The Challenges and Rewards of Patient and Family Centered Care

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Patient and Family Centered Care

The Institute For Patient –and –Family-Centered Care
– defines core concepts
– the repository for best practices across the country
Patient and Family Centered Care

• an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.

• an approach that shapes policies, programs, facility design, and staff day-to-day interactions
Patient and Family Centered Care

• recognizes the vital role that families play in ensuring the health and well-being of family members of all ages.

• acknowledges that emotional, social, and developmental support are integral components of health care.

• promotes the health and well-being of individuals and families and restore dignity and control to them.
Patient and Family Centered Care Goals

- Better health outcomes
- Wiser allocation of resources
- Greater patient and family satisfaction
- Greater accountability for health maintenance by patients and families
Core Concepts

- Respect and dignity
- Information Sharing
- Collaboration
- Participation
Drivers of Proactive Change for Patient Centered Care

• **Payment** – more integration → lower costs → better outcomes (quality and safety).

• **Patient expectations** – Care is becoming more complex.

• **Referring MDs and community hospitals** – Referral partners will expect to have a better interface with us in regards to their patient.

• **Information Technology** – The Obama administration has articulated that to accept Medicare patients, organizations need an EMR in place by 2014.

• **Push for evidence-based medicine/guidelines** -- Underlying all these payment models is the idea that there is a “right way” to care for a patient.
Is the Johns Hopkins Care Experience Patient – Centered?

• Of Course!

• Really? How?

• If not, why not?

• Is it important? Show me the evidence…
## Johns Hopkins Patient/Family Care Experience Transformation

<table>
<thead>
<tr>
<th>Culture</th>
<th>Now</th>
<th>Evolution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provider centered; intimidating,</td>
<td>Patient/consumer centered; provider/patient</td>
</tr>
<tr>
<td></td>
<td>competitive</td>
<td>partnership; friendly</td>
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<tr>
<td>Human</td>
<td>Individual excellence,</td>
<td>Accountable, engaged, empowered,</td>
</tr>
<tr>
<td>Resources</td>
<td>conflicting rewards/incentives</td>
<td>exemplary multidisciplinary teams;</td>
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<tr>
<td></td>
<td></td>
<td>transformational leadership, aligned</td>
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<tr>
<td>Systems</td>
<td>Complex, awkward,</td>
<td>Safe, efficient, user-friendly, automated,</td>
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<td></td>
<td>data overload</td>
<td>continuous improvement, integrated information</td>
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<tr>
<td>Facilities</td>
<td>Antiquated, barriers to care</td>
<td>State-of-the-art, supportive</td>
</tr>
<tr>
<td>Care Model</td>
<td><em>Episodic, static, traditional</em></td>
<td>*Integrated, continuous, evidence-based;</td>
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<tr>
<td></td>
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<td>innovation flourishes*</td>
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The Reality

• Many institutions seek feedback from patients and families in a limited way, with no formal, sustained patient engagement programs.

• Similarly, many organizations do not have formal programs to engage and focus employees on excellent customer service.
Getting a Hopkins Perspective

• More than 1,800 faculty, staff, patients and families participated in the visioning process.
The C’s of care delivery

• Communication
  – Multidisciplinary
  – Daily goal-setting with patient and family

• Collaboration
  – Preadmission and discharge handoff
  – IT solutions

• Coordination
  – Expedited sequences of intervention
  – Alignment of resources/unit based resources
The C’s of care delivery

• **Continuity**
  – Transition champions

• **Culture**
  – Eye contact
  – Attire
  – Customer service behaviors
  – Accountability
The Proposed Philosophy Statement

At Johns Hopkins Medicine:

1. We promise to care for you, and about you, in a manner that places you and your family in the center of everything we do.

2. We recognize you as an individual with individual needs and expectations.

3. We recognize the importance of your family in your healing process.

4. Our commitment to patient-family centered care includes the exchange of relevant, timely and accurate communication; multi-disciplinary collaboration and teamwork; continuity throughout your transitions of care; coordination of care that meets your needs and preferences for health care, in a culture that values caring and service.
The JHH Journey

- Expanded visiting hours and open visitation including “rooming in”
- Family initiated Rapid Response Team (RRT)
- Family Advisory Councils
  - Children’s Center (2007)
  - Adult (2011)
- Family participation in rounds
  - WICU
  - Children’s Center

- Procedure Timeouts
- Briefings and debriefings
- Board Rounds – twice daily
- Image Task force
- Accountability Taskforce
The JHH Journey

- Patient and Family Centered Care
  - RN/AP care coordination aligned with ACGME work rule changes
- Readmission Taskforce
  - Prevention Bundle
- NCC planning
  - Family respite and education areas; rooming in
- Information Systems
  - Epic design
Ambulatory PFCC Challenges

• Providers commonly assume that patients are non-compliant, when in reality, the patient simply did not understand, interpret, or fully process the information given by the provider.

• The role of the Prep, OR and Postoperative RN is critical to safe and quality care.
The Myths of Patient-Centered Care

**MYTH #1**: Providing patient-centered care is too costly.

**MYTH #2**: Patient-centered care is “nice”, but it’s not important.

**MYTH #3**: Providing patient-centered care is the job of the nurses.

**MYTH #4**: To provide patient-centered care, we will have to increase our staffing ratios.

http://www.patient-centeredcare.org/inside/myths.html
MYTH #5: Patient-centered care can only be truly effective in a small, independent hospital.

MYTH #6: We may think patient-centered is an effective model for care delivery, but there is no evidence to prove it.

MYTH #7: Many patient-centered practices compromise infection control efforts, and therefore, cannot be implemented.

http://www.patient-centeredcare.org/inside/myths.html
MYTH #8: The first step to becoming a patient-centered hospital is renovation or construction.

MYTH #9: Patient-centered care is the “magic bullet” I’ve been looking for to …. (improve patient satisfaction, employee morale, enhance revenue streams, etc.)

MYTH #10: We can’t implement a shared medical record policy, that would be a violation of HIPAA
Ambulatory PFCC Challenges

- Not enough time
- Encouraging other staff to include colleagues in the workflow
- Rewards not immediately visible
- DEBUNKING THE MANY MYTHS
Ambulatory PFCC Rewards

- Optimizing Safety
- Maximizing the experience- improving patient accountability via better pt teaching
- Reducing Complications
Tools for PFCC in any setting

- ASK Me 3
- Teach Back
- Health Literacy
- Partnering with Patients and Families to Enhance Safety and Quality
- Language of Caring
The Role of Clinical Leadership in PFCC

• Consistent expectations within a culture of safety
  – Transparent Communication
  – High Morale
  – Visible Teamwork
  – Positivity in problem-solving
  – Peer Review
All Hands on Deck

- What is my role in providing the great patient and family centered care experience?

- How do I know I’m getting it right?
What is in my role in the patient experience?

- http://www.youtube.com/watch?v=3SltlePDUR8&feature=relmfu