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Walden University

College of Health Sciences

This is to certify that the doctoral study by

Crystal Hayes

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2018

Abstract

Policy Addressing Family Presence During Resuscitation

by

Crystal Hayes

MS, Walden University, 2012

BS, Chamberlain College of Nursing, 2008

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2018

Abstract

When hospitals became the primary care setting for very ill patients, visiting hours and restrictions related to family presence during resuscitation (FPDR) became common. During medical crises that occur in hospital settings, families are separated from loved ones because family members may impair resuscitation efforts or such efforts might psychologically traumatize family members. Various national health care organizations have endorsed family presence during resuscitation; however, practices preventing family presence persist. This project used evidence from the peer-reviewed literature to develop a healthcare institution policy that addresses family presence during resuscitation. Theories, concepts, and models that guided this DNP project included: (a) theory of reasoned action; (b) family systems theory; (c) FPDR concepts (nurses' practices and beliefs, critical care professionals' opinions, practice guidelines); and the Plan, Do, Study, Act model. A systematic review of the literature was carried out to develop the policy. An interdisciplinary team of 7 professionals was assembled to contribute to policy development using literature from peer-reviewed journal articles. Products developed included the family presence during resuscitation policy and plans for implementing and evaluating the policy. This project holds potential to contribute to positive social change by giving patients and families the opportunity to witness and understand emergency care practices.

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Dedication

I would first like to dedicate this paper to the patients and their families, whom I am humbled to serve in their greatest time of need. Secondly, I dedicate this paper to my family: My husband Andre for your love, sense of humor, support, being my Number 1 fan, and making everything possible; my children, Daniel and Alyssa, thank you for the joy and chaos you bring, you both keep me inspired; my parents, Anne and Steve Charles, for your spiritual guidance, prayers and motivation—I am so blessed to have you both in my life; my brother, Stefan Charles, thank you for your encouragement and faith in me; my grandfather Nicholas Cassar, who has taught me that hard work always pays off, thank you for all you have done for me; and to the loving memory of Vera Cassar and Suzette Cassar Cameron, your love and lives inspired me to care for others, and I am eternally grateful! Last but not least, I would like to dedicate this paper to God who has given me peace during the most challenging times, throughout my career as a nurse.

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The project presented before you is the product of a collaboration with a wide range of esteemed colleagues and professors. I am sincerely grateful to my committee chair Dr. Anderson for his patience, guidance, and tremendous support. The mentorship provided by Dr. Anderson has served as the foundation for my success throughout this project. I would like to extend gratitude to all my committee members for their advice and counsel, which provided me with the direction I needed to get to this point in my academic pursuit. A special thank you to the collaborating institution and the professionals who worked diligently to help make this project a success.

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Section 1: Nature of the Project

The idea of allowing family members to be present in the emergency department and witness the resuscitation of their loved one has attracted considerable attention around the world. The approach in Western medicine has been to view family members as visitors who have come to check the progress of the patient and not concerned members who want to take on an integral part regarding the illness, treatment, recovery, and even the death of their loved one (Hung & Pang, 2010). Usually, medical staff escort family members out of the room when the patient is about to undergo resuscitation and invasive procedures. However, an increasing number of families have expressed the need to be available and present in the emergency care setting when the health professionals make attempts to resuscitate their loved one. Recent studies have supported the idea of family members being present during the resuscitation efforts of the health professionals, citing potential benefits to both the patients and the family members (Hung & Pang, 2010). As such, these studies suggested that there is a need for the family members to be present when their loved one is being resuscitated. On the other hand, there are also multiple concerns about the presence of the family members in the emergency department witnessing the resuscitation of their loved one, such as being traumatized, interfering with the procedure, and the likelihood of the families to sue the health providers in case their loved ones die or if they witness unethical or brutal practices.

Despite recommendations to allow family members to be present when their loved ones are being resuscitated, there are still mixed feelings about this idea among family members, patients, as well as the health professionals. Family members are

increasingly interested in staying at the emergency care setting to witness the resuscitation of their loved ones (Cottle & James, 2008). Evidence has shown that family members are interested in giving support to their loved ones while at the same time viewing the opportunity to be beneficial in coming to terms with their loss. Similarly, patients seem to have high levels of satisfaction when they know that their family members will be present in case a need for them to be resuscitated arises (Miller & Stiles, 2009). Nibert (2005) revealed that, as far as family presence during resuscitation (FPDR) is concerned, patients and their families show a desire to be in close contact especially during a life-threating situation. Nevertheless, health professionals have conveyed mixed feelings; though a large percentage of nurses approved of letting family members stay in the emergency department during resuscitation, a large percentage of physicians seemed to be reluctant to allow family members to stay and witness the resuscitation process (Redley, Botti, & Duke, 2004).

There are various potential benefits associated with FPDR, and one of them is increasing patient satisfaction scores. According to Bradley, Lensky, and Brasel (2011), for those patients who have some awareness of their surroundings, especially those who awaken after being administered resuscitation, FPDR served to provide a source of comfort when the patients witnessed their loved ones by their side. There also has been other studies that affirmed that FPDR has potential positive effects on the patient, such as increasing their satisfaction with the emergency care given to them (Doolin, Quinn, Bryant, Lyons, & Kleinpell, 2011). As such, we engaged in evidence-based practices to ensure that families had the opportunity to witness the resuscitation of their loved ones

and increase the satisfaction of patients and families care while in the emergency department.

Problem Statement

Local Nursing Problem

The problem addressed in the project is the lack of evidence-based policy regarding FPDR. The problem faced by those in the current health sector face is getting health providers to change from the traditional culture of health care delivery. There was a reluctance to change and a lack of effective strategies to keeping the delivery of care a challenge for patients, especially those admitted to the emergency department. Families have become increasingly interested in being present during times of emergency when their loved ones are about to be resuscitated. Several years ago, the family members were viewed as visitors and they would usually be escorted out of the emergency room, especially when providers needed to perform resuscitation procedures to their loved one. Miller and Stiles (2009) contended that most families have prospects concerning their presence during the resuscitation of their loved ones.

Health providers had concerns about family members being present during emergency care of the patients. Such concerns were, that the family members were likely to suffer a traumatic experience as they witnessed the emergency procedure being carried out, especially if the patient did not survive the procedure. In addition, the biggest concern of the health providers was that the family members might sue them if they failed to use the resuscitation procedure effectively to revive their loved one (Miller &

Stiles, 2009). However, there was a lack of proper guidelines and standard at the health care institution on the role of family members in patient care.

Need to Address the Problem

Even though many health organizations are in favor of allowing family members to be present during the resuscitation of their loved ones, most health providers are still having various concerns about the issue. However, authors of multiple research studies have agreed that FPDR is essential in the sense that it will increase patient satisfaction and comfort. For instance, Redley et al. (2004) stated that patients expressed a belief that the presence of their family members during resuscitation would remind the caregivers of their personhood as well as ensured quality care. In addition, Khalaila (2013) confirmed that meeting the needs of the patient families might most likely lead to a better outcome not only for the family but also for the patient. Furthermore, Young-Seon and Bosch (2013) revealed that family members play an important as well as positive role in the patient care and that a decreased intracranial pressure of the patient was witnessed when family members were present.

