

# Family Care Nurse

**Charlotte Smith** (Family care nurse)  
**Laura Sedgley** (Matron)

# Background (May 2020 – 21)

## Neurosurgical Critical Care Unit (NCC)- LGI

- Total admissions 650
- Number of deaths 124 (19%)
- Number of difficult conversations 396 (60%)

# Thematic Analysis of Leaving Staff

- **Relocation** to another Trust 7 (26%)
- **Relocation** within the Trust 9 (34%)
- **Promotion** 5 (19%)
- **Leaving** nursing following COVID 3 (11%)
- **Sadness** of the area – NCC patient group 19 (73%)

# What leaving staff were saying

- “NCC is a sad environment that had an impact on me especially at the beginning”
- “It is really hard to have to look after patients who die and are younger than I am”
- “The number of young deaths and difficult conversations has really affected my own mental health”

# The changes NCC put in place

- **Peer support** – protected time to offer regular sessions
- **ACC Clinical Psychologist** - regular group support and 1:1 sessions
- **Teaching** – established sessions for new NCC staff “managing emotional reactions in end of life care” and to support staff health and well-being
- **Educational resources** - posters, resource books, competencies in improving knowledge and practical skills in end of life care
- **Family Care Nurse** – proposal for secondment post

# Family Care Nurse Role

“One Chance To Do It Right”

- **Commenced role- October 2022**
- **Unique UK Adult Service**

# What I found on NCC

- High volume of young traumatic deaths
- Increased number of emotive families
- Increased number of withdrawal of life sustaining treatment
- Higher incidents of brain stem death
- Higher consent rates for organ donation

# What I did on NCC

- **Staff** - established EOL knowledge
- **Survey** – to monitor FCN impact
- **Difficult conversations** – supporting the bedside nurse
- **Debrief** – At time of death
- **Staff quiet room** – to hold confidential chats
- **Check In**- Few days after death
- **Follow Up** - 4 weeks after check In
- **Peer Supporter**
- **Mental Health First Aider** -
- **FCN Tracker** – to assess where time is spent and needed

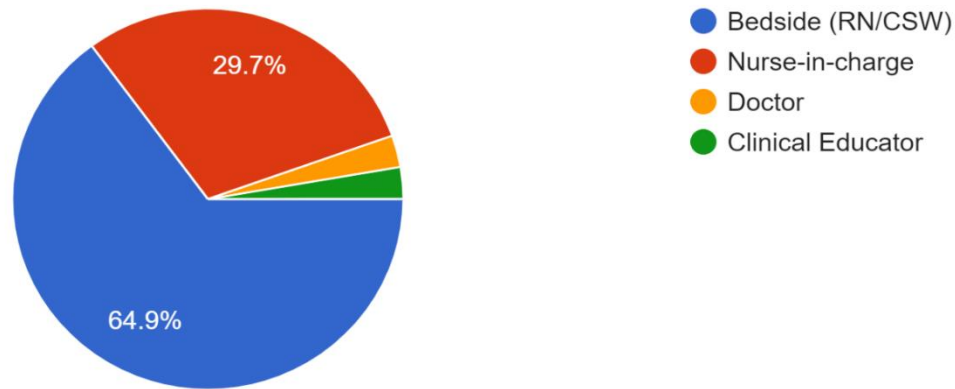


# Key challenges highlighted in the feedback

- 'Family related obstacles' (Increased over last 20 years).
- 'Lack of training' (RN qualification does not equip staff for EOL or OD).
- 'Emotional toll' (Negatively impacts staff with reactions to grief, witnessing trauma alongside actual death).
- 'Environmental factors' (The fast pace of the unit, sometimes feels like 1 in, 1 out so there is little time to process. This is why the check-ins are so important as they create space and time). The FCN also facilitates relationships between the bedside nurse and professional groups, where tensions or barriers may arise.

