




Advancing the Practice of Patient- and Family-Centered Perinatal Care:


Partnerships for Quality and Safety

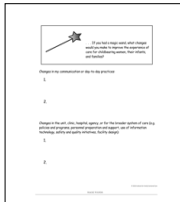
Beverley H. Johnson
 Perinatal Quality Collaborative of North Carolina (PQCNC)
 Raleigh, NC
 May 18, 2010


Institute for Family-Centered Care 

Our time together . . .


- ▼ 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.









The Magic Wand

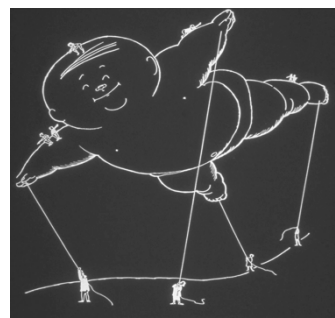



System-Centered Care





Patient-Focused Care





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



The 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



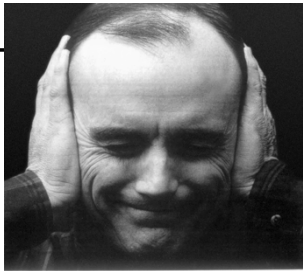
The family is respected as part of the care team—never visitors—in every area of the hospital, including the emergency department and the intensive care unit.

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.”

Leape, L., Berwick, D., Clancy, C., & Conway, J., et al. (2009). Transforming healthcare: A safety imperative, *BMJ's Quality and Safety in Health Care*.
<http://qshc.bmj.com/content/18/6/424.full>



The Need for Change



70% Of All Health Care Costs
Are Due To Poor Hearing.

Institute for Family-Centered Care

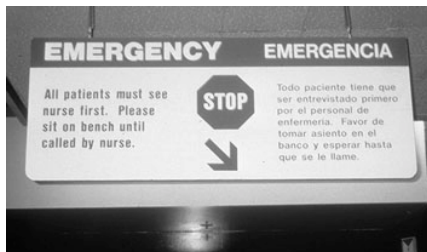


Major Unnecessary Costs in Health Care

- ▼ 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 . . .



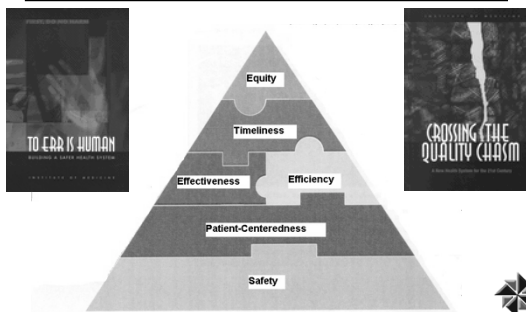
Changing the Concept of Families as Visitors



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

Institute for Family-Centered 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.

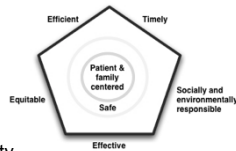
Individuals, who are most dependent on hospital care, are most dependent on families...

The very young;
The very old; and
Those with chronic conditions.

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®
Hospitals in Pursuit of Excellence

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

<http://www.aha.org/aha/news-center/awards/quest-for-quality/index.html>



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.

Joint Commission Perspectives, Volume 30, Issue 1, 2010.



Accreditation Council for Graduate Medical Education

- ▼ 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

Institute for Family-Centered Care



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

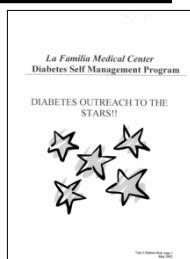
Focus groups and surveys are not enough!

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.

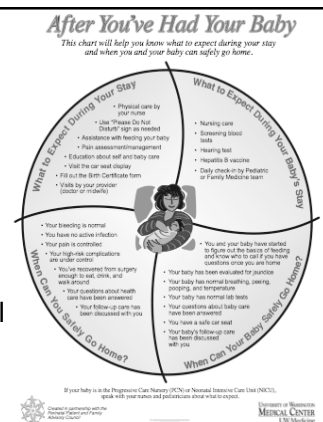


University of Washington Medical Center, Seattle — Perinatal Advisory Council

- ▼ Improved lactation education materials;
- ▼ Updated two notebooks given to families, "Pregnancy and Giving Birth" and "Caring for Yourself and Your New Baby;"
- ▼ Developed a post-partum 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.

