

Supplementary Material

Family presence on rounds in adult critical care: A scoping review

Supplementary Material

Table of Contents

Appendix 1	2
Supplementary Table 1	3
Supplementary Table 2	8
References	10

Appendix 1: OVID Search query (last accessed January 28th 2022)

Advanced search

Teaching Rounds/ AND (Professional-Family Relations/ OR Family/ OR Family Relations/ OR (family or families).mp.) AND (exp Hospital Units/ OR exp Emergency Service, Hospital/ OR (intensive care or ward? OR clinical teaching unit* OR trauma unit* OR critical care surgery unit* OR medicine unit* OR hospitalis* OR hospitaliz* OR emergency department* OR emergency unit*).mp.)

Supplementary Table 1. Provider and family perspectives on family participation in rounding in the adult intensive care unit

Author/Year	Description	Provider Perspectives	Family Perspectives
Au, 2017(1)	Cross-sectional survey of providers (n=258) and family (n=63) at 4 medical-surgical ICUs in Canada, looking at perceptions of family participation in ICU rounds	<ul style="list-style-type: none"> • Worried that family participation in rounds would increase family stress and confusion • Felt that families should be provided with the option of attending rounds daily, improved their relationship with families • ↑ perceived rounding time by 5-10 minutes per patient when family members participated. • ↓ frequent and shorter family meetings • ↓ provider experience was associated with supporting decision-making and question-asking role for family members in rounds • ↓ teaching when family members attended rounds 	<ul style="list-style-type: none"> • 97% of families expressed a high degree of interest in attending rounds • For unconscious patients, preferred rounds to occur outside the patient's room • For awake patients: preferred rounds inside the patient's room • Family members reported feeling welcome, respected, and included • Rounds were informative and there was enough time for questions to be addressed
Cody, 2018(2)	Qualitative descriptive study only on family members (n=19) in 2 medical ICUs in the US, exploring family perspectives of ICU bedside rounds to understand why some family members chose to participate or not	-	<ul style="list-style-type: none"> • Bedside rounds seen as a way to convey genuine caring and respect for family and for patient • Families reported confidence when plan of care was discussed; expectations were reviewed • Helpful for receiving patient-related information • Most perceived opportunities to ask questions
Holodinsky, 2015(3)	Cross sectional survey of providers (n=180) in 111 ICUs across Canada with follow-up interviews to describe rounding practices and identify opportunities for improvement	<ul style="list-style-type: none"> • Listed the patient as a passive participant in rounds • Family members identified as being able to provide information about patient's baseline and medical status, expressed wishes and involved in decision-making • Interruptions were associated with perceptions of ↓ rounding quality and ↑ room for improvement • Timely rounds were associated with perceptions of ↑ rounding quality and a ↓ need for improvement • Patient and family involvement in rounds was positive 	-

Mangram, 2005(4)	Cross-sectional survey on families (n=55) in a trauma-ICU in Dallas to determine whether daily scheduled family rounding was valued by families and if it resulted in improved communication and relationships	-	<ul style="list-style-type: none"> • 86.5 % of families looked forward to having a specific time of day to meet with trauma team • 36 % did not like having only scheduled time for family rounding • 90 % liked having rounds in ICU room with patient • 75 % believed that all concerns were addressed during rounds • 84.9 % rated their overall experience as either excellent or good
Rabinowitz, 2016(5)	Qualitative study on adult and pediatric resident providers (n=85) to assess the perceptions of current and idealized inpatient rounds at 4 teaching hospitals in the US	<ul style="list-style-type: none"> • Residents described value of updating patients/families about evolving care plan. • Residents commented that rounds provide opportunity to educate patients and parents about the care plan. 	-
Reeves, 2015(6)	Ethnographic study on providers and family members (n=unknown) in 4 ICUs whereby two post-doctorate researchers observed, interviewed, and documented their time in ICUs over the course of one year	-	<ul style="list-style-type: none"> • Family members noted unity of providers from multiple professions during critical medical events • Family members noted positive ICU experience when they established trust with the staff • Family members noted their role in providing, translating, and transferring patient information • Family members were <i>filter</i> of clinical information about their relative between ICU staff • Family members observed use of computers and IT as a tool for staff to facilitate care and liaison
Rotman-Pikielny, 2007(7)	Prospective study on providers (n=26), patients (n=35) and family members (n=40) investigating the attitude towards participation of family members in rounding prior to and after intervention in a teaching hospital in Tel Aviv	<ul style="list-style-type: none"> • Staff members expressed positive attitude towards family attendance at rounds before and after participating in intervention • Staff members believed that family attendance at rounds would ↑ their duration • Physicians and nurses thought that family involvement during hospitalization is important • ½ of all physicians expressed positive attitude towards family participation in rounding 	<ul style="list-style-type: none"> • Family members believed their involvement in rounding allowed for decision making role