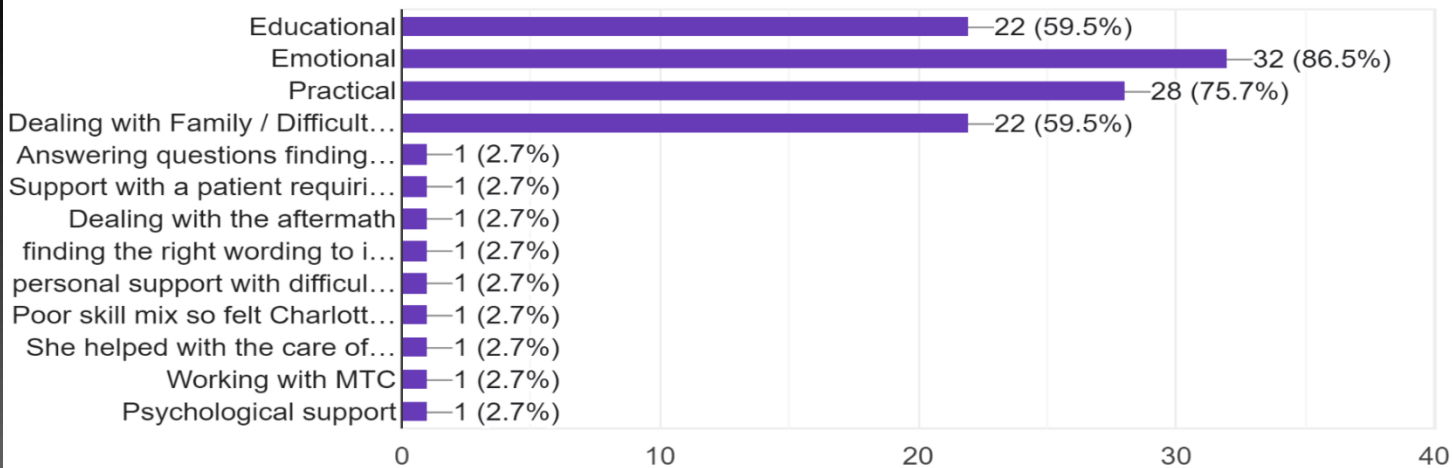
## What was your role today?

37 responses



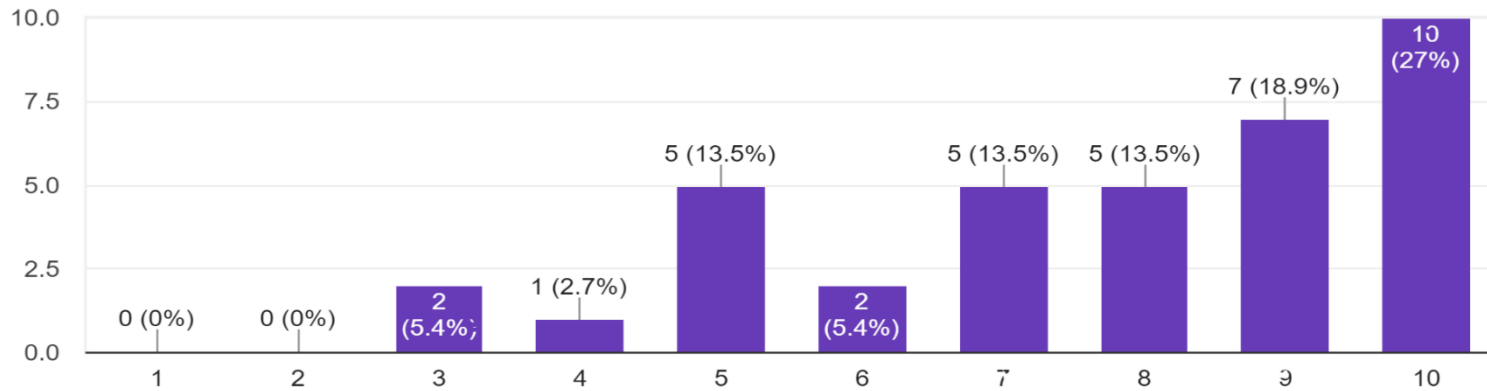
## What support did you receive from the Family Care Nurse today? (select as many as apply)