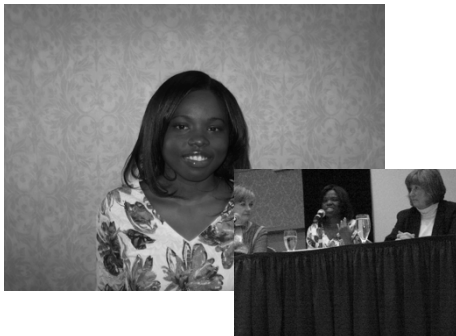


Children's National Medical Center Washington, D.C.

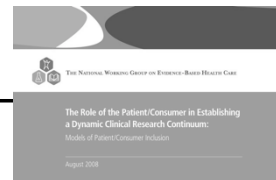
- ▼ Family Advisory Council for Newborn Intensive Care:
 - ▼ Established in 2004.
 - ▼ A Partnership between CNMC and the March of Dimes.
 - ▼ Assisted in revising visiting guidelines to reflect the concept of parenting time 24/7; developed a designated "visitor" form.
 - ▼ Revised sibling guidelines.
 - ▼ 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.



<http://www.businesswire.com/news/google/20080414005209/en>



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.*

Reinertsen, J. L., Bisagnano, M., & Pugh, M. D. *Seven Leadership
Leverage Points for Organization-Level Improvement in Health Care*,
2nd Edition, IHI Innovation Series, 2008. Available at www.ihl.org.



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



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.

Saunders, R. P., Abraham, M. R., Crosby, M. J., Thomas, K., & Edwards, W. H. (2003). Evaluation and development of potentially better practices for improving family-centered care units. *Pediatrics* 111(4 pt. 2), e437-449.



Vision, Mission, and Philosophy of Care

Institute for Family-Centered Care



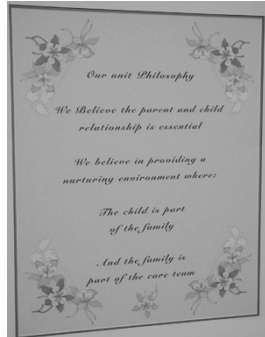
A sample vision for care . . .

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



Children's Hospital at Dartmouth Lebanon, NH

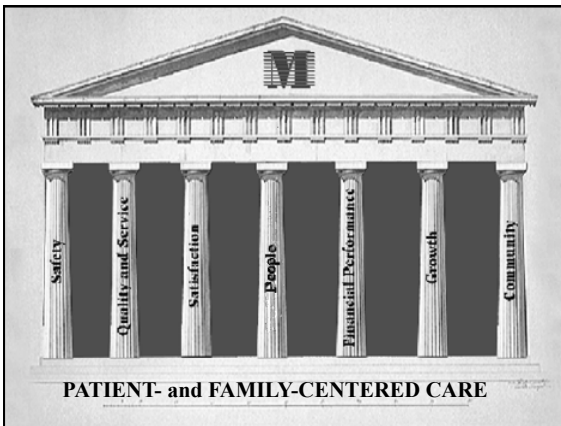


The NEW Mission Statement



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



1998 & 2000 Modern Healthcare Award and AIA Award for Health Care Facilities.

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

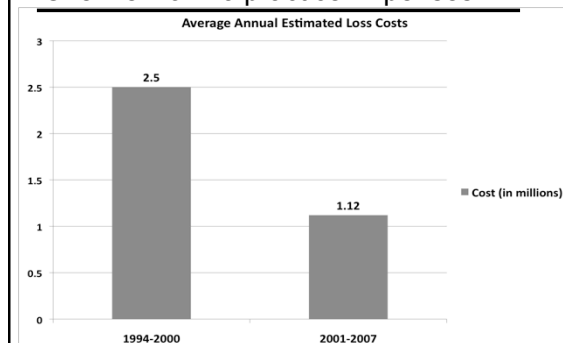


MCG Health System Augusta, GA

- ▼ 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



Environment and Design

Institute for Family-Centered Care 


Facility Design and Design Planning

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

Ulrich, R., Zimring, C., Quan, X., & Joseph, A. (2004). The role of the physical environment in the hospital of the 21st century: A once-in-a-lifetime opportunity. Retrieved September 2004, from http://www.healthdesign.org/research/reports/physical_envirom.php

Ulrich, Zimring, et al, *Health Environments Research & Design Journal*, 2008.

