The Advantages of Family Presence during Cardiopulmonary Resuscitation

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Only 5% of hospitals nationwide have a formal policy that specifically addresses family presence during patient cardiopulmonary resuscitation (CPR). However, research has shown that in the event of death, having family members present removes their doubt that everything possible was done for the patient and provides closure that facilitates them through the grieving process.

Additionally, the family retains a feeling of support that they were, in fact, of help to their loved one. This provides patient-family connectedness as family is not left waiting in a consult room wondering what is happening to their loved one.1

Allowing the family to be present in the emergency department (ED) during resuscitation efforts helps to complete a process. Family members are often the ones calling 911 and are present during the paramedics’ resuscitation efforts. Family members ride in the ambulance to the hospital but upon arrival are promptly escorted away. As Carle Foundation Hospital (CFH) is an institution with a mission to provide family-centered care, allowing family the option to be present during resuscitation sets the ultimate example of providing family-centered care and assists CFH in meeting its goal.

RESEARCH PROPOSAL AND DEVELOPMENT

It was the general practice of the ED physicians at CFH to allow family in the resuscitation room but not necessarily the practice for every physician in the hospital. The exploration of family presence during medical resuscitation was a concept that had not ever been addressed formally at CFH. It was the CFH Magnet® journey that started the process and the topic was brought forth by the director of the ED to the Performance Improvement/Research Council. The council decided that the idea of family presence during resuscitation was not only commendable but should be taken a step further to develop a policy. Physicians in the ED gave approval and CFH chaplains agreed to serve as family presence facilitators. Because chaplains are not in-house 24/7 all of the ED registered nurses were educated on how to act as family presence facilitators.

Upon topic acceptance, an initial survey was approved by the Carle Institutional Review Board (IRB) and distributed to 60 ED nurses. This first survey measured the nurses’ level of understanding concerning CFH’s formal and informal policies on family presence in the ED. Additionally, the nurses were asked to provide their preferences for having the patient’s family present and their practice as related to this presence. No identifying information was asked in the surveys in order to maintain confidentiality. Upon review of the first survey and presentation of those findings at the Carle Evidence-Based Practice Symposium, the IRB granted approval for a second survey. This looked at further defining the perceptions, understanding and experiences of the registered nurse with family presence during CPR and invasive procedures.

Once it was determined that the ED nurses were accepting of a written policy to guide family presence during resuscitation, a guideline was developed. Approval was gained by the ED physicians to actively practice family presence. All ED nurses and chaplains were educated on the family presence during resuscitation guideline,
the role of the family presence facilitator, and what questions to ask family members to ensure they are appropriate candidates for family presence.

RESULTS OF FIRST SURVEY

Of the 60 ED nurses surveyed 38 took part. This equals a 63% response rate. Regarding family presence policies during resuscitation only 45% of the respondents (17/38) reported correctly that the Carle ED did not have a written policy allowing the option of family presence during CPR. Sixty-eight percent of the respondents (26/38) correctly answered that the ED did not have a policy that prohibited the option of family presence and the same percentage also answered that the ED allows (but does not have a written policy) the option of family presence. A majority 65% of respondents (25/38) answered that they would prefer a written policy to guide family presence.

Regarding invasive procedures, 43% of respondents (16/38) understood that the ED does not have a written policy allowing family presence during invasive procedures. However, 58% of respondents (22/38) knew that the ED does not have a policy that prohibits family presence during invasive procedures. The majority, 71% of respondents (27/38), reported that the ED allows family presence during invasive procedures without a written policy. (Figure 1)

HOW OFTEN NURSES BRING PATIENTS’ FAMILIES TO THE BEDSIDE

For CPR, 47% (18/38) of respondents reported that they had taken family members to the patient’s bedside during CPR in the past year. Twenty-one percent (8/38) reported they had not, or did not have the opportunity, to take family members to the bedside. Also, 47% (18/38) reported that even though they had not taken a family member to the bedside they would do so if the opportunity arose. An overwhelming majority of the respondents, 84% (32/38), reported family did not ask to be taken to their loved one’s bedside during resuscitation with only 7% (3/38) of nurses reporting that family members asked to be present during resuscitation. This indicates that family members may not understand that they have the opportunity to attend the resuscitation of their loved one.
Even fewer nurses, 34% (13/38), have taken family to the bedside during an invasive procedure. Only 29% (11/38) reported that they had not taken family members to the bedside but would do so if the opportunity arose. However, 58% (22/38) prefer to have a written policy to guide family presence during invasive procedures. Family members have asked to be present during invasive procedures since 47% (18/38) of nurses reported that they had been asked by family members to be present at the bedside.

