# Preliminary interviews: A single hospital's experience

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On behalf of the workshop co-chairs:

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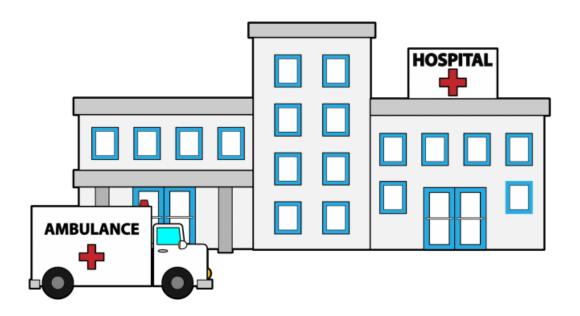
#### Purpose

- Ensure representation of **diverse perspectives** throughout workshop development
- Guide topics for today's discussion



#### Approach

- One large hospital in Pittsburgh, PA
- Emphasized diversity in recruitment
- Providers referred family members
- Semi-structured interviews



- Covered four broad areas
  - 1. Communication needs



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  - 2. Emotional needs



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  - 1. Communication needs
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  - 3. Informational needs, uncertainty
  - 4. Participation in emergency research



## Participants

#### Families...

- ...of those who survived
  - Mom, 28-year-old with brain trauma
  - **Husband**, 43-year-old with brain trauma
  - Wife, 53-year-old with cardiac arrest
  - Wife, 28-year-old with cardiac arrest
- ...of those who died
  - Mom, 30-year-old with brain injury
  - **Mom** and **Dad**, 25-year-old with brain injury
  - Mom and Dad, 36-year-old with cardiac arrest

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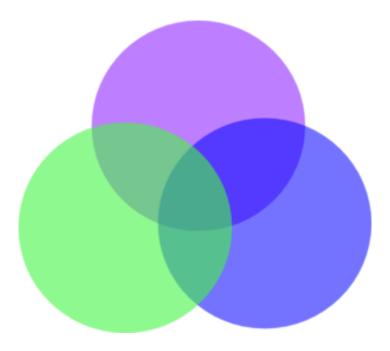
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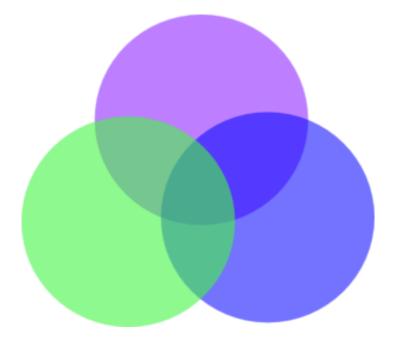
#### **Providers**

- Neurocritical care physician
- Cardiac ICU nurse
- Hospital chaplains (rabbi, priest)
- Neurotrauma ICU nurse
- Brain trauma research nurse
- Emergency department social worker
- Emergency medicine physician
- Organ donation coordinator
- Paramedic
- Neurosurgery physician

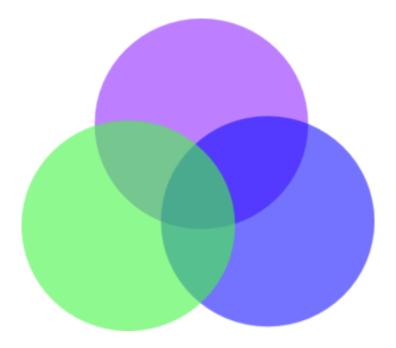
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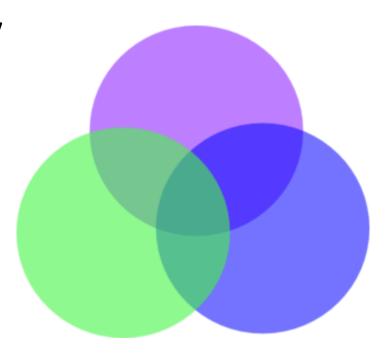
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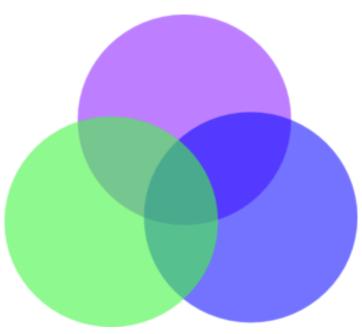
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- Encourage support from other family and friends
- Provide social/religious services
- Need for equitable treatment and socioculturally appropriate communication
- Clear expectations for progression of illness/injury



# Processing information

- Families identified a need for help processing information
  - Direct, understandable information
  - Repetition can assist understanding
  - Opportunity to ask questions
  - Receive contact information for care team



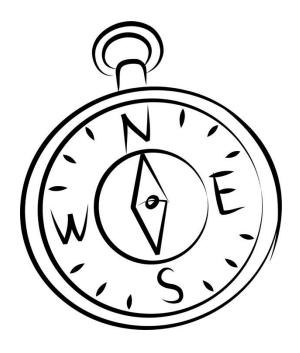
## Processing information

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  - Receive contact information for care team
- Providers focused on specific strategies
  - Note taking
  - Use of tools like Google
  - Translation



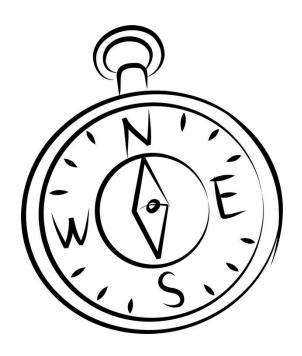
## Unique areas of focus – Families

- Importance of strategies to gain a sense of control
  - Internet searches
  - Journaling
  - Walking
  - Praying



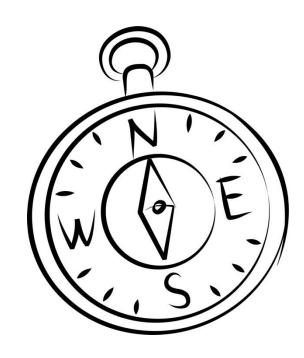
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- Importance of strategies to gain a sense of control
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  - Walking
  - Praying
- Need for continued support (after ICU transfer, after death or hospital discharge)
- Information needed to navigate hospital



## Unique areas of focus — Providers

- Uncertainty in clinical course and outcome
  - How/how much to convey
  - Balancing communication of uncertainty with clarity
  - Emotional toll
  - Affect on shared decision-making
  - Consistency of messaging across teams
  - Many other concerns



#### Limitations

- Single, busy hospital
- Specially trained nurse(s) in every ICU to support families
- Post-Cardiac Arrest Service
- Single trauma neurosurgeon



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- Reflect on existing literature and initial findings
- First breakout session Understand broader relevance of key findings
  - Families and providers separate
  - Family members: Family informational needs
  - Providers: Communication training, care team composition
- Second breakout session Explore areas of distinct perspectives
  - Mixed groups of family members and providers
  - All: Addressing uncertainty