Goals and Objectives

• Review Family-Centered Care concepts
• Review AAP recommendations on Family-Centered Care
• Discuss how the residency program is practicing Family-Centered Care

Models of Patient Care

• System-Centered Care: The priorities of the system and those who work within it drive the delivery of health care.

• Patient Focused Care: The patient is the focus of care with interventions done to and for him/her, instead of with the patient.

Models of Patient Care

• Family Focused Care: The family is the focus of care with interventions done to and for them, instead of with them.

• Patient and Family-Centered Care: The priorities of patients and their families drive the delivery of services.

What is Family-Centered Care?

• Emphasizes communication and relationships
• Creates a partnership between the medical staff, patients and their families to formulate a plan of care
• Recognizes the vital role that families play in ensuring the health and well being of children
• Acknowledges that emotional, social and developmental support are integral components of health care

Core Concepts

• Dignity and Respect
  – Incorporating the family’s knowledge, values, beliefs and culture into the plan of care

• Participation
  – Support family participation at the level they choose

• Information Sharing
  – Sharing complete and unbiased information to encourage effective family participation

• Collaboration
  – Family involvement in the global health care arena
Paradigm Shift

- Deficits → Strengths
- Control → Collaboration
- Expert Model → Partnership Model
- Information Gatekeeping → Info Sharing
- Rigidity → Flexibility
- Dependence → Empowerment

Benefits of Family-Centered Care

- Enhances patient, family and professional satisfaction
- Improves clinical decision making and outcomes
- Decreases anxiety for patient and family
- Health Care Providers have a greater understanding of a family’s strengths and are more responsive to patient and family needs

Benefits of Family-Centered Care

- Improved communication among members of the health care team
- Creates a supportive workplace environment
- Creates a more effective learning environment for medical students and residents

2003 AAP Policy Statement on Family-Centered Care

- Ensure that the core concepts of family-centered care are incorporated into all aspects of professional practice
- Conduct attending physician rounds in the patients’ rooms with the family present
- Provide education and training in family-centered care to all physicians, nurses, residents, students and hospital staff

Benefits of Family-Centered Care

- More effective and efficient use of health care resources
- Reduces health care costs and decreases length of stay
- Decrease in the number of lawsuits

2003 AAP Policy Statement on Family-Centered Care

- Ensure that there are systems in place that facilitate children and families’ access to consumer health information and support
- Encourage and facilitate family-to-family support and networking
- Create ways for children and families to serve as advisors
2003 AAP Policy Statement on Family-Centered Care

- Design facilities to promote the philosophy of Family-Centered Care
- Hire staff with the expectation of Family-Centered Care
- Conduct research on outcomes and implementation of Family-Centered Care

Family-Centered Care and ACGME Requirements

“Residents must be able to provide family centered patient care that is culturally effective, developmentally and age appropriate, compassionate, and effective for the treatment of disease and the promotion of health.”

Family-Centered Care Team

- Attending
- Residents
- Medical Students
- Charge Nurse
- Pharmacist

Patient and Family Centered Rounds

- 4 Key Components
  - Creating a partnership
  - Discussion and Planning
  - Teaching and Learning
  - Dealing with Uncertainty

Creating a Partnership

- Explain rounds and invite family involvement upon admission
- Family choice about involvement on rounds
- Introduce team

Parent Participation Preference Card

- Please include me in rounds in the hallway
- In the room
- Wake me if I am sleeping
- Please do not include me in rounds, but keep me updated about my child’s health and plan of care
- Comments:

[Blank space for comments]
Discussion and Planning

- Invite families to be a part of the discussion and position team members to be inclusive
- Led by Intern or Medical Student
- Dealing with sensitive and private issues

Patient Presentations

- Introductions
  - Identify what parent wants to be called
  - Introduces each member of team
  - Brief introduction about the patient

Patient Presentations

- Engage the Parents – they are the experts on their child (Subjective)
- Provide information about the patient in the last 24 hours – Vital signs, physical exam and review of testing (Objective)
- Assessment and plan for the day

Patient Presentations

- Orders at the bedside - Written and read aloud to family and team on rounds
- Discuss and Review Discharge Goals
- Elicit any questions or concerns from the patient and family
- Assure patient and family understanding
Teaching and Learning

- Ask family permission to teach
- Teaching families while teaching students and vice versa
- Role-modeling skills

Dealing with Uncertainty

- Acknowledge uncertainty when present which is different than “We don’t know”
- Assess the family’s comfort level and need for reassurance
- “Thinking out loud” can benefit families

Future Goals

- Length of stay
- Patient and family satisfaction
- Resident education

References

- www.familycenteredcare.org
- www.acgme.org

Questions?