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

FAMILY-CENTRED CARE (FCC)

A FRAMEWORK FOR PUTTING CHILDBEARING FAMILIES FIRST

Developed by CMNRP's Family Advisory Committee

2015

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Introduction

The Family Advisory Committee of the Champlain Maternal Newborn Regional Program (CMNRP) is promoting Family-Centred Care (FCC) among perinatal organizations within the region. In FCC, all activities are centred on the principal unit of patients[1] and their families[2]. The FCC mindset involves a shift in perspective: care is provided ***with*** the family, not ***for*** the family.

FCC differs from its predecessor models in that it is a broad-reaching concept that ideally pervades every aspect of care at any given healthcare institution. Thus, it encompasses patient engagement at the clinical level as well as the institutional level: families are integrated into the planning of services, development of policies and programs, and quality improvement work. By implementing FCC, perinatal healthcare organizations can improve the care of patients and families, their satisfaction, and the joy that care providers feel knowing they have made a difference in others' lives. Outstanding care for each and every patient and family is possible with FCC.

> ***Family-Centred Care is working <u>with</u> patients and families, rather than just doing "to" and "for" them.***

FCC carries with it specific implications in the perinatal setting. For example, FCC considers pregnancy, childbirth, postpartum and infant care to be part of the normal, healthy life cycle. FCC also reminds us that essentially, all mothers desire a gratifying pregnancy, birth, and post-partum healthcare experience, and that such experiences are possible even in the face of serious medical complications. Achieving respectful, supportive, and collaborative perinatal care creates lasting memories that can shape the views and attitudes of patients and their families toward the healthcare system for a lifetime. The perinatal period is a key opportunity for patients and families to develop trusting and collaborative relationships with healthcare

[1] In this document, the term "patient" refers equally to "client" e.g. pregnant woman or mother and fetus or baby.
[2] The term "family" refers to one or more persons who are related in any way - biologically, legally or emotionally - to the individual receiving care. Families can include not only bonds created by marriage and blood, but also to bonds created by close friendships, commitments, shared households, shared child rearing responsibilities, and romantic attachment.

providers, and to become competent and confident participants in care and decision-making (Griffin & Celenza, 2014).

CMNRP recognizes the efforts to date of its partner organizations in implementing FCC. The purpose of this document is to create a common understanding of what FCC is and provide a shared regional vision and goals for organizations to adopt this approach. There are abundant FCC strategies for creating and maintaining partnerships with families; this framework serves to simplify and organize the vast FCC literature to facilitate easier implementation and to support healthcare organizations in their efforts towards embracing this philosophy.

Mission

Our mission is to encourage and support perinatal healthcare providers and organizations in the Champlain and South East LHINs to establish the structures and processes needed to endorse the implementation of a Family-Centred Care philosophy.

