Title: A STUDY OF ADHERENCE TO COUNSELLING PROTOCOLS FOR ICU PATIENTS AND ATTENDANTS IN A MULTI SPECIALITY HOSPITAL

Presented by

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under the guidance of

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INTRODUCTION

ICU care involves treating both medical and emotional needs due to life-threatening illness.

Good communication and counselling are vital to keep patients and their family informed and involved in the treatment and the decision making.

Effective counselling reduces anxiety, depression, PTSD and also helps in managing stress of the family.

at the hospital, it is mandatory for all the patients and their attendants to be counselled on a daily basis and record the same for effectiveness.

Objective

TO STUDY THE ADHERENCE AND OBSERVE THE COUNSELLING PROTOCOLS IN ICU.

TO IDENTIFY BARRIERS PREVENTING THE ADHERENCE TO COUNSELLING PROTOCOLS.

TO INVESTIGATE THE CHALLENGES FACED IN COMPLIANCE OF THE COUNSELLING PROTOCOLS.

TO RECOMMEND MEASURES TO IMPROVE THE COMPLIANCE AND COUNSELLING PRACTICES IN ICU.

Review of Literature

TITLE	AUTHOR	REVIEW
Interventions to promote patients and families' involvement in adult intensive care settings: A mixed method systematic revie	**Blomberg et al. (2021)**	In 2021, Blomberg et al. studied ways to involve patients and families in ICU care using both quantitative and qualitative data. They found that integrating family members into daily routines, shared decision-making, and family conferences reduced anxiety and increased satisfaction. However, challenges like limited time, high patient-to-staff ratios, and insufficient training hindered these efforts. The study recommended better training, more time for family interactions, and culturally sensitive communication strategies. Blomberg et al. emphasized the importance of good communication in ICU settings and called for further research to improve these practices.
Care intervention on psychological outcomes among patients admitted into intensive care unit: An umbrella review of systematic reviews and meta-analyses	**Wang et al. (2023)**	In 2023, Wang et al. reviewed past studies to assess the effectiveness of psychological care interventions for ICU patients. They found that interventions like music therapy, ICU diaries, counselling sessions, and relaxation techniques significantly reduced anxiety, depression, and PTSD symptoms. The review highlighted the importance of early and sustained psychological support, particularly when provided by trained professionals. However, they also noted gaps in existing research, such as small sample sizes and short follow-up periods, and called for more high-quality studies. The authors concluded that integrating psychological support into standard ICU care can improve patient outcomes, accelerate recovery, and reduce the risk of prolonged psychiatric disorders.

Review of Literature

TITLE	AUTHOR	REVIEW
Improving the Intensive Care Experience from the Perspectives of Different Stakeholders	**Reay et al. (2022)**	In 2022, Reay et al. studied ICU experiences from the perspectives of patients, their families, and healthcare workers. They found that effective communication is key to a positive ICU experience, with clear and timely updates being highly valued. Healthcare providers, however, faced challenges like heavy workloads and emotional stress, which hindered communication. The study also emphasized the importance of caregiver well-being, noting that supported healthcare workers engage better with patients. Recommendations included support systems such as debriefing sessions and mental health resources for staff, and involving families in decision-making through structured meetings. Overall, the study suggests improving communication and support systems to enhance ICU service delivery.
Title: Communicating with Conscious and Mechanically Ventilated Critically Ill Patients: A Systematic Review	**Alfonso et al. (2021)**	In 2021, Alfonso and colleagues reviewed communication challenges and solutions for awake but mechanically ventilated ICU patients. They found these patients often feel frustrated and isolated due to their inability to speak. Effective tools include communication boards with pictures and words, and some tracheostomy tubes that allow speech, though these need careful management and training. Augmentative and alternative communication (AAC) devices are helpful but underused due to staff unfamiliarity. The study emphasized training healthcare providers and integrating these tools into ICU protocols. Personalized communication plans and involving families can improve patient experiences and reduce distress. Alfonso et al. concluded that appropriate tools, staff training, and individualized care plans are essential for better communication with these patients.

Methodology

Study design: observational study design was chosen.

