



CHAMPLAIN MATERNAL NEWBORN REGIONAL PROGRAM
PROGRAMME RÉGIONAL DES SOINS À LA MÈRE
ET AU NOUVEAU-NÉ DE CHAMPLAIN

FAMILY-CENTRED CARE: Putting Childbearing Families First





MISSION

Encourage and support perinatal healthcare providers and organizations to establish the structures and processes needed to endorse a Family-Centred Care philosophy



OVERVIEW

1. Current State of the Healthcare System
2. What is Family-Centred Care (FCC)?
3. Why is FCC important?
4. How is FCC implemented?



Current State of the Healthcare System

- Tremendous challenges to providing quality care to patients (DiGioia, Greenhouse & Levison, 2007)
- What patients would like:
 - Respect for their values, preferences and needs
 - Access to care
 - Emotional support
 - Information and education
 - Physical comfort
 - Involvement of family and friends
 - Continuity and transition (Press, 2005)

Current State of the Healthcare System (cont'd)

- Maternal Experiences Survey (2009) reported that over half of Canadian mothers describe their birthing experience as “very positive”
- Society of Obstetricians and Gynaecologists of Canada (2008) reported concerns that the quality and scope of maternity care in Canada are diminishing





***What some childbearing families
in our region are saying
about their experiences...***

“...During my care for my first pregnancy, I felt a number of times like I was being informed of the way things would proceed, rather than being treated as someone who had some choice/control over my care.

Even when time is limited, it’s important to ask about my wishes and preferences...”



***What some childbearing families
in our region are saying
about their experiences... (cont'd)***

*“...Please take the time to really listen
to women and their families.
If you follow your protocols step by step,
we sometimes feel belittled and like machines,
not like respected humans...”*



***What some childbearing families
in our region are saying
about their experiences... (cont'd)***

“Women who use substances, who have serious mental health issues, Aboriginal women, women who live in poverty, immigrant and refugee women all encounter significant challenges with accessing mainstream services.

We need to continue to find ways to help these women feel like they belong in our care spaces, to help them feel safe.”

**For the sake of perspective.....
Just imagine if your loved one was now
“the patient”**





FAMILY-CENTRED CARE

Definition

“Putting the patient and the family at the heart of every decision and empowering them to be genuine partners in their care” (Institute for Healthcare Improvement, 2015)

- Assures the health and well-being of women, newborns and their families
- Honors the strengths, cultures, traditions and expertise of families
- Involves patients and families in policies, programs, facility design, and staff day-to-day interactions

What constitutes a family?