**Nurses’ Comments**

Those taking the survey were asked if they would like to share any of their thoughts. Fifteen respondents answered this question. All of the free text contained positive comments with zero negative comments. This shows the positive impact family presence has even though there is no formal policy at CFH. The comments below illustrate the positive aspects:

“I think it is important for family to be involved in the care of the patient even if it is during CPR.”

“It helps to reassure both the family and the patient (if they are conscious) that they are safe.”

“I see it as a positive thing. It seems to help the family members if they are able to see the extent of our efforts in caring for their family member.”

“I think it is very important for families to understand what is happening during their family member’s care. It is also important during CPR that the families can observe what is being done, for comfort measure knowing and understanding that everything is being done that can be done.”

Nurses also commented that family should be escorted by a staff member in order to have questions answered promptly and for appropriate support to be given. Many nurses also commented that family, not medical staff, should decide if they want to be present and should have the opportunity to decline. Only one nurse commented that there should not be a formal policy guiding family presence during resuscitation.

**Results of Second Survey**

Of the 60 ED nurses surveyed the second time 42% (25/60) responded. One hundred percent of the respondents had been involved in CPR before. An overwhelming majority, 88% (22/25), had been involved with a resuscitation in which family members were present. Eighty percent (20/25) reported that they were comfortable with family being present and the same percentage reported that family’s behavior was appropriate in the resuscitation room. Only one respondent reported that their performance was affected by having family members present and it cannot be determined if this was a positive or negative effect. (Figure 2)

Several concerns are seen in the literature as reasons to not have family present during resuscitation. Examples of these include that family will misinterpret what the healthcare team is doing for their loved one, legal concerns, and that it is too distressing for family members and this decreases healthcare competency.¹ The results of this second survey show that these claims are invalid. Eighty-four percent (21/25) reported that having family present assisted the family with understanding that the healthcare team provided the best care possible. Only 16% (4/25) reported concerns about legal issues being brought forth later. Seventy-two percent (18/25) believed that having family present sent a message that their presence was important. Only 4% (1/25) believed that having family present did more harm than good, while 60% (15/25) reported that the healthcare team acted more professionally when family was present during resuscitation. Only 12% (3/25) answered that it was too upsetting for family to be present.

**Discussion**

In order to gain perspective from all parties involved and further strengthen the argument for allowing family presence, it is hoped that the IRB will approve the use of a survey to be sent to patients’ family members that were present during a resuscitation. A self-addressed stamped envelope would be provided to encourage return of the survey. The survey would ask questions of the family members to determine their perspective and ascertain if they felt it was beneficial for them to have been present during the resuscitation of their family member.
In a year and a half the ED at CFH has gone from not having a formal, written policy for family presence during resuscitation to having a policy and actively practicing family presence. Now that family presence is being practiced in the ED at CFH, the evaluation of each family presence event is being analyzed. One year of evaluation forms will be analyzed and then presented to the medical board at the hospital in order to gain a formal, written policy allowing and acknowledging family to be present during resuscitation.

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REFERENCE
TIMELINE

February 2010: Research proposal is written

March-May 2010: Family Presence During Resuscitation Guideline is developed and approval gained by the ED physicians

June 2010: Meet with chaplains to discuss their serving as family presence facilitators

August 2010: IRB approval granted for first survey

October 2010: First survey results reviewed

November 2010: ED staff educated on the family presence during resuscitation guideline at staff meeting

December 2010: Presented findings at the Carle Evidence-Based Practice symposium

March 2011: IRB approves second survey

June 2011: Second survey results reviewed

August 2011: IRB approval granted to use evaluation form for each resuscitation event