Impact of Adopting Guidelines Supporting Family Presence During Resuscitation (FPDR) on Nurses’ Perception of Benefits, Self-confidence, and Practice of FPDR in a Rural Midwestern Medical Center

Rhonda Bender. MS, RN, CNP; Faculty Advisor: Sue Ellen Bell, Ph.D, RN, PHCNS-BC

Clinical Preceptors: Shirley Heinitz, MS, RN & Mark Papke-Larson, MDvI

Minnesota State University, Mankato

1. Literature Review

- Databases: CINAHL, Cochrane, Google Scholar, National Guideline Clearinghouse, RNO, and ProQuest
- Key Words: family presence, resuscitation, family witnessed, family centered, simulation, family nursing
- Search Results: 219 abstracts reviewed, 27 included in full review, 9 excluded (not peer-reviewed or procedural focus)

2. Clinical Problem

- Introduction: Clinical practice guidelines encourage facilities to adopt written policy and staff education programs that support the presentation of the option of FPDR (AHQR, 2011; ENA, 2009). This medical center engages in FPDR; however, lacks written policy and a staff education program to inform practice.
- Purpose: To determine the impact of adopting clinical practice guidelines on staff perceptions of risks, benefits, self-confidence, and frequency of FPDR practice.
- Clinical Question: In a rural Midwestern medical center, how does adoption of an evidence-based written policy and staff education program on presenting the option of FPDR impact (a) staff perception of risks/benefits of FPDR, (b) staff report of self-confidence in providing family-centered support, and (c) the frequency of FPDR practice measured pre/post-intervention?

3. Current Evidence

- **Construct**
  - Support for presenting FPDR option
  - Support for written policy
  - Support for simulation
  - Support for family-centered care

- **Evidence**
  - Effective: Level III, Evidence Level V
  - Possibly Effective: Level VI

- **Key Evidence**
  - Dudley et al. (2009)
  - ENA (2009 & 2007)
  - AHRQ (2011)
  - Mian et al. (2007)
  - Eggenberger & Regan (2010)
  - ENA (2007 & 2009)
  - Davidson et al. (2007)

4. Theoretical Underpinnings

- **Beliefs & Illness: A Model for Healing** (Bell & Wright, 2009)

5. Research Design & Methodology

- **The research design** included a pre/post-education survey using the PPDR (Finkle et al., 2008) and a retrospective chart review. Study methodology included implementing two staff education strategies: an evidence-based in-person presentation (ENA, 2007); and (b) a clinical simulation. The dependent variables included staff perceptions of risk, benefits, and self-confidence related to FPDR compared pre/post-education using non-paired t testing. Pearson and ANOVA were used to determine correlations between demographic and dependent variables. Practice change was examined by comparing the percentage of resuscitations that involved FPDR pre-intervention, during intervention, and post-intervention using two month intervals.

6. Data Analysis

- **Cost Analysis**
  - **Intervention**
    - Survey Expenses: $317
    - Education Expenses: $227
  - **Time Cost**
    - Education Time: $1600
    - On the Clock Time: Indirect
  - **Total Cost of Interventions**
    - Project supported by funding from the Becky Taylor Doctoral Fellowship

7. Future Research

- Research on FPDR practice barriers is lacking and will be critical to successful implementation efforts and practice sustainability.

8. Ethical Compliance

- Minnesota State University, Mankato and Sanford Health Institutional Review Board approvals were obtained for staff survey pre/post-intervention and for a retrospective chart review.