# **PFCC in Daily Practice**

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Today more than ever, there is greater recognition within health care organizations that patient- and family-centered care (PFCC) is an effective strategy for achieving the Triple Aim.

Health care systems are integrating patient- and family-centered care into their cultures at increasing rates. And, hospitals, ambulatory care centers, post-acute care providers and others are expressing the desire to advance PFCC in their organizations.

Patient- and Family-Centered Care is an approach to the planning, delivery and evaluation of care grounded in mutually beneficial partnerships among patients, families and health care professionals.<sup>1</sup>

For more than two decades, this succinct and widely-accepted definition of PFCC has existed due to the pioneering work of the Institute for Patient- and Family-Centered Care (IPFCC). The IPFCC definition goes further and describes four clear core concepts of PFCC that are essential to achieving true organizational transformation – Respect and Dignity, Information **Sharing, Participation** and **Collaboration**.

Patient- and Family-Centered Care is not a project, program or initiative implemented by a specific department. Providing PFCC involves changing the culture of the entire organization from the CEO to Environmental Services to Security. PFCC is imbedded in an organization as a way of doing business and is everyone's responsibility.

To assist health care providers in advancing these core concepts, we have provided below operational examples. These examples offer just a few of the ways PFCC can be integrated into daily practice and should not be considered exhaustive. Given the unique characteristics of health care organizations, leaders should begin to advance PFCC in areas and ways that they know will be most successful.

### Respect and Dignity

Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

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For example, at an organizational level:

- ▶ The organization's Mission, Vision and Values Statements emphasize the importance and value of partnering with patients and families as equal members of the health care team and at all levels of the organization;
- ▶ Senior Leaders empower staff at all levels and throughout the organization to integrate PFCC into their daily work, providing resources through budgets and training.

#### For example, at a clinician/staff level:

- ▶ Admitting Physicians learn about patients' religious beliefs and how that might affect their care or other needs, such as meals;
- When entering a patient's room to clean, Environmental Services staff members ask patients if it is a good time to clean and talk with patients about where they would like commonly used items placed once the room is cleaned, such as the trash can and overbed table:
- ▶ Upon admission, a Patient Care Assistant discusses with patients their preferences regarding bathing, toileting, etc., and asks family caregivers how they might wish to be involved with these activities:
- ▶ When seeing a family caregiver squinting while trying to do work in the dark after a patient has gone to sleep, the Facilities staff member asks if she'd like a reading lamp and once she says she would, brings one to the room.

## **Information Sharing**

Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.

For example, at an organizational level:

- ▶ Patients, families and consumers can access quality, safety, experience of care and cost data easily via the organization's website;
- ▶ Senior Leaders share the message widely and often that PFCC is valued in the organization and develop processes for evaluating and celebrating how PFCC is helping to achieve the organization's goals.

#### For example, at a clinician/staff level:

- ▶ A Patient Financial Services Representative learns the details of patients' financial situations, explores the various financial assistance options with patients and caregivers, providing complete and unbiased answers to all questions and also offers a direct phone extension to enable them to easily reach her with more questions;
- ▶ The Emergency Department X-Ray Technician reinforces with the patient the purpose for the x-ray, ensuring the patient understands why she is having the test, explains the

- process step-by-step and answers both her and her husband's questions prior to performing the x-ray;
- ▶ During a family meeting regarding a patient in the critical care unit, a multidisciplinary team led by the Attending Physician shares with the patient's family members the details of the patient's condition currently, expected prognosis and treatment options using limited medical jargon and breaking down the complex information in ways the family can understand to enable an informed decision.

## **Participation**

Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

For example, at an organizational level:

- ▶ The organization eliminates visitation restrictions and adopts a Welcoming Presence policy supporting the presence of patients' family members or care partners 24 hours a day according to patient preference;
- ▶ The organization establishes a peer support program, including peer mentors who can visit with patients and caregivers and help them determine important information to share with and ask of the health care team given their unique circumstances.

For example, at a clinician/staff level:

- Nurses conduct change of shift report at the bedside inviting patients and families to actively participate, at the level which they prefer, in the conversation;
- ▶ The Social Worker begins to discuss discharge plans and support with the patient and his caregivers shortly after admission to the unit;
- ▶ Physicians conduct interdisciplinary rounds at the bedside, fostering an open dialogue among all team members, including patients and families;
- ▶ The Physical Therapist collaborates with her patient and his significant other to create a plan of care and schedule for his rehabilitation that works for all three of them and enables the patient to reach their mutually agreed upon goals.

### Collaboration

Patients, families, health care practitioners and health care leaders collaborate in policy and program development, implementation and evaluation; in facility design; and in professional education, as well as in the delivery of care.

For example, at an organizational level:

▶ The organization establishes a policy that all patient education materials must be reviewed and approved by Patient and Family Advisors and, in partnership, develops a unique Advisor Seal of Approval to put on these documents;

▶ Human Resources policies and practices are modified to include PFCC as part of the core competencies for all staff. Patient and Family Advisors are included as interviewers for all leadership positions within the organization.

### For example, at a clinician/staff level:

- ▶ Environmental Services staff serve with Patient and Family Advisors on a hospital-wide infection control committee working to reduce hospital-acquired infections;
- ▶ The Facilities Director brings initial ideas for re-designing the hospital main entrance to the Patient and Family Advisory Council for input and invites at least two Patient and Family Advisors to join the planning committee for the project;
- ▶ In-coming Medical Residents are taught about patient- and family-centered care within the organization by Physician and Advisor faculty as part of their orientation;
- ▶ Admitting staff members participate on a registration process re-design committee with multi-disciplinary staff members and Patient and Family Advisors.