

ICU experiences of patients, family and staff: why it matters and how to improve it?

Jos M. Latour

Professor of Clinical Nursing



UNIVERSITY OF
PLYMOUTH



Zhongshan Hospital of Fudan
University, Shanghai, China



Hunan Children's Hospital,
Changsha, China

No conflict of interest to declare

Jos M. Latour

$$a^0 = 1 [a^0]$$

$$\arcsin(z)$$

$$x_{n+1} =$$

Patient & Family Centred Care

The link to improving ICU **care**

Patient and Family Centred Care In the last 40 years

Nursing Clinics of North America
Volume 19, Issue 1, March 1984, Pages 173-188

Models of Family-Centered Care in One Acute Care Institution

Deanna R. Pearlmuter R.N., Ed.D., C.N.A.A. * §, Ann Locke R.N., M.S., C.S. †, Susan Bourdon R.N., M.S., C.S. †, Gail Gaffey R.N., M.S., C.S. §, Rosalie Tyrrell R.N., M.S., C.S. †

1984

What's
next? →

Patient and Family Centred Care In the last 40 years

Nursing Clinics of North America
Volume 19, Issue 1, March 1984, Pages 173-188

Models of Family

Deanna R. Pearlmutter R.N., E
R.N., M.S., C.S., Rosalie Tyrre

Is family-centred care in critical care
units that difficult?
A view from Europe

Jos M Latour

Nursing in Critical Care 2005 • Vol 10 No 2

1984

2005

What's
next?

Patient and Family Centred Care

In the last 40 years

Models of Family

Deanna R. Pearlmutter R.N., E
R.N., M.S., C.S., Rosalie Tyrre

Nursing Clinics of North America
Volume 19, Issue 1, March 1984, Pages 173-188

Is family-centred care in critical care
units that d
A view from
Families in the ICU: do we truly
consider their needs, experiences and
satisfaction?

Jos M. Latour, Caroline Haines.

Nursing in Critical Care 2007 • Vol 12 No 4

1984

2005

2007

What's
next?

Patient and Family Centred Care In the last 40 years

Models of Family
Deanna R. Pearlmuter R.N., E
R.N., M.S., C.S., Rosalie Tyrre

Nursing Clinics of North America
Volume 19, Issue 1, March 1984, Pages 173-188

Is family-centred care in critical care
units that d
A view from
consider
satisfac

Intensive Care Med (2014) 40:730-733
DOI 10.1007/s00134-014-3267-y

Alberto Giannini
Maité Garrouste-Orgeas
Jos M. Latour

WHAT'S NEW IN INTENSIVE CARE

**What's new in ICU visiting policies: can we
continue to keep the doors closed?**

1984

2005

2007

2014

What's
next?

Patient and Family Centred Care In the last 40 years

Latour et al. *Critical Care* (2022) 26:218
<https://doi.org/10.1186/s13054-022-04094-x>

Critical Care **truly**
VE CARE

MEETING REPORT

Open Access

Improving the intensive care experience
from the perspectives of different stakeholders



visiting policies: can we
the doors closed?

Jos M. Latour^{1,2*}, Nancy Kentish-Barnes³, Theresa Jacques^{4,5}, Marc Wysocki⁶, Elie Azoulay³ and Victoria Metaxa⁷
Deanna R. Pearlman^{1,2}, R.N., M.S., C.S., Rosalie Tyrre
Jos M Latour
sau
Jos M. Latour

1984

2005

2007

2014

2022

What's
next?