37 responses



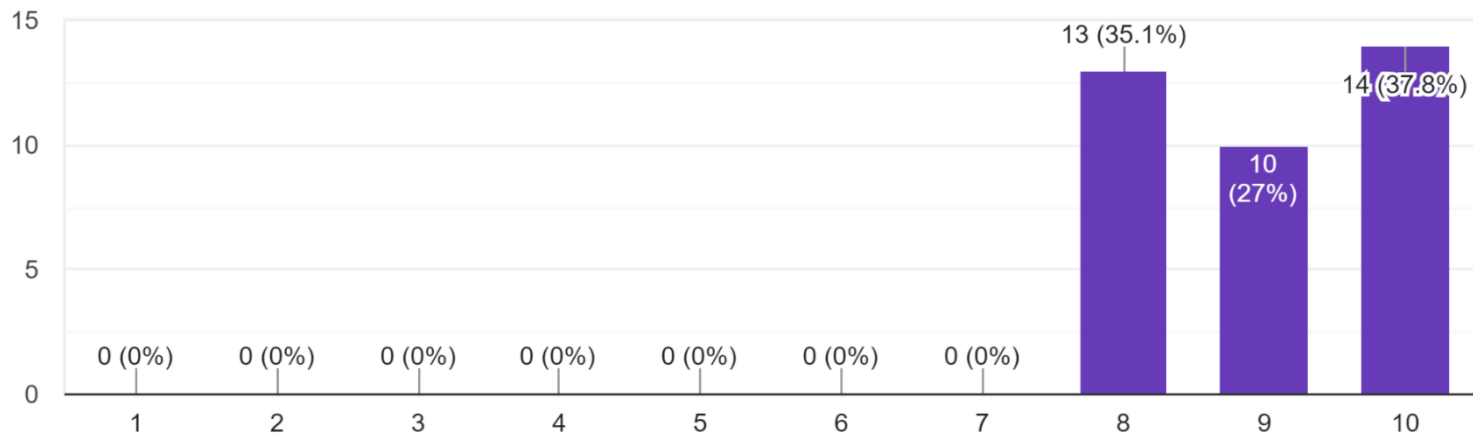
## Before today, how comfortable were you when carrying out end of life care?

37 responses



## Following today, how comfortable would you be in the future when delivering end of life care?

37 responses



# FCN feedback from staff

- "Very supportive, checks up on you afterwards. Helps massively with the difficult conversations and especially with complex family dynamics".
- "It was very helpful for me to know about the step-by-step process of EOL care which was clearly explained to me in detail by the FCN, so that I could familiarize with the documentation papers, preparation before withdrawal"
- "FCN provided emotional support after an extremely hard shift when she had only just started her shift. She made sure I was okay and got everything off my chest before I went home which really helped me."
- 'Stay' interviews conducted on NCC – very positive feedback

# Existing family care support

- > **Relatives** – present in family chats and pre and post withdrawal alongside bedside nurse
- > **Mortuary** – facilitate family visits
- > **Letter** – send to family 6 week post death
- > **Family follow up** – if requested by the family, facilitate meetings with the MDT if they have any outstanding questions and provide bereavement support and signposting
- > **Remembrance Book** – oversee

