

# FAMILY WITNESSED RESUSCITATION IN THE EMERGENCY DEPARTMENT SETTING: A PILOT PROJECT IN A REGIONAL CARDIAC HOSPITAL

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## INTRODUCTION

- Family witnessed resuscitation (FWR): the process of active cardiopulmonary resuscitation (CPR) in the presence of family members.
- Survival rates following CPR are poor. Estimated 10-15% of patients survive to discharge, with the ER being the most common setting for cardiac arrest (Madden & Condon, 2007).
- Only 5% of hospitals nationwide have written policies that provide the option for FWR (Sherman, 2008).

## PURPOSE

- To examine emergency department staff perceptions, attitudes, and beliefs with implementation and evaluation of an education intervention geared towards facilitating the option for family presence during cardiopulmonary resuscitation (CPR) in the emergency department setting.

## AIMS

- Increased knowledge and improved clinical practice
- 70% staff participation
- Adoption of offering bedside presence to families of patients receiving CPR
- Staff satisfaction with job and comfort related to FWR

## BACKGROUND

- Before CPR was established, family members remained at the bedside. Due to the growth in technology and medical equipment, the environment has moved from homes to hospitals.
- FWR was introduced in 1982 at Foote Hospital in Jackson, MI, where on two separate resuscitations, families had requested to be at the bedside.
- Historically, families were excluded from bedside based on hospital policy or individual provider preferences.
- Family needs and perspectives include the need for support, reassurance, information, proximity, and being helpful to loved ones,

## METHODS

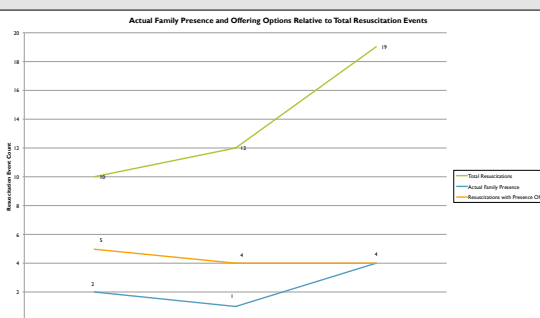
- A quasi-experimental pretest/posttest study design was utilized with an education innovation.
- Pretest components: Key Assessment Demographics, Frommelt Attitudes Toward Care of the Dying (FATCOD) Survey, Health Care Provider Attitudes and Beliefs Toward Family Presence Assessment (ENA) Survey
- Education Innovation: "Presenting the Option for Family Presence" designed by the Emergency Nurses Association
- Posttest components: Frommelt Attitudes Toward Care of the Dying (FATCOD) Survey, Health Care Provider Attitudes and Beliefs Toward Family Presence Assessment (ENA) Survey

## ANALYSIS

TABLE 3

ENA/FATCOD Survey Questions Selected for Analysis

FATCOD #12	ENA #6
The family should be involved in the physical care of the dying person if they want to (p=.000)	I believe family members should have the option to be present during resuscitation situations (p=.046)
FATCOD #22	ENA #15
Care should be extended to the family of the dying person (p=.002)	Do you believe that there are system barriers to family presence (p=.009)
FATCOD #28	ENA #17
Educating families about death and dying is NOT a non-family caregivers responsibility (p=.000)	I would support a policy giving the family the option of being present during resuscitations (p=.094)
FATCOD #29	
Family members who stay close to a dying person often interfere with the professionals' job with the patient (p=.000)	



## RESULTS

- There was not a significant difference between pretest (M=3.104) and posttest (M=3.101) analysis of the FATCOD questionnaire.
- Pretest (M=3.28) and posttest (M=3.65) analysis of the ENA questionnaire exhibits that staff members (N=91) believe that providing education to individuals practicing in the ED setting can have an impact on the approach and attitudes towards allowing family members at the bedside. It also demonstrates that there was an increased knowledge attained from completion of surveys with the education innovation.
- The total number of resuscitations (N=41) over the three-month period revealed a total of 13 families (31.7%) being offered the option of family presence, while 7 (53.8%) chose to remain at the bedside.

## IMPLICATIONS

- Positive benefits for family and that actual family presence during resuscitations may be beneficial
- Families feel more at ease and accepting of situation given ability to visualize that all has been done
- Benefit of close proximity
- Serves as a framework to assist with ongoing staff evaluation and to facilitate development of a departmental protocol with the potential for replication and sustainability

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