Berry, L. L., Parker, D., Coile, R. C., Hamilton, D. K., O'Neill, D. D., & Sadler, B. L. (2004). The business case for better buildings. *Frontiers of Health Services Management*, 21(1), 3-24.


White, R. D., Martin, G. I. (Eds.). (2006). Theme issue on new standards for newborn intensive care unit (NICU) design. *Journal of Perinatology*, 26(3)(suppl) 

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.



Children's Hospital and Clinics St. Paul, MN



Boekelheide Neonatal Intensive Care Unit, Sanford, USD Medical Center, Sioux Falls, SD



Support for families at the bedside



Women and Infants Hospital Providence, RI

- ◆ 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

Institute for Family-Centered Care



California Pacific Medical Center San Francisco, CA

Collaboration in
creating the
birth preference
sheet.



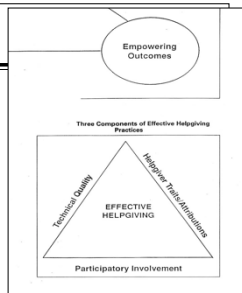
Madigan Army Medical Center Tacoma, WA



A Labor and Delivery nurse creates a comfortable space in her office to discuss birth plans with an expectant family.



Effective helping 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
 Trivette, C. M., Dunst, C. J., & Hamby, D. W. (1996). Characteristics and consequences of helping practices in contrasting human services programs. *American Journal of Community Psychology*, 1996.
 Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). *A matter of family-centered helping practices*. Asheville, NC: Winterberry Press.

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



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



Talking with Your Child's Healthcare Team

At The Children's Hospital of Philadelphia, we want you to have all the information you need to talk with your child's healthcare team. When we say healthcare team, we mean anyone at CHOP taking care of your child — nurse, doctor, therapist, social worker, child life specialist and any other employee who helps you and your child. We value your observations and what you know about your child. Please share important information about your child's health with us. We are here to help.

Here are some tips for talking with your child's healthcare team from experienced families on our Family Advisory Council:

- Take a friend, your spouse or a relative with you for support. This person may also take notes so you can concentrate on the conversation.
- It is helpful to write down questions before the appointment.
- Ask the staff to spell or say something in a different way when what they have said is not clear.
- Let the staff know if you need to take a break. Conversations about your child's health can be tiring.
- Let the staff know if you feel you need more privacy.
- If more information would be helpful to the staff team, make a specific request. For example, "How can I get more information about this?"
- Ask if there are other options in the plan of care for your child.
- Is a CHOP staff member you want to get a second opinion for your child?
- At the end of the conversation, work with the healthcare team to agree on things like:
 - What is the next step?
 - Who will call you with test results and when?
 - When will the next appointment or meeting take place?
 - What questions still need to be answered?
 - When should you call if you have more questions or information to share, and who is the best way to reach the staff member?

Partners for Excellence: Best Practice for Family-Centered Care
[Visit here.](#)

Talking with Families

As a key partner in delivering family-centered care, you have an important role communicating with patients and families. The following guidelines can help make the experience more effective for everyone.

To establish a culture of partnership with patients, parents and guardians, be mindful to:

- Share your expertise and safety and quality information in ways families can understand.
- Listen to the knowledge and expertise of patients and families.

Here are some tips for talking with families, developed by staff and experienced families on our Family Advisory Council:

- Encourage families coming for an appointment to bring a friend, spouse or relative for support. This person may also take notes in the family unit conference in the conversation.
- Encourage family members to write down questions and concerns before the appointment.
- Be prepared to spell or write down specific medical terminology and explain things in a different way when something is not clear.
- Be sensitive to families' emotional needs. Family members may need a few moments to absorb difficult information and to talk together.
- Be aware of the physical environment. If there is an opportunity for more privacy, choose that space.
- Present all options. Families tell us they often leave meetings wondering what other options are available for their child.
- Let families know you understand they may want to get a second opinion.
- At the end of the conversation, work with the family to agree on things like:
 - What is the next step?
 - Who will call the family with test results and when?
 - When will the next appointment or meeting take place?
 - What questions still need to be answered?
 - When should family members call if they have more questions or information to share, and what is the best way to reach that staff member?

Partners for Excellence: Best Practice for Family-Centered Care
[Visit here.](#)

Things I Don't Want to Forget

Use this pad to list the things you want to discuss with your healthcare team.

