



Western Health
and Social Care Trust

An exploration of family members who experience the inter-hospital transfer of a critically ill relative

Brian McFetridge

Nurse Consultant – Critical Care

Western Health and Social Care Trust

Northern Ireland

brian.mcfetridge@westerntrust.hscni.net

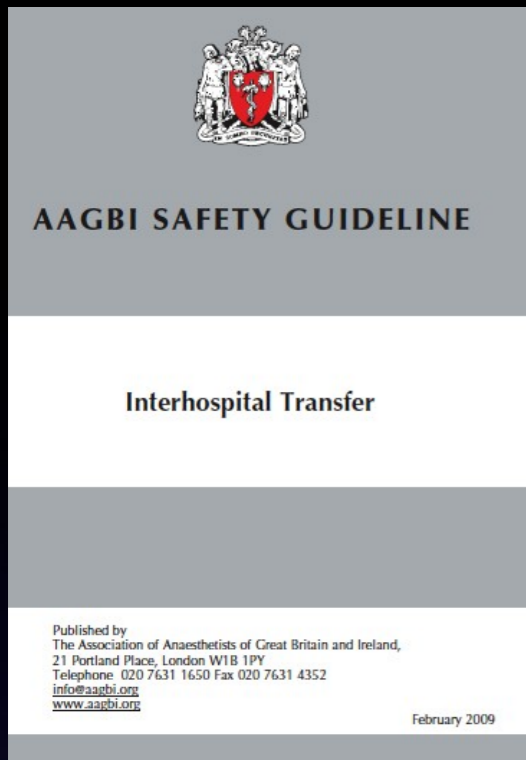


The Background

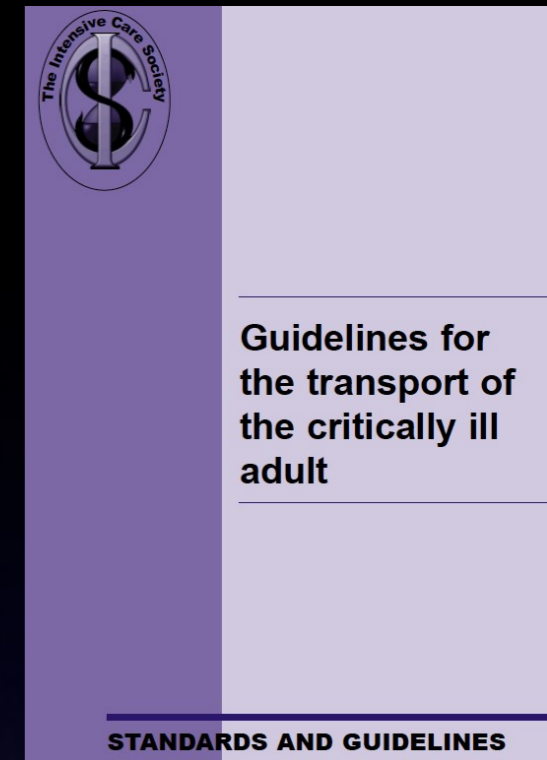
- Much research has been carried out relating to the needs and experiences of family members during critical illness (Paul & Rattray 2008; Eggenberger and Nelms 2007, Agard & Harder 2007; Chui & Chan 2007; Hughes et al 2005; Lee and Lau 2003)
- The critical illness episode often begins with the need to transfer the patient to a different hospital
- Increasing centralisation of acute and specialist services, increases need for transfers

Inter-hospital transfers

- Approximately 10800 critical care transfers occur in the UK each year (Intensive Care National Audit and Research Centre 2008).
- Northern Ireland context – between 2004 – 2006 724 adult critically ill patients were transferred between hospitals (Hickland 2006).
- Irish Critical Care Trials Group (2008) reported 85 (8.3%) of 1029 ICU patients admitted to 14 ICUs during a 10 week period were transferred between hospitals (approx 450 year)



Guidance Documents



- Association of Anaesthetists of Great Britain and Ireland 2009
- Joint Faculty of Intensive Care Medicine 2003
- Intensive Care Society (ICS) 2002
 - ‘Relatives should similarly be kept informed of travel arrangements but should not normally travel with the patient’ (ICS 2002, p11).
- American College of Surgeons 2002
- The UK Paediatric Intensive Care Society 2001
- The Safe Transfer and Retrieval programme (ALSG 2006) provides minimal mention of family support apart from two short references to keeping families informed of transfer and that communication with family should be documented.