Roze des Ordons, 2020(8)	Qualitative descriptive study exploring provider (n=35) and family member (n=29) perspective in 4 ICUs in Alberta, touching on numerous aspects of family participation on bedside rounds and identify avenues for improvement	<ul style="list-style-type: none"> • Health care providers perceived that families could play an important role in advocating for care • Described how family participation ↑ family confidence and trust in the care team • Described how families ↑ clinical team's knowledge and how their input can inform clinical decision-making 	<ul style="list-style-type: none"> • Described how family participation ↑ family confidence and trust in care team • Family participation ↑ understanding of ICU context and perspective • Families had regular access to information and opportunities to ask questions • Family relayed information to others family and alerted them to important aspects of care • Family could ↑ clinical team's knowledge and their input informed clinical decision-making • Family raised concerns about omissions in care • Family noted that smaller teams were more conducive to their participation
Santiago, 2014(9)	Qualitative descriptive study on providers (n=160) towards family presence at bedside rounds in a medical-surgical ICU in Toronto	<ul style="list-style-type: none"> • Providers strongly or somewhat agreed with providing family the option to attend rounds regardless whether it was early or late after ICU admission • Providers somewhat disagreed or were neutral towards family presence ↑ round length • Providers either somewhat disagreed or were neutral that family should be asked to leave if they were present • Providers strongly or somewhat favoured the presence of family, especially early after ICU admission • Significantly more physicians than nurses rated their overall experience with family members being present at bedside rounds as excellent 	-
Schiller, 2003(10)	Qualitative descriptive study on nursing providers (n=unknown) family members (n=34) in an adult and pediatric ICU in Illinois to obtain retrospective	<ul style="list-style-type: none"> • Nurses were generally positive about their experience • Nurses found process to be disruptive and repetitive • Others found that the process should be selective to certain families 	<ul style="list-style-type: none"> • Family appreciated efforts to transfer information and reported ↑ awareness of details and overall severity of situation • ↑ comfort with uncertainties of critical care • Families appreciated process of ratification of decisions made since the previous rounds

	opinions about family rounding		<ul style="list-style-type: none">• Viewed team as clinical authority rather than casual opinion of whomever encountered patient or family
--	--------------------------------	--	--

Legend

Abbreviations: ICU, intensive care unit; IT, information technology; US, United States

Supplementary Table 2. Barriers or Challenges to Family Presence on Rounds

<p>Family</p> <p>Communication</p> <ul style="list-style-type: none">• lack of interaction between family and providers (Holodinsky 2015(3))• limitation of information brought up due to sensitive information or prognosis (Roze des Ordons 2020(8))• lack of preparation for rounds and lack of follow-up communication (Roze des Ordons 2020(8))• language barriers (Roze des Ordons 2020(8))• test results or adverse events communicated without context or prior sensitive disclosure (Au 2018(11)) <p>Offensive comments by ICU team</p> <ul style="list-style-type: none">• comments made by ICU team members may have been offensive to family members, for example, a resident criticizing a patient with severe asthma for continuing to smoke (Au 2018(11)) <p>Negative interactions</p> <ul style="list-style-type: none">• witnessed uncertainty and conflict between ICU providers (Au 2018(11), Roze des Ordons 2020(8))• family felt that their contribution and participation were of little value (Reeves 2015(6))• increased stress following rounds (Roze des Ordons 2020(8))• no invitation to rounds or formal introduction at the start of rounds (Roze des Ordons 2020(8)) <p>Consistency</p> <ul style="list-style-type: none">• bedside rounds did not always occur as expected in a predictable fashion (Cody 2018(2); Roze des Ordons 2020(8))• rounds style and time varied depending on which attending was conducting them (Holodinsky 2015(3); Reeves 2015(6); Mangram 2005(4))• inconsistencies in practice were observed by family (Cody 2018(2); Holodinsky 2015(3); Schiller 2003(10))• ICU visit policies were selectively or arbitrarily enforced, leading to family member frustration (Reeves 2015(6)) <p>Round structure/style</p> <ul style="list-style-type: none">• rounds were frequently interrupted due to pages and phone calls (Holodinsky 2015(3))• inadequate question time to have concerns addressed (Jacobowski 2010(12))• discomfort having rounds occur in patient's room (Mangram 2005(4))• lack of multiple scheduled rounds to speak with providers (Mangram 2005(4))• perceived rounding occurring outside patient's room as being impersonal (Roze des Ordons 2020(8))