Role of the Doctorial Project in Holding Significance for the Field of Nursing

The project had significance to the field of nursing by providing a review of literature regarding how a family-centered approach improved patient satisfaction through the development of FPDR policy. The developmental evidence-based practice project developed policy, documentation standards for FPDR, re-education for staff about family presence, and created orientation programs and competency verifications. The goal was primarily to develop evidence-based policy and secondarily, planned for the

education, implementation, and evaluation surrounding that policy. Research suggested that allowing family members to be present during resuscitation might improve family satisfaction (McDonagh et al., 2004). To achieve this goal of this DNP project, I examined the patient satisfaction scores of 2010 -2015, compared scores when families were present during resuscitation to scores when families were absent during resuscitation.

Purpose Statement and Project

Gap in Practice Filled by the Project

The health care sector faces serious problems related to patient satisfaction and recovery, especially for patients admitted in emergency departments. Health providers working in emergency rooms had yet to realize factors that influence the outcome of a patient after undergoing resuscitation. The purpose of this scholarly project was to develop evidence-based policy regarding FPDR and plan for the education, implementation, and evaluation surrounding that policy.

Guiding Practice-Focused Questions

The analysis was led by the following questions:

1. What are the current evidence-based best practices reported in the literature regarding FPDR?
2. What are the benefits of allowing family members' presence in emergency rooms to the patient, practice, and the family?
3. What measures reported in literature, have been demonstrated to improve patient satisfaction?

Potential of the Project in Addressing the Gap in Practice

Most research studies have verified that most families achieve utmost satisfaction with the emergency care given to their loved ones when they are present during the performance of resuscitation. However, there are minimal studies that have mainly focused on the attitudes of the patients concerning the presence or absence of their family members during the resuscitation process. This project reviewed the literature to develop policy and program. The primary objectives that drove this project were the analysis of the attitudes of the patients as far as the presence of their families during resuscitation is concerned. I also analyzed whether patients felt more satisfied knowing their families were there during the resuscitation procedure. The knowledge that was gained in the developmental evidence-based practice project was used to focus on determining whether it is necessary to allow family members to witness the resuscitation of their loved ones and ensure increased satisfaction with the emergency care that patients and families received.

Nature of Doctoral Project

There are recent multiple studies that suggested family presence during the resuscitation of a patient increases the satisfaction of the patient with the emergency care. Most health organizations are in favor of allowing families to be present when their loved ones are being resuscitated. This project reviewed the literature to develop policy and program regarding FPDR. Through this project, I suggested evidence-based practices that considered the development of documentation standards for FPDR including the re-

education for staff about family presence and at the same time created orientation programs and competency verifications.

Significance to Practice

The emergency care procedures such as resuscitation and invasive procedures have been reported to sometimes cause death or even alter the health condition of patients for the rest of their lives (Miller & Stiles, 2009). As such, family members have an increased need to be present when their loved ones are undergoing emergency care procedures, to determine whether health providers have carried out the procedures appropriately. Therefore, patients will be more at peace knowing that their family members are present during emergency procedures carried out by health care providers. Health care should be patient centered, and feelings of satisfaction and comfort are important for patients and families.

Summary

FPDR is especially important to the family members who wish to be there for their loved ones to show support and comfort. However, more recent studies have suggested that there is a need for policy addressing FPDR in the emergency department setting. The knowledge gained by this project helped in the creation and implementation of FPDR policy and programs that will help increase the satisfaction of the patient with the resuscitation emergency care procedure. There is a need for the recommendation of best practices in the field of health care especially those practices that will ensure the best interests of the patients are taken into consideration.

Section 2: Background and Context

Family members of the patients being resuscitated are now becoming more interested in being present during emergent or critical episodes. The presence of a patient's family members and close friends in the hospital's emergency department impact the rate of recovery and satisfaction level of a patient undergoing resuscitation. Current reforms in the health care sector and changes in hospital cultural practices have influenced the delivery of care where health providers respect the wishes of the patient's families and friends to be a presence in emergency departments and observe their loved ones undergo various treatment processes. In the past, such practices were not condoned in a hospital's emergency department; however, some health providers today are still against the issue (Miller & Stiles, 2009). The purpose of this scholarly project was the development of evidence-based policy regarding FPDR and re-education, implementation, and evaluation surrounding that policy. The guiding practice-focused questions were as followed:

1. What are the current evidence-based best practices reported in the literature regarding FPDR?
2. What are the benefits of allowing family members' presence in emergency rooms to the patient, practice, and the family?
3. What measures reported in literature, have been demonstrated to improve patient satisfaction?

Concepts, Models, and Theories

This doctoral project involved various health care and nursing concepts and theories that helped to understand the importance of elements discussed in the report. The main theories, concepts, and models that applied to the project were as followed: theory of reasoned action (Ajzen & Fishnein, 1972), family systems theory (Wright & Leahey, 1990), the plan, do, study, act (PDSA) model (Morelli, 2016), FPDR concepts (nurses' practices and beliefs, critical care professional's opinions, practice guidelines) (Jennings, 2014).

Rationale for Use of Theories, Concepts, and Models

Application of concepts, theories, and models when analyzing an issue in the practice of medicine or nursing has a lot of significance. The present emphasis on the application of evidence-based practices acts as a move to improve the quality of care and effectiveness of health promotion interventions researchers have studied. The application of theories, concepts, and practices in this doctoral project played a critical role in increasing the readers' understanding of the issue discussed and evidence on its significance to society. Comprehensive and multiple interventions played significant roles in developing effective programs and strategies that addressed health care issues given the complexity of health promotion and advancement practices today; hence, the importance of the use of theories, models, and concepts.

Theory of Reasoned Action

The theory of reasoned action, developed by Ajzen and Fishnein in 1972, acts as a significant theoretical model for predicting behavioral choices of people in a wider health

care setting. People's culture plays a critical role in influencing attitudes and resultant behavior of an individual (Sharma & Romas, 2012). The application of the theory of reasoned action in the project helped illuminate the role of patients' perceptions of beliefs of family members on the rate of healing and satisfaction during resuscitation efforts.

Family Systems Theory

The family systems theory also has a lot of significance in guiding the project. According to this theory, a family is an emotional unit and systems' thinking explains interactions within the family (Wright & Leahey, 1990). All family members have an emotional connection. A family is a unit of care; therefore, anything affecting a single part of the family affects the entire family (Wright & Leahey, 1990). The theory is important in this project because it helped explain the role of emotional interdependence in promoting cohesiveness and cooperation among family members needed during the resuscitation efforts of one of their members.

PDSA Model

The PDSA model is a scientific method used to test or observe change in the practice environment. The model focused on improving the quality of care for patients and has been successfully used in nursing research (Morelli, 2016). The model facilitated the development of the evidence-based policy as it employed the following steps:

- *Plan*: Define objectives and answer questions with data
- *Do*: Gather and analyze the existing literature
- *Study*: Complete data analysis, compare data to predictions and summarize what was learnt

- *Act*: Decide if the change proposed can be implemented

FPDR Concepts

The project utilized FPDR concepts. One of the most important concepts was the nurses' practices and beliefs. Culture influences attitudes of nurses and perceptions of FPDR. Nursing practices are promoting the inclusion of family members during resuscitation (Jennings, 2014). The application of the concept in the project helped explore practices and preferences of critical care nurses on FPDR for emergency patients. Another important concept under FPDR was the family experience. Immediate family members of the patient, especially parents or the spouse, should not be denied a chance to be with their loved ones during emergency situations in the hospital. The concept helped in determining the response of the patient upon the presence of family members during resuscitation. The role of the concept explored immediate family members' experiences when present or absent during a resuscitation attempt of their loved one.