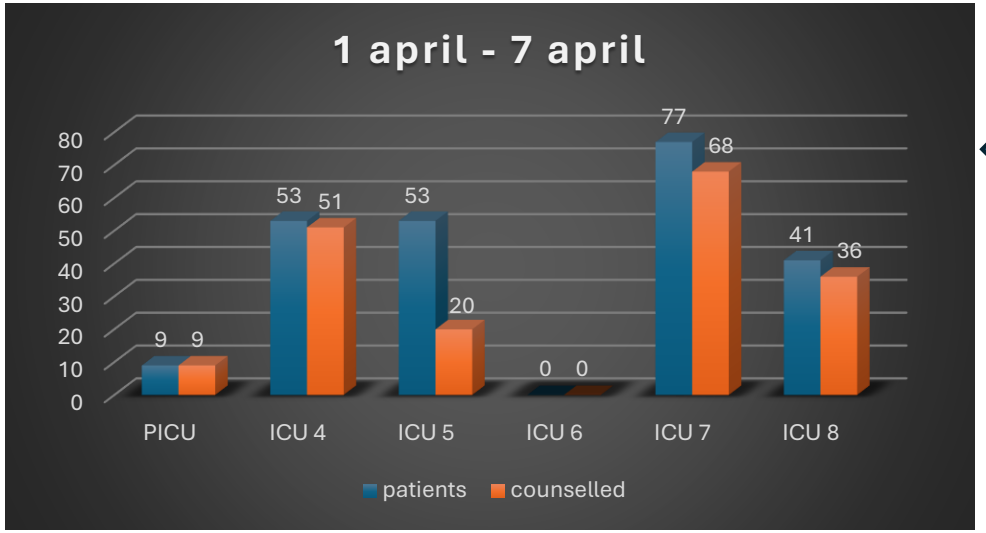
Study setting: PICU and ICU 4 through 8.

Data collection: patient counselling forms, anonymous feedback forms.

Sample size: 727 patient forms, 11 form review from counselling providers.

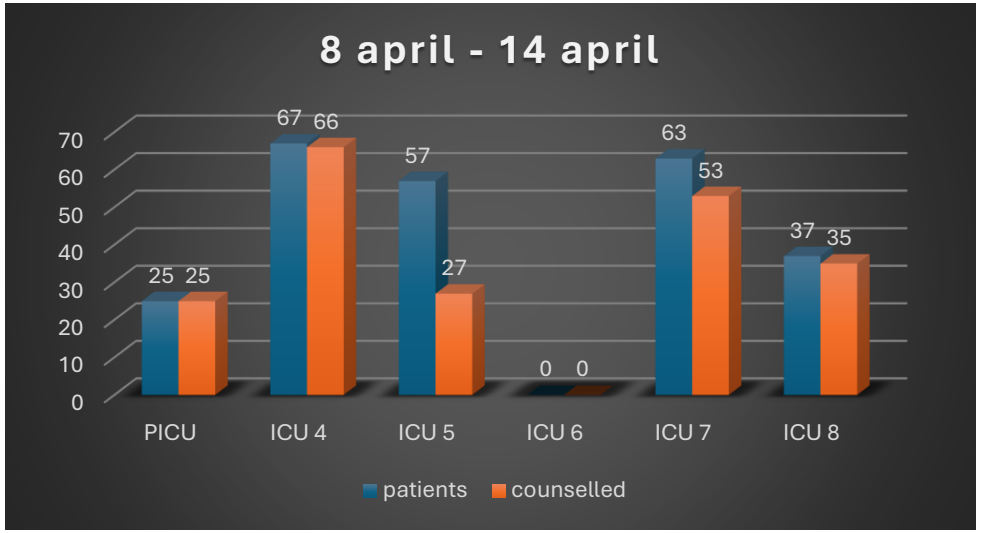
Data analysis: calculation of adherence rate, summarization of common themes from feedback forms, use of graphs and charts for visual representation of data.

