Our time together . . .

'value

- Define the core concepts of patient- and family-centered care.
- Discuss how patient- and family-centered concepts are integrated in maternity and newborn intensive care policies, programs, facility design, practice, and professional education.
- Describe a variety of advisory roles for patients and families to enhance quality and safety in perinatal care.
- Discuss highlights from the literature for advancing the practice of patient- and family-centered care.

System-Centered Care

Patient-Focused Care

The Magic Wand
Family-Focused Care

- 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.
- Individuals and families build on their strengths through participation in experiences that enhance control and independence.
- 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 Core Concepts

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

Patient's and family's experience must be a driver for quality improvement.

Quality is more than technical quality.

Patient- and family-centered care provides the framework and strategies to improve the experience of care, and enhance quality, safety, and efficiency.

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:

Organisations publicly and consistently affirm the centrality of patient- and family-centred care. They seek out patients, listen to them, hear their stories, are open and honest with them, and take action with them.

... continued
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.”


The Need for Change

Major Unnecessary Costs in Health Care

- Inconsistent Quality
- Errors, especially in the transitions and transfers
- Infections
- Poor Communication
- Unsatisfied customers
- Poor design of facilities

Powerful first impressions . . .

The waiting experience sets the tone for future interactions with health care providers . . .
Powerful first impressions . . .

Changing the Concept of Families as Visitors

Building National Momentum for Advancing the Practice of Patient- and Family-Centered Care and Creating Partnerships with Patients and Families

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.
NIC/Q Series—Vermont Oxford Network

Since 1998, national quality improvement collaboratives have been working to advance the practice of family-centered care within Newborn Intensive Care.

Currently 47 NICUs are participating in the current collaboratives and the majority have family advisors as part of their QI teams. In addition, a parent serves on the 6-member NICQ Advisory Board for the collaborative and one of the faculty for the collaborative is a parent who has had family experience in the NICU.

AHA McKesson Quest for Quality Prize

The American Hospital Quest for Quality Prize

... integrating patient- and family-centered care with quality and safety agendas.

The Joint Commission

Since 2007, the National Patient Safety Goals . . .

National Patient Safety Goal #13: Encourage patients' active involvement in their own care as a patient safety strategy

In 2011, new regulations for accreditation . . .

Standards related to communication, cultural competency, and patient- and family-centered care.


Accreditation Council for Graduate Medical Education

Institution project

Patient Care
Medical Knowledge
Practice-Based Learning and Improvement
Interpersonal and Communication Skills
Professionalism
Systems-Based Practice

Patient- and family-centered concepts can help meet the new competency standards for residents in all disciplines. ACGME formed a Patient- and Family-Centered Task Force in 2007.

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

Agency for Healthcare Research and Quality Centers for Disease Control
Centers for Medicare & Medicaid Services
Institute of Medicine
National Business Group on Health
National Governors Association
The Joint Commission
And 20 other organizations

National Partnership Priorities

Engaging patients and families in managing their health and making decisions about their care.
Improving the health of the population.
Improving the safety and reliability of America’s healthcare system.
Ensuring patients receive well-coordinated care within and across all healthcare organizations, settings, and levels of care.
Guaranteeing appropriate and compassionate care for patients with life-limiting illnesses.
Eliminating overuse while ensuring the delivery of appropriate care.

http://www.qualityforum.org/about/NPP/
Robert Wood Johnson Foundation and the California Health Care Foundation Support Patient and Family Partnerships

The Institute for Family-Centered Care collaborated with the Institute for Healthcare Improvement to convene a panel on how to most effectively partner with patients and families in quality improvement and health care redesign.

... A strategic plan for advancing the practice of patient- and family-centered care for the nation.

http://www.familycenteredcare.org/tools/downloads.html

NEW RELEASE
Entire issue devoted to Patient- and Family-Centered Care

Childbearing Women 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.