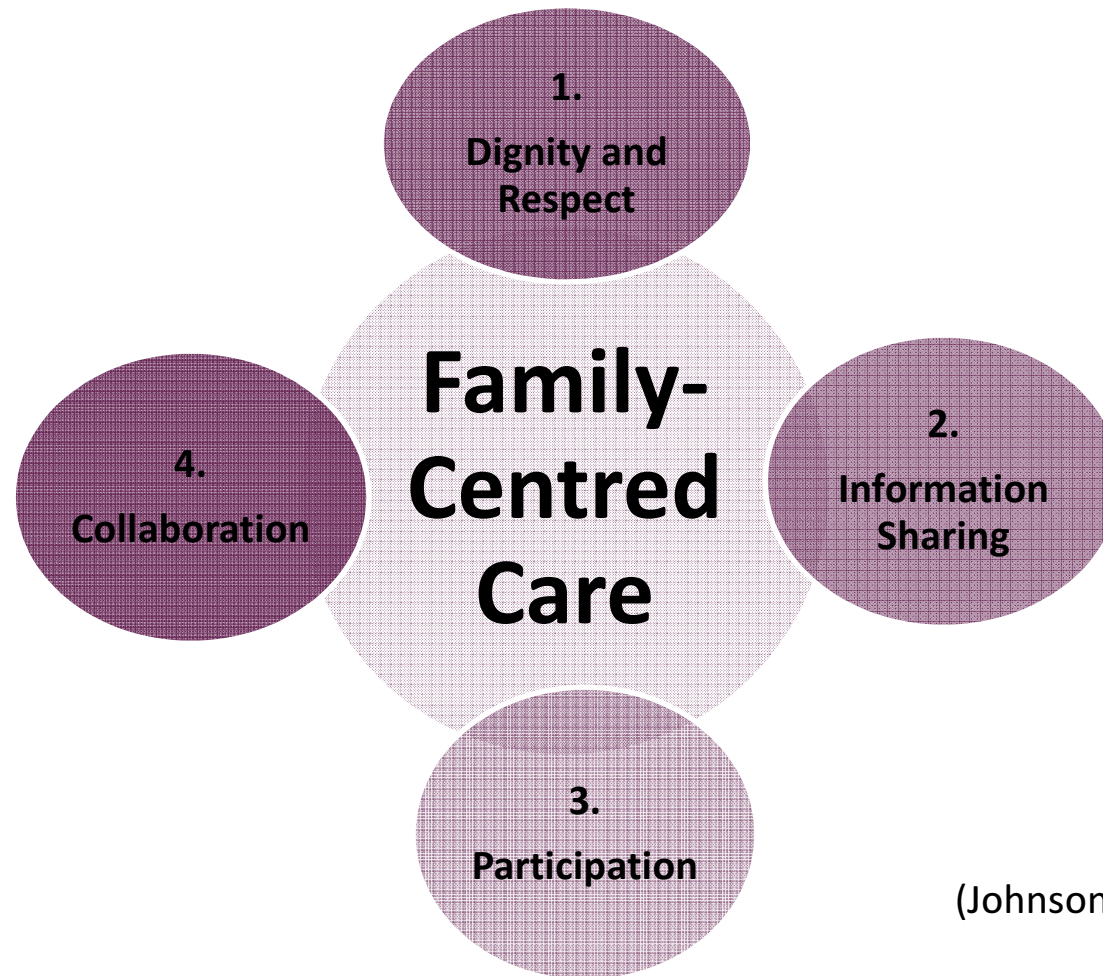
Two or more persons who are related in any way (biologically, emotionally, legally)

(Institute for Patient- and Family-Centered Care, 2010)



FAMILY-CENTRED CARE

Core Concepts



(Johnson et al., 2008)



1. Dignity and Respect

- Shifts conversation with families from:
 - *“What’s the matter?”* to *“What matters to you?”*
- Respects clients’ wishes, concerns, values, priorities, culture, strengths
(Registered Nurses’ Association of Ontario (RNAO), 2002)
- Incorporates family perspectives and choices into care planning and delivery

2. Information Sharing

Family members are:

- part of the patient's health care team
- respected for their knowledge of the patient and their health and well-being
- given information to help contribute to the patient's well-being



3. Participation

Patients and families are involved in all aspects of planning, implementation and evaluation of health services.



4. Collaboration

Families collaborate with healthcare providers and administrators as they participate in policy and program development, facility design, and professional education.





Barriers to Collaboration

- Attitudes and perceptions about each other
- Past experiences
- Lack of trust
- Cultural and language differences
- Socioeconomic and educational influences
- Lack of skills
- Lack of logistical and administrative support
- Different purposes or agendas

The Institute of Patient- and Family-Centered Care

(<http://www.ipfcc.org/tools/downloads-tools.html>) provides various tools to foster collaboration with patients and family advisors.

**“Unity is strength...
When there is teamwork and
collaboration, wonderful things
can be achieved.”**

--Mattie Stepanek,
American Poet



CMNRP © 2015

Why is Family-Centred Care important?





Why is Family-Centred Care important?