RESULTS

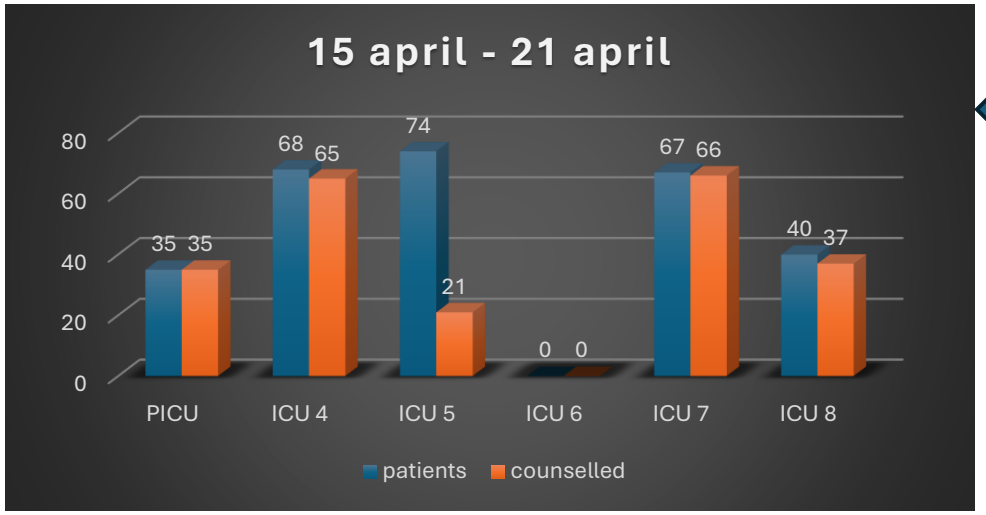


Week-1

Week-2



WEEK 1 – WEEK 4



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