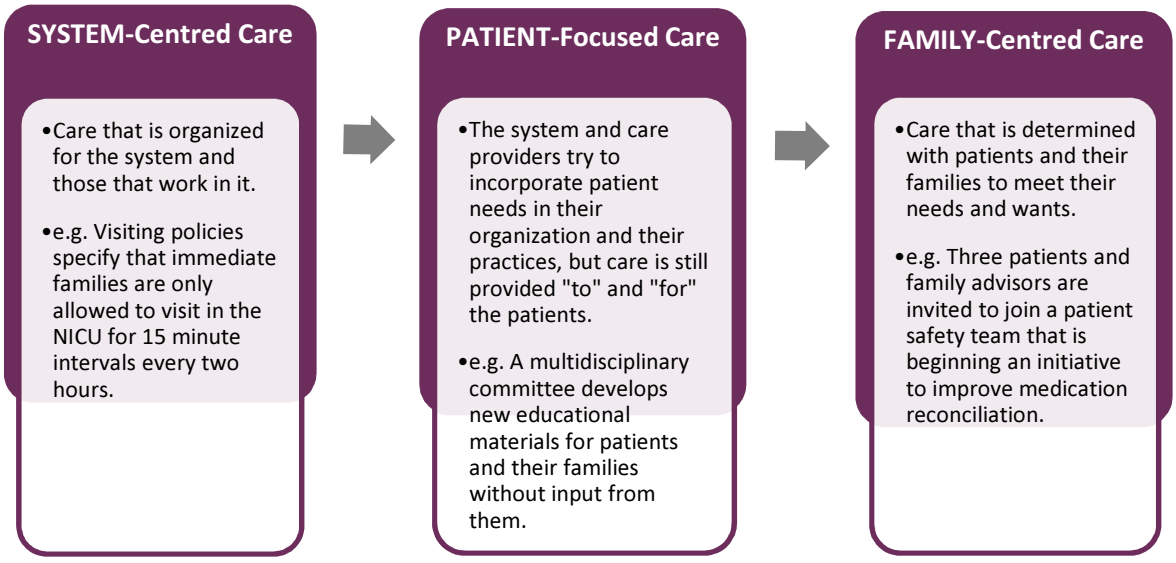
Vision

Family-Centred Care has been adopted by organizations within the Champlain and South East LHINs as the standard approach for planning, delivering and evaluating maternal-newborn healthcare programs and services by the year 2018.

What is Family-Centred Care?

Unlike the traditional healthcare model where services are organized around the needs of the system and those who work in it (i.e. system-centric approach, patient-focused approach) (see Fig. 1), FCC is about providing respectful, compassionate, culturally responsive care that meets the needs and beliefs of childbearing families from diverse backgrounds by working collaboratively with them. FCC is grounded in mutually beneficial partnerships among patients, families and healthcare providers (Crocker, Webster & Johnson, 2012).

Figure 1 – Approaches to healthcare



Healthcare providers partner with families as they share the same goals: safe, high-quality, and satisfying care with the best possible outcomes. Partnerships with families teach us how to put families first, not only with individual healthcare providers, but also within healthcare organizations.

> ***Everyone brings their individual expertise to the experience:***
> ***perinatal healthcare providers are the experts at delivering care***
> ***and families are the experts of their personal care.***

To achieve FCC, the following four core concepts must be embedded as core values in the healthcare system and must be integrated into existing and new strategies and initiatives (e.g., prenatal classes and breastfeeding support sessions run in the community as well as in more formal healthcare settings):

Figure 2 – Core concepts of FCC

Dignity and Respect

Listening to and honouring the patients' and families' perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

Information Sharing

Communicating and sharing 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.

Participation

Encouraging and supporting patients and their families to participate in care and decision-making to the extent they wish.

Collaboration

Collaborating with patients and families in policy and program development, implementation and evaluation, facility design, professional education and delivery of care.

(Johnson et al., 2008)

The **Registered Nurses' Association of Ontario's** Person- and Family-Centred Care Clinical Best Practice Guidelines (2015) identified 4 common themes for family-centred care:

1. Establishing a therapeutic relationship for true partnership, continuity of care, and shared decision-making.
2. Care is organized around, and respectful of, the person.
3. Knowing the whole person (holistic care).
4. Communication, collaboration, and engagement.

Accreditation Canada (2015) has also adopted the four core concepts of FCC (dignity and respect, information sharing, partnership and participation, collaboration) and has integrated them into their service excellence standards. For example:

1.0 Services are designed collaboratively to meet the needs of clients and the community (Accreditation Canada, 2015, p. 6).

Encouraging families to <u>be part of</u> the care team – involved and supported in caregiving and decision-making to the extent they choose – is a core concept of FCC.