- It's the right thing to do!
- Families are a vital part of the care experience
- It improves value
- It improves clinical outcomes
- It decreases waste and costs
- It enhances shared decision-making

(DiGioia, Fann, Lou & Greenhouse, 2013)

**Family-Centred Care is
a total change in philosophy
and in the way we do business**



FCC: The Paradigm Shift

TRADITIONAL APPROACHES	FAMILY-CENTRED CARE
Family deficits	Family strengths
Control	Collaboration
Expert Model	Partnership Model
Information gatekeeping	Information sharing
(-) Support	(+) Support
Rigidity	Flexibility
Patient/Family dependence	Empowerment

(Crocker, Webster & Johnson, 2012)



Regulatory and specialty care organizations that support Family-Centred Care

- Society of Obstetricians and Gynaecologists of Canada
- Canadian Association of Perinatal and Women's Health Nurses
- Canadian Association of Midwives
- Canadian Association of Paediatric Health Centres
- Canadian Paediatric Society
- Provincial Council for Maternal and Child Health
- Registered Nurses of Ontario
- Accreditation Canada



Benefits of FCC for patients and families

- More knowledgeable patients and families who feel competent in managing their health
- Increased adherence to treatments plan
- Better experience or improved patient/family satisfaction
- Improved outcomes, both physical and functional
- Improved pain management
- Improved mental health (less anxiety and stress)
- Accelerated recovery time
- Increased parent confidence and problem-solving capacity

(American Academy of Paediatrics, 2003; Dunst & Trivette, 2009; Dunst, Trivette & Hamby, 2007; Nilsen et al., 2006; RNAO, 2002)



Benefits of FCC for healthcare providers

- Improved satisfaction with quality of work life
- Increased staff engagement
- Improved clinical decision making on the basis of better information and collaborative processes
- Greater understanding of the family's strengths and caregiving capacity
- Improved communication amongst members of the healthcare team
- Enhanced learning environment for residents and students

(American Academy of Pediatrics, 2003;CMA, 2010; DiGioia et al., 2010; RNAO, 2002)



Benefits of FCC for organizations

- Improved quality of care
- Decreased staff vacancy rate
- Reduced unnecessary diagnostic tests and referrals
- Decreased medical errors and infection rates
- Fewer visits and/or readmissions
- Decreased length of stay
- More efficient and effective use of professional time and healthcare resources
- Decreased complaints
- Better management of acute and chronic illness

