The ICU Nurse as the Patient’s Advocate

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Scope of nursing practice

ICN Position:

The scope of practice is not limited to specific tasks, functions or responsibilities but includes direct care giving and evaluation of its impact, advocating for patients and for health, supervising and delegating to others, leading, managing, teaching, undertaking research and developing health policy for health care systems.
The nurse promotes, **advocates for**, and strives to protect the health, safety, and rights of the patient.
Definition of Critical Care Nursing

- Critical care nursing is that specialty within nursing that deals specifically with human responses to life-threatening problems.
- A critical care nurse is a licensed professional nurse who is responsible for ensuring that acutely and critically ill patients and their families receive optimal care.
Foremost, the critical care nurse is a patient advocate.

Advocacy is defined as respecting and supporting the basic values, rights and beliefs of the critically ill patient.
Intensive Care Nursing is a specialist area of nursing that involves caring for patients who are suffering from life-threatening illnesses or injuries while at the same time offering comfort and support to their family members.
### Table 1. Assumptions of Sphere of Nursing Advocacy Model

<table>
<thead>
<tr>
<th>Assumption</th>
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<tbody>
<tr>
<td>Clients need advocacy when they are unable to advocate for themselves.</td>
</tr>
<tr>
<td>Nurses need to advocate for clients.</td>
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<tr>
<td>Nurses should not doubt their actions when advocating for clients.</td>
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<tr>
<td>Nurses should not allow prejudices to interfere with advocating for clients.</td>
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<tr>
<td>Nurses should allow clients to self advocate when clients are able to do so.</td>
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<tr>
<td>Nurses should provide a sphere of advocacy for the client.</td>
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</table>
Hanks RG. Nursing Forum; 2005:40:75-78

Sphere of Nursing Advocacy Model

- Nursing Advocacy
- Client
- External environment that surrounds sphere
Nurse Perspective of Advocate Role

Robert G. Hanks, PhD RNP-C, RNC

Although other health professionals advocate for their patients or clients, nursing has designated the advocate role as a central role of nursing practice.
The experiences of nurses in providing psychosocial support to families of critically ill trauma patients in intensive care units

Purpose of the study

The purpose of this study was to explore the experiences of ICU nurses in providing psychosocial support to families of critically ill trauma patients.

Cultural awareness

Most of the participants described how important it is to attend to the diverse cultural needs of the families of their patients.

... we involve them [the family] in the nursing care of the critically ill patients so they know what is happening... we phone them now and again to let them know about the condition of their patients and they choose a spokesperson whom we liaise with so that we can give them the news.
Clinical practice guidelines for support of the family in the patient-centered intensive care unit: American College of Critical Care Medicine Task Force 2004–2005

Judy E. Davidson, RN, FCCM; Karen Powers, MD; Kamyar M. Hedayat, MD; Mark Tieszen, MD, FCCM; Alexander A. Kon, MD, FCCM; Eric Shepard, MD, FCCM; Vicki Spuhler, RN, MS, CCRN; I. David Todres, MD, FCCM; Mitchell Levy, MD, FCCM; Juliana Barr, MD, FCCM; Raj Ghandi, MD, FCCM; Gregory Hirsch, MD; Deborah Armstrong, PharmD, FCCM
Family presence during codes was not the policy in our ICU or anywhere in the hospital.

We don't just nurse the ill; we nurse the entire family.
Expected Practice:

☑️ Family members* of all patients undergoing CPR and invasive procedures should be given the option of being present at the bedside.

☑️ All patient care units should have an approved written practice document (i.e., policy, procedure, or standard of care) for presenting the option of family presence during CPR and bedside invasive procedures.
Restricted visitation has long been touted as being necessary for recovery and healing. Some believe that visitors are physiologically stressful to patients. In fact, a sound scientific basis for restricting visitors in the ICU does not exist.

Many contributing benefits support more flexibility. Studies in adult critical care units have demonstrated benefit of flexible, individualized visitation.

Visitors and patients may communicate more effectively, support each other, and grieve together when a poor prognosis is involved. Communication with staff is enhanced in that it allows the opportunity to learn more about the patient and their care preferences.
Advocacy at end-of-life
Research design: An ethnographic study of an ICU

Roslyn Sorensen*, Rick Iedema

Centre for Health Services Management, Faculty of Nursing, Midwifery & Health, University of Technology, 11A The Terraces, Broadway, Sydney, NSW 2006, Australia

Qualitative study conducted in an ICU in Sydney Australia assessing perceptions of end of life care and advocacy.

If nurses are to be effective patient advocates at end-of-life, they will need to ensure that patient preferences are incorporated into treatment plans in the ICU.
Palliative Care for Critically Ill Older Adults
Dimensions of Nursing Advocacy

Katherine A. Dawson, MSN, CRNP, NP-C, CCRC

It is important to understand the connection between palliative care and ICU treatment. Palliative care is patient and family centered care that optimizes quality of life by anticipating, preventing, and treatment pain and suffering.

Collaborative, interdisciplinary practice that integrates palliative care offers an interactive and practical approach that a promotes clinical excellence and improves the quality of care for the critically ill.
Advocating for Best Practices in the ICU

- Implementing measures that have proven beneficial for ICU patients
- Being the champion for changing clinical practice based on the research literature
- Assessing the impact of initiatives to improve care in the ICU
Reducing Ventilator-Associated Pneumonia Through Advanced Oral-Dental Care: A 48-Month Study
Robert Garcia, Linda Jendresky, Larry Colbert, Althea Bailey, Mohammed Zaman and Mujbur Majumder


Pre-post comparison of 779 patients prior and 759 post implementation of a formal oral care protocol of oral cavity assessment, deep suctioning every 6 hours, oral tissue cleaning every 4 hours and tooth brushing twice daily.
Figure 1 Compliance with components of the oral-dental protocol, by quarter (Q).
Change in VAP rates by quarter. Blue line connects data points indicating mean annual rate during preintervention, intervention and confirmatory period.