La Familia Medical Center
Santa Fe, NM

Promotores, adult and adolescent patients with diabetes, are hired to provide peer support and education for patients and assist in developing the program.

Family medicine residents work in the clinic and have an opportunity to learn from the promotores.

La Familia Medical Center
Santa Fe, NM

Diabetics...
Take off your shoes.

. . . . . . . . . . . . . . . . . . . .
With the suggestion of the patients, the poster was changed to:

Show off your feet.
South Shore Hospital
South Weymouth, MA

▼ Family Advisory Committee for childbearing women and families and a Family-Centered Care Task Force.
▼ Family advisor participation on Postpartum Depression Task Force.
▼ Creation of a parent advisory group for bereavement.
▼ Collaboration with families on birthing and alternative comfort measures.

The Birth Center, United Hospital
St. Paul, MN

▼ Parent Advisory Council began in 1995, representing a range of experiences.
▼ Recommended the name for the Center.
▼ Developed written materials for families related to childbirth preparation, hospitalization, and parenting.
▼ Participation in the selection of the “Back to Sleep” educational resources.
▼ Helped change the way applicants were interviewed for staff positions.

University of Washington Medical Center, Seattle — Perinatal Advisory Council

▼ Improved lactation education materials;
▼ Updated two notebooks given to families, “Pregnancy and Giving Birth” and “Caring for Yourself and Your New Baby;”
▼ Developed a postpartum poster, “After You’ve Had Your Baby,” to help parents understand when it is safe for the mother and for the baby to leave the hospital.
▼ Currently developing informational materials about the transition to home.

University of Washington Medical Center, Seattle — Perinatal Advisory Council

Partnerships with Patients and Families in Medical Education
University of Washington Medical Center Seattle, WA

▼ A family advisor is an integral, decision-making member of the team that interviews candidates and chooses residents for the OB/GYN Residency.
▼ All first-year OB-GYN residents spend time during orientation with Patient and Family Advisory Council members. Families developed a resource for residents to assist them in developing their communication skills.
▼ At first-year residents’ request, family advisors meet with them during the second year to review and to enhance their ability to communicate difficult and more complex issues effectively.

Partnerships with Patients and Families in Medical Education
University of Washington Medical Center Seattle, WA

▼ The hospital’s Medical Director has created a position for a coach to enhance resident training in communication consistent with quality and safety behaviors.
■ Through an appreciative enquiry process, she observes residents working in clinical areas and provides verbal and written feedback to residents individually and to the attending faculty.
■ Patient- and family-centered behaviors have now been defined and aligned with the behaviors for quality and safety.
University of Washington Medical Center, Seattle — NICU Advisory Council

- Reviewed two brochures about MRSA, offering editing suggestions as well as suggestions about content and presentation.
- Two members of the council are on the NICU visitation policy committee.
- The council is responding to a New York Times article pointing out that often NICU dads experience a delayed (PTSD) response. They will participate in an upcoming study on NICU stress, and two council dads are considering ways to effectively reach out to current and graduate NICU dads.

Children’s National Medical Center Washington, D.C.

- Family Advisory Council for Newborn Intensive Care:
  - Established in 2004.
  - A Partnership between CNMC and the March of Dimes.
  - Assisted in revising visiting guidelines to reflect the concept of parenting time 24/7; developed a designated “visitor” form.
  - Revised sibling guidelines.
  - Developed a guide to the NICU for families.
  - Have worked on bereavement and presented a Bereavement Grand Rounds.
  - Assisted in the development of two videos.

Building on Strengths...Teen Mother Becomes Peer Mentor and Family Faculty

Patient/Consumer Partnerships in Research

Engage patients/consumers in defining health services research agendas, as well as defining methods to evaluate the impact of system changes brought about by the application of evidence into practice.

