach's alpha as a measure of internal consistency.

**TABLE 2** Descriptives and reliability estimates for EMPATHIC-F domains

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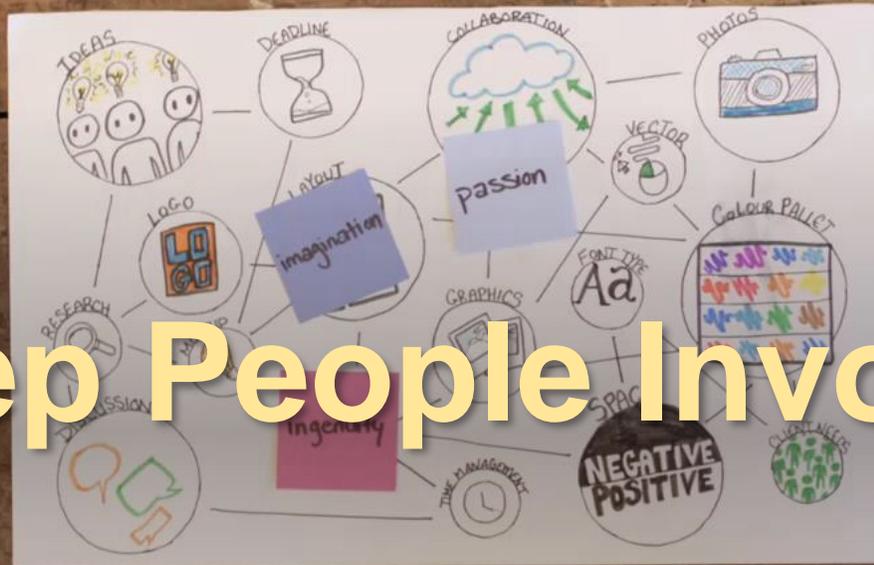
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BAEN Nursing in Critical Care | WILEY

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# Keep People Involved



# I always involve family members in patient care and decisions

Yes, always

Sometimes; some care/decisions are too difficult for family

No, (I have no time, family do not want, etc, etc)

# Challenge of assessing symptoms in ICU patients

Puntillo et al Crit Care Med. 2012; 40(10):2760–2767

Determine levels of agreement among proxy reporters (patients, family, nurses, physicians) regarding ICU patients' symptom characteristics (intensity, distress) for 10 symptoms

Pain	Tiredness
shortness of breath	Restlessness
Anxiety	Sadness
Hunger	Fear
Thirst	Confusion

# Challenge of assessing symptoms in ICU patients

Puntillo et al Crit Care Med. 2012; 40(10):2760–2767

2 ICUs

245 ICU patients, 243 family members, 103 nurses, and 92 physicians

10-item checklist including physical and psychological symptoms

Reporters were asked to rate if the symptom was present in the patient and, if present, its intensity and distress

# Challenge of assessing symptoms in ICU patients

Puntillo et al Crit Care Med. 2012; 40(10):2760–2767

Table 4. Mean symptom intensity scores and relationships among reporters

Symptom	Patient	Family Member	Nurse	Physician	$\chi^2$	<i>p</i>
Pain	.74	1.03	.99	.94	9.12	.03

Ordinal logistic regression analyses showed that the odds of higher pain intensity rating were two times greater among family members, nurses, and physicians than among patients.

A black and white photograph of a lion lying on a rock. The lion is looking directly at the camera with a serious expression. The text "Still with me?" is overlaid in white, bold, sans-serif font across the center of the image. The background is a blurred natural setting with some rocks and grass in the foreground.

**Still with me?**

The background features a dark blue gradient. On the left side, there are several overlapping, hand-drawn scribbles in a lighter blue color. These scribbles are dynamic and fluid, with some lines forming loops and others extending outwards. The text 'Keep people Inspired' is centered horizontally and partially overlaps the middle of these scribbles.

