Our time together . . .

▼ Define core concepts of patient- and family-centered care.
▼ Discuss emerging best practices in patient- and family-centered care and for creating partnerships with patients and families in clinical care and decision-making and in health care redesign and improvement.
▼ Describe ways organizational leaders and patient and family leaders can advance the practice of patient- and family-centered care and enhance quality, safety, and the experience of care within regions and organizations within New Zealand.

What is Patient- and Family-Centered Care?

Patient- and Family-Centered Care: Partnerships for Quality and Safety – A Perspective from North America

Beverley H. Johnson
Improving Together: Consumers, Clinicians, and Services Quality Forum
Auckland and Christchurch, New Zealand
October 4, 2011
Family-Focused Care

Patient- and Family-Centered 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.

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Patient- and family-centered care is working with patients and families, rather than just doing to or for them.

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“Facts bring us to knowledge, Stories bring us to wisdom.”

Rachel Remen

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Mame’s Story

A vibrant, dynamic 94-year old breaks her left shoulder, left hip, and right hand on February 18th. This bilateral involvement imposes total dependence for 5 weeks.

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Mame’s Story (cont’d)

- Every person except one in the community hospital introduces themselves upon entering her room.
- No signs about visiting hours.
- The patient room has a family bed that functions as a bed, a desk, and a dining room table.
- The transition to the rehab hospital... When requested, the discharge summary is provided to the family... the nurse asks the family to help in its completion.
Mame’s Story (cont’d)

▼ When a list of medications is requested, the nurse prints out the list and offers an explanation for how the list is organized.

▼ Therapists connected with Mame’s goals and priorities and with her as a person. Excellent teachers…and included the family.

Mame’s Story (cont’d)

Opportunities for Improvement

▼ Discharge date set on a day impossible for family to help with transition to home.

▼ No flexibility to include the family in the rounds discussion with the physician.

▼ Discharge instructions given at the moment of discharge to Mame with the nurse’s back turned to the family member and blocking the view of the medication list.

▼ Two different medication lists provided, neither consistent with Mame’s list upon admission or the bottles at home.

Mame . . . celebrating her 95th birthday with some of her great grandchildren on July 7, 2008, watching football at 96 with family November, 2009, and hugging some of the newest great grandchildren in 2011 at the age of 98.

Patients and Families as Advisors

Learning about the patient’s and family’s experience . . .

Focus groups and surveys are not enough!

Hospitals, health systems, primary care practices, and other ambulatory settings must create a variety of ways for patients and families to serve as advisors.

A Key Lever for Leaders . . .

Putting Patients and Families on the Improvement Team

In a growing number of instances where truly stunning levels of improvement have been achieved...

Leaders of these organizations often cite—putting patients and families in a position of real power and influence, using their wisdom and experience to redesign and improve care systems—as being the single most powerful transformational change in their history.

Patient and Family Advisors, Peace Health Medical Group, Eugene, OR

The DVD Divas...the inspiration for a patient safety video: Your Safety — Your Medications — Your Medical Visit

Integrating Patient- and Family-Centered Concepts into the Infrastructure of Health Care Organizations

- Vision/Values
- Facility Design
- Patterns of Care
- Information Sharing
- Family Support
- Charting/Documentation
- Linkages to Community
- Quality Improvement
- Human Resources
- Professional Education
- Measurement

United States Commitment to Advancing the Practice of Patient- and Family-Centered Care

- At the National Level
- At the Organizational Level

1984

Surgeon General C. Everett Koop

1987

Surgeon General’s Report
1988

The Maternal and Child Health Bureau and later the HIV/AIDS Bureau . . .
Collaborating with women affected or infected with HIV and their families to build the system of care.

Laying the Groundwork for Change . . . Institute of Medicine

Why Patient- AND Family-Centered Care?

Social isolation is a risk factor.
The majority of patients have some connection to family or natural support.
Individuals, who are most dependent on hospital care, are most dependent on families...
The very young; The very old; and Those with chronic conditions.

