

# Open Access in the Critical Care Environment



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## KEYWORDS

- Open access • Open visitation • ICU visiting • Critical care • Family satisfaction
- Nurse perception and attitudes • ICU diary

## KEY POINTS

- A focus on patient and family-centered care has led to an increase in open access in the critical care environment.
- Some hospitals have instituted open access with success, whereas others continue to struggle with the health care team opinion that open access could interfere with patient care.
- Evidence-based practice as well as patient satisfaction supports the need for open access in critical care environments.
- It is imperative that families and health care teams have collaborative discussions to decide what type of visitation best meets the needs of the patients.
- Keeping a diary of the events in the intensive care unit can help prevent posttraumatic stress disorder in patients.

## INTRODUCTION

Critical care units, also referred to as intensive care units (ICU), are high-stress, fast-paced environments in which critically ill patients are closely monitored for changes in their conditions. Patients in critical care settings experience a gamut of physical and emotional insults that can negatively affect their perceptions of care. In addition, families of patients in the ICU also experience the peripheral impact of a severe illness, which includes fear, anxiety, and stress among other physical and emotional symptoms. Families may refer to anyone who is identified as either a relative, close friend, or significant other. In recent years, there has been an increased focus on the importance of patient and family-centered care. In addition, patients and families have become

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more knowledgeable and have higher expectations regarding their involvement in the care continuum. Along with this increased involvement, family members often provide support and resources for the patients. Hospitals need to recognize the importance of family involvement. The transition to open access in the critical care environment requires health care teams to communicate openly and work as collaborative teams to change unit-based cultures. This article includes a discussion of current findings regarding the transition to open access and some steps that have been taken by various units, hospitals, and health care systems to change the long-standing critical care culture.

## SUMMARY/DISCUSSION

The impact of a critical care unit stay on patients and families is severe and is typically given a negative connotation as a result. When patients are admitted to critical care units, they are generally the sickest patients in the facility and require close monitoring and frequent interventions. In the ICU, patients are commonly sedated or even paralyzed and are unable to advocate for their own care. In the past, and currently in some units, ICU patients are kept behind locked doors and families are able to visit for a limited amount of time at intervals throughout the patients' stays. However, this model is unsustainable in the era of patient and family-centered care. More than a decade ago, Hinckle and colleagues<sup>1</sup> reported that, "the Institute of Medicine strongly recommended that healthcare delivery systems become more patient centered, which in ICUs translates into increased family involvement." Henneman and Cardin<sup>2</sup> stated that, "Family-centered care is care that demands a collaborative approach to care in which all members of the team support and value this philosophy." When family members are forced to be separated from their loved ones because of institutional policies, the negative effects on family members of patients in critical units can be exacerbated.

In addition, effective January 2011, Centers for Medicare and Medicaid Services required hospitals to have open access to a primary support person with a goal to move toward patient-centered care. Patient-centered care includes involving patients and/or families in all aspects of care to create ideal care experiences through all the stages of their hospitalizations.

## PROBLEM

Patients who are in critical care units and their families often experience a decreased ability to cope caused by the severity of the illness and the impact of that illness on coping. Common psychological responses of patients and family members include anxiety, stress, and a potential lack of trust caused by the uncertainty of the situation. Certain situations, such as restriction of visitation, can contribute to a negative psychological response that is likely to have a negative impact in the healing environment. In contrast, nurses perceive that presence of families can interfere with nursing care and that the emotional involvement contributes to the stress and strain on the patients.

## REVIEW OF LITERATURE

At Baylor Health Care System, open access in critical care units has become an expectation with the goal of providing safe passage of care to all patients. The framework for open access is supported by the system Professional Nursing Practice Model, which is adapted from the American Association of Critical-Care Nurses Synergy Model. In this model (Fig. 1),<sup>3</sup> the needs of patients are addressed using evidence-

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