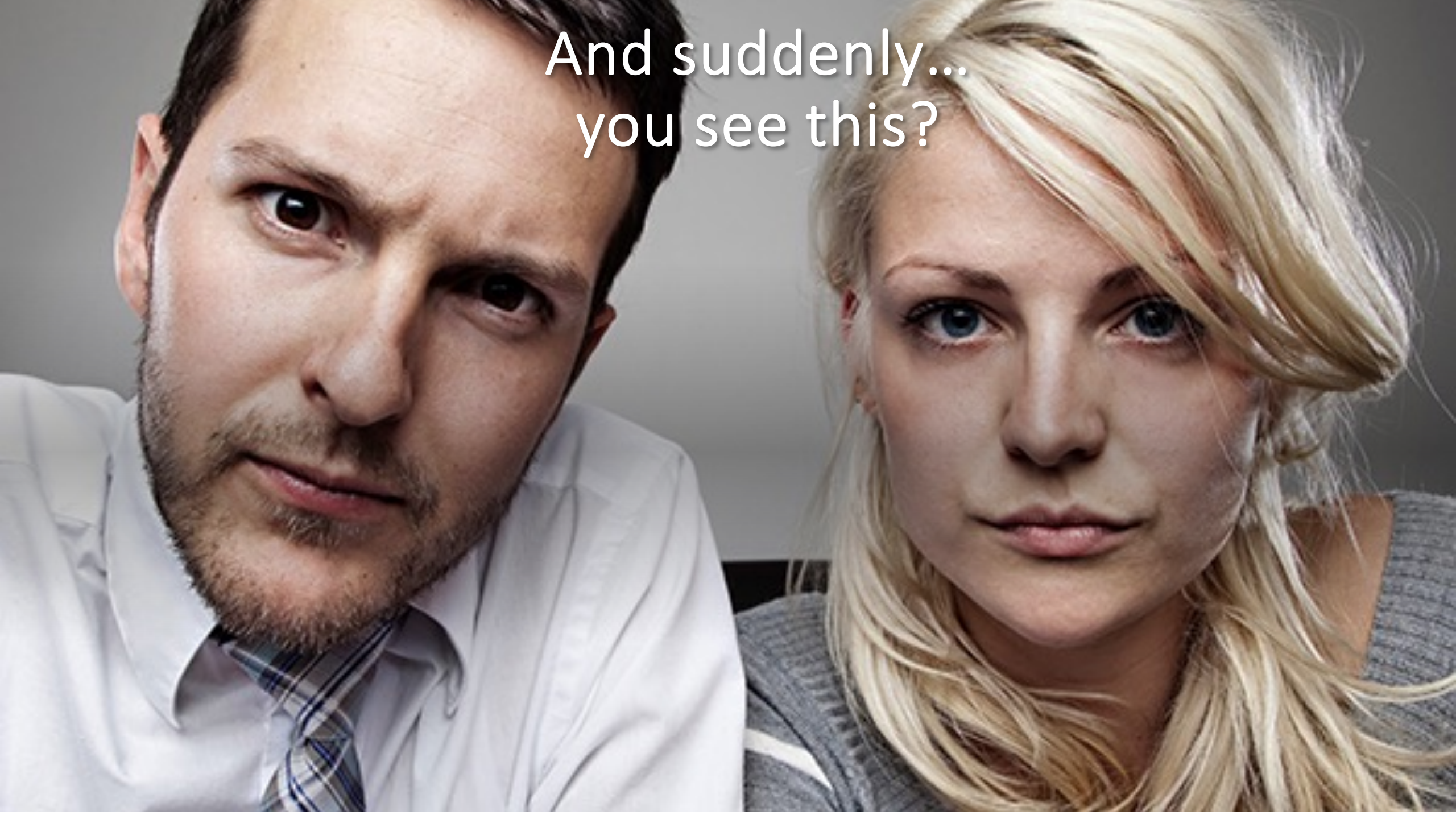


Risk minimisation through proper communication with relatives



The Intensive Connection

And suddenly...
you see this?



Risks of 'failed' communication with relatives

Tension, distrusts, conflict, legal implications

Distress among all stakeholders

Influence decision-making



Risks of 'failed' communication with relatives

Thus...

