FACT SHEET

INTRODUCTION
The Society of Critical Care Medicine (SCCM) received an Eugene Washington Engagement Award from the Patient-Centered Outcomes Research Institute (PCORI). The intent is to offer 50 hospitals in the United States an opportunity to participate in a learning and improvement collaborative beginning in 2016 and concluding in 2017. The focus will be on implementing programs that will have a positive impact on patient and family engagement and patient care during a loved one’s stay in an intensive care unit (ICU).

PROJECT SELECTION
Recommended projects for this initiative have been implemented by other hospitals across the United States. While these options are newer to the field of critical care medicine, each emerges as important to improve care and outcomes for patients and their families. Some are more well understood in pediatric settings and others in adult settings. All may be applicable in both. During the selection process, the leadership and potential team members should consider interventions tried and failed, the culture of the institution toward innovation and progress, the community served, hospital policies and processes required to approve new interventions and sustainability commitments and interests of the ICU staff to integrate quality improvement into their workflow. Considerations for patient- and family-centered projects include:

- Implementing open visitation (non-restricted ICU hours)
- Integrating families in rounds (family-centered rounds)
- Integrating structured family care conferences to establish goals of care
- Disseminating information and providing support to families on how they can assist with their loved one’s care
- Family presence during invasive procedures in the ICU
- Family presence during resuscitation
- Forming a family/patient advisory group
- Implementing music therapy in the ICU
- Implementing pet therapy in the ICU
- Facilitating the use of patient/family ICU diaries
- Investigation and planning for implementation of a post-ICU clinic
- Project of team’s choice related to patient- and family-centered outcomes

THE TEAM
Each ICU will determine its own team composition. Consideration for multiprofessional inclusion will improve the likelihood of success over time. Senior leadership support will be required for every program to ensure success. At a minimum, the ICU physician director and nursing director will be required to sign commitment letters. The senior hospital leader should be invited to team meetings to stay abreast of progress and encourage the teams. Each team will send two members to an in-person meeting in Chicago, Illinois, in August or September 2016.

REALISTIC AIMS AND TIME COMMITMENT
Because this is a 10-month project, teams are encouraged to choose a single focus to yield clear, measurable and reproducible results, defined as follows:

- Clear: Communications to the team, patient and family should be easily understood.
- Measurable: Measures of success should be simple, easy to capture and easy to report. Using rapid improvement cycles as often as possible will assure that progress is made.
- Reproducible: Each hospital should engage its own improvement system, such as Lean Six Sigma, Plan-Do-Study-Act (PDSA) cycle, or a combination of systems. Having a quality improvement advisor is helpful if the team struggles with new program launches through sustainable gains.
**Costs**
There is no cost to register for this collaborative. PCORI funding will cover the costs of building and maintaining the e-community, a one-day workshop to be held in Chicago, Illinois (travel costs to be borne by the participating hospital), e-learning programs, faculty, SCCM project management support and material development for the teams as needed.

**Data**
Because data is required to understand performance with new programs as well as to improve existing programs, there will be a minimal data set established for team use. Several webcasts will be scheduled to orient teams to data collection before registering for the collaborative. The data collection system will be Research Electronic Data Capture (REDCap) under the Rush University Medical Center’s (RUMC) REDCap license. No protected health information data will be collected.

**IRB**
Because RUMC will be the coordinating center, institutional review board (IRB) approval for the project will be affirmed through RUMC. Each center will need to determine whether IRB approval is required for its participation in the project above what is provided by RUMC.

**Leadership**
The leaders for PCOR-ICU are:

- **Ruth M. Kleinpell, PhD, RN-CS, FAAN, FCCM**
  Dr. Kleinpell serves on SCCM’s Executive Committee. She is the director of the Center for Clinical Research and Scholarship at RUMC in Chicago, Illinois. Dr. Kleinpell is an accomplished nursing researcher and quality improvement expert. She served as principal investigator for SCCM’s Project Dispatch, an initiative funded by the Agency for Healthcare Research Quality that promoted dissemination of patient-centered outcomes research.

- **Jerry J. Zimmerman, MD, PhD, FCCM**
  Dr. Zimmerman serves on SCCM’s Executive Committee. He is an attending physician at Seattle Children’s Hospital and a professor of pediatrics and anesthesiology at the University of Washington School of Medicine. Dr. Zimmerman co-leads the groundbreaking pediatric ICU Liberation improvement collaborative through SCCM, which includes nine pediatric centers and 68 adult centers in the United States. Dr. Zimmerman has interests in quality improvement and translational research.

**Learning More**
Several webcasts will be scheduled and available for questions and answers. Hospitals interested in participating in the collaborative can find an application online at (insert survey monkey link). For immediate assistance, contact Director of Quality and Project Manager Lori Harmon at lharmon@sccm.org.