Family Support during Resuscitation: Role Development and Training. A Quality Improvement Initiative

Herrera, F., Boes-Rossi, M., Furth, A., Haverland, A., Hirai-Seaton, T., Kummet, C., Kritek, P., Greco, S., University of Washington Medical Center, Seattle, WA

**Purpose:** To develop a curriculum and train dedicated resuscitation team members whose role is to provide family support during in-hospital resuscitation events.

**Background/Significance:** In 2007, a task force from the American College of Critical Care Medicine and the Society of Critical Care Medicine endorsed a “patient-centered intensive care unit.” Recommendations of this group included support of family presence during resuscitation (FPDR). An interdisciplinary work group at the University of Washington Medical Center found that while FPDR often occurred, there was no specific policy on FPDR and no identified support person for families during this stressful time. In an institution-wide survey, 62% of respondents endorsed the FPDR while 72% expressed greater comfort if there was a designated staff member to address needs of family members. Efforts then focused on identifying ideal staff for the role of family support provider (FSP) and developing a training program for the FSP.

**Description:** Social workers and spiritual care providers were identified as ideal for the FSP role based on expertise in psychosocial support as well as consistent availability. A 4-hour training session was developed which included evidence for FPDR, local data from the institutional survey and the roles and responsibilities of the FSP. The multimodal teaching approach used lecture, real-life video, role-play and case studies to address four sections: 1) clinical aspects of resuscitation; 2) integration into the resuscitation team and steps to provide support during family presence; 3) responding to families in distress and 4) self-care practices for the FSP. Participants completed pre- and post-training surveys on self-rated knowledge and attitudes towards FPDR.

**Evaluation and Outcomes:** For 59 social workers and 8 spiritual care providers trained, all domains assessed showed significant improvement from pre- to post-survey. At a six-month follow-up, 66% of respondents strongly agreed that they felt prepared and confident in their role of FSP. Of 205 Code Blues that occurred following training, 73% had FSP present. The next steps identified for the evaluation of the training program include an 18-month follow-up of the FSP, as well as repeating the institution-wide survey to assess for change in providers’ attitudes toward FPDR since implementation. Inquiry as to the impact of the FSP on families would rely on qualitative data gathered by the FSP and bedside providers after Code Blues.

**Conclusions:** Through the creation of an interdisciplinary curriculum, an institution can effectively train health care providers to a new resuscitation team role: the family support provider.

**Contact:** farahh75@uw.edu