Appointment with _____ Healthcare provider
Date _____ Time _____ Phone _____

REMEMBER: Test Results, School Forms, Prescriptions, Non Appointment Concerns, Family Needs, Symptoms Referrals, Care Plan, Side Effects, Insurance, Other Dr.'s Reports

The Promise of Partnership: Family-Centered Care at The Children's Hospital of Philadelphia

Reminder Sheets

Partners for Excellence

Better Than a String Around Your Finger

The Children's Hospital of Philadelphia

4800 Sand Point Way NE Seattle WA 98105 206-887-2000, 800-887-2000 (toll-free)

Clinics and Programs Medical Conditions Classes and Community Safety and Wellness Research Ways to Help

Home > For Patients and Families > Partnering with Us

Enter search term here

Partnering with Us Overview

In This Section...

- Overview
- Families As Advisors
- Families As Consultants
- Families As Educators
- Families Providing Support
- Family-Centered Care
- Patient Safety
- Rights and Responsibilities
- Your Child's Health Team
- Derechos y Responsabilidades de los Pacientes y las Familias en Children's

Partnering with Seattle Children's

Children's is committed to high-quality, family-centered care. Patients, parents and families are all important members of the Children's team. We strive to provide care in a way that promotes healing, ensures dignity and instills trust. We encourage parents to be active partners in their child's healthcare.

Please be direct with us in asking for what you and your child need — whether you request more information about your child's illness and treatment, voice a concern about the care your child is receiving or want to learn from one of our support staff such as a social worker or chaplain.

Parents Make a Difference Video

Several parents and care providers share their experiences partnering on the healthcare team. [Watch video.](#)

Los Padres Somos La Clave

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

Halasa, Williams, Wilson, et al. (2005). *Pediatr Infect Dis* 24(12)

Planning for Handling Flu Seasons

Review current approaches and strategies within the context of the evidence and considerations for supporting infants and families.

INSTITUTE FOR FAMILY-CENTERED CARE

PANDEMIC PLANNING AND PATIENT- AND FAMILY-CENTERED CARE

A Brief in Progress

Background

With the arrival of 2009 influenza, hospitals and clinics are making decisions about policies and practices to reduce the impact of this pandemic. The Institute for Family-Centered Care is working to ensure that the needs of patients and families are central to these decisions.

Care Concepts of Patient- and Family-Centered Care

Dignity and Respect: Health care providers learn to share power and family participation and autonomy. Patients and families have knowledge, skills, and choices to participate in decisions about their care.

Information Sharing: Health care providers communicate and share complex and difficult information with patients and families in a way that is clear, honest, and understandable.

Participation: Patients and families are encouraged and supported in participating in care and decision-making in the best way for them.

Collaboration: Patients, families, health care providers, and health care systems collaborate in a way that is respectful, transparent, and responsive to the needs of patients and families.

Supports

- During any outbreak of infectious disease, it is important to not only take steps to contain the illness but also to ensure that family members are treated with dignity and respect.
- Health care providers and staff should be trained in ways that are respectful and responsive to the needs of patients and families.
- Health care providers and staff should be trained in ways that are respectful and responsive to the needs of patients and families.

Collaboration to Prevent Infections

ask me if I'm a BUG ZAPPER (hand-washer)

ask me if I'm a BUG ZAPPER (hand-washer)

ask me if I'm a BUG ZAPPER (hand-washer)

My daughter was born in the NICU. She was born with no complications. While in the NICU, she was positive for MRSA. My biggest disappointment concerning the whole incident was that my C-Section incision had opened in a couple places and I wasn't able to hold her without putting on the plastic gown and gloves. It really made my visit with her during this time full of concern. It also made the whole process of caring for her much more hospital-like.

Before the infection, we could pick her up and hold her — it was so easy as if we were at our home away from home, but the infection made it a lot more and that we were in a hospital.

Hennepin Newsroom Interview Case Unit

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

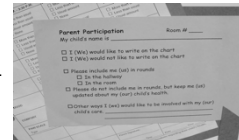
Vermont Oxford Network 2010: Jamie Bankston, RN, MS, Janetta Stockdale, RN, Ericka Alegria, RN, Callie Stedman, RN, Tonya Sosebee, RN, BSN, Kim Williams, RN, BSN, and Barbara Greer, RN, MSN, NE-BC

- ▼ 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.