Focus on early identification of **needs**

Focus on effective and **compassionate** communication

EMPATHY

EMPATHY, a definition

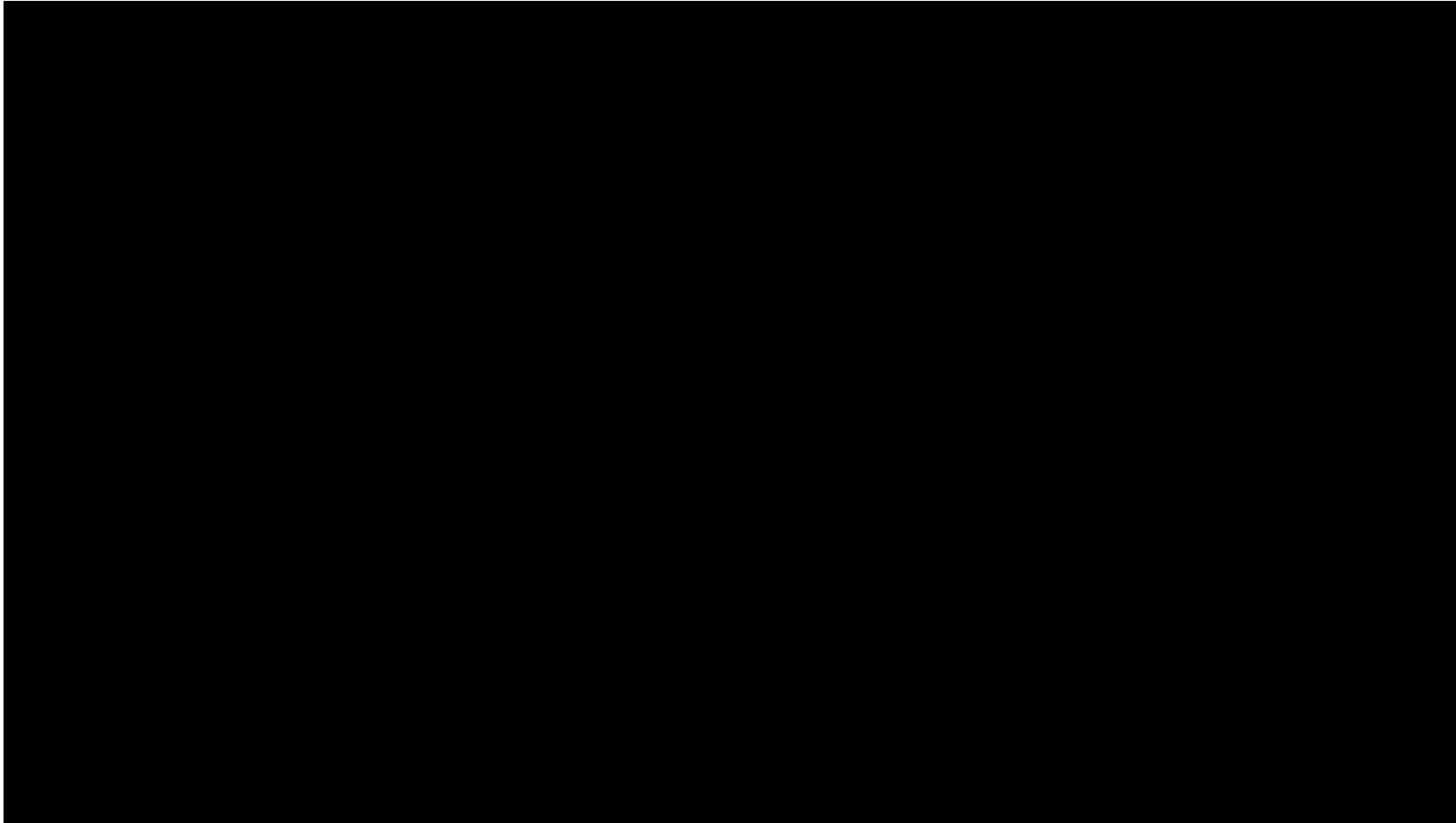
The healthcare professionals' skills to understand the feelings of others, identify emotional situations, and respond effectively to patient' needs (Zhai et al., 2015)

EMPATHY

Empathy is a special skill of communication and has an impact on interpersonal relationships (Percy et al., 2018)

Someone may need to have a certain level of empathy before they are able to feel compassion

EMPATHY, can we learn this?





A blurred background image of a modern office interior. Several people in business attire are seated around a table, engaged in a meeting. Large windows in the background let in bright light, creating a bokeh effect. The overall scene is out of focus, emphasizing the text overlaid on it.

Measuring outcomes

The link to improving ICU **knowledge**

RESEARCH

Measuring family-centred care practices in adult intensive care units: The EMPATHIC-F questionnaire

Emilio Rodríguez-Ruiz MD^{1,2,3}  | Maitane Campelo-Izquierdo RN⁴ |
Montserrat Mansilla Rodríguez RN⁴ | Ana Estany-Gestal PhD⁵ |
Andrés Blanco Hortas BScic⁵ | María Sol Rodríguez-Calvo MD, PhD⁶ |
Antonio Rodríguez-Núñez MD, PhD^{2,3,7} | Jos M. Latour RN, PhD⁸ 

Impact of different visiting policies on family satisfaction in two Spanish ICUs before and during COVID-19

Intensive Care Med<https://doi.org/10.1007/s00134-021-06485-0>

Emilio Rodríguez-Ruiz^{1,2,3*} , Maitane Campelo-Izquierdo⁴, Ana Estany-Gestal⁵ ,
Antonio Rodríguez-Núñez^{2,3,6}  and Jos M. Latour⁷ 

Domain	Number of items	n	Median	IQR	α
Professional attitude	6	262	6.0	5.8-6.0	.75 (.70-.80)
Organization	5	262	5.8	5.4-6.0	.64 (.57-.71)
Care and treatment	8	262	5.8	5.3-6.0	.70 (.65-.75)
Information	5	262	5.8	5.4-6.0	.69 (.63-.74)
Family participation	6	262	5.7	5.2-6.0	.66 (.60-.71)
Satisfaction total items	30	262	5.8	5.5-5.9	.90 (.88-.91)

Abbreviations: EMPATHIC-F, EMpowerment of PATients in THE Intensive Care–Family; IQR, interquartile range; α , Cronbach's alpha as a measure of internal consistency.