Clarification of Words

Family members: Immediate members of the family associated with the patient including parents, spouses, and children.

Health organizations: Hospitals operating emergency departments.

Relevance to Nursing Practice

The practice of nursing has for a long time included many challenges associated with the delivery of care to critically ill patients. The project topic addressed issues with the lack of policy and program development addressing FPDR. The main role of nursing practice is to achieve the positive patient outcome. According to Wilson, Whitaker, and

Whitford (2012), health systems in the United States have continued receiving increasing pressures as the global health care system aims at meeting needs of the population efficiently, effectively, and economically. Nurses play a big role in influencing health outcomes of patients because they comprise the largest workforce in health care setting (Wilson et al, 2012). Patients in the emergency department require total care and love, especially from their families, to help improve the rate of recovery.

The outcome of the following doctoral project played a critical role in addressing reforms in the practice of nursing and recommending strategies that ensure nurses provide only practices that promote patient satisfaction. Nurses need to do away with traditional attitudes and alienations that led to the negative patient outcomes and embrace modern health care reforms that aim at promoting total patient satisfaction in the emergency department.

Local Background and Context

There have been numerous studies on the role of nurses in influencing patient outcomes in emergency departments (Ham, Dixon, & Brooke, 2012). Poor adaptations to changes in the practice of nursing and the lack of effective policy that overcome traditional methods of health delivery have affected the current health sector. For the project, I reviewed the literature about the role of nurses in improving patient outcomes in emergency departments during resuscitation efforts. The government has continued to put more efforts to improve the performance of the health sector in the past few decades (Ham, Dixon, & Brooke, 2012). The project of the above topic determined the

importance of policy and program development in hospitals' emergency departments to improve patient satisfaction.

Various institutions played different roles in addressing the problem and gathering information supporting its presence. Cultural beliefs and practices of the members of the family influenced the outcome of the intervention. Additionally, the project determined the impact of patient demographics such as age on the outcome of the intervention.

Role of the DNP Student

As a DNP student, I have the duty and responsibility to ensure that patients and their families receive the highest quality of care. Additionally, I am mandated to create changes that improve the health care sector through positive patient outcomes. The doctoral project had a lot of significance in creating interventions that helped improve the quality of care delivered to patients and their families. I played the role of the project coordinator. Additionally, I was responsible for conducting literary review on the topic and deciding on the best approach that maximizes the project outcomes. The desire to see patients and family member in the emergency department get their smiles back motivated me to carry out the project. However, nurses' perspectives may have influenced the outcome of the project because some had yet to understand the importance of family members' presence in emergency departments during resuscitation efforts.

Summary

The project addressed the lack of policy and program development regarding FPDR. Challenges faced by patients in the emergency departments can easily be resolved with the presence of effective, efficient, and cost-effective health care policy. The project

gave nurses an opportunity to realize their roles in the delivery of quality care. Additionally, patient satisfaction is of great importance in the nursing practice. The application of theories, models, and concepts helped relate the practice of nursing with patient satisfaction. Theories, concepts, and models discussed helped in collecting and analyzing evidence about the problem.

Section 3: Collection and Analysis of Evidence

Introduction

The presence of members of the family in the hospital emergency units when a patient is about to undergo resuscitation has continued to play a critical role in the patient's outcome and improving the recovery process (Leung & Chow, 2014). On the other hand, many studies have focused on the importance of the presence of family members in emergency rooms during resuscitation, but there is a lack of documentation that provides guidelines for health providers. The overreliance on traditional health delivery, in which the presence of a family member in the emergency room interferes with the patient recovery process, has created barriers that affect patient outcomes. The health sector needs to move from prevailing views of the family as visitors to becoming a respected part of care team (Institute for Patient and Family-Centered Care, 2010). The aim of this project was the development of evidence-based policy and creation of a plan for the education, implementation, and evaluation surrounding that policy. Theories, models, and concepts were used to meet the developmental evidence-based practice project objectives, which included theory of reasoned action and family systems theory; the adaptation model; and FPDR nursing concepts. The application of theories, models, and concepts played a critical role in making readers understand the problem addressed by this project and relating it to the current state of health care. Application of those theories, concepts, and models were made possible through the review and analysis of evidence related to the effect of FPDR on patient satisfaction scores. Literature was reviewed to develop policy and program.

The project proceeded as follows: obtained approval from the Walden University Institutional Review Board (IRB); proceeded with the approved proposal; assembled an interdisciplinary team for project stakeholders, led the project team in a review of the relevant literature; developed relevant policy; developed the implementation of plan; and developed the evaluation of the plan.

Seeking Walden IRB Approval

Walden University IRB played the role of creating rules and regulations for DNP students to carry out educational projects. The Walden IRB went through each project done by Walden students to determine any participation risks. Every project proposal received approval from the IRB or other bodies responsible for approving doctoral projects and ensured compatibility with ethical rules and principles.

Interdisciplinary Team

The participants in this project included members of the interdisciplinary team: three representatives from the emergency nursing department, chairman of the emergency room, assistant director of nursing education and a clinical nurse specialist.

Review of Relevant Data

Peer-reviewed literature was examined regarding the development of evidence-based policy regarding FPDR and planning for the education, implementation, and evaluation surrounding that policy.

Systems for Recording, Organizing, Tracking, and Analyzing the Evidence

Doctoral projects are very sensitive as they seek to investigate best practices related to patients and health care professionals, hence the use of peer-reviewed literature to address the practice-focused questions:

1. What are the current evidence-based best practices reported in the literature regarding FPDR?
2. What are the benefits of allowing family members' presence in emergency rooms to the patient, practice, and the family?
3. What measures reported in literature, have been demonstrated to improve patient satisfaction?

Alignment of the Purpose of the Study to the Practice-Focused Questions

The purpose of the developmental evidence-based practice project was to develop evidence-based policy regarding FPDR and to plan for the education, implementation, and evaluation surrounding that policy.

The approach taken by the project aligned to the practice-focused questions in numerous ways. First, a review of the literature that existed regarding FPDR was completed and helped to identify the practices that were achieving improved patient outcomes. Second, an understanding of benefits of family presence in the emergency room aligned with the project's purpose on strategies that the health sector should apply to increase patient satisfaction scores. Finally, the question of measures reported to demonstrate improved patient satisfaction aligned with the project's purpose to plan for education, implementation, and evaluation surrounding policy.

Definitions

Practice-focused questions: Questions that are related to the practice of nursing.

Health professionals: Physicians and nurses attending to patients in emergency.

Health care paradigm: A shared understanding among scientists working in health care discipline on the significance of a problem affecting the delivery of care.

Sources of Evidence

Evidence was needed to show the significance of the practice-focused questions in addressing the purpose of the project. The main sources of evidence that utilized were nursing, medicine, and health care journals. Journals played a great role in investigating numerous issues affecting the health sector and the practice of medicine and nursing. They contained evidence-based studies that have demonstrated the impact of utilizing specific strategies to the delivery of care. The evidence gathered from nursing, medicine, and health care journals includes the relationship between family members presence in emergency departments when the patient is about to undergo resuscitation and the patient's outcome and the role of the health sector in ensuring nurses and physicians adhere to a call for family members' presence in emergency rooms. The outcome of the evidence related to the purpose of the project because it provided recommendations that helped make the project more effective and successful.