American Hospital Association

- AHA has developed leadership strategies to make the six aims of the Institute of Medicine’s Report a reality in hospitals.
- AHA distributed a Patient- and Family-Centered Toolkit to the CEO of every U.S. Hospital and the Commanding Officer of every military hospital.

AHA McKesson Quest for Quality Prize

- . . . integrating patient- and family-centered care with quality and safety agendas.
Agency for Healthcare Research and Quality (AHRQ) 2009-2012

- A 3-year contract awarded to a team of organizations to develop, evaluate, and implement a Guide to Patient and Family Engagement to promote patient and family engagement in hospital settings.
- Institutes for Research (AIR):
  - Institute for Patient- and Family-Centered Care (IPFCC);
  - Consumers Advancing Patient Safety (CAPS);
  - Joint Commission; and
  - Health Research and Education Trust (HRET); and
- The Carilion Health Clinic.
Other organizations contributing to the project include Planetree, the Maryland Patient Safety Center (MPSC), and Aurora Health Care.

Transforming Healthcare: A Safety Imperative

“We envisage patients as essential and respected partners in their own care and in the design and execution of all aspects of healthcare. In this new world of healthcare:
Organizations publicly and consistently affirm the centrality of patient- and family-centered care. They seek out patients, listen to them, hear their stories, are open and honest with them, and take action with them.

. . . continued

Transforming Healthcare: A Safety Imperative (cont’d)

The family is respected as part of the care team—never visitors—in every area of the hospital, including the emergency department and the intensive care unit.
Patients share fully in decision-making and are guided on how to self-manage, partner with their clinicians, and develop their own care plans. They are spoken to in a way they can understand and are empowered to be in control of their care.”

A Profile on Leadership for a Rural Community Hospital and Home

Perham Memorial Hospital and Home
Perham, Minnesota

Perham Memorial Home, Perham, MN

Partnering with older individuals and families for change in organizational culture, facilities and care processes to improve the quality of life . . .
The emerging data from partnering with residents and families to change organizational culture:

- Decrease in falls.
- Weight gain for frail patients.
- Reductions in negative behaviors.
- Increases in resident, family, and staff satisfaction.

Perham Memorial Home’s Community Council...with leaders and resident participation discussing a variety of issues including end-of-life care.

Perham Memorial Hospital Partners in Care Council, Perham, MN

- Redesigned brochure for prevention of surgical site infections.
- Serving on Quality and Safety Councils (three members).
- Signing appreciation letters for staff.
- Contributing to Pharmacy’s new safety strategies—presence on inpatient units, reviewing meds daily, and encouraging family presence.
- Discussing improvements in end-of-life care, building on the Perham Home’s experience.

Partnering in Ambulatory Care

Team Up for Health

**Strategies**
- Comprehensive Approach to Organizational Change.
- Core Leadership Team.
- Performance Improvement Team with a Coach.
- Communications Training for Staff and Physicians.
- Patient- and Family-Centered Care and Partnerships with Patients and Families.

**Results**
- Positive trends for patient perception of patient/provider communication, patient- and family-centered care, and self-care.
- Positive trends in clinical and process measures (A1c, LDL, and blood pressure).
- Improved provider perceptions of the benefits of self-management support.
- Improvement in organization of health care delivery.

http://www.teamupforhealth.org/
**Northeast Valley Health Corporation**

- A Patient and Family Advisory Council meets monthly.
- Participation in QI projects for wait times in the lab and the pharmacy refill process.
- A video storytelling project captures patient and family experience of care.
- Involvement of advisors in the clinic's patient portal project and in the development of a staff and provider reward and recognition program.
- An advisor serving as a member of the CMO search committee.
- Developed a notebook to track progress of the PFA Council.

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**NEVHC Preparing and Supporting Patient and Family Advisors**

“I want to thank the Council for having me part of this work. When I share information about the changes we are making at the clinic with my family and friends in the community, I feel better about myself as a diabetic trying to manage my condition.”

