Patient- and Family-Centered Care

It’s Not Just for Pediatrics Anymore!

Amy A. Holbert
Executive Director
Family Connection of South Carolina
Objectives

1. Describe importance of Patient/Family-Centered Care.
2. Describe the evidence to support.
3. Identify strategies to implement in your practice.
4. Share successful strategies for engaging patients/families across the QTIP practices.
5. Update on Babynet Services in South Carolina.
Definition:
Patient- and family-centered care is based on the understanding that the family is the child’s primary source of strength and support.
Core Principles of Patient/Family-Centered Care

1. Listening to and respecting each child and his or her family.
2. Ensuring flexibility in organizational policies, procedures, and provider practices.
3. Sharing complete, honest, and unbiased information with patients and their families.
4. Providing and/or ensuring formal and informal support (eg peer-to-peer support) for the child and family during each phase of the child’s life.
5. Collaborating with patients and families at all levels of health care: in the delivery of care to the individual child; in professional education, policy making, program development, implementation, and evaluation; and in health care facility design.
6. Recognizing and building on the strengths of individual children and families and empowering them to discover their own strengths, build confidence, and participate in making choices and decisions about their health care.

Pediatricians, along with Parents, were at the forefront of the movement... Early work in hospitals

Maternal Child Health Bureau targeted services for Children with Special Healthcare Needs and the need for a Medical Home

Institute of Medicine (IOM) report “Crossing the Quality Chasm: A New Health System for the 21st Century”

IOM and IHI had joint meeting to advance the practice

Affordable Care Act: Fully embraces the need for patient/family centered care and is requiring states to submit plans for how they will comply with the CMS “Final Rule”

Late 80s/90s

1992

2001

2006

2017

Family Voices; Institute for Patient and Family Centered Care

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www.FamilyConnectionSC.org
South Carolina Experts
Patients receive information about a diagnosis.

Patients are asked about their preferences in treatment plan.

Treatment decisions are made based on patients' preferences, medical evidence, and clinical judgement.

Organization surveys patients about their care experiences.

Hospital involves patients as advisers or advisory council members.

Patients co-lead hospital safety and quality improvement committees.

Public agency conducts focus groups with patients to ask opinions about a health care issue.

Patients' recommendations about research priorities are used by public agency to make funding decisions.

Patients have equal representation on agency committee that makes decisions about how to allocate resources to health programs.

Factors Influencing Engagement:
- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)
Benefits

- Improves Patient Outcomes
- Improves adhere to clinical plan of care
- Improves Staff Satisfaction
- Cost Effective
- Increases safety
- Potential to reduce litigation

Barriers

- Lack of commitment from Administration
- Older paradigm: paternalistic clinician and system
- Hospital-owned practice
- Expectations to see increase volume
- Shorter visit time
- Increased clinical complexity
- Reimbursement
Moving Forward, One Step at a Time

1. Assess your current office environment:
   * Assessment Tools

2. Review results for strengths and opportunities

3. Physician Champion

4. Staff Champion

5. Determine Roles
PDSA Ideas for Engaging Families and/or Youth

Enlist two Parent-Partners for QI Team
- Support their time in some manner
- Try to ensure at least one can attend QI team meetings

Hold focus groups of 6 to 8 parents
- Generic or specific (parents of children with ADHD)
- Consider a youth/young adult focus group

Create a Parent Advisory Group
- Give them a table or bulletin board in the waiting room
- Ask representative to report regularly at staff meeting

Survey some families about their needs/your care
- Formal survey – press ganey
- Mini-Surveys on topics of interest – “Do you know about our care coordinator?”
What can YOU do...

...to actively elicit patient concerns?

...to learn from families about their experiences of care?

...to share data with your families/patients and ask them about how we can improve?

...to use family feedback to drive quality improvement in your practice?
Activity

What Does Patient and Family Centered Care Look like in Your Practice?

• Break up into groups of 5-6
• Share
• Report back to large group
We have to move from seeing Family engagement practices as supplemental, But rather necessary.

BRIEF UPDATE: BABYNET, PART C SERVICES

Amy A. Holbert, LISW-CP, MSW
Executive Director
803-252-0914
aholbert@familyconnectionscc.org