The Literature

- Most studies have focused on the inter-hospital transfer of the critically ill child (Colville 2003, Macnabb 1999, Brown et al 1998)
- Others focus on the experience of staff (Hall 2001, Woodward 2001)
- Limited studies based on family experience of inter-hospital transfers of a critically ill adult

Findings from the Literature

- Information provision – *seeking it and giving it*
 - *support mechanism*
 - *knowledge*
- Emotional aspects – *‘The worst journey of our lives’ (Colville et al, p 103, 2003)*
- Accompaniment and presence
- Provision of best care

Methodology

The aim

- The aim of this study is to explore the lived experience of family members who have experienced the inter-hospital transfer of a critically ill adult.

Methodology continued...

Participants & Setting

- participants recruited at one large acute hospital in Northern Ireland
- 8 relatives using a non-probability purposive sample
- all participants were present at the referring hospital

Ethics

- Office of Research Ethics Committee Northern Ireland

Data Collection and Analysis

Data Collection

- Descriptive phenomenological approach utilised
- Phenomenological approach beneficial as little is known about this aspect of critical care
- Open-ended interviews

Data Analysis

- Giorgi's (1985) approach to analysis of phenomenological data used
- Meaning units > essential structures (themes)

Results

- 8 out of 9 families approached attended for interview
- Participants reflected transfers from 5 different hospitals
- 3 families requested more than one person attended the interview
- Data analysis revealed 4 key essential structures

Essential Structures

- ‘emotional and practical support as perceived by the family’,
- ‘seeing things for yourself’,
- ‘psychological and emotional responses of family to the inter-hospital transfer of their relative’,
- ‘attentiveness of staff towards the patient’.

‘emotional and practical support as perceived by the family’

- ‘I think if you were not there to ask questions you would not have been told, it was up to you to ask and ask the right questions. We think we asked the most important ones.’ (007)
- ‘They (the family) had stayed with me all night, they just told him to hang on in there.’ (005)
- ‘he (the doctor) made me feel very at ease.’ (001)
- ‘may be they were relaxed because they were trying to relax us.’ (002-P2)

‘seeing things for yourself’

- ‘I think you need to see him (the patient) to really know how he is.’ (002-P1)
- ‘It was very important to me and mummy that somebody was with her, to be close to her.’ (003)
- ‘We were all brought in before he left to his room and then we stood back and let them get him ready to go into the ambulance. We were there when they were shutting the door of the ambulance.’ (006)
- ‘Be it only for five minutes or something, but we seen her and that was important after the journey.’ (003)

‘psychological and emotional responses of family to the inter-hospital transfer of their relative’

- ‘At the end of the day everybody probably reacts to things differently, how do you know what way to react, to do right for doing wrong’ (002-P2)
- ‘We just had that little moment of limbo, where do we go here or whatever. It might actually, well we didn’t feel too bad about it but others might feel a lack of control.’ (004-P1)
- ‘I didn’t know he (the doctor) was coming with him, I knew there was a nurse, a lovely wee fella, but your man (the doctor) was there. It was just a face that we knew. It was the first face we met as we came across. A face among many new faces.’ (002-P1)

‘attentiveness of staff towards the patient’

- ‘His injuries were so severe that they could cope with them better in this hospital than they could in Hospital X.’ (006)
- ‘it was the patient’s care that was of utmost importance to them and to me.’ (003)
- ‘Everybody was working towards the one purpose, to help X.’ (006)

- ‘He (the paramedic) had just sat and cradled his right arm just over the edge of the stretcher, you know and kept asking if he was alright, talking to him and telling him where he was, telling him that it will not be too long. When he was able to doze off to sleep he let him sleep but he was watching all the monitors and everything that was going on route.’
(005)
- ‘How something could have been rushed, there was no rush on it. It was done, it was all just clockwork.’
(003)

Significance

- Similar findings to those studies relating to general experience of families of critical illness
- Roller-coaster of emotions and feelings
- Acceptance that the patient is main focus
- Staff need to be aware of immediate needs and responses of family members to facilitate effective support
- Lack of consistency in information giving and engagement with families
- Proximity and *'seeing things for yourself'*
- Multi-disciplinary role

What can we do to support relatives at the time of inter-hospital transfer?

- Assess family structure and need
- Information – why is the transfer happening, frequent, understandable, realistic
- Comfortable area to wait – contactable
- Explain the options family have at this time
- Introduction to staff involved in transfer
- Directions to receiving hospital
- Allow family access to patient

- Direct phone line to receiving unit
- Name of Nurse & Doctor who will be responsible for the patient's care at the receiving hospital
- Clarify if patient is going to theatre /scanner first
- If possible, transfer team should provide update of patient's condition during transfer to relatives

What next?

- Increase the importance placed upon this family support
- Written and verbal support
- Influence inter-disciplinary training
- Family orientated interventions
- Audit
- Further research