



## FAMILY ENGAGEMENT COLLABORATIVE

### INTRODUCTION

The Society of Critical Care Medicine (SCCM) is offering intensive care units (ICUs) an opportunity to participate in a learning and improvement collaborative that will begin in 2019 and conclude in 2020. All ICUs are invited to participate. The Family Engagement Collaborative will focus on implementing or enhancing programs to engage patients and their families that are likely to have a positive impact on patient's care and experiences during a stay in an ICU.

### IMPROVEMENT PROJECTS

Leaders and team members should consider factors such as interventions that were tried and failed; the institution's culture toward innovation, progress, and family involvement; the community served; hospital policies and processes required to approve new interventions and sustain commitments; and the interests of the multiprofessional ICU team in incorporating changes into its work flow. Suggested projects include:

- Integrating patient and family participation in rounds
- Offering structured patient and family care conferences to mutually establish the goals of care
- Disseminating information and providing support to families about ways to assist with care
- Implementing open visitation (ie, nonrestrictive ICU hours)
- Facilitating the use of patient and family ICU diaries
- Implementing environmental improvements (eg, sleep and noise protocols)
- Other projects consistent with the [Guidelines for Family-Centered Care in the Neonatal, Pediatric, and Adult ICU](#)

### DESCRIPTION

The collaborative will run for 10 months. Teams are encouraged to choose a single-focus initiative to yield clear, measurable, and reproducible results, defined as follows:

- Clear: Communications to the team, patient, and family should be easily understood.
- Measurable: Measures of success should be simple, easy to capture, and easy to report. Using rapid change cycles as often as possible will ensure that progress is made.
- Reproducible: Each ICU unit should engage its own system for implementing evidence-based initiatives to improve care in the ICU, such as Lean Six Sigma, Plan-Do-Study-Act (PDSA) cycle, or a combination of quality improvement systems.

### THE TEAM

Each ICU team will determine its own composition. Consideration for multidisciplinary inclusion and the participation of a patient or family advisor will improve the likelihood of success over time. Senior leadership support will be valuable in ensuring success. Including a change management advisor is helpful if the team struggles with new program launches through sustainable gains.

### TIME COMMITMENT

Collaborative meetings will take place via monthly conference calls between December 2019 and September 2020. Educational webinars will be offered before/during the collaborative and will be available on-demand. An informal "touch-base" meeting for participants will be offered at the 49th Critical Care Congress in Orlando, FL in February 2020. Collaborative learnings and projects will be presented at the 50th Critical Care Congress in Anaheim, CA in February 2021. Attendance at these in-person meetings is not required and the information will also be available on-demand.

The time needed for each team will vary with the scope of the project selected and time required for internal meetings, training, and implementation strategies. Teams are encouraged to plan a focused and realistic project suitable for implementation and preliminary results during the 10-month collaborative. It may be appropriate to implement a pilot program during the collaborative, to test and refine processes for later, larger-scale implementation.

## RESOURCES

The [Guidelines for Family-Centered Care in the Neonatal, Pediatric, and Adult ICU](#) and other [Family-Centered Critical Care Tools](#) are available to help collaborative teams successfully implement change. Additional resources will include an eCommunity, eLearning programs and webinars, expert faculty, project management support, and other tools as needed.

## LEADERSHIP

**David Y. Hwang, MD, FCCM**, associate professor in the Division of Neurocritical Care and Emergency Neurology at the Yale School of Medicine, will lead the collaborative. Dr. Hwang served as a faculty member for the recent SCCM Patient-Centered Outcomes Research – ICU Collaborative and as a leader for the creation of the [SCCM Family-Centered Care Gap Analysis Tool](#). He will be supported by expert faculty for successfully engaging families in the provision of ICU care.

**Kimberly LaRose, M.Ed, IMH-E**, is a family advisor to the Komansky Children's Hospital's pediatric ICU at New York-Presbyterian Weill Cornell Medical Center, and will serve as an advisor and faculty member for the collaborative to share her expertise on engaging families in care and providing patient- and family-centered critical care. Collaborative teams are encouraged to include patients and family members in their project teams.

## TIMELINE

Collaborative Activity	Date
Applications open	February 2019
Applications close and payment due (\$2,500 per ICU)	July 31, 2019
Teams apply for internal institutional review board (if desired)	August 1 – November 1, 2019
Collaborative orientation meetings/web conferences	September 2019 (TBD)
<a href="#">Teams work on pre-assessments</a>	September 1, 2019 – October 31, 2019
Pre-assessment due date	November 1, 2019
Monthly collaborative calls	December 2019 – September 2020
Educational webinars	TBD (will also be available on demand)
In-person "touch-base" meeting (not required)	<a href="#">49th Critical Care Congress, Orlando, FL, February 16-19, 2020</a>
Post-assessment due date	November 1, 2020
Assessment analysis sent to teams	December 2020
Collaborative project presentations (not required; will be available on-demand)	<a href="#">50th Annual Critical Care Congress, Anaheim, CA, January 31-February 3, 2021</a>

## COSTS

A \$2,500 fee per ICU is required to register for this collaborative. This fee will help SCCM support the collaborative and will contribute to the costs of building and maintaining the resources listed above.

## DATA COLLECTION

Collaborative teams will complete brief pre- and post-assessments using the [SCCM Family-Centered Care Gap Analysis Tool](#) before and after the collaborative, to assist in identifying and prioritizing improvement opportunities and to recognize change.

Collaborative teams may also choose to identify and monitor internal performance measures (eg, patient or family satisfaction scores, the number of times changes are used) to evaluate the success of their initiative.

## LEARN MORE

Visit the [SCCM Family Engagement Collaborative](#) webpage or contact Kathy Vermoch at [kvermoch@sccm.org](mailto:kvermoch@sccm.org) or +1 847 827-7157 for more information about the SCCM's Family Engagement Collaborative.

Fill out the [Application Form](#) to enroll in the SCCM Family Engagement Collaborative.