TABLE 2 Descriptives and reliability estimates for EMPATHIC-F domains

Received: 23 November 2020 | Revised: 24 May 2021 | Accepted: 25 May 2021
DOI: 10.1111/nicc.12670

RESEARCH

BAEN Nursing in Critical Care | WILEY

Measuring family-centred care practices in adult intensive care units: The EMPATHIC-F questionnaire

Emilio Rodríguez-Ruiz MD^{1,2,3} | Maitane Campelo-Izquierdo RN⁴ |
 Montserrat Mansilla Rodríguez RN⁴ | Ana Estany-Gestal PhD⁵ |
 Andrés Blanco Hortas BScic⁵ | María Sol Rodríguez-Calvo MD, PhD⁶ |
 Antonio Rodríguez-Núñez MD, PhD^{2,3,7} | Jos M. Latour RN, PhD⁸



ICU Nursing Competencies

The link to improving ICU **practice**

Competencies for advanced ICU nursing

INTENS CRIT CARE NUR 71 (2022) 103239



ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Intensive & Critical Care Nursing

journal homepage: www.sciencedirect.com/journal/intensive-and-critical-care-nursing

Research Article

Development of competencies for advanced nursing practice in intensive care units across Europe: A modified e-Delphi study

Ruth Endacott^{a,b,*}, Julie Scholes^a, Christina Jones^c, Carole Boulanger^d, Ingrid Egerod^e, Stijn Blot^f, Katerina Iliopoulou^g, Guy Francois^h, Jos Latour^a



Competencies advanced ICU nursing (End

Research Article

Development of competencies for advanced nursing practice in intensive care units across Europe: A modified e-Delphi study

Ruth Endacott^{a,b,*}, Julie Scholes^a, Christina Jones^c, Carole Boulanger^d, Ingrid Egerod^e, Stijn Blot^f, Katerina Iliopoulou^g, Guy Francois^h, Jos Latour^a

Domain 2: Clinical leadership, teaching and supervision

Professional leadership: The Advanced Practitioner demonstrates leadership through role modelling best practice, advocating for **patient and family centred care**, introducing and steering innovative approaches to critical care nursing.

2.1 Demonstrates leadership in professional relationships with patients and families

- Supporting transition to end of life care
- Involves families in best interest meetings
- Supervises and encourages families' participation in care



<https://www.esicm.org/education/inactic/>

Research Article

Development of competencies for advanced nursing practice in intensive care units across Europe: A modified e-Delphi study

Ruth Endacott^{a,b,*}, Julie Scholes^a, Christina Jones^c, Carole Boulanger^d, Ingrid Egerod^e, Stijn Blot^f, Katerina Iliopoulou^g, Guy Francois^h, Jos Latour^a

Adult ICU nurses, working on **advanced practice level**, should **adopt** the newly developed **competencies** to assess the standards against their clinical practice

Adult ICU nursing competencies provide clear **definitions and standards** for professional advanced nursing practice and can be used to provide **standardised education** across Europe

Hospitals implementing the competencies are encouraged to **analyse the wider impact** of advanced practice roles on **adverse events, workforce resilience and patient outcomes**

The background features several overlapping, hand-drawn style scribbles in various shades of blue, ranging from light cyan to dark navy. These scribbles are concentrated on the left side of the slide, creating a sense of movement and depth.

Preventing Discomfort

The link to improving ICU **experience**

MEETING REPORT

Open Access

Improving the intensive care experience from the perspectives of different stakeholders



Jos M. Latour^{1,2*}, Nancy Kentish-Barnes³, Theresa Jacques^{4,5}, Marc Wysocki⁶, Elie Azoulay³ and Victoria Metaxa⁷

Aim: To improve the ICU experience of patients, their relatives, and healthcare professionals, including the perspectives of industry

Discomfort ?



