

■ Patient- and Family-Centered Geriatric Care: The Short Tool

Patient- and family-centered geriatric care is an approach to health care that is grounded in mutually beneficial partnerships among older people, their families, community caregivers, and health care providers. Four principles guide its practice:

- *People are treated with dignity and respect. The expertise, preferences, and culture of each individual and family are valued. These features form the basis for communication and relationships.*
- *Health care providers communicate and share complete and unbiased information with patients and families in ways that are useful and affirming.*
- *Individuals and families build on their strengths by participating in experiences that enhance control and independence.*
- *Collaboration among older people, their families, other community caregivers, and health care providers occurs in policy and program development and professional education, as well as in the delivery of care.*

This assessment tool focuses on how a hospital, nursing home, agency, or organization operationalizes patient- and family-centered geriatric care. It is a succinct summary tool introducing some of the core concepts of patient- and family-centered care. It is not intended to replace the more comprehensive tools included here. Some individuals and organizations may find this tool useful in the initial exploratory phase of advancing the practice of patient- and family-centered care.

To complete the tool: 1). respond to each question with a yes or no. 2). Indicate what level of priority there is for change or improvement. The latter ranking will help prioritize activities to undertake over time in a process of change for the organization.

	Yes	No	Perceived Priority for Change/Improvement		
			low		high
1. Are the principles of patient- and family-centered care reflected in the organization's vision, mission, and philosophy of care statements?	■	■	1	2	3
2. Are the vision, mission, and philosophy of care communicated clearly throughout the organization, to residents or patients, families, staff, and to others in the community?	■	■	1	2	3
3. Do members of the population served by the organization, as well as their family members and other older people, serve as advisors to the organization? Are they directly involved in:	■	■	1	2	3
• Facility design planning?	■	■	1	2	3
• Development of policies and procedures?	■	■	1	2	3
• Orientation and staff development for all employees?	■	■	1	2	3
• Development of information and support programs for patients or residents and their families?	■	■	1	2	3
• Quality improvement initiatives?	■	■	1	2	3

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	Yes	No	Perceived Priority for Change/Improvement		
			low		high
4. Do the organization's policy, practices, and facility design:					
• Demonstrate respect for older people and their families?	■	■	1	2	3
• Support partnership among staff, patients/residents, and families?	■	■	1	2	3
• Promote and preserve independence for residents or patients?	■	■	1	2	3
• Convey an attitude of caring and respect for individual preferences, beliefs, culture, and values?	■	■	1	2	3
• Recognize and support families as essential to the well-being of the individuals served?	■	■	1	2	3
5. Are families welcome at all times, instead of being considered visitors?	■	■	1	2	3
6. Are older people and families encouraged to participate in care and decision making according to the patient's or resident's preferences?	■	■	1	2	3
7. Are programs and systems in place to ensure that older individuals and their families have easy access to useful information and practical and emotional support?	■	■	1	2	3
Is there specific support for end of life care?					
8. Is the culture of the program or facility oriented toward optimizing overall physical and emotional health for older people and their families?	■	■	1	2	3
9. Is a staff member designated to coordinate care with each patient and/or family?	■	■	1	2	3
10. Are patients/residents and their families adequately prepared for transitions such as those:					
• From care at home to hospital care and the return home?	■	■	1	2	3
• From one hospital unit to another?	■	■	1	2	3
• From independent living to skilled nursing care or rehabilitation?	■	■	1	2	3
• From skilled nursing care to assisted living or independent living?	■	■	1	2	3
• From hospital care to hospice care?	■	■	1	2	3
• From skilled nursing care or independent living to hospice care?	■	■	1	2	3
11. Is the facility designed to accommodate the functional and cognitive abilities of the population served?	■	■	1	2	3
12. Do training programs prepare physicians and other staff to practice in accord with patient- and family-centered principles?	■	■	1	2	3
13. Do personnel policies and programs support and encourage patient- and family-centered care practice by all staff?	■	■	1	2	3