The use of a systematic method for search and analysis of the literature was used to address practice-focused questions. Published outcomes and research; Databases such as CINAHL; PUBMED@UR/OVID MEDLINE; PSYCINFO; The Cochrane Library, and Nurses Associations; Search engines such as, Google Scholar; Turning Research into

Practice (TIP); SumSearch2, and NHS Evidence. The key terms and combinations of search terms used were: resuscitation; health care practice; emergency rooms; family members; patient; patient satisfaction; recovery and combination of terms.

Scope of the Review

The most recent sources offered the best and most relevant evidence. The search for evidence materials focused on those sources written within 5 years, that is, from 2010 to 2018. Majid et al. (2011) claimed that the health care literature is one of the fastest growing areas in scientific research today because of the dynamic nature of medical and health care. Experts discovered new evidence to the practice of nursing; hence, researchers should always target most recent literature for reliability and validity. On the other hand, sources containing more than three key terms or a combination of key terms will be utilized to find evidence. The main databases utilized included PubMed, the Cochrane Library, and Google Scholar search engine.

Clarification of the Search

The search for evidence to support practice-focused questions and achieve the project's purpose was comprehensive and exhaustive because it utilized all possible nursing databases. These databases had every information pertaining nursing that a researcher may have wanted to know, and they offered current data. Moreover, the use of key terms and combination of key terms made the search more comprehensive by touching every element of the study.

Archival and Operational Data

Nature of data and justification of relevance. The project relied on peer-reviewed literature to determine an evidence-focused approach. The literature played a critical role in answering practice-focused questions and achieving the purpose of the project because they contain evidence that supports the project. Moreover, the literature helped reflect the real situation on the ground.

Procedure for gaining access to a source of evidence. Some sources of evidence were easily found on search engines and did not require permission to access. However, there were sources of evidence that demanded the user to subscribe, get permission, or be a member of the organization to access. Gaining permission was the easiest way because the user only needed to make a request for the opportunity to utilize evidence gathered from the database.

Evidence Generated for Doctoral Project

When family members can be present during resuscitation and give support to their loved ones, patient satisfaction increases (Nibert, 2005). The project included a review and analysis of literature regarding policy and program implementation as it related to FPDR and improved patient satisfaction.

The health care sector faces serious problems related to patient satisfaction and recovery, especially for patients admitted to emergency departments. Health providers working in emergency rooms have yet to realize factors that influence the outcome of a patient after undergoing resuscitation. The health care paradigm introduced in the United States designated as *patient- and family-centered care* aims at making health care

professionals recognize the role of patients' families in caring for patients (Lederman & Wacht, 2014). However, a gap still exists in the practice because some health professionals are yet to recognize this paradigm and accept reforms that focus on improving the health care sector.

Validation, Implementation, and Evaluation Plan

Validation of the project was sought from experts in the field. The implementation plan included distribution of the policy electronically via the organization’s intranet and training staff to maintain compliance. The evaluation plan included feedback and suggestions from stakeholders, preceptor, and mentor. An evaluation tool was used, such as the Likert scale, which included the following: were the project goals addressed; identify any barriers; were evidence-based solutions used; and recommendations for improvement.

Summary

The review of the literature was used to critique the studies on FPDR in adult patients. Primarily use of online literature searches of the CINAHL, MEDLINE and Google scholar databases identified the articles. Key search words included *family presence, resuscitative events, codes,* and *emergency department*. Abstracts, conference proceedings, editorials, and anecdotal commentaries were excluded. Although no date restrictions were applied, the search was narrowed to empirical studies in adult patients only. Because a few studies had the dual purpose of investigating FPDR and invasive procedures, the literature review, organized by type of design, was narrowed to discussion of findings related to FPDR only. The methods of literature used were

descriptive surveys to determine attitudes of staff and patients' families toward FPDR via a mailed (family) and distributed (staff) survey; descriptive survey assessed via a simple survey whether or not staff favor FPDR if patients' family members expressed a desire to be present; and qualitative design explored perspectives of health care professionals toward FPDR by using semi structured interviews. The review and analysis of literature played a critical role in the project. The practice-focused questions had a lot of relevance to the project's purpose and acted as guidelines for reviewing and analyzing literature. Moreover, theories, concepts, and models of nursing described in Section 2 guided the process of reviewing evidence. After reviewing and analyzing literature, the project determined policy development and implementation and made recommendations for future practices.

Section 4: Findings and Recommendations

Primary Product

Policy Development

The primary product of this project was the development of an evidence-based practice policy at the practice setting. There was no evidence-based policy regarding FPDR in place at the start of the project. The project team included a representative member from the emergency department and nursing education, chairman of the emergency department, the clinical nurse specialist, legal department representative, and the quality assurance department representative. The team developed a current recorded practice document that would give the patients' family members a choice on whether to be present or not at the bedside at the time of resuscitation. The team was able to develop guiding principles for the health care practitioners to enable the presence of family at the time of resuscitation. The guiding principles established centred on the recommendations by the Emergency Nurses Association (ENA; Goldberger et al., 2015).

The project team established the FPDR Implementation Plan (Appendix B) based on the ENA recommendations. This strategy required that all participants involved in the (FPDR) process to understand their responsibilities and safety strategies. The participants included the health care practitioners, the chosen facilitator, and the family members. The project team developed programs for the distribution of the FPDR plan and practice through informal education meetings and staff gatherings. The project team created the FPDR Evaluation Form (Appendix C). The form was created to generate quantitative data. The evaluation form is made up of 10 questions along with answers that comprise

yes or *no*. These questions permit the family members to have an opportunity to communicate the feedback concerning their experience throughout the FPDR process. The feedback will then be gathered, recorded, and revised for future recommendations (Strasen, Van Sell, & Sheriff, 2015).

Evaluation of the Project

Evaluation of the Policy

Studies have shown that the family presence, especially during resuscitation, has positive effects and is useful to the present family members. The project team will assess the effectiveness of this project based on family contentment scores for the emergency department. The project team will also make a comparison of the patient contentment surveys in the emergency department pre-policy application stage and post policy application stage. I will take part in gathering and recording the findings from these surveys, which will give data regarding the differences in the satisfaction scores between the two stages before the graduation date. The ENA provides the recommended standards for evaluating the procedure successfully (ENA, 2014).

The project team will evaluate the hospital policy and procedure for FPDR. Conducting a research study in the facility's emergency department to analyze the achievements of this procedure will do the evaluation. The FPDR Evaluation Form will be used to gather data that will determine the rate at which a patient's family members decide to take part in the resuscitation procedure and evaluate their experiences. The project team will then record the findings. The findings will give information on areas such as the advantages and disadvantages of implementing policy versus the advantages

and disadvantages of having no implemented policy. The ENA provides a recommended procedure for successful evaluation of the policy.

Evaluation Plan

The evaluation plan is a secondary product of this project. It will play an important role in deriving the recommendations for the FPDR policy. This evaluation plan pertains to the FPDR policy while the policy evaluation considers the hospital policy and procedure for FPDR. The evaluation strategy consists of the organization of the program as well as the procedures and timelines of this project. I was able to direct the plan alongside the complete participation and support from every team member of this project. The process of data collection will take 8 weeks. The data analysis will take 4 weeks. The process will commence immediately after the project is approved.

The project team designed the evaluation plan (Hassankhani, Haririan, & Porter, 2017). It was created to guide the health care practitioners on how they will move forward throughout the program. The guidelines will help determine the experiences of the participating family members. The program guidelines give the outline to assist in the distribution of the questions and any additional activities for the participants as required. The strategies concerning the objectives of the program are precise. Files containing the program instructions and procedures will be made for instructing the participants and the medical staff during the practice.

