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Family presence in the congenital catheterization laboratory

Mary Heitschmidt, RN, PhD(c), APN, CCRN [a,b,*]

[a] Rush University, College of Nursing, USA
[b] Rush Center for Congenital Heart Disease, Rush University Medical Center, 1653 W. Congress Parkway, Chicago, IL 60612, USA

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ABSTRACT

Evidence suggests that family presence as an option during invasive procedures may provide a comforting presence to the patient and may not be notable disruptive to the health care team. Little research has explored family presence during cardiac procedures. This is the first documented report of family presence in the congenital cardiac catheterization lab (CCCL). The purpose of this article is to review the course for implementing a family presence program in the CCCL. The Iowa Model of Evidence-Based practice guided this process which included the development of a written policy of family presence in the CCCL at two academic medical centers. Successful family presence in the catheterization lab must include: written guidelines, involvement of all staff, family presence offered as an option, and preparation of the patient and family for the catheterization experience as well as emergency procedures.

Introduction

Family presence, defined for the purpose of this article as the experiences of both patients and individual family members when they are together in the health care setting, is a concept that allows for continual incorporation of ones' self-defined family unit into their personal, emotional, and physical journey within the health care system.[1,2] The literature reports patients/families participation and staff experience with family presence in various parts of the hospital[3] even during the most critical times of resuscitation[4–9] and invasive procedures.[6,10–23] Family presence has been attributed to decrease the anxiety of patient,[24] family,[1,4,16,25] promote staff vigilance towards patients' privacy and respect,[26] and allow staff to provide holistic care[5,8,18] in a unique setting. Family presence during resuscitation started in 1982 at Foote Hospital's emergency room in Jackson, Michigan when one hospital chaplain, along with a few nurses and physicians allowed family members to be present in two separate instances of cardiopulmonary resuscitation of a family member.[27] Since that time, the perception of families from visitors to care team members is evident. The presence of family in the congenital cardiac catheterization laboratory is a unique experience not documented in the literature. The objective of this article is to describe the development, process, and implementation of a family presence program in the congenital cardiac catheterization lab utilizing the Iowa Model of Evidence-Based Practice as a framework.

Family presence in the congenital catheterization lab

The congenital catheterization lab is a distinct setting for the comforting presence of family. Because of the various sizes and types of technical equipment, unfamiliar surroundings, and personnel it can be a very intimidating place for one undergoing procedures.

After being queried by family members about being present during cardiac catheterization procedures, our team decided it was time to give patients and families the opportunities to be present during all or parts of select conscious sedation cases in the congenital catheterization lab. Utilizing the Iowa Model of Evidence-Base Practice[28] as a guide, a family presence policy was developed in order to provide a change in practice with respect to when family presence would be allowed in our congenital catheterization lab. It was initially implemented at a 500 bed university affiliated adult and pediatric medical center in the Midwest (Hospital A) and then revised for utilization at Rush University Medical Center, an academic medical center with over 650 beds serving both children and adults (Hospital B) located in the same city as Hospital A. The purpose of both policies is to provide the benefits of a comforting presence of family to select patients in the congenital catheterization lab. Utilizing a team approach, families are included as part of the care team in select conscious sedation cases. The select conscious sedation cases included some of the

* Corresponding author. Tel.: +1 312 942 6800.
E-mail address: mary_heitschmidt@rush.edu.

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following: diagnostic catheterizations, atrial septal defect closure, patent ductus arteriosus closure, and other cases as determined by the attending physicians. Patient and family demographic data was not collected at either site.

The Iowa Model of Evidenced-Based Practice incorporates research into practice to improve the quality of care (Fig. 1). Developed in 1994 and revised in 2001, the Model integrates evidence-based health care, acknowledging and using a multidisciplinary team approach.[28] The Iowa model does not address any specifics of program implementation thus, some of the work overviewed in this manuscript is not directed by this model. The model was utilized to guide the family presence option in the cardiac catheterization lab. The first step of the Iowa Model is to identify a trigger that requires the application of new evidence, which, for our team was questions from family members, whose significant other was having procedures in the catheterization lab, and from patients who wanted their family member to be present during procedures. As the number of inquiries from family members and patients increased, the topic of family presence in the catheterization lab became a priority for our team and a group formed, the next step in the Iowa Model, to investigate this further.

