EXCELLENCE THROUGH PATIENT AND FAMILY CENTRED CARE

BAY OF PLENTY DISTRICT HEALTH BOARD

PHASE 1 FINAL REPORT
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“Patient and family centred care is an approach to planning, delivery and evaluation of healthcare that is grounded in mutually beneficial partnerships among patients, families and healthcare providers” (Institute for Family Centred Care, 2004).

Organising the delivery of health care around the needs of patients and families may seem like a simple and obvious approach but in a system as complex as a health care organisation, little is simple. Moving any organisational culture to one that is grounded in the values, behaviours, and approaches of patient and family centred care (PFCC) is an on-going process, not a one-time event. It is very appropriately called “a journey”. There is no end-point, but rather a continual evolution toward the goal of creating partnerships among healthcare practitioners, patients, and families that will lead to achieving the best outcomes and enhance the quality and safety of healthcare.

AIMS AND OBJECTIVES

Phase 1 of the Excellence through Patient and Family Centred Care Project (Jan-12 – Jun-12) aimed to identify best practices and system changes that will enable the Bay of Plenty Health Board (BOPDHB) to become and remain patient and family centered by bringing the perspectives of patients and families directly into the planning, delivery and evaluation of health care and by building on our existing Health Excellence framework to improve quality and patient safety.

Increasingly, patients are asking to be partners in their care. A patient and family-centred health care system can help achieve that partnership in a variety of ways. Studies show that orienting health care around the preferences and needs of patients has the potential to improve patients' satisfaction with their care, as well as their clinical outcomes and to reduce both underuse and overuse of medical services.

BACKGROUND

BOPDHB health professionals are as well intentioned, competent, and dedicated individuals as others worldwide who believe they provide patient and family centred care as a matter of course but that assumption often lies at the heart of the problem. Research has shown that far too often health professionals only see their interactions with patients and families through their own eyes. The self-assessment of the organisation indicates that BOPDHB follows overseas trends that show, while care is
excellent in many ways, it often reflects the needs of providers and does not always adequately respond to the needs and concerns of patients and their families.

RISK

The public is increasingly concerned about patient safety, medical errors and adverse events and today’s consumers can obtain information about hospital performance from a variety of sources. Research by the Picker Institute in 2009 showed that patients want:

- Fast access to reliable health advice
- Effective treatment delivered by trusted professionals
- Participation in decisions and respect for preferences
- Clear, comprehensible information and support for self-care
- Attention to physical and environmental needs
- Emotional support, empathy and respect
- Involvement of, and support for family and carers
- Continuity of care and smooth transitions.

Hospitals that provide patient and family centred care can reap a number of financial benefits, including reduced length of stay, lower cost per case, decreased adverse events, higher employee retention rates, reduced operating costs and decreased complaints.
Excellence through Patient and Family Centred Care

WHAT IS PATIENT AND FAMILY CENTRED CARE

Unlike the traditional system-centric approach to healthcare, where services are organised around the needs of the system and those who work in it, Patient and family centred care is about providing respectful, compassionate, culturally responsive care that meets the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members in diverse backgrounds by working collaboratively with them.

PFCC has the following four core concepts developed by the Institute for Patient and Family-Centered Care (IPFCC):

- **System Centred Care** - Care that is organized for the system and those that work in it,
- **Patient and family Centred Care** - The system and care providers try to incorporate patient needs in their organization and their practices, but it is still doing “to” and “for” patients
- **Patient and Family Centred Care** - Care that is determined with patients and their families to meet their needs and wants

In 2011 the Board reviewed BOPDHB values and selected CARE as embodying values that are important to the BOPDHB, namely:

- **Care** - Everyone we come into contact with will feel cared for and respected
- **Partnership model** - High levels of staff engagement
- **Cultural sensitivity and responsiveness**
- **Consistently high achievement**