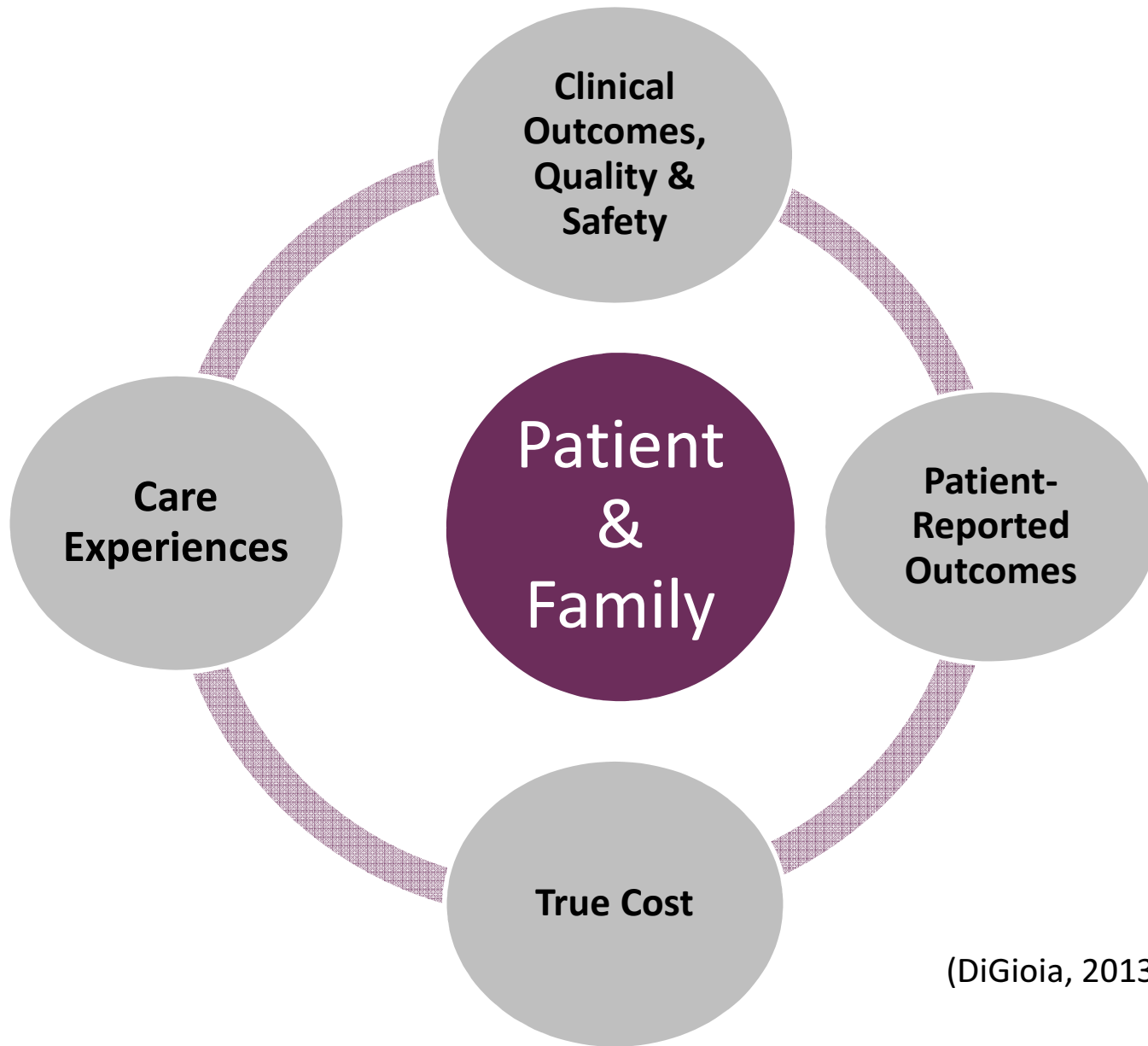
(DiGioia et al., 2012; Meyer, 2011; Wagner et al., 2005; Fumagalli et al., 2006)

Why change to FCC?

- Big push in health care towards value
- We all define “**value**” differently
E.g. having a baby at home, getting to stay in the hospital for a few days after having a baby
- Patients and families are drivers of how we understand value:

$$\text{Value} = \frac{\text{Outcomes important to patients and families}}{\text{Cost}}$$

(DiGioia, 2013a)



(DiGioia, 2013b)

How is FCC implemented?





Start with a Self-Assessment

Consider completing a formal assessment of family-centred practices (individually or as a group)

The **Institute for Patient- and Family-Centered Care** (www.ipfcc.org) offers various self-assessment tools to assist organizations in identifying strengths, opportunities for improvement, priorities for change and the development of an action plan (also available in toolkit)



Patient- and Family-Centered Care Methodology and Practice

- Helps practitioners provide ideal care for patients and families
- Provides steps to success
- Re-focuses existing resources

(FPCC Innovation Centre, 2015)

It's time for a new way of delivering care...

You can be part of the solution!

First, a few definitions...