A critical review of related literature is necessary according to the flow of the Iowa Model. Our literature review of family presence in the congenital catheterization lab was limited to health care team's view of family presence, patient and family perspectives of family presence, organizational views of family presence, and settings where family presence has been implemented. Family presence research that focused on invasive procedures often also included resuscitation. Many randomized clinical trials were not found and this is a major criticism in family presence literature.[10]

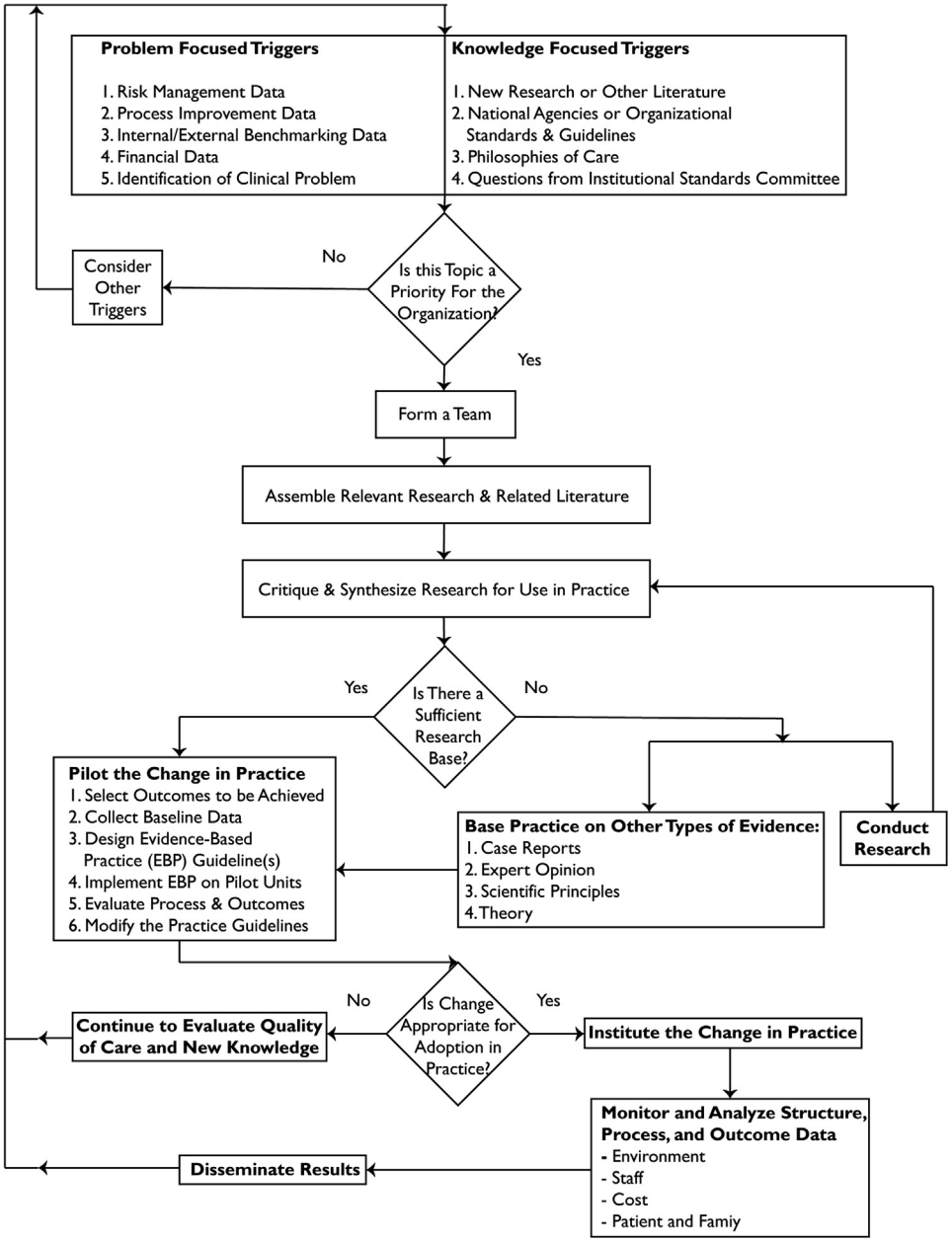

Fig. 1. Iowa Model[28] (Used with the permission of Marita G. Titler, PhD, RN, FAAN).