FAMILY-CENTERED, MULTIDISCIPLINARY APPROACH TO FAMILIAL SUPPORT DURING ADMISSION IN THE CARDIAC INTENSIVE CARE UNIT

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Purpose: To describe the evolution of our family-centered, multidisciplinary Advocating for Cardiac Excellence (ACE) Committee in our Cardiac Intensive Care Unit (CICU).

Background: In 2009 our facility expanded to create a dedicated 24 bed CICU. In order to identify gaps in support for our families as well as create an opportunity for family's voices to be heard the ACE committee was created.

Population: Inpatient as well as outpatient families of children with heart disease who have been cared for in the CICU at Children’s Hospital of Wisconsin.

Setting: Children’s Hospital of Wisconsin West 3 Cardiac Intensive Care Unit

Method: The ACE committee started with a multidisciplinary group of clinicians including social workers, child life specialists, physicians, nurses, and a psychologist dedicated to providing family-centered care and to identifying opportunities for improvement in family support in the CICU. We began by reaching out to the founders of the Wings of Angels Endowment, a family-run fundraising and support group. Our goal was to partner with them as family advocates and to encourage current inpatient families to be active participants in the monthly ACE committee meetings. We asked families to identify concerns or gaps in support and to be willing to creatively think about solutions.

Results/Observations: The ACE Committee began in March 2010. The committee meets monthly to discuss opportunities for enhancing care and supporting families during their stay in the CICU. The ACE committee has birthed numerous supportive practices in the CICU such as; admission orientation packages that include patient-specific diagrams, definition of team members and common equipment, local resources and thank you letter; education on topics such as appropriate infant stimulation and discharge readiness; parent/sibling support such as medical play, sibling activity bags, parent massage. ACE also incorporates representatives from area cardiac support groups to participate as a link to families who have already been discharged from the CICU.

Conclusions: Implementation of a family-centered, multidisciplinary ACE Committee has given families in the CICU a voice to identify family needs, gaps in knowledge & improvement of service excellence during an inpatient stay. It has enhanced collaboration across disciplines in order to advocate for excellence in all we do in the CICU.