The hospital management and its health care practitioners will employ the instructions and the set evaluation plan for evaluating the progress of every participant. They are also expected to give the accepted level of support to the participating family

members. The health care practitioners will fill out the official evaluation form by making use of the evaluation document at the conclusion of the FPDR session. The process is done to clarify any areas that would need extra resources or further interventions from the team in the project.

The evaluation strategy is useful in coming up with the goal of promoting FPDR and ensuring that they get a positive experience. The plan was created to influence the follow-up and evaluation of the program. It comprises short-term and long-term goals that involve examination of the participants' experiences during FPDR. The questions in this survey emphasize the experiences of the participants. Participants will complete the questionnaire at the end of the resuscitation sessions and answer a sequence of queries, which are in *yes* or *no* format. The desired outcome is to increase positive experiences of family members during FPDR.

A *t* test for independent samples demonstrates the relationship between two independent samples and determines whether there is statistical evidence that the associated population means have a significant difference. The project team will make a comparison of the patient contentment surveys in the emergency department from the pre-policy application stage and post policy application stage. The data collected will be quantitative and continuous. The independent variables used in this test are pre policy application stage and post policy application stage. The study utilizes *t* test in testing the statistical differences between the averages of the two scores.

The null and alternative hypothesis of the independent variables in *t* test can be expressed in two different ways:

H_0: $\mu 1 = \mu 2$ the two means are equal

H_a: $\mu 1 = \mu 2$ the two means are not equal

Strengths and Limitations

The FPDR Policy had not been established in the emergency department before the application of this project. The advantage of this project is the capacity to change the attention from the attitudes and insights of the health care workers towards FPDR to dealing with the results of having family members present at the time of resuscitation.

The project has had its limitations. There were delays caused by deliberations resulting from recording the correct data. Delays also occurred because the project team lacked access to data to assess the required recommendations or adjustments within the agreed-upon timeframe. Also, it was not possible to explain the preconceived attitudes regarding FPDR of people completing the evaluation form. Negative attitudes towards the FPDR may affect the way individuals respond (Porter, Cooper, & Sellick, 2013).

Recommendations

The following are some of the proposals made to ensure that the policy will support the presence of a patient's family members during resuscitation.

- Provide education to support staff so that they remain abreast of the policy and procedure.
- Develop a plan to determine compliance with policy and improve compliance.
- Develop communication strategies to remind staff of the policy.
- Develop a plan to incorporate competency verification tool.

Conclusion

Presence of family during resuscitation of the patient is essential not only to the patients but also their family members who desire to be there during a crisis incident to provide the needed support and comfort. The knowledge gained throughout this project has been helpful in the development and implementation of policy to promote a patient- and family-centered approach to care. The policy has the goal of providing documented strategies that will improve the patient and family experience during resuscitation.

Definition of Terms

Family member: Relative related by blood with whom the patient has an established relationship.

Family presence: The presence of one member of the family at the patients' bedside during resuscitation.

Resuscitation: The restoration of breathing, circulation and normal heart rhythm with the use of chest compressions, medications, invasive procedure, and electrical shock.

Invasive procedure: Medical procedures that involve penetrating the body through the skin or body cavity and this manipulates and interrupts body functions. Some procedures may not be appropriate to perform when the family member is present.

Health care team member: Health care worker who is directly concerned with the care of the patient before, during and after resuscitation.

Family facilitator: A health care team member who facilitates the presence of family members by providing support before, during, and after the resuscitation

interventions. The family facilitator may include the patient representative, registered nurse, physician, respiratory therapist, child life specialist, social worker, or pastoral care.

Section 5: Dissemination Plan

The section includes guidelines on the role played by each of the team members to make the paper a success. The policy plan will be electronically distributed via the organization's extranet and through training staff to maintain a high level of compliance. This will avail the information to the vast platform of health practitioners who are the intended audience.

Introduction

The option of FPDR offers families an opportunity to be present with their loved one during ongoing lifesaving measures. The literature has shown that FPDR has facilitated and supported grieving family members. However, despite the benefits of FPDR, there is a lack of the implementation of policy. Health care facilities need an implementation of FPDR policy, so families are provided with an option to be present during resuscitation. Presently in the emergency department, most family members have expectations concerning FPDR. Some of the prospects include being at the bedside throughout the all-encompassing medical crises. FPDR is supported by many organizations (Miller & Stiles, 2009). Despite this support, many medical professionals' attitudes have remained mixed as hospitals begin to support the practice.

The practice of allowing the presence of family members during resuscitation of their loved ones has currently grown as an essential practice. However, the method has sparked significant controversies all over the world. Researchers have examined the experiences of the family members present during the resuscitation process. They have also investigated the perspectives of the patients and family members, as well as the

attitudes and views of the health care practitioners (Powers & Candela, 2017). The ENA (2014) has currently reacted to the increasing demands arising from the position of FPDR and on invasive procedures. The FPDR policy offers the members of the family an opportunity to be present with their loved ones during ongoing life saving measures. The literature available has shown that FPDR has facilitated and supported grieving family members. However, despite the benefits of FPDR, there is a lack of evidence concerning the implementation of policy. Health care facilities need to implement the FPDR policy so that the families can be given the chance of being present during resuscitation.

The evaluation of the FPDR project will be based on the patient satisfaction scores for the emergency department. The project team will then compare the satisfaction of the patients before and after the implementation of the policy phase. Data from the results of these surveys will be collected and documented. The data will be used to provide information regarding the difference in satisfaction scores between the two phases. The ENA provides the recommended criteria for successful evaluation of FPDR procedure (ENA, 2014). There was no policy in place when this project was started. The project team included the emergency nursing department, nursing education, chairman of the emergency department, the clinical nurse specialist, legal department, and the quality assurance department. The team developed a current recorded practice document that would give the patient's family members a choice on whether to be present or not at the bedside at the time of resuscitation. The team was able to develop guiding principles for the health care practitioners to enable the presence of family at the time of resuscitation. The guiding principles established centered on the commendations by the ENA.

Problem Statement

For the last 100 years, showing signs of worry to the extremely sick patients has been misleading. In the past, the treatment of patients took place in their homes with the instructions from members of their family. The invention of hospitals led to the introduction of specific visiting hours together with other hospital restrictions on the presence of family members in the patient's rooms (Miller & Stiles, 2009). Now, many different people hold diverse opinions on the presence of family members in the emergency department during resuscitation. Some of the views support full involvement at the patient's room during the period of crisis. FPDR is reinforced by several organizations including the ENA (ENA, 2014). Despite these, the attitudes and the perspectives of many medical practitioners have remained mixed as many hospitals begin to support the practice.

Purpose Statement/Project Objective

Despite the recommendations that allow FPDR, the attitudes and perceptions regarding FPDR vary in the standard clinical practice of today. In research conducted in the United States by Miller and Stiles in 2009, during the times of medical crisis, most family members are advised to stay away from the rooms where their patients are undergoing medications. The DNP project emphasizes the available literature relating to the FPDR attempts. The DNP project aims at developing policy that will express the issue of the family presence during the process of resuscitation, retraining medical staff on the practice of family presence, and coming up with a plan for implementing and evaluating the policy.

Objectives and Outcomes

The aim is for the facility to develop and implement policy (Appendix A), implementation plan (Appendix B), and evaluation plan (Appendix C). Literature suggested that allowing the presence of the members of the family during the process of resuscitation demonstrates a family-centered approach. The outcome of this DNP project was the implementation of policy (Miller & Stiles, 2009).