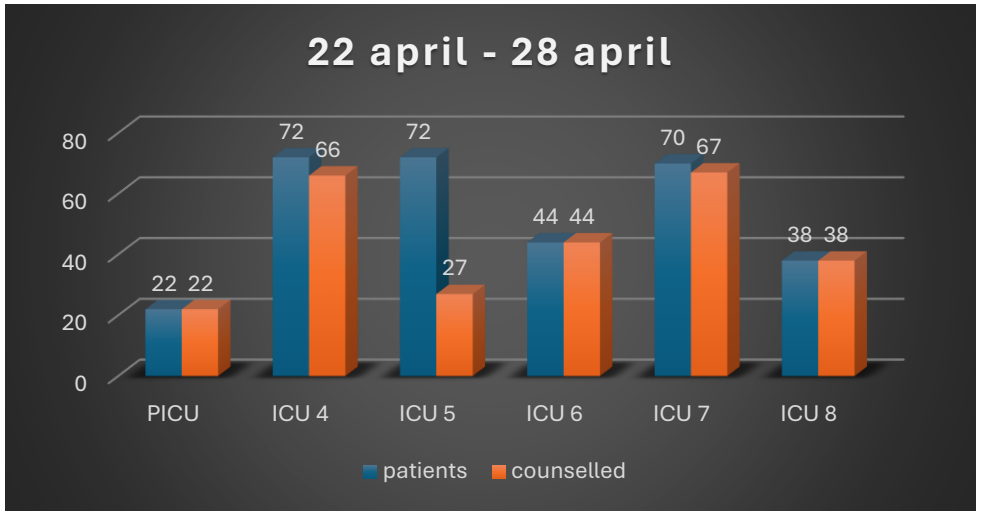
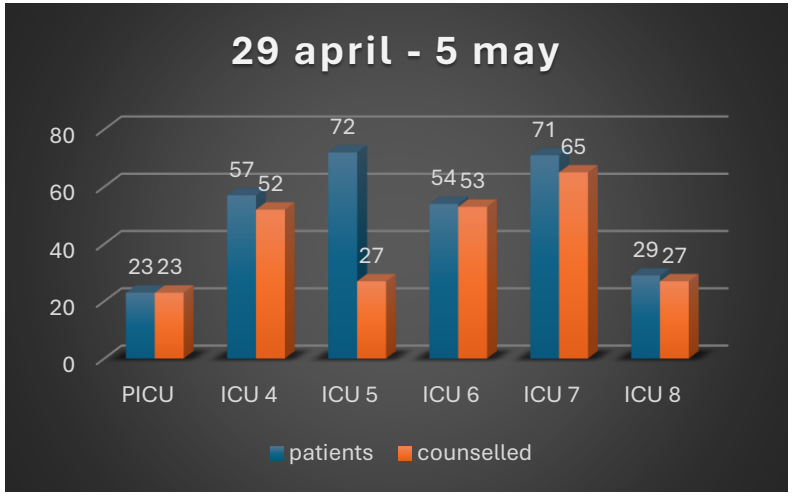
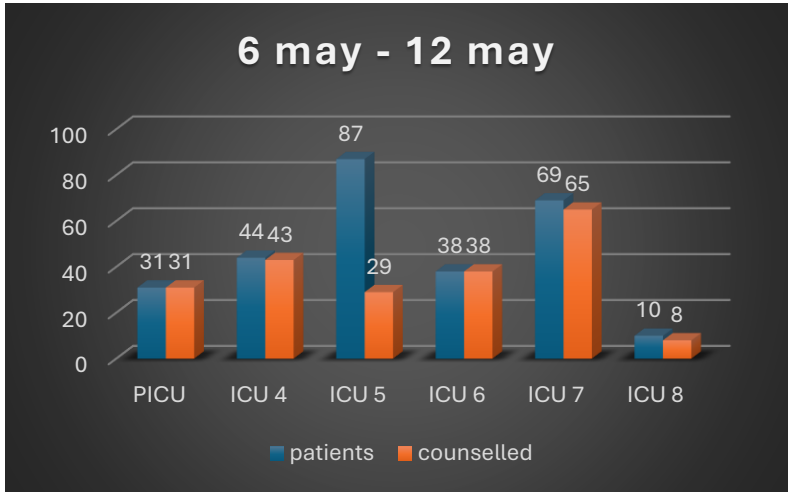
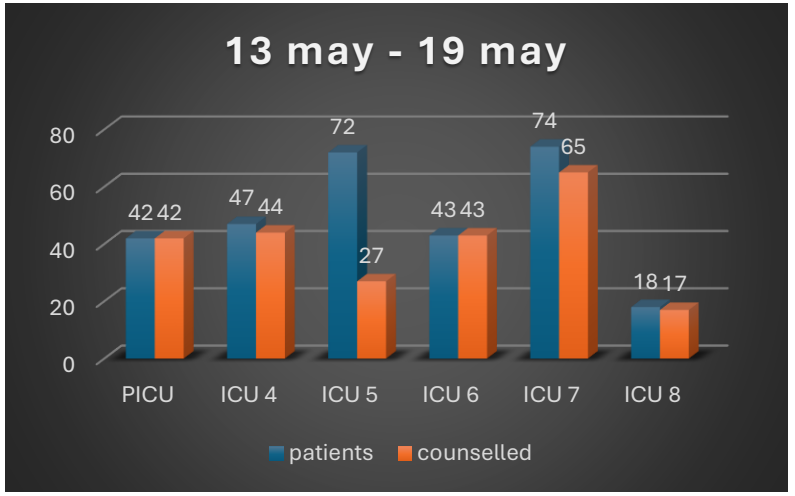