**Keep people Inspired**

MEETING REPORT

Open Access

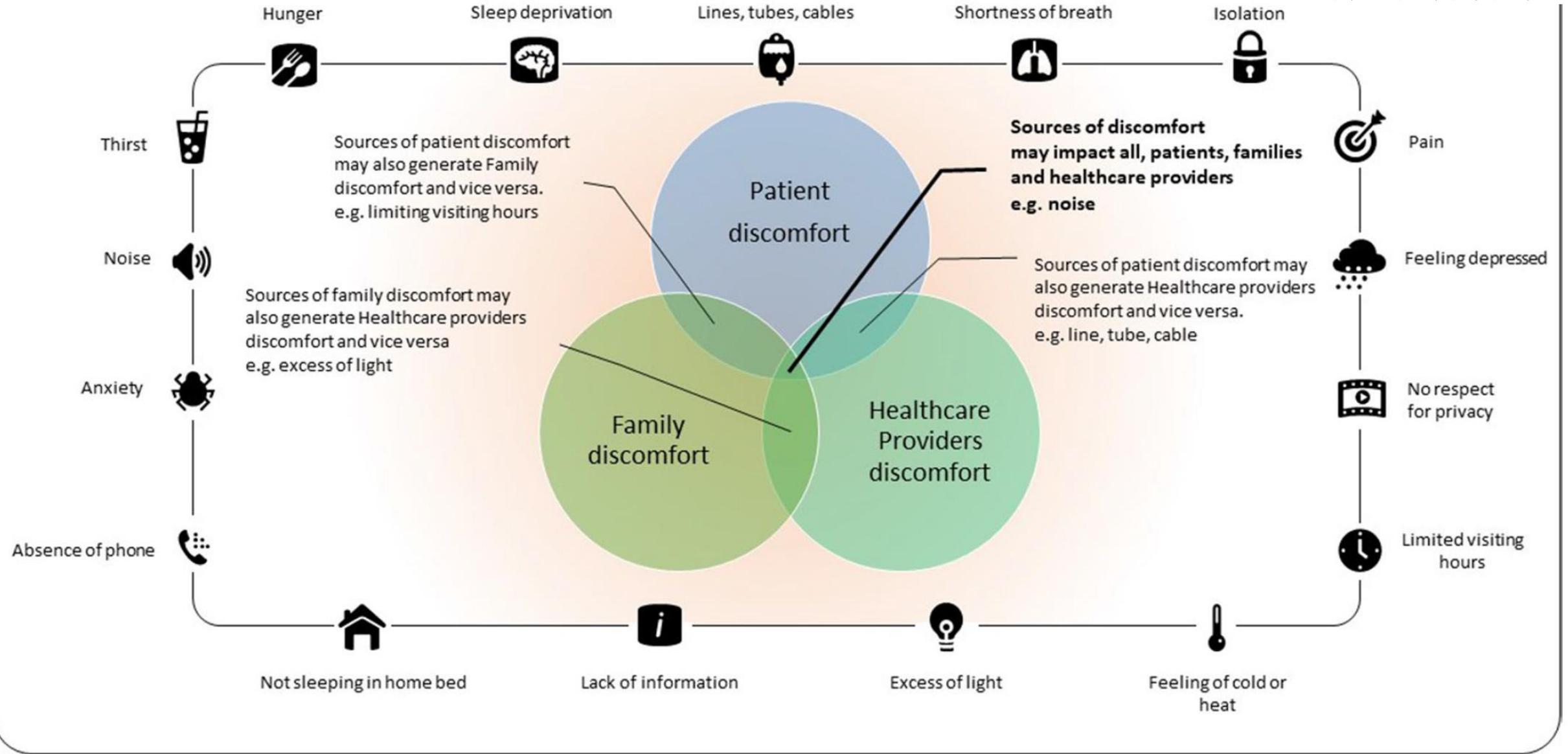
# Improving the intensive care experience from the perspectives of different stakeholders



Jos M. Latour<sup>1,2\*</sup>, Nancy Kentish-Barnes<sup>3</sup>, Theresa Jacques<sup>4,5</sup>, Marc Wysocki<sup>6</sup>, Elie Azoulay<sup>3</sup> and Victoria Metaxa<sup>7</sup>

**Aim:** To improve the ICU experience of patients, their relatives, and healthcare professionals, including the perspectives of industry

