Our Volunteer Family Representative!

April 10 to April 16 is National Volunteer Week in Canada! In light of this, the Critical Care Quality Team would like to take this opportunity to recognize and thank our volunteer Family Representative, Mrs. Jean Collier.

Jean joined our Quality Team in the summer of 2014, her husband having been a patient in one of our units. Jean’s experience visiting patients and families in the hospital on behalf of her church congregation, in addition to her personal and professional experiences with healthcare, made her an ideal addition to our Quality Team. Jean is a retired nurse, who had a long and varied career but for whom her time in Neuro ICU and the Emergency room were highlights. Jean has also worked as the Coordinator and Instructor for the Procedural Skills Lab here at Dalhousie, where she taught clinical skills, cardiac rhythm interpretation and ACLS.

As our Community Family Representative, Jean attends our QA meetings and is available to work with team members on myriad projects. She is a tireless advocate for patients and families, and brings their unique perspectives to our initiatives. Recently, Jean reviewed and critiqued all print information we drafted for families, which helped to ensure it was clearly written and conveyed our intent of being a useful document for patient families and the health care staff. Additionally, she helps to review the Family Surveys and to develop action items for areas of improvement.

Jean’s involvement has been invaluable and serves as a reminder to our team of one of our primary focuses - patients and families.

Thank you, Jean, for volunteering your time and passion!

MOBILITY PROJECT - Update

The Mobility Project Pilot ran from December 2014 to December 2015. We now officially have a standardized mobility protocol in the ICU, with dedicated funding for ICU-based physiotherapy. There is ongoing interest in early mobility from other ICU and IMCs within the Zone. To date, we have shared our work with Dartmouth General Hospital and are excited to continue sharing what we have learned – and keep learning.

Our implementation leads are: Marlene Ash (RN), Elinor Kelly (RN), Tara Mercier (PT), Giselle McCormick (PT) and Marie-Helene Renault (PT); next steps for the group include:

- Preparing a “tool kit” with our Mobility Protocol and learning resources, to support ongoing integration of the practice
- Making a video / You Tube presentation as part of our online educational resources. We are currently seeking a “Mobility Patient Star” - so if you know of a compelling story, please let us know!
- Evaluation and data analysis for completion of the pilot.
- Quality presentation in June for the Central Zone.
- Presentations for the physiotherapy students at Dalhousie University.
- Submission of an abstract for The Canadian Association of Critical Care Nursing conference in September 2016.

This is just a snapshot of the myriad things we are working on! We are happy to see that MOBILITY is becoming increasingly recognized as a critical component of the collaborative practice in ICU … and our goal is, as always, to keep moving!
As we know, there are often gaps in our knowledge of patients’ histories and in our understanding of their values. This can result in a chasm in care.

Some ICUs use a strategy where they actively engage families to help the care team get to know patients better, by completing a form on admission. Last summer we had a patient admitted with such a tool accompanying them. We then contacted other organizations to obtain samples. One particularly helpful sample was received from the London Health Sciences Centre. Some of our nurses reviewed this tool, and began creating one of our own. This draft tool has been circulated widely among the interdisciplinary team. As well, our Family Representative has been key in helping with its development.

This form will be given to families when a patient is admitted, along with the Information for Families booklet. It is an optional form for the family to complete, and this would be clearly outlined at the top of the form. When completed, the family will return to us. It will be kept on the front of the chart for team members to review and “get to know” the patient better.

The form includes very practical information, for example:
- What name does the patient prefer?
- Do they wear hearing aids or glasses?
- Where do they get their prescriptions filled?
- What are their sleep routines?
- What type of music do they like?

As well the form will help explain why it is important for us to have accurate and honest information about smoking, drug and alcohol use. It also helps guides families to consider the patient’s values in care decisions. It helps identify family needs for spiritual support and social worker support.

Across disciplines, the reaction has been very supportive for the notion of implementing a “Get to Know Me” tool in our units. Presently, we are finalizing the content, and then we will begin the forms approval process. If you would like more information please speak with Tricia, Cynthia, Sarah, or Karen.

**“The shortest distance between two people is a story.” – Patti Digh**

Dr. Rick Hall was recently named the 2016 recipient of the Canadian Anesthesiologists’ Society Research Recognition Award. This is a tremendous honour and very deserving for all the excellent work and advancement Dr. Hall has brought to anesthesia care and safety in Canada.

To date, Dr. Hall’s career has produced more than 56-peer-reviewed research funding awards as principal investigator or co-investigator, 200 publications, and 180 invited presentations. Dr. Hall has helped change the research landscape in Canada as a founding member of the Canadian Critical Care Clinical Trials Group, one of the leading clinical trials collaborative in the world, and the Canadian Perioperative Anesthesia Clinical Trials Group (PACT).

Dr. Hall is a professor of anesthesia, critical care, and pharmacology, a world-expert in cardiac anesthesia and cardiovascular intensive care, and a Canadian authority on research ethics, particularly as it relates to end-of-life care.

Please help us in congratulating Dr. Hall on receiving this prestigious award!!

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**Congratulations Dr. Hall!**
While we always strive to always use best practices, those that are up-to-date and evidence-based, sometimes there just is no good evidence and we must rely on our clinical judgment alone. However, there may be some light to guide us now, in the all-important Family Meeting.

As presented by Dr. Laurel Murphy (Critical Care Fellow) at our recent Critical Care Grand Rounds, evidence is emerging about how best to go about family meetings in the ICU setting. Communication is a skill, and in fact represents a large component of CANMEDS competencies for medical residency training. Family Meetings fall into that skill category.

