

A Modified Delphi Process to Identify Clinical and Research Priorities in Patient and Family Centred Critical Care

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For which topic were research priorities identified?

patient and family-centered critical care

In which location was the research priority setting conducted?

North America - Canada

Why was it conducted at all?

Many adult intensive care unit (ICU) patients are incapacitated by illness and rely upon relatives, friends, or substitute decision makers to speak on their behalf. It is upon this family that the burden of medical decision-making falls, predisposing them to fatigue, anxiety, and post-traumatic stress disorder (PTSD). Critical illness also impacts ICU survivors, with risks of cognitive dysfunction, functional impairment, PTSD, and decreased quality of life long after hospital discharge. Recognition that the experience of receiving care for an illness, in addition to the disease itself, impacts patients and families has led to calls to shift from disease-oriented health care towards more patient and family centred care (PFCC) - care which is responsive to individual patient and family preferences, needs, and values. PFCC requires understanding the needs and perspectives of patients and families, who can be engaged across the health care spectrum, from direct bedside patient care, to higher level organizational design, and to governance and policymaking.

What was the objective?

to identify elements which enable patient and family-centered care (PFCC) in the intensive care unit and priorities for PFCC research

What was the outcome?

a list of 6 research topics

How long did the research prioritization take?

6 months

Which methods were used to identify research priorities?

Delphi

How were the priorities for research identified exactly?

Step 1: Delphi round 1: initial item list generated from suggestions made by panel members using online bulletin-board system supplemented by items mentioned in guidelines for supporting families in the patient-centred ICU, survey with list of 12 research topics, participants were asked two questions for each topic, participants were also given option to suggest new topics for inclusion, two additional topics added for next rounds. Step 2: Delphi round 2: participants were asked to re-rate topics based on group mean ratings. Step 3: Delphi round 3: participants were asked to re-rate topics based on group mean ratings

Which stakeholders took part?

Physicians, nurses, respiratory therapists, physiotherapists, occupational therapists, social workers, spiritual care workers, patients, family members. Delphi round 1: 28 participants. Delphi round 2: 26 participants. Delphi round 3: 27 participants.

How were stakeholders recruited?

The project team invited an interdisciplinary group of knowledge users and experts by email to participate as panelists. Panelists were chosen to represent key stakeholder groups involved in providing or receiving ICU care, including physicians (Canadian Critical Care Society - 6 members); nurses (Canadian Association of Critical Care Nurses - 6 members); respiratory therapists (Canadian Association of Respiratory Therapists - 3 members); physiotherapists (Canadian Physiotherapy Association - 2 members); occupational therapists (Canadian Association of Occupational Therapists - 3 members); social workers (2 members); spiritual care workers (2 members); patients (3 members) and family members (3 members). Panel members were nominated by their respective organizations or were invited from the investigator's institutions. The project team invited patient and family member representatives who had previously agreed to participate in PFCC research.

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the