Family-Centred Maternity Care is based on 10 principles:

1. Pregnancy and childbirth are viewed as normal, healthy life events involving dynamic emotional, social and physical changes.
2. Perinatal care is personalized according to the psychosocial, educational, physical, spiritual, and cultural needs of each patient and their family.
3. Perinatal education prepares the patient and family for active participation throughout the evolving process of preconception, pregnancy, childbirth and parenting.
4. The healthcare team assists the patient and family to make informed choices for their care and strives to provide them with the experience they desire, in a safe and supportive environment.
5. The partner and/or support person(s) are actively involved in the educational process, labour, birth, postpartum and newborn care.
6. Whenever the patient wishes, family and friends are encouraged to be present during healthcare encounters.
7. When FCC is implemented, the healthcare providers care for the mother and baby dyad as a single-family unit whenever possible.
8. Mothers and babies should be kept together at all times unless medically indicated. When possible, care should be provided by the same healthcare team.
9. Parents are the preferred care providers for their babies. When parents are caring for their babies, the role of healthcare providers is to empower and facilitate the care given by the patient or family.
10. Parents have access to their high-risk newborns at all times and are included in their care as much as possible.

Adapted from Phillips, C. (2003). *Family-Centered Maternity Care*. Sudsbury, MA: Jones and Bartlett.

In the FCC approach, perinatal healthcare providers offer families with complete, unbiased medical information in a way that optimizes communication and rapport including actively seeking input from patients and their families. This allows families to assert themselves as active team members who are comfortable and able to participate by asking questions and providing input. Respecting the role of patients and their families as team members helps take into account their cultural backgrounds, beliefs, health literacy skills, and education level when developing treatment plans or providing treatment options.

Not only are families encouraged to be active team members when it comes to their personal healthcare experiences, they are also encouraged to collaborate with healthcare providers, staff and administrators in developing, implementing and evaluating healthcare policies, services and programs. Family members of those directly receiving medical care are recognized as vital partners of the healthcare team - they advocate for patients, provide emotional support to them and often provide care at home. Overall, families are viewed as essential allies and treated as true partners in the FCC approach.

While healthcare providers are experts in diagnoses and treatment, childbearing families are experts in knowing what works best for their lifestyle.

Benefits of Family-Centred Care

FCC promotes safety and quality, efficiency, timeliness and equity of care for new parents and their healthcare providers (Institute of Medicine, 2001). It enhances families' experiences with and trust in the healthcare system to ultimately improve the physical, mental, social health and wellbeing of parents and children. Table 1 lists some benefits of FCC for patients and families, healthcare providers and organizations.

Table 1 – Benefits of FCC

Evidence-Informed Benefits of FCC	
Patients and families	• More knowledgeable and competent in managing their health • Increased feeling of empowerment, confidence and problem-solving capacity • Increased adherence to treatments plans • Better experience or improved satisfaction • Improved outcomes, both physiological and functional • Improved pain management • Improved mental health (less anxiety and stress) • Accelerated recovery time
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
Healthcare settings	• 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 lengths of stay • More efficient and effective use of professional time and healthcare resources (e.g. more care managed at home, decrease in unnecessary hospitalization and emergency visits, more effective use of preventive care) • Decreased complaints • Better management of acute and chronic illness

(American Academy of Paediatrics, 2003; Boudreaux, Francis & Loyacano, 2002; Cooper et al., 2007; Coulter & Ellins, 2007; Davidson et al., 2007; Dunst, Trivette & Hamby, 2007; Dunst & Trivette, 2009; Frampton & Charmel, 2008; Fumagalli et al., 2006; Mitchell et al., 2009; Meyer, 2011; Wagner et al., 2005)

These benefits demonstrate that FCC can support perinatal organizations in simultaneously improving the family's experience, improving population health and reducing cost.