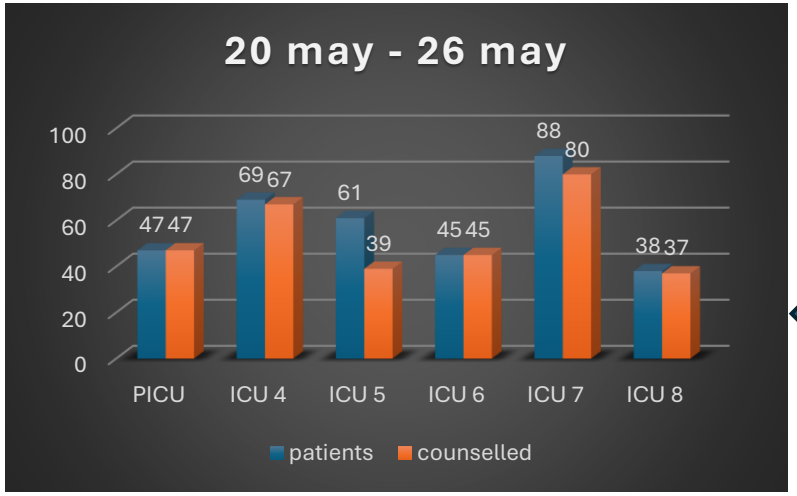


Week-5

Week-6

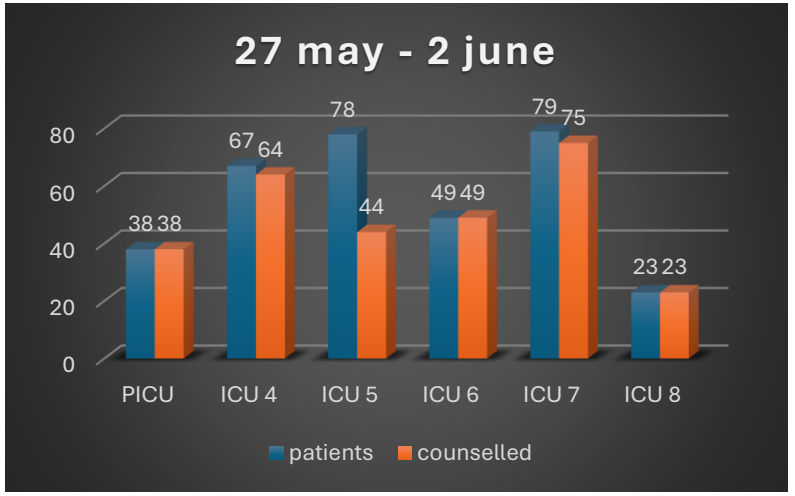
Week-7

WEEK 5 – WEEK 9



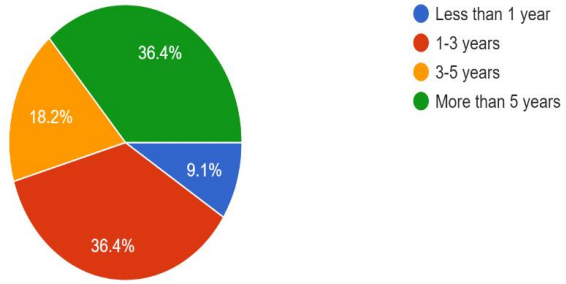
Week-8

Week-9



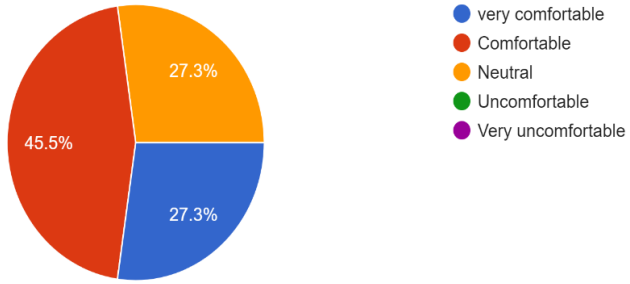
Years of experience in ICU

11 responses



How comfortable are you with providing counselling to patients and their families?

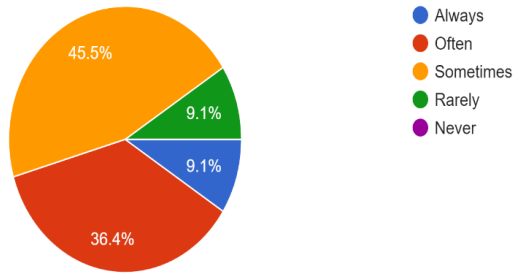
11 responses



Questionnaire results

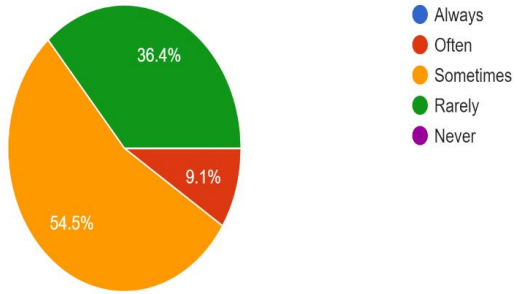
Do you feel you have enough time during your shift to provide adequate counselling?

