

Engaging Family Members in Care of Hospitalized Loved Ones Enhances Healing, Reduces Readmission Rates, Study Finds

SALT LAKE CITY, UT, USA , February 19, 2018 /EINPresswire.com/ -- A voluntary program being spearheaded by Intermountain Healthcare that allows family members of hospitalized patients to participate in their care enhanced healing and reduced readmission rates, according to a new study published in the February issue of the medical journal, CHEST.

Intermountain's Partners in Healing program provides opportunities for family members to help with basic care for their loved ones, which helps them prepare for taking over care responsibilities when the patient goes home.

The program also allows the patient and family member more control over when they perform the care activities rather than following a schedule when the nurse or patient care tech are available. And it improves communication between the family and the staff, says Michelle Van De Graaff, RN, of Intermountain Medical Center, who created and piloted the program as part of the study.



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*Michelle Van De Graaff, RN,
Intermountain Medical Center*

"The vast majority of families like to have something to do and they like to participate in patient care. They're often the most motivated member of the care team," says Van De Graaff.

"We've found that families not only want to promote healing, but patients benefit from someone who knows their preferences, and the result is, the rate of readmissions is reduced after patients are discharged from the hospital."

Partners in Healing is the first program in the field that shows drafting families as clinical care partners during hospitalization

may reduce readmissions. In the study, researchers compared adult heart surgery patients at Intermountain Medical Center whose families participated in the program with those whose relatives did not.

Intermountain researchers looked at 30-day all-cause readmissions, 30-day all-cause mortality, length

of stay, and the number of emergency room visits. Many family members who participated also completed a feedback survey.

The 30-day readmission rate was 65 percent lower for patients whose families participated in Partners in Healing, based on 200 matched pairs of patients. Researchers controlled the results for age, gender, and illness severity. There was no significant difference for the other outcomes.

Participant feedback showed that 92 percent of the patients said the program enhanced the transition from hospital care to home care and 94 percent said they'd highly recommend the program to other families.

Four themes were identified in a feedback survey:

- Family members praised the Partners in Healing program and expressed gratitude for being involved with it.
- Family members acquired relevant caregiving skills.
- Family members reported feeling empowered, integrated into the care team, and confident. They said those feelings reduced their anxiety, increased their confidence in caregiving tasks at home, and aided in the patient's healing process.

Family members thought the program should be available to all families and during all phases of hospitalization, including in intensive care units.

Intermountain Medical Center piloted the nine-year program in seven acute-care units, Van De Graaff says. The Mayo Clinic learned about the program and also tested it last year.

The program will now expand to the other 21 Intermountain Healthcare hospitals and will eventually be available on all Intermountain nursing units.

"Offering the Partners in Healing program to the patients and families in all of our Intermountain hospitals is a commitment to providing the best care possible to our patients by involving their loved ones in the healing process," says Tammy Richards, assistant vice president of Patient and Clinical Engagement at Intermountain Healthcare.

The program works like this: During a patient's initial encounter in the hospital, the bedside nurse introduces the program and families are asked if they want to participate.

Those who are interested are taught several basic skills that are appropriate for that patient, then given a badge that indicates to staff that they're part of the care team and have access to drinks, snacks, ice, and blankets for their family member.

A checklist is taped to the patient's door and program participants write what they do, such as helping with breathing exercises, assisting with activity, giving help to the bathroom, measuring urine output, recording how much a patient eats and drinks, etc. The nurse then transfers the data into the computer record.

"These are simple tasks, but they give families a sense of control and knowledge about what they can and can't do," says Van De Graaff. "By inviting them onto the healthcare team, we're also preparing them to take over care when a patient goes home."

The various tasks a family member can perform are determined by the patient's needs and the capacity of the family member, she says. "For example, families of heart failure patients learn to measure intake and output, while families of post-surgery patients are taught to focus on breathing

exercises and activity."

"The program also boosts confidence and teamwork," she says. "It lets family members practice patient care with expert guidance before the patient goes home."

Once they were home, they couldn't agree on how to remove the patient's knee brace — and he didn't shower for a couple of days until a home health nurse could demonstrate how to remove it. "If they'd practiced in the hospital, they could've reduced their stress and their family member could have had an earlier shower," Van De Graaff says. "And while families are in the hospital, sometimes they prefer to get things for themselves, rather than waiting for someone to answer the call light."

Other Intermountain caregivers involved in the study included Sarah Beesley, MD, Jorie Butler, PhD, Jose Benuzillo, MA, MS, Justin Pool, PhD, Thomas Oniki, PhD, Morgan Francis, BS, Dale Cable, RN, MSN, Ramona Hopkins, PhD, Donald Lappé, MD, and Samuel Brown, MD.

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