2006 Recipient of the AHA
McKesson Quest for Quality
Prize

<http://www.cincinnatichildrens.org/about/cc/rounds/default.htm>

2008 Picker Organizational
Award for Excellence



Newborn Intensive Care Geisinger Medical Center, Danville, PA

Question	Prior to Implementation (1)	After Implementation (2)
Nurses inform using clear language	87.2	90.3
Staff attitudes towards family and visitors	78.1	88.6
Time doctor spent with child	86.3	87.2
Staff concern for privacy	87.2	90.5
Staff worked together	84.1	89.9
Respect for parent’s knowledge of their child	80.8	83.8
Parents felt ready for discharge	86.9	93.1
Overall assessment of care given	86.9	92.4

Encouraging Family Participation in Rounds. Presented at Hot Topics, Washington DC, December 2004 by Spahr and Schmid.



PARENTS AT THE ROUND TABLE

Once upon a time there was a NICU team that wanted nothing more than to take exceptional care of their patients and to encourage the babies' parents to participate in daily care. They had already partnered with parents at care times, mostly helping them become knowledgeable and confident in caring for their baby after discharge. However, it was when the NICU team included parents as active participants in daily patient rounds that the next level in family centered care was achieved.

PDSA Cycle

- Consider Rounds an Opportunity to Model Open Communication and Clear Supportive Language with Families as well as Health Professionals & Medical Clinicians
- Set Tools for Rounds: Daily, Subtle Review of Rounds to Families; Nurses to Notify Family Members When Rounds Will Take Place
- Direct Communication of Plan of Care, Increased Opportunities for Family to Participate in Rounds
- Practices Developed to Respect Privacy and Confidentiality; Decision with Stakeholders; Guidelines Developed; Information e-mailed to Staff

Tools For Parents

- Expectations Established Via Letter from Family Advisory Council followed by Staff Consent
- Outline of Suggested Questions to Consider for Rounds
- Provided Notebook to Record Notes and Questions

Barriers Identified

- NICU Culture and Practice Change
- Staff Concerns Regarding Efficiency and Effectiveness of Rounds
- Increased Time When Parents Involved
- Ability to Filter Form Plan Before Presented to Family
- Family Reactions to Medical Staff "Thinking Out Loud"

The Moral of the Story

Parent involvement in daily medical rounds is beneficial to families as well as to the medical team. NICU cultural barriers can be conquered when the timing is right.

Vermont Oxford Network 2009-2010: Benefits Health System, Great Falls, MT.



Rush University Medical Center, Chicago, IL

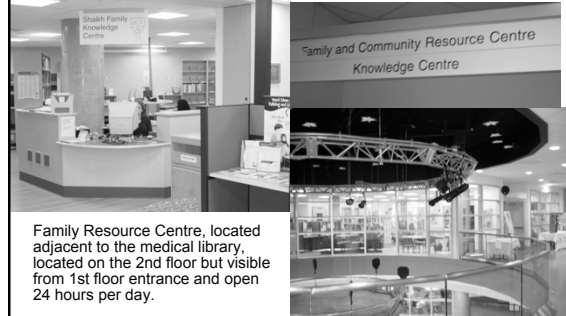
- ▼ Sharing the Science: Parents as Care Partners in the NICU
- ▼ The staff believe that by sharing evidence-based information with families, it will optimize their participation in caregiving and decision-making.
- ▼ The Rush Mother's Milk Club™ has found that mothers, were more accurate in measuring specific components of their breastmilk than nurses.



Griffin, T., Meier, P. P., Bradford, L. P., Bigger, H. R., & Engstrom, J. L. (2002). Mother's performing creatinine measures in the NICU: Accuracy, reactions, and cost. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 29(3), 249-257.



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.

Charting and Documentation

Institute for Family-Centered Care



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).

Penticuff, J. H., & Arheart, K. L. (2005). Effectiveness of an intervention to improve parent-professional collaboration in neonatal intensive care. *Journal of Perinatal Neonatal Nursing*, 19(2), 187-202.



Commitment to Measurement

Institute for Family-Centered Care



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

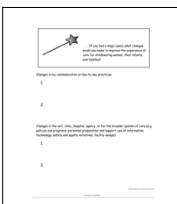
- ▼ Patient- and family-centered care has a positive impact on key business metrics:
 - Finances.
 - Quality.
 - Safety.
 - Satisfaction.
 - Marketshare.



Changing the Culture of an Organization . . .

A Journey, not a Destination

Partnering with Patients and Families is KEY



The Magic Wand



Additional References and Resources

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