> ***"The patient has a better experience; that affects the employee experience; and the employees become more engaged"***
>
> Michael Celender, organizational development consultant at the PFCC Innovation Center

Goals and Measures

All patients and families:

- are involved in their care at the level they choose;
- are treated with respect and dignity;
- have their knowledge, values, preferences, beliefs and cultural backgrounds honoured and incorporated into the delivery of their care;
- receive timely, complete, accurate, unbiased medical information from healthcare providers;
- have access to information to participate in their care and decision-making;
- are engaged in the planning, development, implementation, and evaluation of policies and programs, in healthcare facility design, in professional education, and in the delivery of care.

These goals reflect the four core concepts of FCC and can be measured using indicators collected from patient experience surveys (see Table 2).

Table 2 - Goals and potential measures

	Family-Centred Care Goals	Potential Measures
Dignity and Respect	All patients' knowledge, values, preferences, beliefs and cultural background are honoured and incorporated into the delivery of their care.	% of patients reporting that: • healthcare providers (e.g. doctors, nurses, midwives, doulas, lactation consultants) listened and respected them as a partner in their care • if they do not speak English, there was a care provider and/or an interpreter at the healthcare site or facility that could explain everything they needed to know about the care they received • healthcare providers took their preferences and those of their family or caregiver into account in decisions related to their healthcare needs in preparation of discharge/transition to home • healthcare providers addressed them in a friendly and courteous manner, with respect to their individual culture, beliefs, and values
Information Sharing	All patients and families receive timely, complete, accurate, unbiased information from healthcare providers regarding their diagnosis and treatment options, or have access to information to participate in their care and decision-making.	% of patients reporting that: • healthcare providers explained things in a way they could understand • they received written information about what symptoms or health problems to look out for after they left • healthcare providers described possible side effects of treatment (e.g. medications and procedures) in a way they could understand • healthcare providers asked them what medications and supplements they were taking at home • healthcare providers explained what treatment was for before administration • healthcare providers inquired about their preference of infant's feeding method (e.g. breastfeeding or bottle-feeding) • they felt comfortable to ask questions
Participation	All patients and families are involved in their care at the level they choose.	% of patients reporting that: • healthcare providers included them and their family members in treatment decisions • they were involved in their discharge planning • they had a good understanding of the things they were responsible for in managing their health • their family/support person(s) were encouraged to participate in their care and treatment plan to the extent that they felt comfortable

