

RHODE ISLAND HOSPITAL
MEDICAL INTENSIVE CARE UNIT

Providence, Rhode Island

The medical intensive care unit at Rhode Island Hospital in Providence looks much the same as other ICUs, until you notice there are more people present — families and friends of patients can visit anytime without the restrictions typical of a place where very sick patients receive care. Families may even watch medical procedures. This is one of the unit’s innovations to improve end-of-life care in a setting where 20 percent of Americans will die.

“Sometimes, having family members around may hinder bedside nursing care, but our feeling is that this inconvenience is acceptable in order to involve family members in day-to-day care,” says Mitchell Levy, M.D., medical director of the ICU and director of critical care services at the hospital. “It’s a source of healing, in the midst of the dying process.”

Because death in the ICU is not uncommon and research indicates that families are often dissatisfied with the typical ICU dying process, Levy and the rest of the critical care team in the Rhode Island Hospital MICU have chosen an alternate path. They are improving communication with families, including them in care of family members, and emphasizing that symptom control is appropriate even where aggressive measures are being used to save lives. “Sometimes, it’s very hard for ICU professionals to view palliative care as equally therapeutic and beneficial as is restorative care,” Levy says. “Now, there’s a greater appreciation on the part of nurses and physicians in the ICU that palliative care is always timely, that compassionate care is always appropriate.”



Also innovative is the shared decision-making model, one that is gaining favor within critical care medicine as it becomes clear that families of dying patients face difficult, complex medical decisions in an emotional time, often with little help from doctors. “In the guise of not wanting to violate ethics, we run away from the difficult conversations,” Levy says.

In this model, the critical care team genuinely partners with patients and families during the decision-making process. “First, we find out what the patient would want, what the family’s needs are, and then we allow the physician to have input to help facilitate decision making during a time of crisis,” Levy explains. “If families are paralyzed by the decision but communicate clearly what they want, the physician might even go so far as to say, ‘I’ll make this decision.’”

A meeting with family members is scheduled within twenty-four hours of admission to the unit to ensure that the physician and family have a chance to communicate. There is a support group for families, educational videos, and patient information pamphlets, as well

as plans for an informational kiosk in the MICU.

The unit has a strong educational component, giving residents monthly training in end-of-life and communication skills. A Wednesday afternoon staff meeting on end-of-life issues has been held for the past five years, fostering communication among staff members and offering a chance to review difficult cases.

The unit monitors outcomes of the end-of-life program with the use of an electronic medical record linked to a relational database. During the stay, staff members routinely record the level of care requested by patients and their loved ones, the frequency with which they request a change in code status, and when this request occurs. The goal is to match the care provided to care requested. Monitoring and achieving this goal may be a quality indicator for end-of-life care, Levy argues.

The Rhode Island Hospital MICU can and does serve as a model for others — Levy and other staff members frequently speak about the success of their high communication model at critical care programs. Levy emphasizes the importance of a team approach including physicians and nurses but also pharmacists, respiratory therapists, and unit secretaries. “Part of what makes our unit so successful is that we work very well as a team,” he says.



INNOVATION HIGHLIGHTS

USE OF FAMILY DISCUSSIONS

EMPHASIS ON COMMUNICATION

OPEN ICU VISITATION