Oswalda Davila, Patient Advisor

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**Team Up for Health Humboldt Open Door Clinic**

- Redesigning the clinic’s bulletin boards.
- Helping to improve community resource referrals.
- Reviewing the telephone system.
- Developing a patient/friendly business card for clinic patients.
- Promoting provider engagement.

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**Team Up for Health Sharp Rees-Stealy Medical Group**

Patient advisors participate in the communications training with physicians and staff.

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**Applying Patient- and Family-Centered Concepts in Mental Health**

**The Recovery Model**

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**Recovery Model of Care for Mental Health Services — SAMHSA and the Veteran Affairs Standard of Care**

- Hope
- Holistic
- Self-Directed
- Responsibility
- Empowerment
- Person Centered
- Peer Support
- Strength-Based
- Non-Linear
A collaboration with the Georgia Department of Human Resources to immerse psychology and psychiatry faculty and residents in the Recovery Model and to learn, teach, and use peer support as a treatment modality.

Since 2006, certified peer specialists, patients who have experienced mental illness, have become an integral part of the clinical team, teach psychiatry and psychology trainees, and serve as the liaisons to the Behavior Health Advisory Councils.

MCG Patient Satisfaction Scores

<table>
<thead>
<tr>
<th>Year</th>
<th>Inpatient Psychiatry</th>
<th>Outpatient Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>60th Percentile</td>
<td>60th Percentile</td>
</tr>
<tr>
<td>2009</td>
<td>96th Percentile</td>
<td>98th Percentile</td>
</tr>
</tbody>
</table>

* Note: Peer Support Specialist was hired and the Behavioral Health Advisory was started in 2006.

Sharing Medication Lists and Daily Plan of Care with Patients and Families

James Haley Veterans Hospital, Tampa, FL

At the end of the shift on a daily basis, the night nurse prints out the list of medications for the next 24 hours and leaves it with the patient and family, if they are present. The list includes the name of the drug, dosage, times, and how it will be administered.

The Daily Plan of Care is now being shared with the patient and family.

Veterans Health Administration VISN 7

Leadership Training
PFCC Coordinators and Steering Committees
Introductory PFCC Education Sessions
Train-the-Trainer Series
Trainers' Learning Network

Cystic Fibrosis Foundation

Partnering with patients and families in quality improvement.
Canadian Commitment to Advancing the Practice of Patient- and Family-Centered Care

- The Province of Saskatchewan
- Chatham-Kent Health Alliance, Ontario
- Thunder Bay Regional Medical Centre, Ontario
- Calgary South Health Campus, Alberta

**HEALTH SYSTEM STRATEGIC FRAMEWORK**

**Objectives:**
The Health System Strategic Framework was developed in consultation with leaders from Saskatchewan Regional Health Authorities and other key stakeholders to provide a strategic planning framework for the health sector in Saskatchewan. It includes:

1. **Values:**
   - Healthy People, Healthy Communities

2. **Mission:**
   - The Saskatchewan healthcare system works together with you to achieve your best possible health

**Values and Principles:**
The following values guide decisions on the delivery of the health service in Saskatchewan. Each value is defined by the following principles:

- **Efficiency:** Achieving what is necessary to meet demand for services.
- **Effectiveness:** Achieving what is necessary to meet your needs.
- **Equity:** Achieving what is necessary to meet the needs of all.
- **Safety:** Achieving what is necessary to meet your needs.
- **Quality:** Achieving what is necessary to meet your needs.
- **Accountability:** Achieving what is necessary to meet your needs.

**Examples:**

1. **Strategic Direction 2006:**
   - Together we will provide safe, quality, patient & family-centred care.

2. **Strategic direction 2007-2009:**
   - We will provide safe, quality, patient & family-centred care.

3. **Strategic Direction: 2009-2011:**
   - We will partner with patients and families in the delivery of safe, quality care.