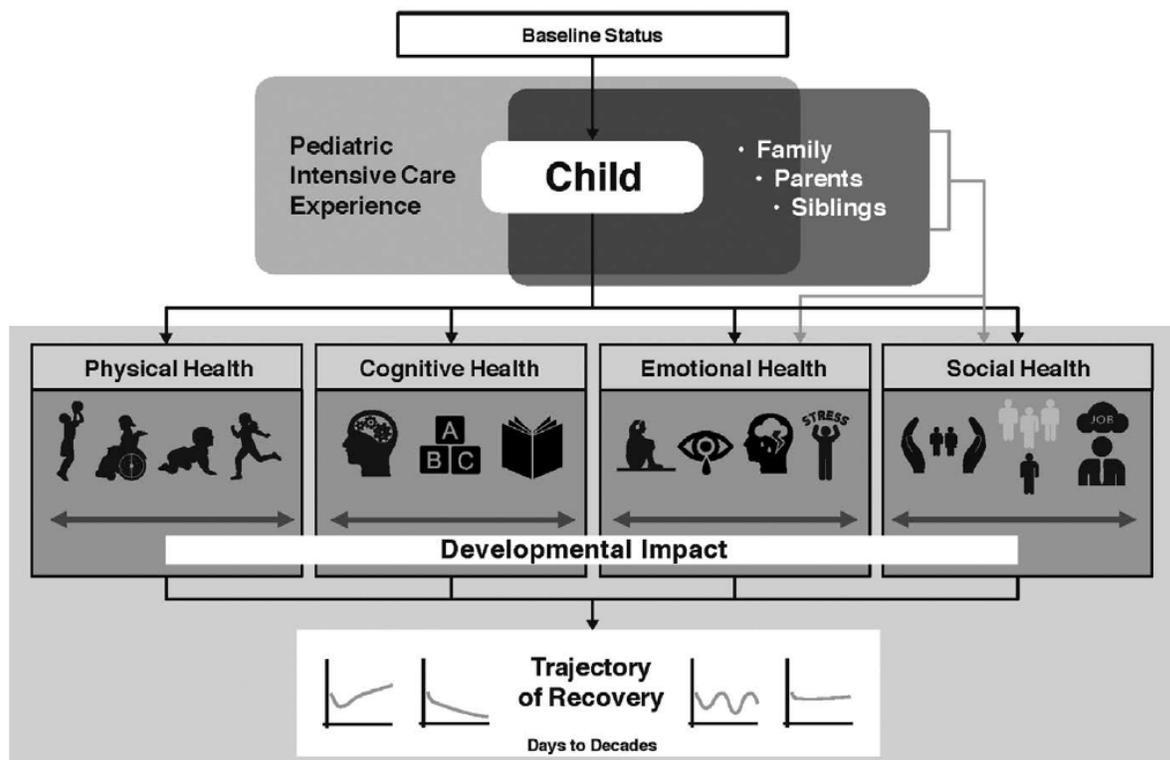
# Intensive Care Unit



**Fig. 2** Conceptual framework for an holistic approach of discomfort in the ICU.

# Post Intensive Care Syndrome

## Post Intensive Care Syndrome - Pediatrics (PICS-p)



PICS-p, Manning et al PCCM 2018

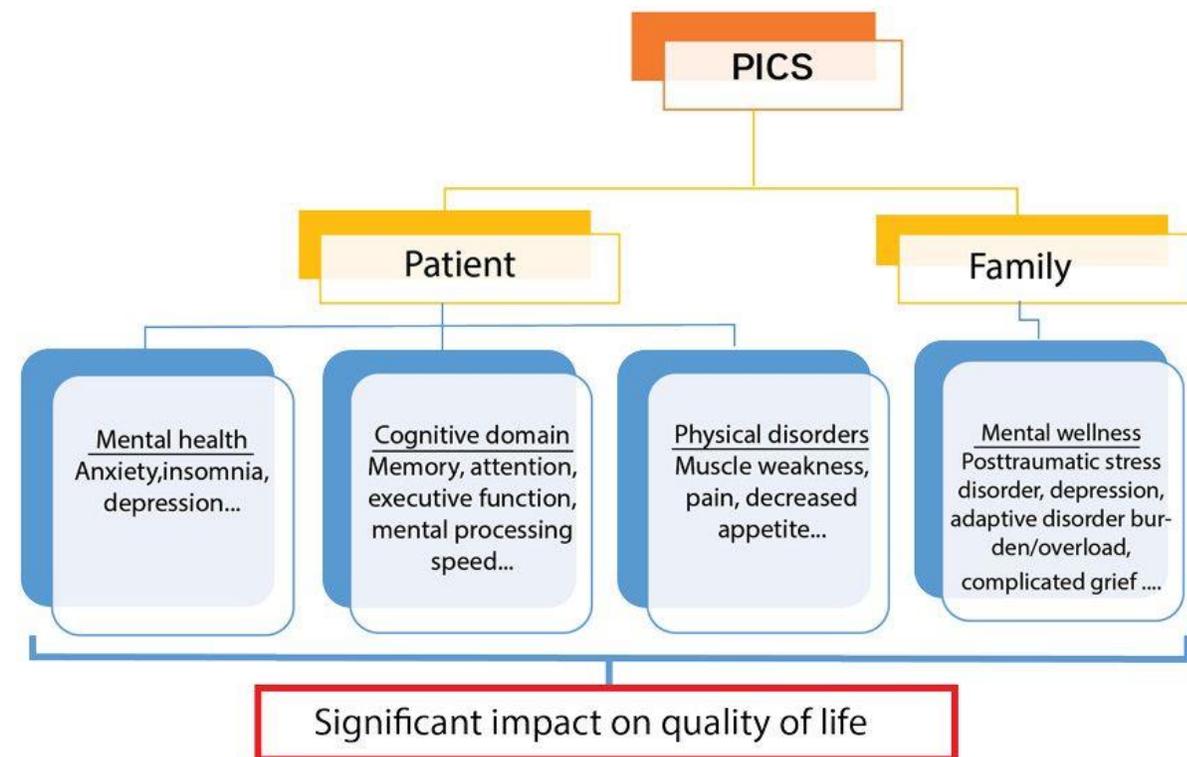


Figure 1. PICS environment

Davidson et al CCM 2012, Lobo-Valbuena et al 2020

A photograph of a turtle walking on a gravel path. The turtle is in the middle ground, facing right. The background shows a range of mountains under a cloudy sky. The text is overlaid on the right side of the image.