Organizations conducting research should evaluate their patient/consumer involvement programs.

http://www.nmha.org/index.cfm?objectid=BD37C83A-1372-4D20-C8CF5F3E1B568572

$100,000 BCBS Award Recognizes Dana-Farber Cancer Institute for Patient- and Family-Centered Care

Dana-Farber transformed the delivery of care through their entire organization with patient- and family-centered care, which encourages collaboration, communication, and engagement — activities that are critical to ensuring that the quality of health care in Massachusetts remains of the highest standard.

Dana-Farber gives patients and families the permission, power, and tools to be integral and effective members of the health care team, creating opportunities for dramatically safer, more effective care.


Recipient of the 2006 AHA McKesson Quest for Quality Prize

“Get started before you are ready.”

Jim Anderson
President and CEO
Cincinnati Children’s Hospital Medical Center
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-Centered Excellence and Innovation
Emerging Best Practices

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

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

Potentially Better Practices

- Vision and philosophy: the unit’s vision and philosophy address principles of family-centered care.
- Leadership: hospital and unit leadership promotes family-centered care principles.
- Unit culture: unit culture reflects a philosophy of inclusive ownership, teamwork, and a spirit of cooperation.
- Multidisciplinary team approach: the foundation of the unit’s work is multidisciplinary collaboration.
- Experience of care: care processes are designed and followed with attention to the experience of the infant and the family.
- Family participation in care: families are supported to participate in the care of their infant(s) to the level they desire.
- Environment: the physical environment reflects and supports a family-centered approach to care.


Vision, Mission, and Philosophy of Care

Create an environment of service combining information and technology with a genuine caring for patients and families that makes them full partners in their health care and invites them to participate in improvement.

Adapted from the Maternal Fetal Medicine, Evergreen Hospital Medical Center, Kirkland, WA
The NEW Mission Statement

The Memorial Healthcare System provides safe, quality, cost-effective, patient- and family-centered care regardless of ability to pay, with the goal of improving the health of the community it serves.

Memorial Healthcare System, Hollywood, FL

Medical College of Georgia Hospital and Clinics - Visioning Retreat

Since the new CMC facility opened, ranked among the highest for patient satisfaction compared to more than 40 children’s hospitals.

MCG Health System
Augusta, GA

▼ Patient- and family-centered care has become the business model for the organization.
▼ Patient- and family-centered care has had a positive impact on each one of MCG’s business metrics.
▼ MCG is among the top three most cost-efficient hospitals in the University Healthcare Consortium.

MCG Health, Augusta, GA
Overview of Malpractice Expenses

Average Annual Estimated Loss Costs

<table>
<thead>
<tr>
<th>Year</th>
<th>Loss Cost (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994-2000</td>
<td>2.0</td>
</tr>
<tr>
<td>2001-2007</td>
<td>1.32</td>
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</tbody>
</table>

Children’s Hospital at Dartmouth
Lebanon, NH

Our unit Philosophy
We believe the parent and child relationship is essential.
We believe in providing a nurturing environment where:
The child is part of the family
And the family is part of the care team
Environment and Design

Evidence-based design supports the practice of patient- and family-centered care.


Gaston Memorial Hospital
Gastonia, NC

http://www.caromontbirthplace.org/single-room-care.htm

Dewitt Army Community Hospital, Fort Belvoir, VA

University of Virginia Children’s Hospital
Charlottesville, VA

First Impressions of Newborn Intensive Care.

Welcome Parents!
Please stop here so we may "buzz" you through the door. Thank you!

Families & Visitors
Please wash your hands upon entering your baby’s room.
Support for families at the bedside

Two-story NICU with 70 single family rooms opened September 14, 2009.
Each single room is 180 sq feet with three zones — infant, family, and staff.
Two-story lounge, kitchen, showers, sibling play area, and a resource center with computers.
2008-2011 study of the open bay experience compared with the new unit for:
- Medical and neurobehavioral outcomes
- Family-centered care and developmental care
- Parent/family and staff satisfaction
- Impact on medical practices

The Experience of Care
Patients and Families
Integral Members of the Health Care Team

Collaboration in creating the birth preference sheet.

