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BACKGROUND

• Family presence during resuscitation is well researched.
• Epidemiology of acute clinical deterioration has changed over past 3 decades.
• NSQHSS recognise the importance of family involvement.
• Limited research pertaining to family presence during acute clinical deterioration.
• ED clinicians have predominantly positive attitudes towards family presence during acute deterioration.
• Clinician beliefs of current practice only.
AIM

• To explore the characteristics and interactions of clinicians, patients and family members during management of the deteriorating adult patient in the Emergency Department.

• An understanding of actual current practices and identification of clinician, family member and patient needs during acute patient deterioration was sought.
METHODS

• Non-participatory observation
  • Field notes
  • Rollans et al. fieldwork development framework

• Semi-structured individual interviews
  • Recorded and transcribed

• Thematic analysis using Braun & Clarke’s six-phase framework for qualitative analysis
METHODS - Setting

• 50-bed ED of a major urban hospital in Victoria, Australia

• Utilise an RRT known as Clinical Instability Criteria (CIC)
  • Similar to MET activation on the wards but utilises a local ED team

• 76 RRT activations per month
METHODS – Participants

• 3 groups of participants
  • Patients who experienced an acute clinical deterioration whilst they were being cared for within the ED
  • Family members or significant others of those who experienced the acute clinical deterioration
  • ED clinicians (medical and nursing) who participated in the management of those patients who experienced the acute clinical deterioration

• Extensive exclusion criteria
RESULTS - Observation

• 5 clinical deterioration episodes observed
• Between 1 and 4 family members present
• One family were removed from the cubicle
RESULTS - Observation

• Presence
  • No Presence
  • Physical Presence
  • Therapeutic Presence

• Roles
  • Primary
  • Secondary
  • Tertiary

• Engagement
  • Superficial Engagement
  • Deep Engagement
RESULTS

• Model of Family Presence During Management of the Acutely Deteriorating Adult ED Patient
RESULTS - Interview

• 22 individual interviews
  • 5 patients
  • 6 family members
  • 11 clinicians
RESULTS - Interview

• Level of Interaction with Family
• Patient Priority
• Understanding
• Personal Response
RESULTS - Interview

• Level of Interaction with Family
  • Novice
  • Transitioning
  • Pursuer
  • Expert
RESULTS - Interview

- Characteristics of the Varying Clinician Levels of Interaction with Family

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>Novice</th>
<th>Transitioning</th>
<th>Pursuer</th>
<th>Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Response</td>
<td>Distress, Anxious</td>
<td>Distress, Anxious, Conflict</td>
<td>Anxiety, Stress, Unmet ideal</td>
<td>Confident, Relaxed, Calm</td>
</tr>
<tr>
<td>Acceptance of family presence</td>
<td>Unaware of family presence</td>
<td>Aware of family presence but does not support or practice family presence</td>
<td>Accepts but unable to practice family presence</td>
<td>Accepts and able to practice family presence</td>
</tr>
<tr>
<td>Relationship with family member</td>
<td>Nil acknowledgement of family member</td>
<td>Perfunctory acknowledgement of family member</td>
<td>Acknowledgment of family member but superficial engagement only</td>
<td>Acknowledge family member, allow family member to play role within the team, deep engagement</td>
</tr>
<tr>
<td>Prioritisation</td>
<td>Deterioration focused</td>
<td>Deterioration focused</td>
<td>Deterioration focused, family focused once patient beginning to stabilise</td>
<td>Deterioration and family member focused, able to multi-task</td>
</tr>
</tbody>
</table>
RESULTS - Interview

• Patient Priority
  • Rescue
  • Seeing is Believing

• Understanding
  • Historical
  • Real-Time Information
  • Post-Event Understanding

• Personal Response
  • Personal Understanding of ‘Sick’
  • Emotional Wellbeing
CONCLUSION

• Presence, roles, engagement and level of family interaction are all part of current practices related to family presence during management of the acutely deteriorating adult patient.

• Identified needs of those involved in family presence during management of the deteriorating patient included a need for the patient to be a priority, an understanding of the event and emotional safety and reassurance.
CONCLUSION

• First Australian study of family presence during acute deterioration among adult ED patients

• Provides important findings about the characteristics of family presence during management of the acutely deteriorating adult ED patient.
CONCLUSION

• Implications
  • Inform policy development
  • Inform clinician education

• Future Research
  • Other areas of care where patients may experience acute deterioration
  • Vulnerable populations
  • Evaluate the effects of policy and clinician education on clinical practice
ACKNOWLEDGEMENTS

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