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**Chatham-Kent Health Alliance, Chatham, Ontario**

- The work began in the Women & Children’s Health Program in 2001 with the theme, “Birth is a Celebration.”
- As the health system’s knowledge and commitment increased, the wording and focus of strategic directions changed:
  - **Strategic Direction 2006:** “Together we will provide safe, quality, patient & family-centred care.”
  - **Strategic direction 2007-2009:** “We will provide safe, quality, patient & family-centred care.”
  - **Strategic Direction: 2009-2011:** “We will partner with patients and families in the delivery of safe, quality care.”

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**Chatham-Kent Health Alliance, Chatham, Ontario**

- Chief Nursing Executive/Chief Health Professions Officer serves as Executive Sponsor for PFCC/Service Excellence.
- Full-time Patient- and Family-Centered Care Coordinator.
- 13 patient/family advisors serving on the PFCC Steering committee.
- Patient/family advisors also serve on the following:
  - Ethics Committee
  - Accessibility Committee
  - Medicine Program Council
  - ED Quality Council
  - Mental Health and Addictions Quality Care Team
  - CCC/Rehab/CDM Quality Council

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**The Province of Saskatchewan**

2009 Patients First Report Recommendations.
Extensive Education Across Province.
Health Ministry developed annual, provincial strategic plans.
2010-2011—Developed patient- and family-centred care framework for the system.
2011-2012—Strategic plan included expectations for PFCC implementation. Among the expectations is the establishment of a steering committee with patient and family advisors and a 10-year implementation plan for acute and non-acute care settings.

Two $10,000 awards for patient- and family-centered innovation.
Planned and convened patient-and family-centered education.
Thunder Bay Regional Health Sciences Centre, Thunder Bay, Ontario

- Journey began with search for model of care.
- Vice President & Chief Nursing Executive serves as Executive Sponsor for Patient- and Family-Centered Care.
- Full-time staff member assigned as Patient- and Family-Centered Care Lead.
- Governing Board, Senior Leaders, Managers, PFCC staff champions, and patients and families participated in a visioning and education retreat that led to revision of mission, vision, and values.
- Corporate Commitment Boards signed by Governing Board, Senior Management Team, Medical Advisory Committee (chiefs of all services), staff (in process), and patient and family advisors.

What is PATIENT & FAMILY CENTRED CARE?

Patient and Family Centred Care (PFCC) is the provision of care that is respectful of, and responsive to individual patient/family preferences, needs and values, and ensures that those values guide all clinical decisions.

Our VISION

To lead world-class patient and family centred care.

Our MISSION

To advance world-class patient and family centred care in an academic and research-based, acute care environment.

Our VALUES

At Thunder Bay Regional Health Sciences Centre, we believe in:

- Patients and Families being at the centre of everything we do
- The value of our staff, physicians, volunteers and regional partners
- Team-based compassionate care
- Diversity, dignity and respect
- Helpful and empowering communication
- Life-long learning, innovation and discovery

We will achieve these values by:

- Creating a caring and welcoming environment
- Building relations and partnerships based on dignity and respect
- Sharing information and communicating openly, consistently and clearly
- Collaborating for safe and accessible care
- Ensuring continuity of care
- Fostering a learning environment

Calgary, Alberta

A family leader appointed Project Manager for Partnerships & Citizen Engagement. She is part of the leadership team preparing for the Campus opening in 2012 and serves as the lead for patient and family centred initiatives and processes at the new health campus, the wellness-related services, demonstration kitchen, community resource centre, retail services, and wayfinding strategies.

References and Resources

References and Resources (cont’d)


References and Resources (cont’d)


- Institute for Patient-and Family-Centered Care: www.ipfcc.org

References and Resources (cont’d)


References and Resources (cont’d)


- Patient-Centered Medical Home Resource Center http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/7728


References and Resources (cont’d)


References and Resources (cont’d)