A Labor and Delivery nurse creates a comfortable space in her office to discuss birth plans with an expectant family.
Effective helpgiving is not simply a matter of whether the helpseeker’s needs are met, but is in the manner in which they are met.

Dunst and Trivette, Pediatric Nursing, 1996

The LDRP Mindset

If a LDRP facility is not possible, then practice with an LDRP mentality. Measure the minutes and hours of separation for mother/family from her/their infant.

South Shore Hospital
South Weymouth, MA

Mom’s Choice

Congratulations!

stopped by to wish you and your new baby a quick recovery. We can be reached at...

We’ll see you soon, we get some rest!

St. Alexius Medical Center
Hoffman Estates, IL

Policy for Family Partnership in Level II Nursery

• Parents are essential partners with the health care team in caregiving and decision-making for their infants. They are welcome to be with their infant 24 hours per day.
• All family and friends must be free of communicable disease.
• The number of people welcomed at the bedside will be determined with the parents to meet the needs of the infant, family, and unit.

St. Luke’s Hospital
Cedar Rapids, IA
Infection Control

Study on RSV within NICU environment suggests that to reduce RSV rates:

▼ Strict infection control
  ■ Hand washing
  ■ Careful screening of staff, families, and visitors
  ■ Individual patient equipment
  ■ Exclusion of family and visitors with respiratory symptoms

▼ Early detection of infants with respiratory symptoms


Planning for Handling Flu Seasons

Review current approaches and strategies within the context of the evidence and considerations for supporting infants and families.
Spectrum Health, Grand Rapids, MI

Changed their Clinical Policy Across the Health System Visiting ➔ Family Presence.

- Creating the Ideal Patient Experience.
- Grounded in a partnership philosophy.
- Developed the infrastructure to support front-line staff.
- Defining family and their participation in the EMR.
- Daily planning conversations.
- Consistency of messages for patients and families.
- Unit-based welcome packets.

Changing Nursing Practice

At the beginning of every shift, nurses ask patients and families their goals for the shift... and then close “the loop” at the end of the shift.

Nurses are also asking patients and families if they have any concerns about the patient’s safety.

Improving Satisfaction through Parent Involvement in NICU Shift Report
Cook Ft. Worth Children’s Hospital, Ft. Worth, TX

Vermont Oxford Network 2010: Jamie Bankston, RN, MS, Janetta Stockdale, RN, Ericka Alegria, RN, Callie Stedman, RN, Tonya Sooebbe, RN, BSN, Kim Williams, RN, BSN, and Barbara Greer, RN, MSN, NE-BC

- Early Findings
- Qualitatively, journaling of staff and parent comments immediately identified improved communication and collaboration.
- Three months after implementation, the unit received the highest scores of all hospital units in two areas on parent/patient satisfaction survey results.
- Collection of formal quantitative data regarding improvement in parent/patient and staff satisfaction scores is ongoing, but percentage gains have been noted in several areas.

Family-Centered Rounds
Cincinnati Children’s Hospital Medical Center

- Units open 24/7—families viewed as partners in care and decision-making, not visitors.
- Families given choices about participation in rounds.
- Rounds linked with discharge goals.
- Role of the nurse manager.
- Role of the residents.
- Writing of orders: decreasing errors 7%-9% to 1%.
- Change in charting.
- Enhanced teaching and faculty satisfaction.