**Grab it back**  
**Patient- and Family-Centred Care**  
**in ICU**



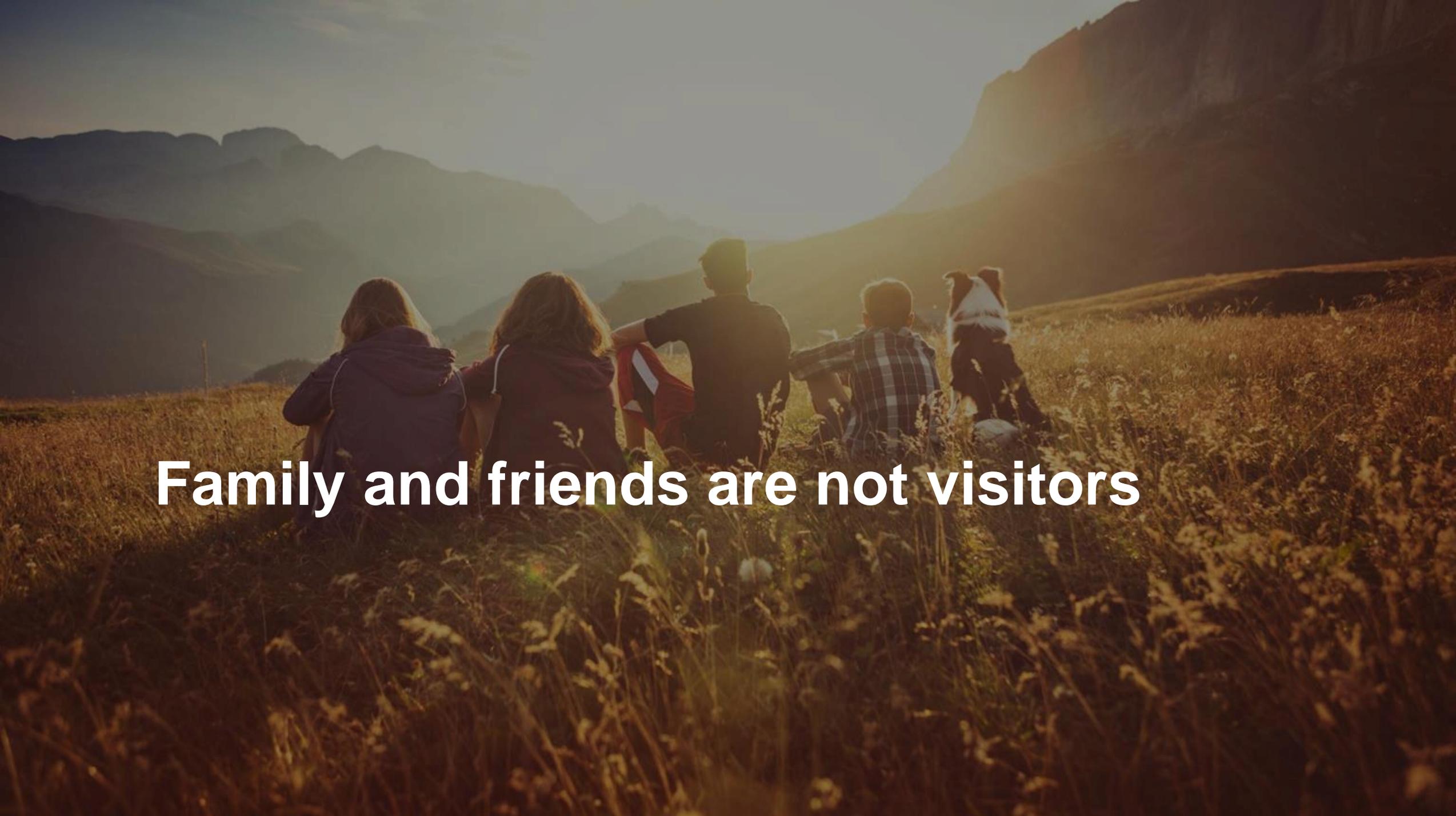
# What we *must* consider to improve patient- and family-centred care in ICU

Collaborate with **all stakeholders**

Explore factors contributing to **increase patient and family satisfaction**

Develop **pathways** to guide patients and family beyond the ICU

Develop strategies to support ICU **staff well-being** when caring for patients **AND** families



**Family and friends are not visitors**

**Thank you**

[jos.latour@plymouth.ac.uk](mailto:jos.latour@plymouth.ac.uk)