Literature Review

Burgeoning consumerism is one of the significant forces pushing for the presence of family members during the resuscitation process. The power is arising from the increased knowledge gained by the patients and their family members in the process of seeking health care for their loved ones. The early founding works have complimented some subjective explanations on FPDR, with a lot of research focusing on the effects of FPDR on the experiences of a patient's family members and medical staff (Sak-Dankosky, Andruszkiewicz, Sherwood, & Kvist, 2017). Recent studies showed that most of the families prefer being present in the resuscitation room. The family members present in the resuscitation room at any one time in history reported they would make a similar choice again (Sak-Dankosky, Andruszkiewicz, Sherwood, & Kvist, 2017). Critics of FPDR indicated that the desire for all family members to be present at the resuscitation room might lead to disrupting of the protocols in the unit (Sak-Dankosky, Andruszkiewicz, Sherwood, & Kvist, 2017). Besides, the opponents of the policy also argued that the severe psychological trauma could anguish the family members (De

Stefano et al., 2016). There is also a risk of lawsuits by the family members if things go wrong and they feel it was due to malpractice of the health care practitioners.

In the United States, standards on how to deliver resuscitation have changed radically. The change occurred after the American Heart Association recommended offering resuscitation based on the association's guidelines for cardiopulmonary resuscitation (Gutysz-Wojnicka et al., 2018). Despite the amendments, many nurses and health care professionals are reluctant to about FPDR. Therefore, the practice remains controversial among the health care professional and is consequently not the norm in the practice setting.

Supporters of this practice have argued that protecting family members from trauma by preventing them from being in the resuscitation room is no longer necessary (Giles, Lacey, & Muir-Cochrane, 2016). This is because individuals witness critical crisis events in the field many times. There are also television shows that have given many individuals the exposure of what happens during resuscitation. Being able to see a loved one, witnessing the efforts that the medical teams are implementing to bring them back to life, and communicating with them helps the family members to understand and accept death cases if they take place.

Some family members have pointed out that being in the resuscitation room for their loved one is a good experience. The live-saving actions by the health care professional give them a chance to participate in decision-making situations concerning the health of their loved one. The family members treated by the medical team appropriately expressed personal satisfaction at the end of the resuscitation process (Zali,

Hassankhani, Powers, Dadashzadeh, & Ghafouri, 2017). On the other hand, the family members expressing dissatisfaction at the end of the process claimed lack of proper understanding and organization of the crowd during the act. They also reported poor communication and lack of interaction with the medical team (Zali et al., 2017).

Therefore, it is essential to identify the ethical and theoretical perspectives of FPDR as they help the nurses understand the process better based on the literature and promote critical thinking in clinical practice. Further studies are needed to provide information on the gaps left by the current knowledge of FPDR (Hassankhani et al., 2017).

Dissemination Plan of Policy

The first phase of the dissemination process will be partnering with the clinical nurse educator, quality improvement, and legal team in presenting the policy to the key stakeholders. Some of these stakeholders include nursing clinical practice committee, emergency department medical directors committee, and the rapid response team committee. It is crucial to give all key stakeholders an opportunity to present their feedbacks on the FPDR policy and procedure, and this should be done based on the organizational culture and evidence. The following are some of the recommendations relating the dissemination of FPDR guidelines:

- Sharing of the FPDR guidelines at huddles and staff meetings.
- Provisions of education programs to all multidisciplinary staff-members in the Emergency Department on matters relating the current policy and purpose.

- The establishment of a comprehensive education and training programs for the family facilitator roles.
- The implementation of the FPDR will involve the multi-disciplinary staff members.
- Progressive work should aim at supporting institutions that allows staffing of FPDR advocates during every shift.

Analysis of Self

In the event of a medical crisis, hospital staff has imposed restriction on patient family members from seeing their loved ones. There exists a fear that the actual presence of the patient's family members at the time of resuscitation may cause interference in the process. There is also a probability that the present family members could be mentally affected by the trauma arising from experience (Hassankhani et al., 2017). As a DNP student, I was able to initiate and participate in the process of establishing the policy and the procedure. The procedure was to provide guidelines for health care practitioners to refer to during the resuscitation. The guidelines would ensure nurses would always offer the best care to patients and families by placing their needs first. The development and implementation of this policy have enhanced the departments' approach to a family-centered care concept. One of the most significant challenges of this project was creating schedules to meet with the project team and staff in the planning stages of the process. Although there were many obstacles to get over during this scholarly journey, I have learned that it is not only essential to discover what is lacking in nursing processes but

also more critical to develop, implement, and evaluate a plan to address the need through evidence-based practice.

Project, Design, and Method

The DNP project was about FPDR. The FPDR guidelines and evaluation plans were offered as a way of ensuring patient satisfaction in the health institutions. As an improvement to the FPDR policy, the project emphasized literature and participant feedback and experiences during FPDR. The evaluation of the project will focus on patient satisfaction scores from the emergency department. The process will involve a comparison of the patient satisfaction scores of the surveys conducted on the pre-policy implementation stage and the post policy implementation stage. From these surveys, data will be collected, recorded, and analyzed. Below are some of the essential phases that will help accomplish the collection of data:

- Assembling of the project group
- Leading the group in reviewing the literature related to FPDR.
- Developing guidelines and an evaluation plan.
- Validation of subjects.
- Developing a plan for projects implementation.
- Developing a plan for evaluating the project

The Project Group

The selection of the project group factored the knowledge possessed by the members as well as their dedication to supporting patients to access high-quality care. The team consisted of the emergency nursing department, chairman of the emergency

department, clinical nurse specialist, nursing education, the legal department, the quality assurance department and me. The total wealth of knowledge of the team members, their years of nursing experience, and their qualifications in some fields made them valued resources to the accomplishment of the project. The specialties of the members comprised attending Stanford Emergency Nursing Education and obtaining certification, working with patients in the emergency department, and invasive procedures. All the team members participated at an 8-week conference centered on FPDR. The responsibilities of the group members included the following:

- The DNP student: I wrote the project and served as project leader and facilitator.
- Emergency nursing department: Nurse practitioners working with patients at the emergency department.
- Chairman of the emergency room: Instructor of the practices and procedures for FPDR.
- Clinical nurse specialist: A nurse with the experience of working in the emergency department.
- The legal department: Ensured that implementation of the policy is within the legal guidelines.
- The quality assurance department: Ensured the quality of services in the emergency department and the application of FPDR.
- Nursing education: Provided classes on good practices of FPDR.

I used the logic model to direct the development of the project concerning the timeline and plan. The project team was able to hold weekly meetings for 3 months, which helped in discussing and coming up with the project's strategic plans. The goal was to evaluate the success of the FPDR project by creating a turnkey program with a practical implementation and evaluation plan. The project was based on my findings from the literature review on FPDR.

Products of the DNP Project

Program Strategies with Objective

The program strategies offered a background of the FPDR program. I defined several projects aims, various duties carried by the group members and participants, and finally the weekly activities and aims in the program strategies. The first week emphasized on good practices which are part of the standard clinical activities. At the beginning of the program, participants will receive guidelines on the importance of giving the patient's family a chance to be present during the life- saving measures. The educational sessions were planned for a mutual interaction, which will provide the participants with the opportunity to ask their questions and facilitate discussions. Participants were taught on how to identify the attitudes and the perspectives of the respondents with regards to FPDR. The participants were expected to complete the given curriculum subject, reviewing the focus in the team setting, and discussing potential or actual barriers. The participants were expected to complete a selected task in the course of the eight weeks.