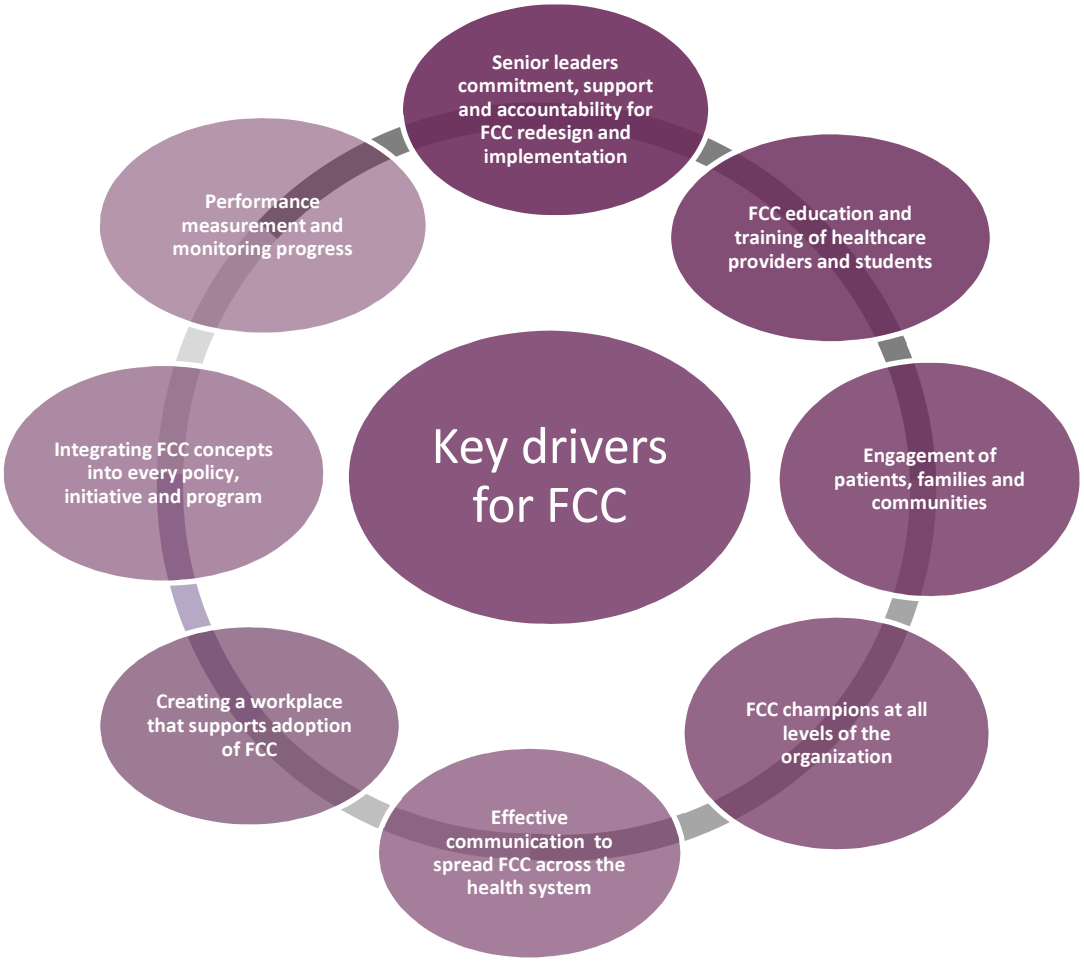
	Family-Centred Care Goals	Potential Measures
Collaboration	Patients and families are engaged in the planning and delivery of their care; in the development, implementation and evaluation of policies and programs; in healthcare facility design; and in professional education.	% of patient and family advisors: • engaged in the planning and delivery of their care; in the development, implementation, evaluation of policies and programs; in healthcare facility design; and in professional education • participating on the patient and family advisory council, committees and working groups, and who feel they provide a meaningful contribution to the group

Adapted from: Saskatchewan Ministry of Health (2011). *Patient- and Family-Centred Care in Saskatchewan: A Framework for Putting Patients and Families First.*

Key Drivers for Successful Adoption of FCC

Achieving FCC means that perinatal organizations meet the needs of childbearing families as well as the needs of healthcare providers. FCC is about a change in mindset of all healthcare providers, including senior leaders and administrators, physicians, midwives, nurses, frontline staff (e.g. clerks, housekeeping, security officers, receptionists), social workers, other allied health care providers and volunteers. This cultural transformation can occur when FCC values and principles are embedded as core values of the healthcare organization.

The following eight key drivers may contribute to successful cultural transformation within healthcare organizations:



Adapted from: Saskatchewan Ministry of Health (2011). *Patient- and Family-Centred Care in Saskatchewan: A Framework for Putting Patients and Families First.*