- **Care giver:** Anyone in the healthcare setting who impacts the experiences of patients and families
- **Touchpoints:** Key moments and places where patient and family are directly or indirectly affected by care giver(s)



(DiGioia, 2013b; DiGioia et al., 2015)

The PFCC

6-Steps





STEP 1: Select care experience

- Solicit patient and family's perspective of all interactions
- Sets the stage for the continuum of care
- Consider different factors (inpatient, outpatient, hospital, community, etc.)
- Select a care experience for improvement based on comments from reports, letters and surveys



STEP 2: Establish FCC Guiding Council

- Includes: administrative champion(s), clinical champion(s), FCC coordinator, patient and family members
- Responsibilities:
 - Clarify current conditions
 - Set the stage for expanding FCC culture in the organization



STEP 3: Evaluate the current state

- Information-gathering tools used at each touchpoints:
 - a) Patient and family shadowing
 - b) Care experience flow mapping
 - c) Patient and Family Storytelling
 - d) Informal patient and family surveys
 - e) Other reports on patient satisfaction



a) Patient and family shadowing

- **Shadowing** = Direct, real-time observation of patients and families as they move through each step of a care experience
- Shadowers collect objective and subjective information – where the family goes, who they interact with, and for how long as well as their impressions, feelings and reactions
 - Shadowing Field Journal (www.pfcc.org)
 - GoShadow app (www.goshadow.org)
- Shadowing Observational Report includes a Care experience flow map which highlights the care givers and touchpoints encountered



b) Care experience flow mapping

- Details the touchpoints, showing where the patients and families go during the care process and the care givers with whom they come into contact
- Can be eye-opening, causing you to ask ***“How can we improve every step of the care experience?”***



c) Patient and family storytelling

- Can supplement surveys by allowing patients to explain:
 - Why they feel the way they do about the care they received
 - How it can be improved
 - What went well and what didn't go so well
 - What is most important to them



d) Informal patient and family surveys

- Short, simple, focused surveys about every aspect of the care experience
 - e.g., parking, wayfinding and signage, waiting for care and information, communication with care givers, cleanliness of the facility, food

The **PFCC Survey library** (<http://www.pfcc.org/pfcc-surveys/>) includes a variety of inpatient and outpatient surveys

- Information obtained from surveys will guide the care transformation journey



e) Other reports on patient satisfaction

- Gathering existing reports on patient satisfaction will provide information of what patients think about their care experience
 - as a whole
 - specific aspects of the care experience
- Reviewing NRC Picker scores, along with focused reports of patient satisfaction, will help identify experiences that are in greatest need of transformation



STEP 4: Establish care experience working group

- Invite care givers from multiple levels of the organization that represent all of the touchpoints identified
- Plan and schedule a special kick-off meeting followed by weekly meetings
 - At kick-off meeting, provide:
 - Documentation on PFCC M/P
 - Results from evaluations conducted during step 3
 - Explanation about available funds and approval process for FCC projects



STEP 5: Write the story of the ideal care experience

- It's time to dream big and think outside the box

No constraints!

- With the help of patients and families, write “the ideal story” of the care experience based on patients’ and families’ needs
- The ideal story will serve as the working group’s shared vision for transforming care delivery

STEP 6: Identify projects and form project teams

- List of opportunities and projects is generated by comparing the current state to the ideal state
- Prioritization of projects is based on feedback obtained from patients and families
- Patient and family members must be part of project teams





Measuring improvement

- FCC project needs to have clear goals and associated measures
- Track metrics from the very beginning to measure impact of the project's team
 - ***Beginning of the project:*** provides a baseline
 - ***During the project:*** enables to chart progress and adjust approaches as necessary
 - ***After the project:*** shows what has been achieved
- **Types of measures:** Outcome measures, process measures, balancing measures



Measuring improvement (cont'd)

- **Common aims set by teams:**
 - Consistency of clinical care
 - Efficiency (including discharge processes)
 - Improving communication among staff, and with patients and families
 - Improving relationships with patients and families
 - Building staff confidence
 - Improving staff experience
 - Making environmental improvements (physical environment or care practices)
- Ensure that goals are SMART: Specific, Measurable, Achievable, Reaslistic and Timely

Measuring improvement (cont'd)

Helping measure person-centred care

A review of evidence about commonly used approaches and tools used to help measure person-centred care

Debra de Silva , March 2014

(<http://www.health.org.uk/publication/helping-measure-person-centred-care>)



Key questions that guided this resource:

- How is person-centred care being measured in healthcare?
- What types of measures are used?
- Why and by whom is measurement taking place?