Recognising that values can be aspirational – we may not be there yet, but it is something we aspire to achieve – our next step is to embed CARE throughout the
organisation (Arns, 2012). To achieve system-wide adoption of PFCC, its values and principles must be embedded as core values in the Bay of Plenty District Health Board environment and be ingrained in the “fabric” of the entire organisation. This means that PFCC becomes the binding thread in BOPDHB’s quest for Excellence and must be incorporated in every activity from health promotion and disease prevention to end of life care. It must also run through all, human resources policies, quality improvement initiatives, patient safety initiatives, policies and programs designed to improve access to care and care coordination.
From this:
- Organisation focused – work is arranged around the needs of the business
- Information is presented from the viewpoint of staff
- Any changes made are a result of being reactive to patients’ demands
- Teams do not routinely collect or do much with experience feedback
- The focus is on functional aspects of care
- Most staff feel that they are not empowered to change things for patients and people are only rewarded for efficiency
- There is a silo working culture
- Efficiency, productivity and clinical outcomes are considered most important

To this:
- Patient centred – see the organisation through the lens of people who actually use the services
- Information provision is planned with patients and is two way
- Service users are part of the decision making process and the organisation can demonstrate that this leads to service improvements
- Pathways are mapped to illustrate experience and patient experience data is routinely collected and acted upon
- The focus is on relational aspects of care and the emotional side of care is widely recognised
- Staff experience is aligned to patient experience and people are rewarded for providing a positive patient experience
- Work is based around the patient journey, providing more consistent/integrated care
- There is a positive learning approach to complaints handling and complaints and compliments are shared widely
- Patients are supported to be partners in their care and share decisions
RECOMMENDATIONS

1. LEADERSHIP:
The role of leadership is critical for transforming the culture of an organization. Inadequate or inappropriate leadership has been identified as a key factor for the failure of cultural transformation (Scott et al, 2003).

To create a strong leadership commitment to PFCC, it is important for BOPDHB Senior Leaders to:
- Understand first what PFCC is and what it means to their consumers, patients and families who are the users of their BOPDHB service;
- Incorporate PFCC concepts and values into BOPDHB’s services and communicate them frequently with staff;
- Remove barriers that may prevent staff and other providers from adopting PFCC;
- Provide adequate resources and support for adopting PFCC;
- Set targets for adopting PFCC and hold staff and other providers accountable in meeting these targets.

2. PATIENT, FAMILY AND COMMUNITY ENGAGEMENT:
The most important element of PFCC is the development of true collaborative partnership that is based on mutual respect among healthcare policymakers and providers, and patients, families and communities.

These partnerships can occur across the care continuum from primary health care to acute care, rehabilitation services, long-term care, home care and palliative care. To engage patients and families at any point of the care continuum, BOPDHB will need to encourage patients and families to participate in shared decision making about their own care at the level they choose, however some patients and families may choose not to engage in decision-making and may still want their care providers to make decisions on their behalf and / or to recommend a course of actions.

To fully embed the core concepts of PFCC it is recommended that BOPDHB:
- Complete full stakeholder analysis, establish communication networks and develop on-going communication plan with status reports to all key stakeholders.
- Continue investigation of opportunities to collect consumer feedback to evaluate patient satisfaction results based on the Capturing Consumer Experience evaluation strategies.
- Recruit Patient Advisors and establish BOPDHB Patient Advisory Group including Terms of Reference, process, orientation and training.
- Develop a process and facilitate on how to engage and support patients/consumers, families and health care providers in working together to integrate patient and family centred care initiatives within and throughout the organisation e.g. email survey groups, linking with project groups, establishing process for appointing Patient
Advisor to sit on other organisational committees.
- Support staff / Wards / departments and services in experience based co-design

Experience-based co-design (EBCD) is an approach that enables staff and patients (or other service users) to co-design services and/or care pathways, together in partnership. The approach is different to other service improvement techniques. The approach was developed within and for the NHS, although similar ‘user-centric design’ techniques have been used by leading global companies for years (The King’s Fund, 2012).

3. COMMUNICATION:
Having a common, shared understanding of PFCC among all healthcare providers, staff, patients and families will be critical for successful adoption of PFCC. This may only be achieved through effective communication.

- Develop a communication plan to ensure that all project stakeholders are informed about the project in a way that they find attractive and appropriate according to their role and interest in the project.
- Develop a strategy to communicate the results with staff and a way to celebrate the successes.