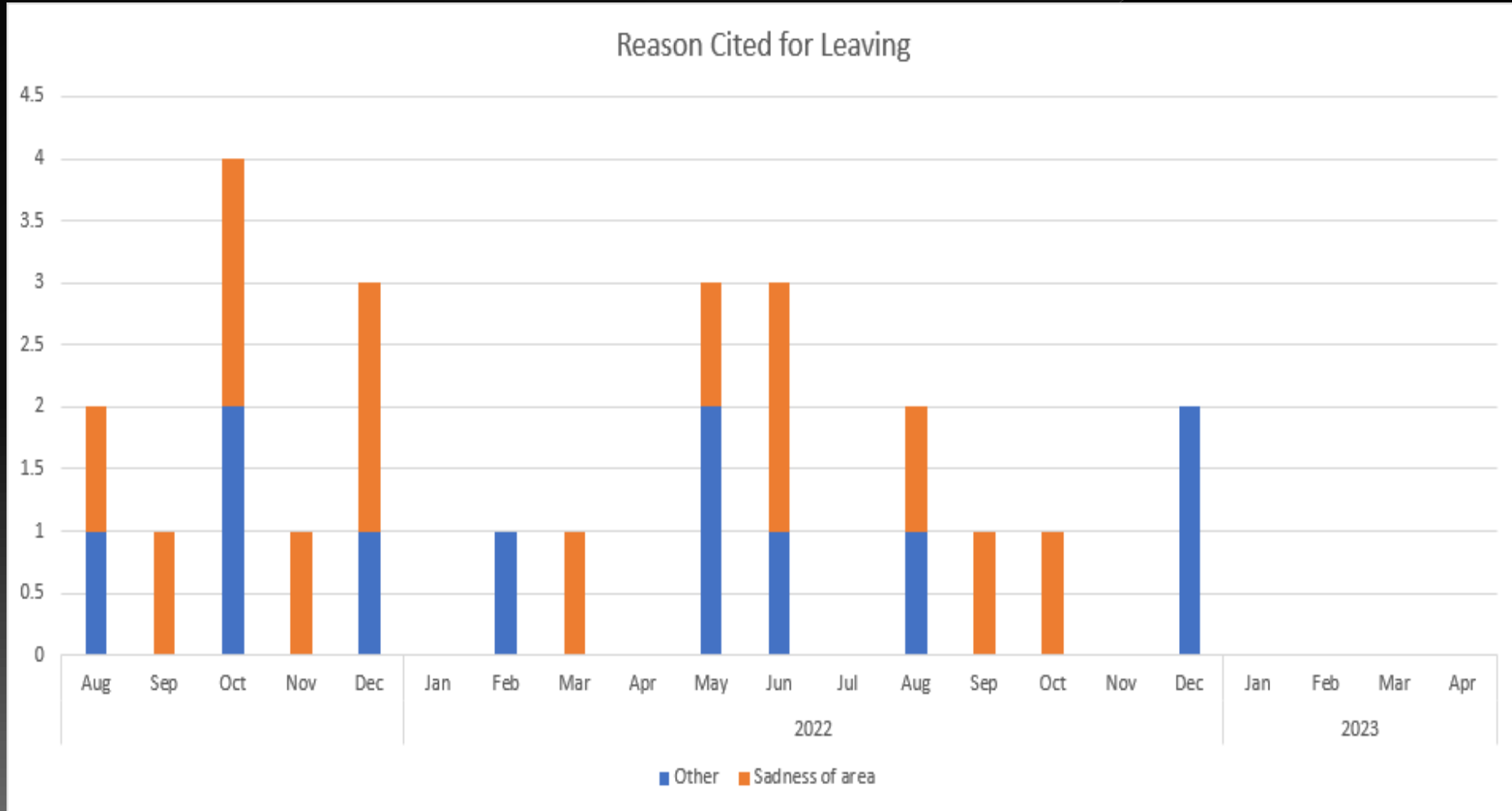
# Family feedback

- All our family would like to thank everyone who cared for our daughter on NCC. The professional way in which she was cared for was exemplary. We cannot thank you enough for the kindness and compassion shown to our daughter and us as a family.
- I would like to take this opportunity to say Thank you again for all the care you gave not just my husband, but our family as well. You made us feel like my husband was the most important person on that ward, and that he was more than just another patient and words cannot express how much that has meant to me, you are all a credit to your profession and I am so grateful for the care that I also received whilst there.
- I would like to take this opportunity to thank you and everyone on NCC for the care they showed my husband, myself and the wider family. It really made what were a dark few days just a little easier.