SUCCESS STORIES

Postpartum Unit at Magee-Women's Hospital

- PFCC Mother Baby Care Experience Working Group used shadowing to examine the current state of its postpartum care experience – from admission to the postpartum unit through discharge from the hospital
- **Shadowing results** showed opportunities to:
 1. ***Improve communication between the inpatient unit and Pharmacy*** related to having medications available on the unit prior to patients arriving
 2. Have a ***better selection of nutritional meals available*** for patients admitted after hours
 3. ***Improve communication with patients*** about pain medication, treatment plans, and discharge

SUCCESS STORIES

Postpartum Unit at Magee-Women's Hospital (cont'd)

Specific projects included:

- **Delivery of meal boxes** each evening from Dietary Services to the inpatient unit that include a gourmet artisan sandwich. A message card in the boxes provides a warm greeting and information about room service hours.
- **Installation of whiteboards** to keep patients informed of:
 - pain medication options available
 - plan of care (including both mom and baby)
 - visual discharge checklist (what needs to happen prior to discharge)

**The whiteboards are updated at the patient bedside during change-of-shift reporting*

SUCCESS STORIES

Kingston General Hospital



- Received special request from midwifery client to have a water birth in the hospital
 - Few hospitals in Ontario provide midwife-assisted, in-hospital water births
- New policy developed with interprofessional input:
 - Water births take place in two of the six birthing rooms that are outfitted with an inflatable tub
- As of May 1st 2015: 15 women have used the pool for labour and 9 of those have had successful waterbirths



FAMILY-CENTRED CARE:

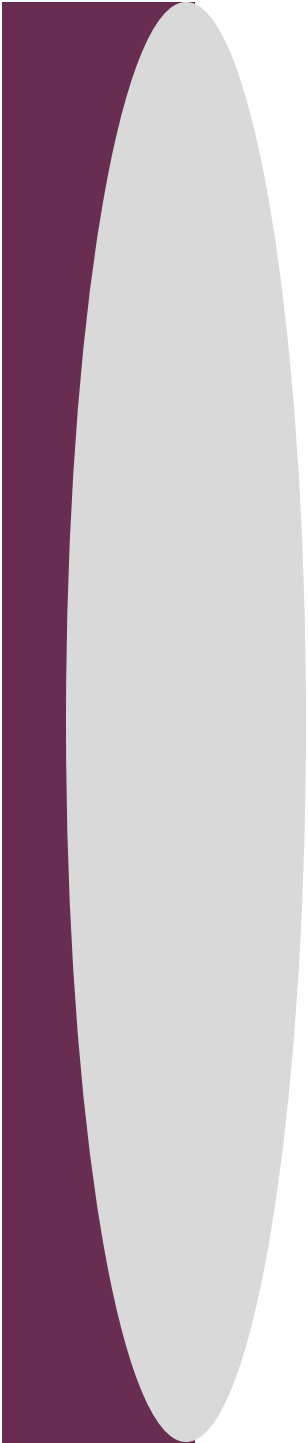
Tricks of the Trade

- Patients and families are the experts on their care
- Say “I don’t know,” when you don’t know
- Respect patient and family knowledge about their own needs
- Negotiate your role and relationship (areas of responsibility)
- Share knowledge and information
- Assist in problem-solving and support choice
- All families have strengths
- Attitude is everything!



Where do YOU fit in?

- Educate yourself on the philosophy of FCC
 - Attend educational offerings
 - Read articles and resources on FCC
- Talk to your peers and leaders
- Become involved on a FCC unit-based committee
- Incorporate the core concepts of FCC into your daily practice



And realize that changes like these do not happen overnight...