11 responses



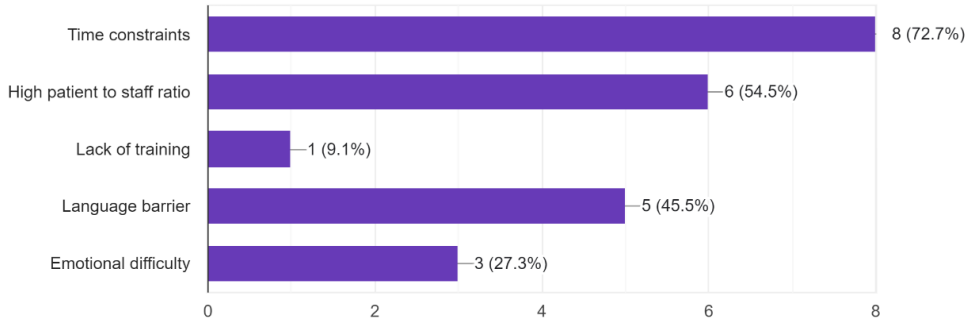
How often do language barriers affect your ability to provide effective counselling?

11 responses



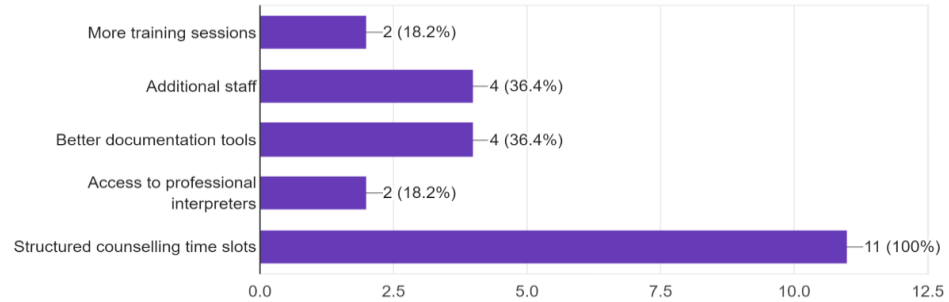
What are the main barriers you face in providing counselling? (Select all that apply)

11 responses



What improvements would you suggest for enhancing counselling practices in the ICU? (Select all that apply)

11 responses



Please provide any additional comments or suggestions regarding the counselling protocols in your ICU.

5 responses

As majority of the cardio patients are counsellors in the cath lab only and we don't have the time to counsel both places. Provision of counselling forms in cath lab would cover the gap.

Provision of counselling record and forms in cath lab would solve the lack of counselling on paper.

When we are available the attendants are not there as their timing are very strict and we cannot wait for a long period of time in a single icu

Sometimes consulting doctors counsel the patients and their attendant but forget to sign the form. Moreover they have time constraints and it skips their mind.

Sometimes we counsel the patient but finding the forms in the file gets troublesome, and in times where we have to hurry we have to skip on the signage of the forms.
Easy and quick access to the forms would remedy this problem.

Discussion

Study assessed compliance with ICU counselling forms at FMRI over nine weeks.

PICU showed 100% compliance, while ICU 5 had the lowest at 38%, indicating specific departmental challenges.

From the questionnaire it was observed that time majority of cardiac patients were counselled in the cath lab but the counselling forms were not signed as the forms were in the ICU and the doctors did not have the time to do the process all over again.

Some other issues that came to light were that the doctors providing counselling had some time constraints due to high patient to staff ratio, language barrier created time lag as calling the interpreter to ICU takes time.

Lack of structured time slots leads to the patient get counselled by the treating doctor leading to not filling of counselling forms from the patient.

Recommendation

1

Provision of counselling form in the cath lab for the cardiac patients and doctors.

2

Streamline Documentation Processes: Utilize Electronic Health Records (EHRs) to simplify and ensure easy access to counselling documentation.

3

Overcome Language Barriers: Employ professional interpreters and provide multilingual educational materials to support non-English speaking patients.

4

Introduce Continuous Feedback Systems: Establish feedback mechanisms, such as regular surveys and focus group discussions, to monitor the effectiveness of implemented changes and identify areas for improvement.

5

Increase Staff and Resources: Hire more personnel and allocate additional resources to ensure adequate time for counselling services.