
Flexible Visiting Hours in Intensive Care

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<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/flexible-visiting-hours-intensive-care>

Summary

Flexible visiting practices have the potential to engage and benefit both the family and the patient. Family members can have the proximity they desire at a time that suits them and patients frequently find the presence of their family supportive and comforting in the highly medicalised, Intensive Care Unit (ICU) environment. Despite limited memory of their time in ICU, patients use words such as “help”, “safety” and “comfort” to describe the support their family contribute to their wellbeing in

ICU. Our ICU trialled a carefully planned and rigorously evaluated flexible visiting arrangement that moved from 9 hrs per day to 21 hrs per day when family could be with their critically ill relative in ICU.

Key dates

Jan 2017

Jan 2018

Implementation sites

Princess Alexandra Hospital

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Aim

Assess the impact of flexible visiting from the perspective of patients, families, and Intensive Care

Benefits

Engages with patients and family members in a way that is meaningful to them.

Background

It is widely understood that patients want, and families need, to be with their critically ill relatives whenever they can. In spite of this, we limit when they can visit. To effectively achieve improved consumer engagement it was important to understand and evaluate this initiated from key stakeholders' perspectives for its relevance and sustainability. A before-after mixed method study was used with interviews, focus groups and surveys. Patients were interviewed, family members completed the Family Satisfaction in ICU survey and ICU staff completed a survey and participated in focus groups following the introduction of 21 hours per day visiting at Princess Alexandra Hospital (PAH) ICU. The study was conducted within a philosophy of family-centred care.

Evaluation and Results

All interviewed patients (n=12) positively evaluated the concept of extended visiting hours. Family members' (n=181) overall 'satisfaction with care' did not change; however 85 per cent were 'very satisfied' with increased visiting flexibility. Seventy-six percent of family visits continued to occur within the previous visiting hours (11am-8pm) with the remaining 24 per cent taking place during the newly available visiting hours. Families recognised the priority of patient care with their personal needs being secondary. Three-quarters of ICU staff were 'satisfied' with flexible visiting and suggested any barriers could be overcome by role modelling family inclusion.

Lessons Learnt

Patients, families and ICU staff positively evaluated flexible visiting hours in this ICU. Although only a minority of families took advantage of the increased hours they indicated appreciation for the additional opportunities to be present at a time that met their needs. Junior staff may benefit from peer-support to develop family inclusion skills. More flexible visiting times can successfully be incorporated into usual ICU practice in a manner that is viewed positively by all stakeholders and promote meaningful consumer engagement.