# In addition

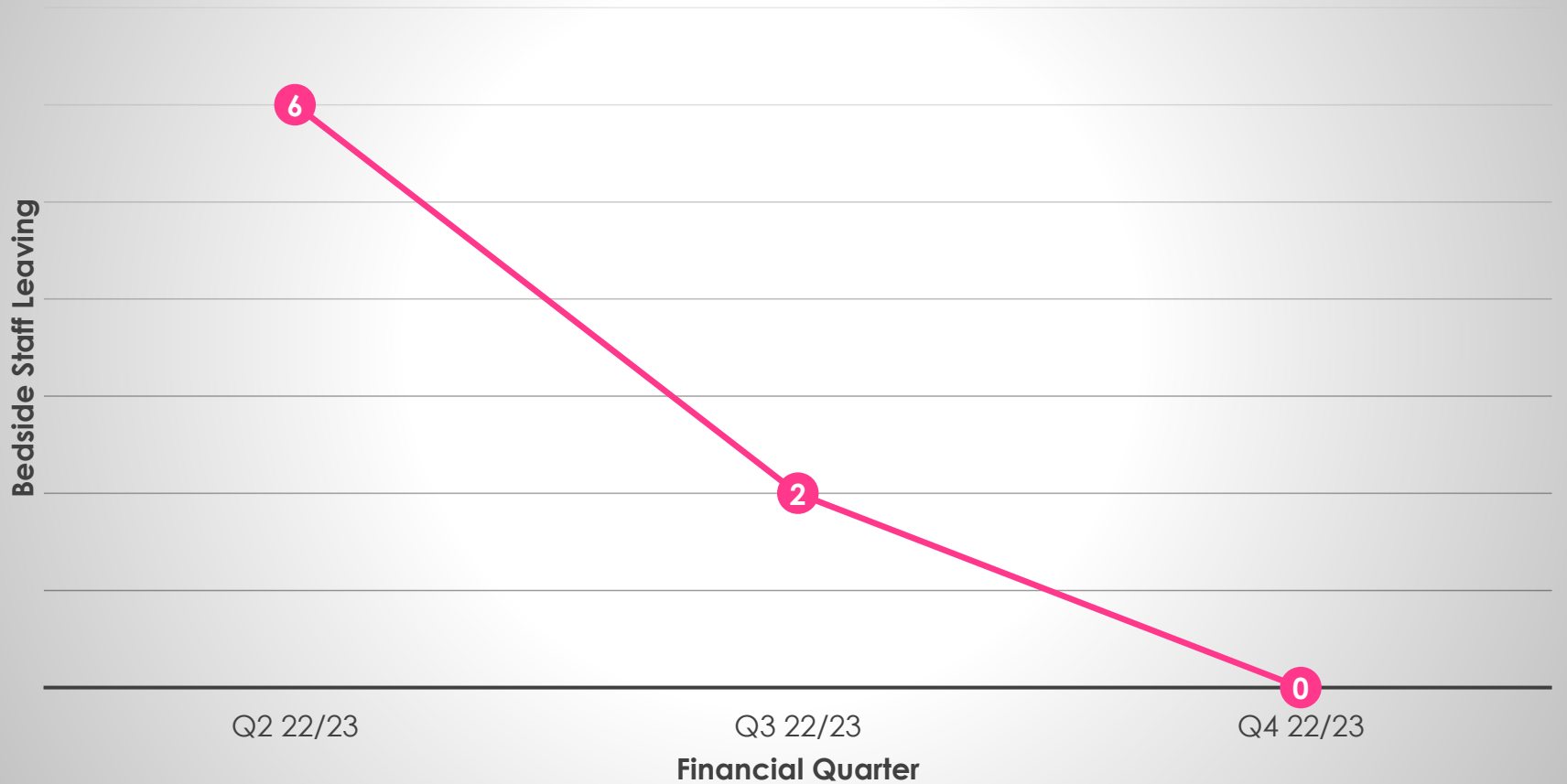
- **Regular FCN support requests from**
  - > CICU & GICU
  - > SJUH ICU
- **FCN liaises and has good relations with**
  - > Organ Donation team
  - > Palliative Care team
  - > FCN – PICU
  - > Bereavement team
  - > Mortuary/ chapel of rest
- **Weekly check in**
  - > Laura Sedgley (Matron)
  - > Clinical Educators
- **Monthly supervision session**
  - > On site Psychologist
  - > PNA
  - > Bereavement team

# Reasons cited for leaving





## Neurosurgical Critical Care Leavers



# “The Future”

- Increasingly early career nursing workforce
- Increasingly diversified workforce
- Business case submitted for substantive role
- Implement role across floor/site (SJUH)
- Present the role at
  1. Connecting Leaders In Care (CLIC)
  2. Organ donation committee meeting
  3. West Yorkshire Critical Care Network (WYCCN)
  4. British Association of Critical Care Nurses (BACCN)
  5. British Association of Neurosurgical Nurses (BANN)

**Thank you for your time.**

**Any Questions please?**