with permission from ESPNIC, Irene Harth

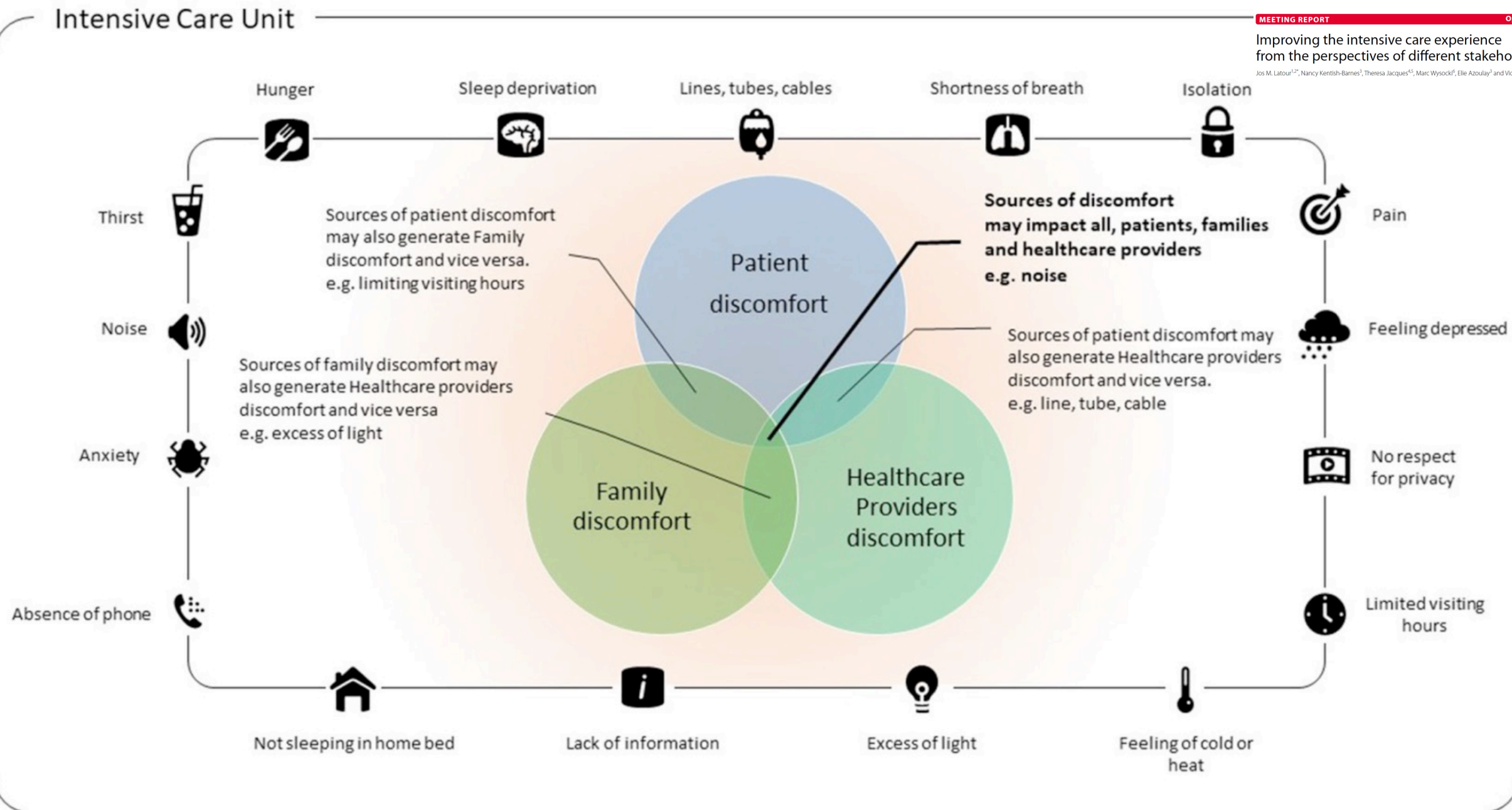


Fig. 2 Conceptual framework for an holistic approach of discomfort in the ICU.



What we *must* consider to improve comfort

- Collaborate with **all stakeholders**
- Explore factors contributing to **increase patient and family satisfaction (comfort?)**
- Develop **pathways** to guide patients and families beyond the ICU-NICU-PICU
- Develop strategies to support **staff well-being** when caring for patients and families

Take home messages (for debate)

Preventing discomfort of ICU patients, prevents the use of morphine

Preventing discomfort of relatives, prevents the use of legal services

Preventing discomfort of ICU staff, prevents staff leaving the ICU

Thank you

Jos M. Latour

jos.latour@plymouth.ac.uk



@JosLatour1

NHS
Somerset
NHS Foundation Trust



**UNIVERSITY OF
PLYMOUTH**



Zhongshan Hospital of Fudan
University, Shanghai, China



Hunan Children's Hospital,
Changsha, China