Miscellaneous

- Physical design of ICU influenced interactions between family, patient and providers (Reeves 2015(6))

Health care providers**Communication**

- visitors who were not close family were inadvertently invited to join rounds (Au 2018(11), Roze des Ordons 2020(8))
- information family provided not consistent with previously expressed patient wishes (Au 2018(11))
- information provided to family could infringe on patient confidentiality (Roze des Ordons 2020(8))

Negative interactions

- residents perceived that family needs superseded their own (Rabinowitz 2016(5))
- family members may be disruptive (Roze des Ordons 2020(8))
- experienced registered nurses reported having a negative experience with family (Santiago 2014(9))

Teaching

- presence of family constrained academic discussion of patients or teaching (Santiago 2014(9); Rabinowitz 2016(5); Roze des Ordons 2020(8))

Round structure/style

- repetition of information to family that team already knew (Rabinowitz 2016(5))
- residents had lack of formal feedback opportunities (Rabinowitz 2016(5))
- family members reduced efficiency of rounds (Roze des Ordons 2020(8))
- family's preference for information and participation in rounds introduced challenges (Roze des Ordons 2020(8))

Legend

Abbreviations: ICU, intensive care unit;

References

1. Au SS, Roze des Ordons A, Soo A, et al: Family participation in intensive care unit rounds: Comparing family and provider perspectives. *Journal of Critical Care*; 38:132-136
2. Cody SE, Sullivan-Bolyai S, Reid-Ponte P: Making a Connection: Family Experiences With Bedside Rounds in the Intensive Care Unit. *Critical Care Nurse*; 38(3):18-26
3. Holodinsky JK, Hebert MA, Zygun DA, et al: A Survey of Rounding Practices in Canadian Adult Intensive Care Units. *PLoS ONE [Electronic Resource]*; 10(12):e0145408
4. Mangram AJ, McCauley T, Villarreal D, et al: Families' perception of the value of timed daily "family rounds" in a trauma ICU. *American Surgeon*; 71(10):886-891
5. Rabinowitz R, Farnan J, Hulland O, et al: Rounds Today: A Qualitative Study of Internal Medicine and Pediatrics Resident Perceptions. *Journal of Graduate Medical Education*; 8(4):523-531
6. Reeves S, McMillan SE, Kachan N, et al: Interprofessional collaboration and family member involvement in intensive care units: emerging themes from a multi-sited ethnography. *J Interprof Care* 2015; 29(3):230-237
7. Rotman-Pikielny P, Rabin B, Amoyal S, et al: Participation of family members in ward rounds: Attitude of medical staff, patients and relatives. *Patient Educ Couns* 2007; 65(2):166-170
8. Roze des Ordons AL, Au S, Blades K, et al: Family participation in ICU rounds-Working toward improvement. *Journal of Evaluation in Clinical Practice*; 26(6):1620-1628
9. Santiago C, Lazar L, Jiang D, et al: A survey of the attitudes and perceptions of multidisciplinary team members towards family presence at bedside rounds in the intensive care unit. *Intensive & Critical Care Nursing*; 30(1):13-21
10. Schiller WR, Anderson BF: Family as a member of the trauma rounds: a strategy for maximized communication. *J Trauma Nurs* 2003; 10(4):93-101
11. Au SS, Roze des Ordons AL, Parsons Leigh J, et al: A Multicenter Observational Study of Family Participation in ICU Rounds. *Critical Care Medicine*; 46(8):1255-1262
12. Jacobowski NL, Girard TD, Mulder JA, et al: Communication in critical care: family rounds in the intensive care unit. *American Journal of Critical Care*; 19(5):421-430