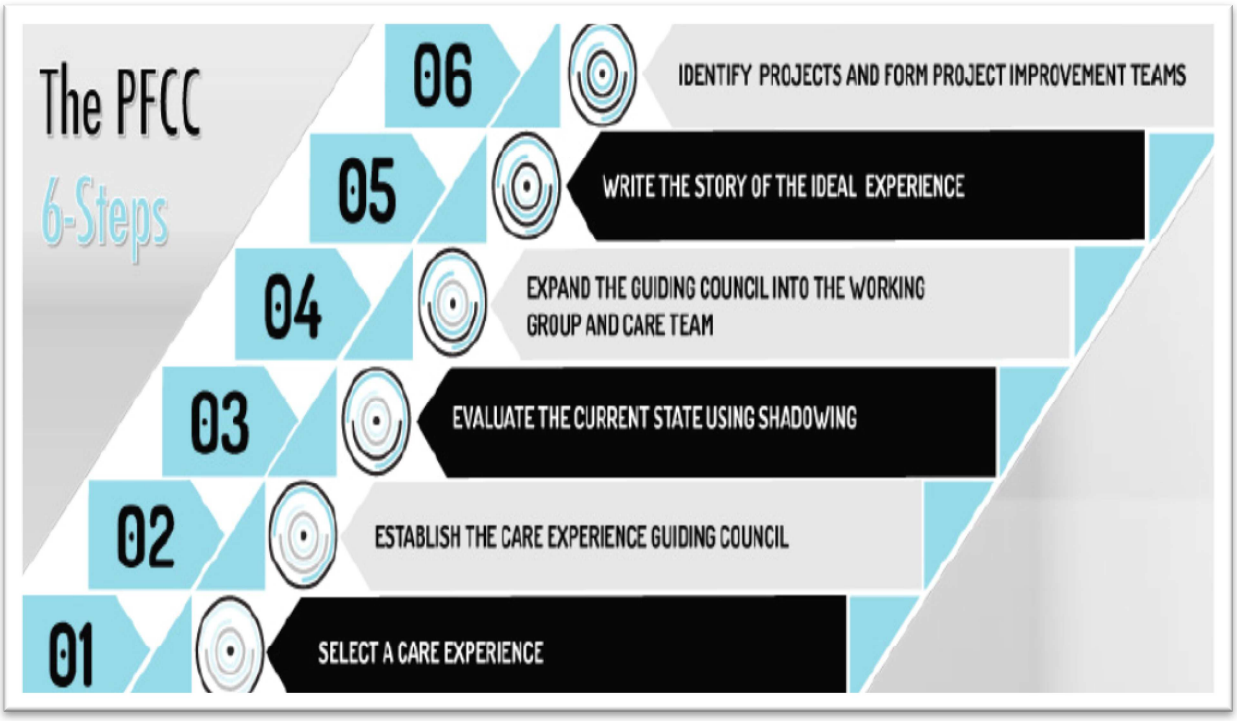
Sample Methodology and Practice

The Patient and Family-Centred Care Methodology and Practice (PFCC M/P) is a simple, replicable and sustainable 6-step methodology to deliver ideal care experiences and improve clinical outcomes while increasing system efficiencies.

The six steps involve:

1. Selecting a care experience (and defining the beginning and end points of the selected care experience from the patient`s perspectives);
2. Establishing a care experience guiding council;

3. Evaluating the current state by using information-gathering tools such as patient shadowing, care flow mapping, patient storytelling, and patient surveys;
4. Expanding the guiding council into the care experience working group;
5. Creating a shared vision of the ideal patient and family care experience; and
6. Identifying PFCC experience improvement projects and project teams.



(PFCC Innovation Center, 2012)

"The care experience selected for improvement can be as broad as an entire episode of care [e.g. intrapartum period] or as narrow as a specific segment of care [e.g. prenatal appointment, shift change, admission to Triage/Obstetrical Care Unit, breastfeeding drop-in]" (DiGioia, Lorenz, Greenhouse, Bertotoy, & Rocks, 2010, p. 541).

The PFCC M/P can provide the framework to simultaneously improve clinical and financial outcomes by redefining value as what is important to patients and families. Go to stepbystep.pfcc.org for helpful detailed information about how to implement each step of this model.

If your organization is already using the Lean methodology, the PFCC M/P can be integrated into your work by:

1. Incorporating shadowing with value stream mapping (Lean's 2P and 3P events) and rapid improvement events. Shadowing will provide a more complete picture of the patient and family experience and in a way that creates an urgency to drive change.
2. Prioritizing your improvement projects by what's important to patients and families. This can be achieved by incorporating Lean approaches at Step 6 of the PFCC M/P.
3. Having staff identify a project they care deeply about before they engage in Lean training and having them shadow that process; they will enter the process improvement world with a mindset that improving experiences of patients and families is of equal importance to, and compatible with, eliminating waste.
4. Incorporating PFCC M/P stories and metrics into Managing for Daily Improvement Boards to bring data boards to life, engaging staff around what they care about most - caring for patients and families.