- “Family-centred care is less a destination than a journey” (Moore et. al, 2003, p. 450)
- Organizations and health care teams attempting to implement FCC will find themselves at different places in the transition



SUMMARY

- FCC is about making patients and their families true partners in the health care team
- FCC has been shown to help improve patients' healthcare experience, increase healthcare providers' satisfaction with their work, and contribute to overall improved quality and safety of health care
- Involving patients and families in the six steps provided, health care organizations and providers can work towards implementing FCC

REFERENCES

- Accreditation Canada. (2013). *Safety in Canadian health care organizations: A focus on transitions in care and Required Organizational Practices*. Ottawa, ON: Accreditation Canada.
- Accreditation Canada (2015). *Obstetrics Services*. Retrieved from <https://www.accreditation.ca/obstetrics-services>
- American Academy of Pediatrics (2003). Family-centered care and the pediatrician's role. *Pediatrics*, 112(3), 691-696.
- Canadian Association of Midwives (2010). *Midwifery Models and Outcomes in Canada*. Retrieved from http://www.canadianmidwives.org/DATA/DOCUMENT/CAM_FACT_SHEET_Models_Outcomes_ENG_July_2010.pdf
- Canadian Association of Perinatal and Women's Health Nurses (2015). *Mission, Values and Goals*. Retrieved from http://www.capwhn.ca/en/capwhn/Mission_Values_and_Goals_p2607.html
- Canadian Association of Paediatric Health Centres (2011). *Patient & Family Centred Care*. Retrieved from <http://www.caphc.org/pfcc>
- Canadian Medical Association (CMA) (2010). *Health Care Transformation in Canada: Change that Works, Care that Lasts*. Retrieved from <https://www.cma.ca/En/Pages/SearchPage.aspx?k=Health%20Care%20Transformation%20in%20Canada%3A%20Change%20that%20Works%2C%20Care%20that%20Lasts>.

REFERENCES (cont'd)

- Crocker, E., Webster, P. D., & Johnson, B. H. (2012). *Developing Patient- and Family-Centered Vision, Mission, and Philosophy of Care Statements* (2nd ed.). Bethesda, MD: Institute for Patient- and Family-Centered Care.
- DiGioia, A.M. (2013a). *Value in Health Care: PFCC Meets TDABC*. Retrieved from <http://www.pfcc.org/newpfcc/wp-content/uploads/2014/01/Tonys Slides Day 2011.pdf>
- DiGioia, A. M. (2013b). *The PFCC Methodology and Practice: Deliver Exceptional outcomes and Experiences while Reducing Costs*. Retrieved from <http://www.pfcc.org/newpfcc/wp-content/uploads/2014/01/Tony DiGioia Chairs and Chiefs 2013 Day2.pdf>
- DiGioia, A. M., Fann, M., Lou, F., & Greenhouse, P. K. (2013). Integrating patient- and family-centered care with health policy: Four proposed policy approaches. *Quality Management in Health Care*, 22(2), 137-145.
- Digioia, A. M., Greenhouse, P. K., & DiGioia, C. S. (2012). Digital video recording in the inpatient setting: A tool for improving care experiences and efficiency while decreasing waste and cost. *Quality Management in Health Care*, 21(4), 269-277.
- Digioia, A. M., Greenhouse, P. K., & Levison, T. (2007). Patient and family-centered collaborative care. *Clinical Orthopaedics and Related Research*, 463, 13-19.
- DiGioia, A. M., Lorenz, H., Greenhouse, P. K., Bertoty, D. A., & Rockes, S. D. (2010). A patient-centred model to improve metrics without cost increase. *Journal of Nursing Administration*, 40(12), 540-546.



