Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL GUIDELINE CLEARINGHOUSE

General

Guideline Title

Best evidence statement (BESt). Promoting family satisfaction during care level transition.

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BESt). Promoting family satisfaction during care level transition. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2013 Jul 23. 5 p. [11 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1aâ€'5b) are defined at the end of the "Major Recommendations" field.

It is strongly recommended that nursing staff use standardized information to educate patients and families prior to transfer, on the anticipated environmental changes and care delivery routines that they will experience upon transfer from an intensive care unit (ICU) to a general floor to decrease anxiety (Brooke et al., 2012 [1a]) and increase satisfaction (Bailey et al., 2010, [4a]; Herrera-Espineira et al., 2009, [4b]; Rahmqvist, 2001 [4a]).

> Note 1: Patient and caregiver anxiety was found to be inversely correlated with patient/caregiver satisfaction (Rahmqvist, 2001 [4a]; Herrera-Espineira et al., 2009 [4b]).
>
> Note 2: Increased informational support as perceived by patients and families is positively correlated with satisfaction of care (Bailey et al., 2010 [4a]).

Definitions:

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies

Quality Level	Definition
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that… It is strongly recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
It is recommended that… It is recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation…	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Any condition requiring transfer from a pediatric intensive care unit (PICU), cardiac intensive care unit (CICU), or neonatal intensive care unit (NICU) to a general pediatric medical/surgical unit

Guideline Category

Counseling

Management

Clinical Specialty

Critical Care

Nursing

Pediatrics

Surgery

Intended Users

Advanced Practice Nurses

Hospitals

Nurses

Physician Assistants

Physicians

Guideline Objective(s)

To evaluate, among inpatients who are transferred from a higher to lesser level of care, does a standardized written approach to anticipatory preparation of the transfer compared to non-standardized preparation effect patient, family, or caregivers reported level of satisfaction

Target Population

Infants and children in an inpatient setting, transferring from pediatric intensive care unit (PICU), cardiac intensive care unit (CICU), or neonatal intensive care unit (NICU) to general pediatric medical/surgical unit for the first time

Interventions and Practices Considered

Standardized written approach to anticipatory preparation

Note: Standardized anticipatory preparation is defined as the development of set written information for patients and families that is routinely distributed prior to transfer of the patient out of the intensive care unit (ICU) to a general care floor to educate and inform families of the changes to expect in the environment, care practices, specific floor policies, and bedside staffing.

Major Outcomes Considered

- Improved patient experience
- Reduced patient/family anxiety

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Search Strategy

- Databases: CINAHL, PubMed, PsycINFO

- Search Terms: inpatients, caregivers, parent, family, pediatric, transition, ICU, intensive care, preparation, guidance, education, information, satisfaction, perception, experience, outcomes, anxiety, stress, patient satisfaction, relocation stress
- Limits, Filters, Search Dates: English
- Date Search Done: 1998-2013

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that… It is strongly recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
It is recommended that… It is recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation…	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

This Best Evidence Statement (BESt) has been reviewed against quality criteria by two independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

Evidence Supporting the Recommendations

References Supporting the Recommendations

Bailey JJ, Sabbagh M, Loiselle CG, Boileau J, McVey L. Supporting families in the ICU: a descriptive correlational study of informational support, anxiety, and satisfaction with care. Intensive Crit Care Nurs. 2010 Apr;26(2):114-22. PubMed

Brooke J, Hasan N, Slark J, Sharma P. Efficacy of information interventions in reducing transfer anxiety from a critical care setting to a general ward: a systematic review and meta-analysis. J Crit Care. 2012 Aug;27(4):425.e9-15. PubMed

Herrera-Espineira C, Rodriguez del Aguila Mdel M, Rodriguez del Castillo M, Valdivia AF, Sanchez IR. Relationship between anxiety level of patients and their satisfaction with different aspects of healthcare. Health Policy. 2009 Jan;89(1):37-45. PubMed

Rahmqvist M. Patient satisfaction in relation to age, health status and other background factors: a model for comparisons of care units. Int J Qual Health Care. 2001 Oct;13(5):385-90. PubMed

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Improved patient experience and reduced family/patient anxiety during first-time care level transition

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

Implementation of the Guideline

Description of Implementation Strategy

Applicability Issues

Standard educational content needs to be developed to ensure parent and caregiver confidence before and during a transfer out of the intensive care unit (ICU). One avenue, which is supported by the literature, for this to be achieved is the use of a written format, such as a pamphlet or brochure. Unit staff or management will need to determine who will be accountable to distribute and discuss the information (i.e., sending unit, receiving unit). The pamphlet must be distributed within a realistic time frame that provides ample time for family and patients to read and have questions answered prior to transfer. The pamphlet needs to be easily tailored to individual unit environment specifics. Other modalities to educate families, such as a video for the Cincinnati Children's Hospital Medical Center (CCHMC) TV channel or a standardized unit tour can additionally be used to improve the parent or caregiver's anxiety and confidence during and after a transfer out of the ICU.

Implementation Tools

Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2013 Jul 23

Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

Source(s) of Funding

Cincinnati Children's Hospital Medical Center

No external funding was received for development of this Best Evidence Statement (BESt).

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

Team Leader/Author: Michelle M. Coleman, MN, RN, CPN

Team Members: Patti Besuner, MN, CNS, Center for Professional Excellence, Research and Evidence-Based Practice; Kathy Dressman, RN, MS, NEA-BC

Financial Disclosures/Conflicts of Interest

Conflict of interest declaration forms are filed with the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence-Based Decision Making (EBDM) group. No financial or intellectual conflicts of interest were found.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the Cincinnati Children's Hospital Medical Center Web site .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Availability of Companion Documents

The following are available:

Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the Cincinnati Children's Hospital Medical Center (CCHMC) Web site .
Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the CCHMC Web site .
Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the CCHMC Web site .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

In addition, suggested process or outcome measures are available in the original guideline document .

Patient Resources

None available

NGC Status

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