4. EDUCATION:
Education and training are key elements for any successful cultural transformation. To ensure that all staff at all levels of care have the same shared understanding of PFCC, it is important to provide staff with education and training opportunities, supports, and tools.

For sustainability of PFCC, it is recommended that education be an integral part of this cultural transformation. Effective ways to educate BOPDHB healthcare professionals may include:
- Provide PFCC training workshops and introduce and support the process of experience based co-design;
- Incorporating PFCC values, principles and skills and engaging patients and families into all training, orientation and education processes for new and existing staff;
- Develop and provide comprehensive orientation, training and support programme for Volunteer patient Advisors.

5. CREATING A CULTURE OF EXCELLENCE THAT SUPPORTS PFCC
Patient and family centred healthcare organisations do not only strive to meet the full range of patient and family needs, but also those of staff by creating a healthy, supportive work environment where they feel empowered to deliver quality of care based on PFCC values and principles and where their efforts and dedication to putting patients and families first are recognised and rewarded. Successful day-to-day implementation and sustainability of PFCC requires the dedicated focus of an individual champion at the operational level (Frampton et al, 2009).
To create this PFCC work environment, it is recommended that the BOPDHB:

- Create and appoint to a position that will take a key leadership role in improving the experience of patients, families and staff who will serve as a catalyst for a Patient and Family Centered culture while supporting the organization’s values (CARE – Compassion, Attitude Responsiveness and Excellence).
- Engage staff at all levels, in the process of adopting PFCC;
- Empower staff to provide PFCC in their own practice;
- Recognise and acknowledge the efforts and dedication made by staff in putting patients and families at the centre of care;
- Incorporate PFCC principles and standards into human resource policies (e.g. recruiting, hiring, orientation, training, assessing performance, etc.)
- Review ‘Shared Expectations’ to reflect the expected professional, care performance, customer service and patient and family centred care standards.
- Ensure that patients’ and families’ perspectives are reflected in policies, protocols and other initiatives.

6. PERFORMANCE MEASUREMENT AND MONITORING PROGRESS:
Performance measurement and reporting on progress toward short and long-term goals are key elements for achieving sustainable cultural transformation.

In order to measure impact or outcomes of PFCC, BOPDHB may need to develop a performance measurement framework that includes desired outcomes and indicators:
- Develop a reporting system to track progress on a regular basis.
- Repeat the Organisational Self-Assessment as recommended in November 2012.

7. WHERE TO NEXT?
Care Improvement Opportunities (CIOs) are the identification of processes for improving, advancing, promoting or growing desirable qualities to progress toward what is better.

The Organisational Workshops held in May 2012, identified several care improvement opportunities.
It is recommended that BOPDHB prioritise and develop an action plan to progress on the care improvement opportunities as identified in the organisational self-assessment:

- **Food options are available to meet the preferences of different ethnic groups**
- **Patients can easily find their way from the parking areas to their destination.**
- **Family” is defined by the patient and are not viewed as “visitors”**.
- **Patients and families are encouraged to participate in ward rounds, shift handover, multidisciplinary meetings and discharge planning from the beginning of hospitalisation.**
- **Patients can set their own daily goals for what they would like to accomplish each day.**
- **Processes are in place to reinforce and assess comprehension of information and instructions provided at discharge.**
- **A patient and family advisory council meets regularly and actively provides input to organisational operations and strategic direction.**
- **Visiting is flexible and patient-directed. (Exceptions may exist)**

### SUMMARY

Patient and family centred care is not a new approach and there are pockets of excellence in providing PFCC throughout the BOPDHB. PFCC is not just “nice things to do”, but is “essential” for improving the experience of patients and families and their health outcomes; improving staff satisfaction; and reducing the costs.

Patient and family centred care is not a “thing” that can be implemented within a short time period, but is about changing the mind set of healthcare providers and staff from the traditional medical centric model to an approach that focuses on providing compassionate, respectful care that is responsive to the needs, values, beliefs, and cultural backgrounds of patients and families through creating collaborative partnerships. Achieving this cultural transformation within the BOPDHB will take time and will require a system wide buy-in and commitment.
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