Why have family meetings? We have family meetings to Meet the surrogate decision maker; to Convey information; to Answer questions ; to Discuss treatment options; to Establish code status; to Discuss/change goals of care; to introduce the concept of Organ donation ...among other reasons. It is reassuring to know that we are now seeing evidence that Family Meetings improve decision-making, decrease the time to withdrawal of life-supporting therapies, and more importantly, they improve psychological outcomes for families (decreased rates of PTSD!) and improve overall family satisfaction.

How can you structure your Family Meeting? It is easy, with VALUE: Value & appreciate what family members say; Acknowledge family members’ emotions; Listen; Understand who the patient is as a person; Elicit questions from the family. Ideally, the first meeting should be held within 72 hours of patient admission to the ICU and on an as needed basis from then onward.

It might surprise you who should be at the meeting! The list is long, and not all are feasible, but consider including the following people where possible: All family who want to attend (unless the patient had wishes stating otherwise); a consistent physician and nurse; the unit social worker; spiritual support; primary care physician; ‘communication facilitators’; palliative care consultants; translators, if needed; and a respiratory therapist (to answer questions about withdrawal of the endotracheal tube during palliation).

Invariably, Family Meetings in the ICU are often to convey dismal news during a very high stress time in peoples’ lives; in addition to listening more than speaking, what can we do to make meetings go better? Reassure families that we will not abandon their loved one, that we will ensure they are comfortable, and that we support their decisions, in particular around end-of-life and palliative measures. It may come as a surprise, but choosing your language carefully has an impact. For example, instead of asking families what their loved one would “want” in this situation – which is aspirational (no one wants to die but in these situations it is often inevitable), and may shut down further discussions and paint you into a therapeutic corner - consider instead using terms like “say” and “think” (“what would your mom say about this situation?”, “what would your dad think about all of this?”), which still convey empathy but may elicit more useful information.

In summary, the evidence suggests the following tips for a successful family meeting help improve overall satisfaction with peoples’ critical care experience:

• Have the first meeting within 72 hours of admission;
• Let the family talk;
• Use understandable language and be empathetic;
• Address spiritual needs;
• Make supportive statements of non-abandonment, comfort and decision-making

Family Meetings can be stressful for everyone involved, but with some structure and forethought, they can be the most rewarding part of your day.
Upcoming Events & Conferences:

**Critical Care Grand Rounds** @ 1200-1300, Rm 378 Bethune, VG
- Dr. Paul Yaffe - Tuesday April 12th (Community ICU)
- Dr. James Downar – Tuesday May 3rd (Nonbeneficial Tx in ICU)
- Dr. Ward Patrick – Tuesday June 7th (TBA)
- Dr. Babar Haroon – Tuesday June 21st (TBA)

**3rd Annual Canadian Association of Neuroscience Nurses Workshop**
Monday April 18th 2016 @ 9am-4pm
Royal Bank Theatre, Halifax Infirmary

Presenters:
- Dr. Sean Christie – spine surgeries
- Angela Meagher – spinal disorders/myelopathies
- Carol-Ann Miller – aneurysms & vasospasms
- Rachel MacDougall – brain tumors
- Dr. Simon Walling – brain tumors/aneurysms
- Dr. Rob Green – Neurosurgery/spinal cord trauma
- Christine Price – Neuro Case Studies

To register email CANN-NS Councillor Joan Pacione at d.pacione@bellaliant.net

**Best Practice in Critical Care: A provincial critical care educational opportunity**
Monday April 18th 2016 @ 0800-1600
Harbourside Holiday Inn, Dartmouth

Featuring:
- Dr. Joyce Black, US pressure ulcer expert
- Matt Phillips & Karen Webb-Anderson – Accreditation 101
- Our QEI PT & RN Leaders – Early Mobility in ICU
- Dr. Sarah McMullen – Delirium in ICU
- Dr. Sam Searle – Frailty in ICU

Register by email: sheila.moffatt@nshealth.ca

**Blood and Beyond 2016**
April 23rd & 24th 2016
The Prince George Hotel, Halifax, NS
Register at http://nsanesthesia.ca/s/blood-and-beyond

**Nursing Practice Council Event**
May 31st 2016 1000-1400
10am-11am in Rm 5110 Dickson Bldg
Halifax Regional Police – Community Drug Use
11am-2pm in Rm B44 Bethune Bldg
Dr. Meghan Mackenzie – Pharmacological Tx of Drug Overdoses
Panel Discussion (12-2pm) – Futility of Treatment Case

Register by email: karen.webb@nshealth.ca. Lunch will be provided to all who pre-register!

"The only way to do great work is to love what you do." ~Steve Jobs~

Changes to our Critical Care Family: Welcomes! & Thank You’s!

We have had a few new hires and additions to our ICU family since our last edition. WELCOME!

- **3A New Staff**: Amanda Greer and Mariana Bacardi

With the coming of new staff we have seen some amazing members of our family leave. A BIG thank you for your dedication and hard work! You will be missed!!

- **3A & 5.2 Retirements**: Pat Rose, Diana Thorpe, and Natalie Wasson
- **RT Retirements**: Trish Moriarty and Norma Frank

COMING SOON

MayDay! MayDay!

On Saturday May 28, the Department of Critical Care will be participating in an institution-wide Mass Casualty Exercise.

This will be a Tabletop Exercise based out of the Emergency Department, and will allow the various departments to identify areas of weakness in their Mass Casualty Protocols.

The Department of Critical Care will play an integral role, and will be providing Staff members to participate. In light of this, the QA team has used this as an opportunity to draft a comprehensive Mass Casualty/Surge Crisis plan; this plan will be tested on May 28 and weaknesses/deficits identified & corrected at that time. Thank you to Karen Webb-Anderson for drafting this comprehensive, well-executed draft document! It should be an interesting exercise with valuable information and lessons gleaned from it. Stay tuned!

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