Garcia RG et al AJCC 2009; v18;523-532.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Before intervention (n = 779)</th>
<th>During intervention (n = 759)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventilator days (VD)</td>
<td>5581</td>
<td>3856</td>
<td></td>
</tr>
<tr>
<td>VAP, No. (%) of patients</td>
<td>67 (8.6)</td>
<td>31 (4.1)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>VAP rate (per 1000 VD)</td>
<td>12.0</td>
<td>8.0</td>
<td>.06</td>
</tr>
<tr>
<td>MICU patient days (PD, all patients)</td>
<td>7222</td>
<td>7087</td>
<td>.54</td>
</tr>
<tr>
<td>Utilization ratio (VD/PD)</td>
<td>0.77</td>
<td>0.54</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Duration of ventilation, mean, days</td>
<td>7.2</td>
<td>5.1</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Days in MICU (ventilator patients), mean</td>
<td>8.7</td>
<td>6.4</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Time to VAP, mean, days</td>
<td>2.9</td>
<td>4.7</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Mortality (ventilator patients), No. (%)</td>
<td>151 (19.4)</td>
<td>111 (14.6)</td>
<td>.01</td>
</tr>
</tbody>
</table>

Abbreviations: MICU, medical intensive care unit; VAP, ventilator-associated pneumonia.
Oral Care for Patients at Risk for Ventilator-Associated Pneumonia

Issued April 2010
Expected Practice

- Develop and implement a comprehensive oral hygiene program for patients at high risk for ventilator-associated pneumonia (VAP).
  - Brush at least twice a day
  - Oral chlorhexidine gluconate (0.12%) rinse twice a day for adult cardiac surgery patients

http://www.aacn.org/WD/Practice/Docs/PracticeAlerts/OralCare
Randomized control trial of 104 patients at 2 hospital settings; control = daily interruption of sedation compared to intervention of daily interruption of sedation plus early mobilization with physical and occupational therapy.

Tailored therapy with passive ROM followed by active ROM and progression to sitting, transfer to chair, gait exercises and walking with averaging 20 minutes per daily session.
<table>
<thead>
<tr>
<th>Time from intubation to milestones achieved (days)</th>
<th>Intervention (n=49)</th>
<th>Control (n=55)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of bed</td>
<td>1.7 (1.1-3.0)</td>
<td>6.6 (4.2-8.3)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Standing</td>
<td>3.2 (1.5-5.6)</td>
<td>6.0 (4.5-8.9)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Marching in place</td>
<td>3.3 (1.6-5.8)</td>
<td>6.2 (4.6-9.6)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Transferring to a chair</td>
<td>3.1 (1.8-4.5)</td>
<td>6.2 (4.5-8.4)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Walking</td>
<td>3.8 (1.9-5.8)</td>
<td>7.3 (4.9-9.6)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>
Proportion of patients able to perform activities of daily living and to walk independently at hospital discharge
Probability of return to independent functional status in control and intervention groups

Advocating for Safe Practice in the ICU

- WHO Collaborating Centre for Patient Safety

**Solutions:**

- Patient identification
- Assuring medication safety at transitions of care
- Avoid catheter and tubing misconnections
- Improved hand hygiene to prevent HAIs
- Communication during patient hand-overs

www.jcipatientsafety.org/22782
Before 0700- Off going resident will notify SICU charge RN the expected patient flow for AM rounds. Begin rounds at 0800-this will be announced overhead with room location of where starting.

<table>
<thead>
<tr>
<th>RN</th>
<th>RN Rounds Crosscheck (including but not limited to)</th>
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<tbody>
<tr>
<td></td>
<td>sedation</td>
</tr>
<tr>
<td></td>
<td>SBT</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
</tr>
<tr>
<td></td>
<td>Need for foley/central line</td>
</tr>
<tr>
<td></td>
<td>prophylaxis</td>
</tr>
<tr>
<td></td>
<td>family issues, transfer, order clarifications</td>
</tr>
<tr>
<td></td>
<td>nursing issues-skin, activity, HOB</td>
</tr>
</tbody>
</table>

- I have concerns with the following_____________.
  (examples include but are not limited to: skin breakdown, sedation/pain, family issues, glucose control, order clarifications, duplicate orders, etc)
Objective: To review the literature evaluating the association of nurse staffing with patients in critical care units.

24 studies have examined a number of outcomes including infections, mortality, postoperative complications, and unplanned extubations.

Findings from this review demonstrate an association of nurse staffing in the ICU and patient outcomes, suggesting that decreased staffing is associated with adverse outcomes in ICU patients.
Bed and staff shortages: up to 23% of all commissioned beds are not utilized owing to staff and equipment shortages.

Owing to the shortage of registered ICU nurses, the health care system has to rely on registered comprehensive (general) nurses and newly qualified nurses.
Advocacy for clients is viewed as an essential function of professional nursing care. The nurse advocate is most commonly associated with protector of patient rights. In this role, the nurse is protecting the fundamental rights of the patient’s self determination over the patient’s care.

Barriers: Lack of support; Lack of power; Time
Summary

- Nurses play a key role as a patient advocate in the ICU
- Advocating for patient and family centered care, integration of best practices, and patient safety can promote optimal outcomes for ICU patients
Thank You!

Asante, Asante sana

Misaotra

näa goodee  Kea leboga

Obrigado/a  (betam) amesege'nallo'

kea leboha  shukran

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