Standardized Evaluation Rubric

The group members created a uniform evaluation rubric utilizing the Lewin's change theory. In this theory, Lewin theorized that changes often take place in three phases: unfreezing phase, moving phase and refreezing phase Unfreezing includes motivating people by making them ready for change, moving involves inspiring the people to agree on new ideas that would empower them to admit that the present condition can be made better. Refreezing phase consists of supporting new forms and systems of behavior. The objective of the project is to propose fundamental changes to the FPDR Policy. There were discussions every week which enabled the group members to come together and point the experiences they encountered whether positive or negative.

Validation of the Product

The project group created a process for using in the validation of the product. Peer review is the standard method of advocating the legitimacy of any product. Peer review is part of a specific practice which combines the procedures of specialists in numerous fields. The procedures are for evaluation of distinction, production, and the contributions of other persons specialized in the same area. The method was essential to this project. It helped in obtaining responses that are of value to the project team. Peer review done for this project provided the chance for the analysis of the products in an all-inclusive exercise. At the same time, it allowed for a valuable response to the project team.

Project Implementation Plan

The project group created a plan for implementation of this project. It required planning harmonization in the Emergency Department of the hospital. The content specialists also helped in the process of coming up the plan. The implementation strategy emphasized on evaluating the success of the project will be based on the contentment of scores from the Emergency Department. It was essential to develop the implementation plan in order to capture the experiences of participants during FPDR.

Project Evaluation Plan

The group in charge of the project designed a project evaluation plan. It indicated how the health care practitioners would develop the project program and how they would identify the experiences of the family member's participants. The program guidelines gave the outline of the distribution of questions as well as any additional practices required by the participants. The strategies concerning the objectives of the program are precise and offer the health care practitioners with specific guidelines that need to be followed. Files containing the program rules and practices will be made for participants and the medical staff to provide guidance throughout this process.

The evaluation plan aims at promoting FPDR and ensuring family members get a positive experience. It has short-term and long-term objectives that include following up the participants' experiences during FPDR. The queries contained in the questionnaire emphasize on the experiences of the participants. The family members will fill the survey after the resuscitation sessions and answer questions in the format of yes or no. The desired outcome is increased positive experience of family members during FPDR.

Data and Participants

There was no data collected concurrently within this DNP Project. The facility undertaking the evaluation shall collect data (the satisfaction scores). The data collected will be in association with the suggested quality enhancement project as well as the primary products that used in the project. The Walden IRB approved the project (10-19-17-0201526). A plan for evaluation was formulated to give guidance on assessing the efficiency of the products.

Primary Products

The primary emphasis of the project was helping the family members of the patient to have positive experiences during resuscitation. I planned this project based on evidence to support potential participants understand how interior and exterior factors play an essential role in achieving patient satisfaction at the emergency department. To develop the primary product, I formed and led a group comprising of nurses working in the facility and medical staff. The group members consisted of the Emergency Nursing Department, Nursing Education, and Clinical Nurse Specialist Chairman of the Emergency Department, Legal Department and the Quality Assurance Department.

Program Guidelines

The project team designed the program guidelines to complement patient care at the hospitals. The literature review assisted in obtaining the program guidelines that were based on current evidence of FPDR. It was designed to help capture participant experiences from the practice. The FPDR policy has well-defined goals and objectives. The curriculum (see Appendix C) will provide a formal evaluation plan. The formal

evaluation plan was to be filled after FDDR session. The curriculum contents offered the following information:

- Whether or not the FPDR option was granted in the event of the emergency.
- Whether or not the health care specialists allowed the family members to be present during the resuscitation process.
- Whether the facilitator was present to support the family and if the support offered by the facilitator was helpful.
- If at the time of resuscitation there was a spiritual care provider provided and if they were helpful to the family.
- If the chance for the patient's family members to be present during resuscitation give an opportunity for the loved ones to be supportive during the period of crisis.
- The contents should inform if there was excellent crowd control and if the condition of the environment during resuscitation was favorable.
- Whether the facilitator provided support after the resuscitation session and whether the opportunity presented a better understanding of the resuscitation process.

The participants execute the curriculum content after the resuscitation session and thus would have an understanding of their roles in this project. Many known factors will influence the participant's attitudes and perspectives about FPDR in the future. The curriculum offers an opportunity for discussing the challenges and successes experienced by participants. The group acknowledged that the health belief model proposed by Pender

was the right background for the program. Various components form the basis of this model that include; supposed susceptibility, supposed severity, supposed benefits, supposed barriers and clues to practice. An understanding of Pender's background, as well as the skill to recognize which stage of the background will be experienced, correct interventions by the medical staff, can be performed in a manner that is timely.

Evaluation Rubric

The group created an evaluation of the rubric to give measurable features on stages 1 to 5. The review of the development of the participants by using the measurable features levels will be vital in recognizing the stages of Lewin's model strategies experienced by the participants. The process will lead to the creation of personalized care strategies for every participant by considering his or her need. Personalized care strategies depending on the demands of the participant's demands have proven to be helpful and beneficial to all participants.

Implementation and Evaluation Plan

Implementation (see Appendix B) and evaluation plan (see Appendix D) are secondary to this program. They have an essential duty in the products offered in hospitals. Implementation plan entails the creation of primary product as well as giving the procedure and timelines. I guided the plans alongside the contribution of all group members. The expected time required to execute the project would be 12 weeks in total. The evaluation plan was created to assist in monitoring and evaluation. It entails both short-term and long-term objectives involving monitoring of the participants' experiences after FPDR. Questions in the survey focus on the experience and satisfaction of the

participants. The people participating in the study are required to fill a questionnaire at the termination of the resuscitation session and will answer multiple questions employing the yes or no format.

Implications

Policy

There was no policy in place at the start of the project. The project team developed the guidelines for the health care practitioners, which enabled FPDR. The instructions were based on the recommendations by ENA.

Practice

The health care practitioners used to request the family members to leave the room in times of medical crisis. Current studies show that the patient's families want to be given the choice of FPDR. The program was organized, designed, and structured individually to satisfy various requirements of the participants. Every participant will have an opportunity to take part in the curriculum contents that enable an appropriate environment for FPDR. The choice of FPDR allows individuals to be more knowledgeable about the process of resuscitation.

Research

The department head in the facility has set up a plan that will be followed during the first year of the study. The objective of this program is to evaluate the success of the project based on the patient satisfaction in the emergency department. Data gathered during this program could contain the data gathered at the start of the program for a period of 1 to 2 years.

Social Change

The presence of family during resuscitation has proven to be helpful. It gives the family members a chance to be involved in the life-saving decisions and practices of their loved one. This practice is also of psychological benefits to the patients as well as the family members. Implementation of this project will be beneficial as it will give individuals a chance to understand the practice better. It will facilitate the improvement of patient care in the emergency department. Health care providers need to have a better understanding of their roles in patient care especially in the emergency department for better patient care.

Conclusion

FPDR provides an opportunity for families to demonstrate support to their loved ones during the crisis. When FPDR is offered, family members can witness and participate in the decision-making process regarding the life-sustaining measures. A trained individual will facilitate the FPDR Process while explaining all events.