http://www.cincinnatichildrens.org/about/fcc/rounds/default.htm

2006 Recipient of the AHA McKesson Quest for Quality Prize
2008 Picker Organizational Award for Excellence

Newborn Intensive Care
Geisinger Medical Center, Danville, PA

<table>
<thead>
<tr>
<th>Question</th>
<th>Prior to Implementation (1)</th>
<th>After Implementation (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses inform using clear language</td>
<td>87.2</td>
<td>90.3</td>
</tr>
<tr>
<td>Staff attitudes towards family and visitors</td>
<td>78.1</td>
<td>88.8</td>
</tr>
<tr>
<td>Time doctor spent with child</td>
<td>86.3</td>
<td>87.2</td>
</tr>
<tr>
<td>Staff concern for privacy</td>
<td>87.2</td>
<td>90.5</td>
</tr>
<tr>
<td>Staff worked together</td>
<td>84.1</td>
<td>89.9</td>
</tr>
<tr>
<td>Respect for parent’s knowledge of their child</td>
<td>80.8</td>
<td>83.8</td>
</tr>
<tr>
<td>Parents felt ready for discharge</td>
<td>86.9</td>
<td>93.1</td>
</tr>
<tr>
<td>Overall assessment of care given</td>
<td>86.9</td>
<td>92.4</td>
</tr>
</tbody>
</table>


Vermont Oxford Network 2009-2010: Benefis Health System, Great Falls, MT.
Vermont Oxford Network 2010: Brenda Miller, family leader, coordinated a team to develop a variety of family support programs at Holden NICU, Ann Arbor, MI.

DeVos Children’s Hospital
Grand Rapids, MI

The FIRST Program …
Partnering that links developmental care with family-centered care and facilitates continuity between hospital and community care.

Information and Support

Antepartum Program, Evergreen Hospital Medical Center, Kirkland, WA

- Consistent access to the Program Coordinator.
- Prenatal education – books, movies, DVDs, classes
- Preparation for having a baby in the NICU - tours
- Involvement in care planning
- Family presence — Signage which gives the patient control over who enters their room and when.
- Comfortable rolling chairs — Bedrest chairs.
- Creative tables for holding laptop computers.
- Peer support . . . Exploring new ways.
- DVDs for entertainment.
Rush University Medical Center, Chicago, IL

Sharing the Science: Parents as Care Partners in the NICU

The staff believe that by sharing evidence-based information with families, it will optimize their participation in caregiving and decision-making. The Rush Mother’s Milk Club™ has found that mothers were more accurate in measuring specific components of their breastmilk than nurses.


Charting and Documentation

Does the patient and, according to patient preference, the family have easy access to the medical record? Do forms and physician and staff practices capture patient and family strengths, needs, priorities, goals, concerns, and observations? Is there a designated place in the EMR for the patient to define the family and how they will be involved in care and decision-making? Are there documentation tools that assist the patient and family as well as health care professionals in ensuring consistency and coordinated care across settings? Does the patient have access to patient portals and ePHRs? Are patients and families involved in planning for the EMR and other aspects of information technology?

Charting by Parents Early in the Process

Parents participated in care planning meetings and filling out charts within 72 hours of their infant's birth. Parents had control of the chart and could document progress as much as they wanted. Mothers in the intervention group showed fewer unrealistic concerns, less uncertainty about the infant's condition, less decisional conflict, more satisfaction with the decision-making process, and reported more shared decision-making with professionals (all statistically significant).


Alberta Children’s Hospital Calgary, Alberta

Family Resource Centre, located adjacent to the medical library, located on the 2nd floor but visible from 1st floor entrance and open 24 hours per day.

Commitment to Measurement
Commitment to Measurement

Track indicators, such as:

- Readmission rates within 30 days.
- Emergency visits within 30 days of discharge.
- Safety issues such as medication errors, handoff errors.
- Days on a ventilator.
- Days to PO feedings, breastfeeding/pumping at discharge.
- Developmental follow-up.
- Staff and physician satisfaction.
- Patient and family perceptions of care and preparedness for care at home.

In Conclusion

Patient- and family-centered care can become the business model for your organization . . .

**A powerful business transformational tool**

- Patient- and family-centered care has a positive impact on key business metrics:
  - Finances.
  - Quality.
  - Safety.
  - Satisfaction.
  - Marketshare.

Changing the Culture of an Organization . . .

**A Journey, not a Destination**

Partnering with Patients and Families is KEY

Additional References and Resources

Additional References and Resources


Additional References and Resources (cont’d)


