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HOW TO IMPROVE THE PATIENT AND FAMILY EXPERIENCE IN THE PEDIATRIC CRITICAL CARE ENVIRONMENT

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Improving the Patient and family experience in the Pediatric Critical Care Environment. Unlike adults, critically ill children usually do not have an advanced directives, and thus their parents act as surrogate decision makers. Care collaboration between the care providers and the surrogate decision makers make the Critical Care Unit a challenging environment with many unfamiliar personnel and environment. The care team must stabilize the patient, which introduces a number of invasive interventions: intubation of the airway, the passage of tubes into the stomach, placement of vascular access devices, and the use of other complex devices. We propose strategies designed to improve the patient/family's experience. Communication between the parents and the critical care team includes: visible presence on daily rounds, periodic multi-disciplinary care conferences, the use the palliative care team and the institutional Ethics Committee. Daily rounds provide the opportunity for the family to be part of the ICU care team and better understand their child's care plan. When the patient's ICU stay is prolonged, the family and the care team benefit from a multi-disciplinary care conferences that include the medical and surgical consultants, the bedside personnel, and ancillary staff. This may identify additional support needed. If the patient's stay is extended, a Palliative Care consult may be helpful for both the family and staff in readdressing various goals of care. They may assist in the very difficult discussions regarding Code status, limiting further unnecessary interventions, reducing support, providing comfort care for the child and the family, and possibly creating a more dignified environment for the ongoing care needs. If the care is not perceived to be in sync with the medical providers and the family, an Ethics Consult may assist in getting the everyone to move in the same direction regarding the child's continued medical support. In summary, the PICU can be a very difficult environment for all those involved in the care of the critically ill pediatric patient. The PICU should be provide a comprehensive coordinated care plan for the patient that insures respect for patient and family autonomy, is supportive of the staff caring for the child, and utilizes numerous resources available.

Biography

Lorry Frankel, completed his MD in 1978 from the University of Antwerp, Belgium. He then trained in Pediatrics and Pediatric Critical Care Medicine finishing his training in 1983. He was then hired by Stanford University in the School of Medicine (Department of Pediatrics) to develop the Pediatric ICU. He was promoted to professor and retired from Stanford in 2010 to assume the current role as the Chair of the Department of Pediatrics at the California Pacific Medical Center in San Francisco, a Sutter Health Care Affiliate. During his career he has published more than 40 Peer reviewed papers, numerous chapters and co-authored a book on Ethical Dilemmas in Pediatrics published in 2006

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