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Appendix A: FPDR Policy

Hospital Policy and Procedure Family Presence during Resuscitation

Purpose:

A. The policy of the Hospital is to facilitate and promote a family patient and centered approach to care. The Hospital has outlined guidelines which preserve the patient's and family members' autonomy.

Description:

A. The family forms an integral part of the patient's care, and this is the basis of the patient and family-centered approach. It is vital that healthcare professionals embrace the needs of patients and family members. The family of family members during resuscitation is advantageous to patients as it allows family members to demonstrate support; satisfy the need for information and involvement; and provides an outlet for psychological, social, emotional and spiritual needs to be met. The allowance of family presence should be determined based on the individual situation to maintain a safe environment, which will require the judgment of a healthcare team member.

Policies and Procedures:

A. Criteria for Assessing Family Presence:

   I. Family members will be assessed by the healthcare team to determine whether suitable, to be present at the bedside during resuscitation. Family members should display emotional stability and should not be combative, uncooperative, display extreme emotional outbursts, or present with

altered mental status, suspected use of drugs or alcohol and suspected abuse. The allowance of family presence will remain the judgment of a healthcare team member to maintain a safe environment and is not limited to the behaviors mentioned above.

II. The presence of one family member positioned at a designated area at the patients' bedside will be allowed. The family member may have visual contact with the patient.

III. The Family Facilitator will facilitate the needs and provide resources for family members to ensure that they are supported before, during and after the event; remain updated on developments regarding the patients' status and handle any untoward reactions.

IV. The healthcare team will support the decisions of patients' not to have family members present during resuscitation.

V. The healthcare team will support the decision of the absence of the family members during the resuscitation.

Appendix B: FPDR Implementation Plan

FPDR will be implemented using the following steps:

A. The FPDR Policy guidelines will be disseminated to the nurses, physicians, and other staff involved in the FPDR process via informal educational sessions and hospital grand rounds.

B. Family Facilitator: a "family facilitator" will be given the responsibility of assessing the conditions for appropriateness and the readiness of the family members, answering of questions, attending to the necessities of the families, and providing support. APNs (Advanced practice nurses), nurses, case managers, physicians, spiritual care providers and social workers are some of the personnel which constitute the facilitators.

C. Assessment: Assess the appropriateness of the FPDR for the current situation. Firstly, it depends on the agreement of the interdisciplinary team to the FPDR. Secondly, a stable patient is expected to give his or her consent. Thirdly, the FPDR facilitator should examine the suitability of the designated members of the family to the FPDR. The facilitator should eliminate family members who are disruptive, histrionic and combative. The family members possessing required characteristics for FPDR should be given the chance to be presence in the area of resuscitation. Lastly, the staff should support the members of the family who decide to exclude themselves from the resuscitation. The staff should make the necessary efforts in meeting the informational and emotional needs of such family members even if they are not present at the bedside.

D. Number of Family Members Allowed: Only one family member is granted the permission to be present during the resuscitation process. Greater numbers of family members increase the challenges in accommodation bearing in mind that there are constraints associated with resuscitation rooms. Besides, many family members complicate the facilitator's capability of maintaining the control of the visitors. In case of the presence of a legal decision maker, then FPDR will be preferentially offered to that person, since he or she may be asked to make decisions during the resuscitation.

E. Family Preparation: The facilitator is charged with the responsibility of preparing the designated member of the family through offering instructions and guidance for the presence. Some of these instructions include the place to stand, how and when to make queries, and advise him or her about interrupting medical care. The facilitator should orient the designated family member on the possible expectations, for instance, the appearance of the patient, presence of blood invasive procedures, and expedited pace at which the medical team will be working.

F. Surrogate: The designated FPDR family member might be requested to make decisions concerning the continuing resuscitative efforts. The presence of a legal decision maker which make it mandatory for the healthcare team to follow the informed decisions made by that person. However, the absence of a legal decision maker will force the healthcare provider to make decisions about the suitability of the continuing resuscitation efforts.

G. Post-Resuscitation Family Debriefing: Support and debriefing should be provided to family members after the resuscitation. In case the patient dies, then the family members will be allowed to see the body of their loved one, and staff should refer family members to a bereavement program.

H. Post-Event Staff Debriefing: The interdisciplinary team members should debrief after an emotional or traumatic FPDR event.

Appendix C: FPDR Formal Evaluation

Formal Evaluation Form to be completed after FPDR

FPDR Evaluation Form

Participant Name __________________________ Date________________________

Questions

1. When the emergent event occurred, was the option given to family to be present during resuscitation/CPR? Yes No
2. Was the option to be present during resuscitation/CPR accepted?

   Yes No
3. Was there a facilitator or trained staff member present to provide support to the family? Yes No
4. Was the support of the facilitator or trained staff member helpful?

   Yes No
5. Was the presence of a spiritual care provider offered and was this helpful?

   Yes No
6. Did the option for the family to be present during resuscitation provide an opportunity for loved ones to be supportive during the crisis?

   Yes No
7. Was there adequate crowd control?

   Yes No
8. Was the environment safe during the resuscitation/CPR process?

Yes No

9. Did the facilitator provide support/debriefing after the resuscitation/CPR process?

Yes No

10. Do you think the option for family presence during resuscitation provided a better understanding of the resuscitation/CPR process?

Yes No

Appendix D: The Evaluation Plan

Project

Evaluation:

The project team will evaluate the success of this project based on the patient satisfaction scores for the ED. The project team will compare the patient satisfaction surveys in the ED pre-policy implementation phase and post-policy implementation phase.

Goal:

The goal is to assess the valuable information obtained regarding the increase or decrease in patient satisfaction scores between both phases.

Policy Evaluation:

The evaluation plan will assess the benefits of the implementation of FPDR Policy by examining the frequency at which family members chose to be present during resuscitation. Goal: The goal is to encourage a family-centered approach through the implementation of FPDR Policy.

Appendix A: Primary Product Policy

Family Presence During Resuscitation: Policy

Policy

Hospital Policy and Procedure Family Presence During Resuscitation

Purpose:

A. The policy of the Hospital is to facilitate and promote a family patient and centered approach to care. The Hospital has outlined guidelines to preserve the autonomy of patients and family members.

Description:

A. A patient and family centered approach is based on the concept that family is an integral part of the patient's care. It is important that healthcare professionals embrace the needs of patients and family members. Family presence during resuscitation is beneficial to patients as it allows family members to demonstrate support; satisfy the need for information and involvement; and provides an outlet for psychological, social, emotional and spiritual needs to be met. The allowance of family presence should be determined based on the individual situation to maintain a safe environment, which will require the judgment of a healthcare team member.

Policies and Procedures:

A. Criteria for Assessing Family Presence:

1. Family members will be assessed by the healthcare team to determine whether suitable, to be present at the bedside during resuscitation. Family members should display emotional stability and should not be combative, uncooperative, display extreme emotional outbursts, or present with

altered mental status, suspected use of drugs or alcohol and/or suspected abuse. The allowance of family presence will remain the judgment of a healthcare team member to maintain a safe environment and is not limited to the behaviors mentioned above.

2. The presence of one family member positioned at a designated area at the patients' bedside will be allowed. The family member may have visual contact with the patient.

3. The Family Facilitator will facilitate the needs and provide resources for family members to ensure that they are supported before, during and after the event; remain updated on developments regarding the patients' status and handle any untoward reactions.

4. The decisions of patients' not to have family members present during resuscitation will be supported by the healthcare team.

5. The decisions of family members' not to be present during resuscitation will be supported by the healthcare team.