Patient- and Family-Centered Care

- Respect and Dignity
- Information Sharing
- Choice
- Support
- Strengths
- Flexibility
- Participation
- Collaboration
This Orientation Offers…

a brief overview of:

- Core concepts of patient- and family-centered care;
- Measures/outcomes impacted by patient- and family-centered care;
- Ways UAMS practices patient- and family-centered care; and
- PFCC expectations for ALL UAMS faculty, clinicians, employees.
Patient- and Family-Centered Care
Core Concepts

▼ People are treated with **respect and dignity**.

▼ Health care providers communicate and share complete and unbiased **information** with patients and families in ways that are affirming and useful.

▼ Patients and families are encouraged and supported in **participating in care and decision-making** at the level they choose.

▼ **Collaboration** among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.
Patient- and family-centered care is working with patients and families, rather than just doing to or for them.
Patient- and Family-Centered Care Impacts:

- Patient safety;
- Health care quality and efficiency of care; and
- Patient satisfaction.

Who better to have input and make recommendations regarding health care quality, safety, and efficiency, than our patients and their families?
“I want to share in the responsibility for improving patient care and creating an environment for quality outcomes.”

Jesse Gatewood, Patient and Family Advisor
Five Transforming Concepts to Improve Health Care Safety

- Patients must become full partners in all aspects of health care;
- The free, uninhibited sharing of information throughout all components of the health care system (transparency);
- The delivery of health care by multidisciplinary teams working across all venues of health care – inpatient, outpatient, and residential;
- Health care workers must find joy and meaning in their work;
- Medical education must be redesigned to prepare new physicians to function in this new environment.

Best Care at Lower Cost:

The IOM report has 10 key recommendations; the 4th recommendation states:

“Involve patients and families in decisions regarding health and health care, tailored to fit their preferences. Patients and families should be given the opportunity to be fully engaged participants at all levels, including individual care decisions, health system learning and improvement activities, and community-based interventions to promote health.” S-23

What Patients Expect from the Health Care System 100% of the Time

♦ To be listened to, taken seriously, and respected as a care partner.
  • To have my family/care-givers treated the same.
  • To participate in decision-making at the level I choose.

♦ To be always told the truth.
  • To have things explained to me fully and clearly.
  • To receive an explanation and apology if things go wrong.

♦ To have information communicated to all my care team.
  • To have my care timely and impeccably documented.
  • To have these records made available to me if requested.

♦ To have coordination among all members of the health care team across settings.

♦ To be supported emotionally as well as physically.

♦ To receive high quality, safe care.

Misconceptions about Patient- and Family-Centered Care

- Patient- and family-centered care is not the same as customer service and service excellence, but there is synergy with customer service/service excellence.

- Patient- and family-centered care is not just “being nice.” It is not just a frill, the “soft stuff,” or amenities.

- Patient- and family-centered care is about partnerships and patient and family engagement.
What Kind of Care Do You Provide?

♦ **System-Centered Care:**

The priorities of the system and those who work within it drive the delivery of health care.

♦ **Patient-Focused Care:**

The patient is the focus or unit of care. Interventions are done to and for him/her, instead of with the patient. The patient is not viewed within the context of family or community.

♦ **Family-Focused Care:**

While the family is the focus or the unit of care, interventions are done to and for them, instead of with them.

♦ **Patient- and Family-Centered Care:**

The priorities and choices of patients and their families drive the delivery of health care.
Bringing it together... the Expectation.
Patient- and Family-Centered Care at UAMS

We create comfort, hope & healing for our patients & families.

We create comfort, hope & healing with our patients & families.
Patient- and Family-Centered Care at UAMS

Examples:

• Clinicians/staff introduce themselves to patients/families in all encounters;
• Families are considered as allies and not as visitors;
• Patient/family choices are honored.

Dignity & Respect

Information Sharing

Participation

Collaboration
Patient- and Family-Centered Care at UAMS

Example: Use of In-Patient Communication Boards provides—

- A link to patients and providers;
- Goal setting with patient and family;
- An opportunity for family to communicate with care team.
Example: Interdisciplinary Rounding / Bedside Change of Shift

- Care team is present;
- Patient and family invited to participate and ask questions;
- Improved patient safety with hand-offs/transition.
Patient- and Family-Centered Care at UAMS

Example: Active Patient and Family Advisory Councils

- Seven patient/family advisory councils at UAMS;
- Monthly meetings to advise on in- and out-patient process improvements;
- Council members serve on other UAMS committees.
PFCC Implementation Strategies

Some strategic initiatives to support patient- and family-centered care:

- **Patient and Family Advisors**
  Authentic partnerships instead of focus groups or surveys

- **Signage**
  Welcoming and supportive

- **Vision / Values**
  Leaders support and model PFCC

- **Facility Design**
  Patients/families included in renovations and new construction

- **Patterns of Care**
  Family presence
  Patient- and family-centered rounds
  Nursing change of shift

- **Peer to Peer/Family Support**

- **Charting and Documentation**
  Engaging patients/families with
  Medication lists
  Discharge planning documents
  Medical Charting: Epic’s MyChart/ U-Connect

- **Family-Activated Rapid Response Team**

- **Measurement/Public Reporting of Quality Data**
  HCAHPS/Patient Satisfaction
Others have been doing this for years!

Some Other Academic Medical Centers Implementing PFCC…

- Barnes-Jewish Hospital
- Baylor Health System Dallas
- Brigham & Women’s Hospital
- Dana-Farber Cancer Institute
- Emory University
- Medical College of Georgia (now Georgia Regents University)
- Methodist Le Bonheur Healthcare
- University of Alabama
- University of Louisville
- University of Michigan
- University of Minnesota
- University of North Carolina
- University of Wisconsin
- University of Washington
- University of Pennsylvania
- Children’s Hospital of Pennsylvania
- Vanderbilt University
Summary: Patient- and Family-Centered Practices

1. Patients and families are **essential members** of the health care team in all settings across the continuum of care.

2. Staff and clinicians **introduce themselves** to patients and their family members in all encounters.

3. Patients and families are supported in **collaborative self-management** in ambulatory settings.

4. Families are **allies in care** and **not viewed as visitors**.

5. Patients and families are partners with staff and clinicians in enhancing **patient safety**.

6. Patients and families are encouraged and supported to participate in **nurse change of shift report and rounds**.

7. Patients and families have timely, **useful information** about medications.
8. Patients and families have access to a Rapid Response Team.

9. Patients, and families according to patient preference, have easy access to their clinical information, medical record, and the daily recording of care.

10. Patients and families are encouraged and supported in participating in the planning for discharge and other transitions.

11. Education and support are provided to front-line nursing and allied health staff, physicians, unit leaders, and trainees for how to introduce themselves and how to collaborate with patients and families.

12. Patients and families participate in meaningful sustained ways in policy and program development, implementation, and evaluation; in quality improvement and safety initiatives; in facility design planning; and in professional education.
“Nothing about me without me”

“If health is on the table, then the patient and family must be at the table, every table, now.”


L Leape, D Berwick, C Clancy, J Conway, et al, for the Lucian Leape Institute at the National Patient Safety Foundation
"I need a healing team that communicates with me and each other about everything from medications to infections to research."

Kathy Lease, Patient and Family Advisor
Empathy: The Human Connection to Patient Care

“If you could stand in someone else’s shoes,

hear what they hear,

see what they see,

feel what they feel,

would you treat them differently?"

http://youtu.be/cDDWvj_q-o8

Video by Cleveland Clinic