REFERENCES (cont'd)

- Dunst, C. J., & Trivette, C. M. (2009). Meta-analytic structural equation modeling of the influences of family-centered care on parent and child psychological health. *International Journal of Pediatrics*, 2009(2009): 576840. doi: 10.1155/2009/576840
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family-centered helping practices research. *Mental Retardation and Developmental Disabilities Research Reviews*, 13(4), 370-378.
- Fumagalli, S., Boncinelli, L., Lo Nostro, A., Valoti, P., Baldereschi, G., Di Bari, M., ... Marchionni, N. (2006). Reduced cardiocirculatory complications with unrestrictive visiting policy in an intensive care unit: Results from a pilot, randomized trial. *Circulation*, 113, 946-952.
- Health Canada (2000). *Family-Centred Maternity and Newborn Care: National Guidelines*. Ottawa, ON: Minister of Public Works and Government Services.
- Institute for Patient- and Family-Centered Care (2010). *Frequently Asked Questions*. Retrieved from <http://www.ipfcc.org/faq.html>
- Institute for Healthcare Improvement (IHI). (2015). *Person- and Family-Centered Care*. Retrieved from www.ihl.org/Topics/PFCC/Pages/Overview.aspx

REFERENCES (cont'd)

- Johnson, B., Abraham, M., Conway, J., Simmons, L., Edgman-Levitan, S., Sodomka, P., ... Ford, D. (2008). *Partnering with patients and families to design a patient- and family-centered health care system: Recommendations and promising practices*. Bethesda, MD: Institute of Patient- and Family-Centered Care.
- Meyer, H. (2011). At UPMC, improving care processes to serve patients better and cut costs. *Health Affairs*, 30(3), 400-403.
- Moore, K. A. C., Coker, K., DuBuisson, A. B., Swett, B., & Edwards, W.H. (2003). Implementing potentially better practices for improving family-centered care in Neonatal Intensive Care Units: Successes and Challenges. *Pediatrics*, 111(4), e450-e460.
- PFCC Innovation Center (2014). *2014 Year in Review. Supporting the Patient and Family Centered Care Community of Practice*. Retrieved from <https://drive.google.com/file/d/0B3MrByAl2H60dXFpQkJCLUVTYVE/view?pli=1>
- PFCC Innovation Center (2015a). *What is PFCC*. Retrieved from <http://www.pfcc.org/what-is-pfcc/>
- PFCC Innovation Center (2015b). *The PFCC Press March 2015*. Retrieved from <http://www.pfcc.org/the-pfcc-press-march-2015/>

REFERENCES (cont'd)

- Public Health Agency of Canada (2009). *Mothers' Voices... What women say about pregnancy, childbirth and early motherhood*. Retrieved from <http://www.phac-aspc.gc.ca/rhs-ssg/survey-eng.php>
- Nilsen, E. S., Myrhaug, H. T., Johansen, M., Oliver, S., & Oxman, A. D. (2006). Methods of consumer involvement in developing healthcare policy and research, clinical practice guidelines and patient information material. *Cochrane Database of Systematic Reviews*, Issue 3. Art. No.: CD004563. doi: 10.1002/14651858.CD004563.pub2.
- Press, I. (2005). *Patient Satisfaction: Understanding and Managing the Experience of Care* (2nd ed.). Ann Arbor, MI: Health Administration Press.
- Registered Nurses' Association of Ontario (RNAO). (2002). *Client Centred Care*. Retrieved from <http://rnao.ca/bpg/guidelines/client-centred-care>
- The Society of Obstetricians and Gynaecologists of Canada. (2008). *A National Birthing Initiative for Canada*. Retrieved from <http://sogc.org/wp-content/uploads/2012/09/BirthingStrategyVersionJan2008.pdf>
- Wagner, E. H., Bennett, S. M., Austin, B. T., Green, S. M., Schaefer, J. K., & Vonkorff, M. (2005). Finding common ground: patient-centeredness and evidence-based chronic illness care. *The Journal of Alternative and Complementary Medicine*, 11(Suppl. 1), S7-S15.