


Effects of Enhanced Family Visitation in Surgical Services

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Interest in including family members in intra-operative communication interventions and post-anesthesia care unit visitation programs has grown




The first randomized, controlled trial to report a quantifiable impact on family members visits to adult patients in the (Post Anesthesia Care Unit “PACU “) was published in 2012.

Evidence generated by observational and interventional studies on Family visits in the PACU since 1980 show:

- improved patient and family member satisfaction
- decreased family member anxiety






Evidence of positive impact from family visitation in the PACU has not been well translated into practice.

PURPOSE

The purpose of this study was to evaluate the impact of a family-friendly visitation policy on *staff attitudes* in one of the largest hospitals in North Texas



This PACU had made
major changes in visiting
policies and services for
family members during
the past 5 years

Changes Included:

- Two family members could visit
- Nurse Liaison Position created
- Volunteers trained
- Tracking Board implemented


HFWR2PS Family Monitoring System PS Board (in 1200) for 07/13/2013

Case & Program Status	Patient Arrived	Pre-Op/Post-Op Complete	Surgery Arrived	Surgery Complete	Recovery Arrived	Recovery Complete	Patient Location	Family Comments
157148 Cereb	✓	✓	✓	✓	✓	✓	HFWR2PS 0736- SURGERY STARTED	
157212 Recovery			✓	✓	✓		R-05	He is calming down. Resting comfortably. Doing well.
157406 Complete			✓	✓	✓	✓	HFWR2PS 1215:	Patient sleeping comfortably here in recovery. May have 2 visitors for a brief visit in recovery.
157409 Complete			✓	✓	✓	✓	R31401	Discharged from PACU. Transferring to room 314 at this time.
157414 Complete		✓	✓	✓	✓	✓	HFWR2PS	asleep/stable
157658 Complete		✓	✓	✓	✓	✓	R31201	1220: Surgery finishing
157759 Complete	✓	✓	✓	✓	✓	✓	HFWR2PS 1029-	SURGERY STARTED
158100 Complete	✓		✓	✓			HFWR2PS	

Arrived In Post Room Pre-Op Post-Op Recovery Phase I Phase II
Cancelled Pre-Op Comp

New software is available. Click to view the available software.





It was expected that the *attitude* of staff toward family visitation and their level of comfort with family interaction would change in a *positive* direction.

Research Design

We surveyed staff, regarding their beliefs and experiences related to family visiting in the PACU

<i>Visitation in the PACU---Staff Survey 2013</i>	1 agree	2	3	4	5 Disagree
What is your role?	Dr.	RN	Tech	Sec.	Other
I feel appropriate emotional support is provided to family members in the PACU	1	2	3	4	5
Providing emotional support to family members in the PACU is part of my job/practice.	1	2	3	4	5
I feel comfortable providing emotional support to family members in the PACU	1	2	3	4	5
If I were undergoing surgery, I would want the option to have my family visit me in PACU.	1	2	3	4	5
I have been present in the PACU during Family visitation.				Yes	No
I would want the option to visit my family member in PACU after undergoing surgery				Yes	No
I believe family members should have the option to visit the patient while in the PACU				Yes	No



What do you believe are the benefits of family visitation in the PACU?

What do you believe are system barriers to family visitation?

List any personal reservations you have about family visitation in the PACU.

Analysis

- Data from surveys was entered into an SPSS database for analysis.
- Differences between the 2009 and 2013 groups on scaled responses were assessed.
- Content analysis was performed on the qualitative items in the survey.



Findings

After four years of expanded visitation, the 2013 cohort reported feeling significantly more comfortable providing emotional support to families in the PACU.

Staff members were more likely to agree that their own family members should have the right to visit them if they are hospitalized in PACU than to agree that family members generally should have the right to visit in PACU. 😊

What predicted feeling comfortable providing emotional support?

- 1) the belief that emotional support is the part of the job $p=.0001$
- 2) the belief that one's job has been hampered by having families in the PACU $p=.0001$

Results of the two surveys:

- In 2009 **72%** of respondents reported that their jobs were hampered by family presence.
- Four years later only **37%** believed their jobs were hampered by family presence $p=0.004$

Qualitative Results

Qualitative data supported the change trends noted in the scaled survey items and highlighted issues that had not changed.


Themes from Qualitative data

Theme	2009 comments	2013 comments
Specific barriers to family visitation in the PACU	n = 20 (80%)	n = 33 (59%)
Space limitations	9 (45%)	18 (55%)
Lack of privacy	9 (45%)	19 (58%)
Presence of family members interferes with patient care	5 (25%)	13 (39%)
Failure to enforce visiting rules	8 (40%)	8 (24%)
Staff resistance	1 (5%)	3 (9%)
Lack of pre-operative education for family regarding visiting policies	3 (15%)	4 (12%)
Noise	1 (5%)	7 (21%)
Risk for infection	1 (5%)	1 (3%)
Benefits of family visitation in the PACU	n = 7 (28%)	n = 39 (70%)
Provides family anxiety relief	5 (71%)	21 (54%)
Comforts the patient	2 (29%)	17 (44%)
Improves patient satisfaction scores	0	4 (10%)

Quantitative Table

**Scores for scaled survey items
(lower scores indicate greater agreement with the statement)**

Survey item	Mean score (SD)		t-score (unequal variances)	p value
	2008	2013		
Providing emotional support to family members in the PACU is part of my job	2.36 (1.32)	2.02 (1.4)	1.01	0.32
I feel comfortable providing emotional support to family members in the PACU	2.32 (1.35)	1.62 (0.93)	2.34	0.03
I feel appropriate emotional support is provided to family members in the PACU	2.56 (1.42)	2.09 (1.02)	1.48	0.15
Family members should have the option to visit patients in the PACU/I would want the option to have my family visit me in PACU.	3.00 (1.6)	1.75 (1.4)	3.37	0.002



Barriers to a formal visitation program that complied with published recommendations of the American Society of PeriAnesthesia Nurses, were still identified by direct caregivers five years after initiation of the program.

Possible Root cause:

- The concern many nurses had about staff failure to enforce visiting rules, highlights what may be the root of staff dissatisfaction with family visitation
- The lack of space is clearly a stressor for nurses

Remarks from the second survey:

- Visitation [can] increase consumer satisfaction if families are brought into the post-op journey of care.
- The patient may be sleeping, but the family member insists they are hurting and no amount of information will change their perspective. This affects our “pain control” score. They just want them to be pain free and that’s not possible.
- Only two respondents had worries about the negative effect visitation might have on patient satisfaction scores and the others thought visitation would result in better scores.


The Good News!

- Expressing recognition of the benefits of family visitation **increased** substantially from 2009 to 2013 (*28% and 70% respectively*)
- In 2009 there was no mention of patient satisfaction. The second survey contained six references to patient satisfaction scores.

Conclusions

- Response rates increased dramatically from the first survey to the second
- Significant difference in comfort felt by staff in supporting family members in the PACU was a positive finding

Over time there was also a *significantly positive change* in agreement with the belief that family members should have the option to visit patients in the PACU,

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- Respondents remained highly committed to the notion that providing emotional support to family members is a part of the job in surgical services
 - The majority of respondents acknowledged that visitation in the PACU relieved the anxiety of family members

Summary

Persistent exposure to family visitation in the PACU is associated with **increased** staff commitment to family-centered care

Recommendations:

Staff stress may be prevented and family visitation sustained by :

1. **Excellent** pre-operative education of family members regarding visitation
2. **Frequent** reminders to staff about the importance of compliance with visitation guidelines
3. **Interventions** to empower nurses and other staff members to be compassionately active in facilitating family visitation



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