(DiGioia, Greenhouse, Consentino, Embree, & Shapiro, 2015)

Examples of FCC Strategies

There are numerous strategies that organizations can use to change their organizational culture in support of FCC. This section contains key examples from Griffin & Celenza (2014) selected by CMNRP's Family Advisory Committee.

Create a focus group

Convene an interprofessional group of administrators, clinical staff, physicians, midwives, patients and families to analyze where the organization is situated on the family-centred spectrum.

- Ask each member to complete an **assessment** of family-centred practices and then comparing responses as a multidisciplinary team. The Institute of Patient and Family-Centered Care (http://www.ipfcc.org/) offers tools to evaluate an organization's

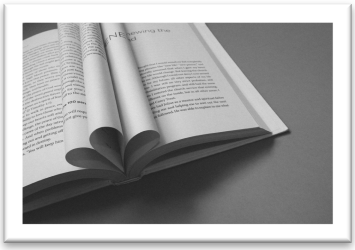
understanding and commitment to family-centred care (see Self-assessment tools included in the toolkit).

- By sharing **personal and professional stories**, analyze how well your organization follows the four core concepts of FCC. Reflect upon these stories by asking the group to identify ways in which the principles are supported and where improvements might be made.
- **Engage families** with a vast range of experiences to participate. These stories can identify specific and sometimes very key points in the healthcare experience that can be improved. In some organizations, a patient and family panel is convened where they are asked to share stories about their experiences in the organization. This panel can be facilitated by asking each patient or family member to do the following:
    - Briefly introduce yourself and provide highlights of your experience at our organization
    - Share an experience that went well
    - Teach us something we could do better

Convene a journal club

Read and discuss articles related to family-centred care:

- What did you learn?
- Is there something we could do better as an organization?



Begin every meeting with a family story

Ideally, the family involved should tell their story themselves. How does the story support the philosophy of FCC? What does the story remind us that we do well? What does the story teach us about what we could be better?

Think of an example from your own experience – a conversation you had or something you did that demonstrate the core concepts of FCC. How might your experience serve as a model for others?

Create a newsletter

Share your successes. A newsletter or social media can inform healthcare providers of family stories that cement the commitment to FCC or offer opportunities for improvement. Read and discuss articles with healthcare providers, and then summarize what they learned.

Develop a philosophy of care

A well-thought philosophy of care, developed in collaboration with families, can help guide policies and programs in a way that is consistent with the culture of a perinatal organization.

Promote/market the philosophy of care statement for all families and healthcare team members. A few examples:

- On admission for birth, every woman is asked about her birth plan, wishes and preferences
- Inviting input and participation from the patient and her family during rounds, change-of-shift reports
- Adapting “routine” care practices to better suit the needs of families (e.g. timeliness)

Evaluate partnerships

As you reflect on the core concepts of FCC, consider:

- How they might apply to your professional relationships?
- How these relationships might be improved?

Conclusion

Achieving FCC means that perinatal healthcare organizations meet the needs of patients and their families as well as the needs of healthcare providers. FCC is not just "a nice thing to do". It is essential for improving the experience of families, their health outcomes, provider satisfaction and reducing healthcare costs. It is not an initiative that can be implemented with a rigid timeline, but rather it is a journey.

Key points:

- Policies and philosophies of care should ideally reflect a true partnership with patients and their families, one that meets the individualized needs of families while balancing the ultimate goal of best outcomes.
- Families are integral to the wellbeing and health of patients as partners in care giving and decision-making.
- FCC organizations do not limit patients' access to their support systems but instead work together to meet the needs of each patient and family.

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