

Project Coordinator's Perspective*

The Critical Care Family Assistance Program

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Abbreviations: CCFAP = Critical Care Family Assistance Program; CCU = critical care unit

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A review of the formation and development of the Critical Care Family Assistance Program (CCFAP) traces its origins to a series of goals and objectives that are based on findings from several decades of research about family satisfaction. These goals and objectives that were developed by The CHEST Foundation culminate in a mandate “to respond to the unmet needs of families of critically ill patients in hospital ICUs through the provision of educational and family support resources” (The CHEST Foundation; unpublished data; 2002).

In 2002, the task of the two pilot hospitals, Evanston Northwestern Healthcare, Evanston, IL, and the Oklahoma City Veterans Affairs Medical Center, Oklahoma City, OK, was to transform these goals and objectives into reality. In 2003, the program was expanded at Evanston Northwestern Hospital to include a second hospital in Highland Park, IL, and Ben Taub General Hospital in Houston, TX, received funding to replicate the CCFAP. While each of these hospitals has approached this task uniquely, seeking to fulfill the goals and objectives of the program within the special model of care provided by geographically and institutionally diverse hospitals, there has been a general sharing of information, and each has sought to profit from the insights received from other pilot institutions.

ROLE OF THE PROJECT COORDINATOR

The development and implementation of the CCFAP in each hospital requires critical decisions about issues affecting both policy and personnel.

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One of the most important of these decisions involves the selection of the project coordinator. An efficient and effective CCFAP requires a well-conceived strategic plan and a committed core project team. A strong and dynamic project coordinator is necessary both for bringing together the individuals who constitute the core project team and for assuming leadership in the development and implementation of the strategic plan. This role of project coordinator has complex, multiple responsibilities associated with it. Many of these responsibilities involve interaction with the project director, physicians, and key hospital personnel across many departments. It is essential that the project coordinator be able to function effectively with individuals and groups at varying levels of the organization. For this reason, project coordinators are appropriately chosen from experienced personnel such as critical care nurse managers or social workers with years of experience in significant positions of responsibility.

A project coordinator requires excellent communication skills, the ability to interact with a variety of people, and the capability to solve problems and make decisions. The responsibilities of the project coordinator include the following:

- Develops action plan and timeline based on input from core project team;
- Develops budget for the CCFAP in conjunction with the project director;
- Conducts rounds on all patients and families daily to determine new family needs;
- Provides information about the ICU environment/procedures to families;
- Evaluates the communication of program services and identifies problem-solving strategies;
- Facilitates communication with administration regarding the CCFAP;
- Helps to foster the education of ICU staff in expanding ideas for the program;
- Supervises day-to-day implementation of the CCFAP; and
- Coordinates evaluation of the program.

Specifically, the project coordinator has the responsibility of working very closely with the entire ICU staff: physicians, nurses, therapists, unit secretaries, and others to articulate the vision of how a multispecialty team working together can provide a

higher level of care. The project coordinator encourages active involvement and allows everyone to participate in the formation of the CCFAP, utilizing the insights and expertise gained during his or her years of experience. In addition, the achievement of the CCFAP goals depends on seeking and obtaining active support from other departments outside the ICU. The project coordinator has the responsibility of working closely with other divisions of the hospital, assisting them in understanding what the CCFAP is seeking to accomplish, thereby gaining their active support. The success of the CCFAP is based on enlisting support and cooperation from multiple departments on an ongoing basis. With some departments, there exists a history of close cooperation with the ICU, such as pastoral care and social work. With other departments, such as facilities management, food services, and marketing, past involvement has usually been of shorter duration, and more time is necessary in developing these relationships with departments, building trust so they can be active members of the CCFAP team.

Communicating the vision of the CCFAP has been a primary responsibility of the project coordinator. So important is this function that one hospital even organized its CCFAP team before the grant was received. The news that a hospital has been selected to participate in the CCFAP has generally been greeted with excitement, and that excitement has become the vehicle for fostering interdepartmental commitment and cooperation. Many transitory projects emerge at any hospital; therefore, it is necessary to have the CCFAP perceived not only as different, but also as permanent. The pilot hospitals had staff members at every level who had, for some time, observed the sterile treatment accorded the families of ICU patients and felt powerless to deal with this reality. With the CCFAP in place, project coordinators are able to emphasize that the CCFAP not only aids the families, but also has the goal of fostering proactive involvement of the multispecialty team in caring for patients.

TEAM BUILDING

Encouraged by support from the hospital administration, project coordinators assume responsibility for bringing together departmental personnel who support the concept of the CCFAP and are critical to its success. These core project team members, under the leadership of the project coordinator, are the primary stakeholders, with responsibility for determining what important steps need to be taken for the well-being of the families of ICU patients. In each CCFAP hospital, the core planning group supports

the project coordinator in developing those attitudes and actions that form the basis of the CCFAP model of care. From the beginning, this core group has been the essential component in engendering cooperation and support, and in fostering enthusiasm for the CCFAP, not only within the ICU, but also in those departments with only an indirect relationship to the CCFAP. Leading the core planning team and serving as the CCFAP champion remains the key role of the project coordinator. The positive attitude conveyed by the project coordinator has been instrumental in fostering early adoption of the CCFAP program goals by the core planning team. Simultaneously, project coordinators seek to distance themselves from any authoritarian position. The CCFAP is not to be viewed as the coordinator's program, but as a key program to which the hospital has made a commitment. The core planning team fosters this feeling of unity as it develops a strategic plan and continues to watch over every aspect of its implementation.

COMMUNICATION

The more the CCFAP opens up the ICU to provide a variety of services to families and involves more staff and departments in its activities, the greater is the need for consistent communication. As the research reflects, for families of patients in the ICU, the fundamental issue has always been one of communication. The project coordinator and the core project team can never stray from a strategy for meeting that need to provide information. From early family surveys administered by the CCFAP teams, it was obvious that families wanted more communication with physicians, nurses, or anyone who could convey useful information. In addition, they wanted access to the patient. These needs were assimilated by the team, and, under the leadership of the project coordinator, plans were developed and implemented to enhance communication.

In the area of communication, the project coordinator serves as a bridge between hospital staff and family members. The project coordinator spends time in the family waiting room each day, becoming familiar with families, their concerns, and their needs. The project coordinator also communicates with staff and listens to observations about what aspects of the CCFAP are working as intended and what areas require additional attention. When communication problems arise, project coordinators are able to respond expediently, alerting the physician, nurse, or other staff member about an issue that needs to be clarified. When concerns deal with systemic issues, the project coordinator meets with

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