

**Purposeful Interprofessional Family Communication Decreases LOS in ICU**  
**Puneet G. Freibott, MSN, RN, CCRN, NE-BC**  
**St. Luke's Episcopal Hospital/Texas Heart Hospital**

**Problem:** Discharging post-cardio thoracic aneurysm repair patients from this 12-bed CV-SICU was challenging due to family anxiety caused by the patient's long and eventful stay. We needed an organized, consistent intervention to assist families to make informed decisions regarding discharging their loved ones, our patients, to Long Term Acute Care Rehabilitation facilities.

**Evidence:** Informing families, maintaining their active involvement, and providing physical comfort and emotional support can profoundly influence their clinical decision-making (Davidson and Powers, 2007).

**Strategy:** Develop processes that ensure early therapeutic information dissemination in an organized and consistent fashion that assists families to make informed decisions.

**Practice Change:** 'Family Time' a bi-weekly information-sharing group was initiated by one of the unit's staff nurses. Conducted by the unit's social worker, Chaplin and a staff nurse, it provides valuable information to family members. Purposeful interprofessional group rounding was initiated three times a week, as well as daily rounding of staff nurses with the physicians to help formulate realistic patient plans of care.

**Evaluation:** Incorporating families into formal information-sharing and decision-making helped tremendously with decision-making and setting realistic expectations of patient's long term care.

**Results:** The length of stay in this particular unit-specific cardiovascular population decreased by 1.06 days one year after initiating consistent Family Time meetings and purposeful interprofessional rounding. Increased customer satisfaction has emerged as an added benefit.

**Recommendation:** Discharge planning for such long-term patients should begin upon admission. Weekly Family Time meetings ensure that every family member has the opportunity to receive information in an organized fashion. Adding the education component to discharge planning is imperative to achieve optimum patient outcomes.

**Lessons Learned:** We need to engage more families and physicians for discharge planning at the beginning of the patient's stay. If we partner with the doctor's offices to provide this information when patients are initially evaluated for surgery, we may experience even better outcomes and further decrease the patients' length of stay.

**References:** Davidson, J.E., Powers, K., Kamyar, M., Tieszen, M., Kon, A. A., Shepard, E., et al. (2007). Clinical practice guidelines for support of the family in the patient-centered intensive care unit. American College of Critical Care Medicine Task Force 35(2), 605-622.