



**Service Priorities and Programmes**  
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**Intensive care unit family satisfaction enhancement survey (ICU FAME Survey)**

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**Introduction**

Building a good relationship with the patient's family is important as part of patient-centered healthcare delivery and ICU quality evaluation.

**Objectives**

1. To measure family satisfaction with ICU care 2. To identify factors related to satisfaction 3. To assess impact of improvement measures on satisfaction

**Methodology**

Families of patients who were admitted to ICU for more than 48 hours were invited to complete a FS-ICU(34) questionnaire. Preliminary results were analysed in November 2012 to obtain factors associated with satisfaction, and targeted improvements were adopted subsequently. These included measures to increase the frequency of communications with ICU staff, and to take care of families like providing chairs during visiting hours and refurbishment of ICU waiting rooms. Scoring for items ranged from 0 (very dissatisfied) to 100 (completely satisfied). Independent predictors were identified by logistic regression. A performance-importance plot of individual item scores against their correlation with overall satisfaction was constructed.

**Result**

From May 2012 to November 2013, 703 questionnaires were returned (response rate 73.6%). Families were more likely to be completely satisfied with ICU care if they perceived the followings to be excellent or very good (in descending order of adjusted odds ratio): 1. Concern and caring by ICU staff towards the family (p=0.011) 2. Frequency of communication with ICU nurses (p=0.001) 3. Skill and competence of ICU doctors (p=0.016) 4. Atmosphere of ICU (p<0.001) 5. Frequency of communication with ICU doctors (p=0.001) 6. Atmosphere in ICU waiting room (p=0.049). The performance-importance plot identified 4-6 as priority items for improvement. The mean + standard deviation family satisfaction with overall care scores before and after November 2012 were 81.15+19.17 and 82.81+18.49 respectively (p=0.262). Qualitative analysis of written comments demonstrated fewer criticisms and more appreciations. Conclusions: 1. There was a consistently high satisfaction with our ICU care, which compared favourably to multicentre studies in

Canada (84.3+15.7) and Switzerland (79+14). 2. This survey identified six factors independently related to satisfaction. Priority should be given to improve atmosphere of ICU, waiting room, and frequency of communication with ICU doctors. 3. Improvement measures adopted were effective in improving family satisfaction. 4. This ICU FAME survey is a useful tool for continuous quality improvement /monitoring and should be applicable to other ICUs in Hong Kong.