

Strategies for
LEADERSHIP

Patient- and Family-Centered Care:
Partnerships for Quality and Safety



A Video Discussion Guide



**American Hospital
Association**

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A Video Discussion Guide

The centerpiece of this toolkit is a 13-minute video titled “Patient- and Family-Centered Care: Partnerships for Quality and Safety.” The video describes the core concepts of patient- and family-centered care and features compelling stories from patients and families, caregivers and hospital leaders. Hospitals and medical staff can use the video with a number of audiences and for a variety of purposes, as described in the following examples. This discussion guide also includes some general questions for you to use as a springboard for discussions, followed by more specific questions to examine patient and family involvement in your hospital.

Ideally initial discussions would include representatives from the board of trustees, the chief operating officer, chief nursing and medical officers, chief financial officer, leaders of the medical staff, and leaders for quality and safety.

Hospital Senior Leadership Team

As the concepts of patient- and family-centered care impact everyone in the organization, it is critical that the hospital leaders have an understanding and a willingness to engage in the needed work to improve a hospital’s performance. You may wish to begin by arranging a one-hour meeting to show the video to senior leaders, and to engage in a discussion about patient- and family-centered care.

Board of Trustees

It is essential that the board of trustees understand the concepts of patient- and family-centered care and be committed to its implementation. Equally important, board members have experience, knowledge, and fresh perspectives that can be of critical importance to advancing the practice of patient- and family-centered care.

You may wish to schedule a screening of the video at an upcoming board meeting and ask the board chair to facilitate a discussion. If you’ve already shown the video to key staff groups, share some highlights of their discussions. Encourage the group to think about how the insights of patients and family members, hospital leaders, and staff featured in the video might contribute to your hospital’s quality of care and patient safety goals and to improving the experience of care for patients and families.

Inviting board members’ input into this exploration of patient- and family-centered care will bring a number

of benefits. For example, many board members come from the business community. They may have experience in learning from their customer, improving quality and developing cost-efficient practices based on customer recommendations. Ask for their thoughts about reaching out to patients and families and involving them in collaborative planning.

The board of trustees may be a resource in identifying patients and families from the community to serve as advisors. When you begin recruiting patients and families, let trustees know the qualities and skills you are looking for and the roles and responsibilities that patient and family advisors will have.

Medical Staff

Just as it is essential for the board of trustees to understand and commit to the concepts of patient- and family-centered care, it is as critical, if not more so, for the medical staff to be supportive of implementing the concepts. The medical executive committee should engage in the same exercise as the board of trustees and the senior hospital leadership and evaluate the medical staff’s readiness to not only support, but also provide leadership relative to the implementation of the concepts of patient- and family-centered care.

Other Key Staff, Committees and Task Forces

As you move forward, plan opportunities for other key staff members, committees, and task forces to view and discuss the video. Potential participants include:

- Nursing leadership/management teams.
- Quality improvement and patient safety teams.
- Individuals responsible for employee orientation and staff development.
- Patient and family education committee.

Sample Discussion Questions

When showing the video, you might begin by asking members of the group to explore a number of general questions, such as those listed here. Then, building on ideas or a sense of consensus that has emerged from that discussion, invite the group to identify segments of the tape that demonstrate the connection between patient- and family-centered care and their current roles and responsibilities.

- Has anyone been a patient at this hospital or another facility? Describe that experience in terms of how you were treated as a patient. Were family members welcome at any time?
- How does our organization get input from patients and families? Is there a mechanism other than surveys and focus groups?
- Had you heard the term “patient- and family-centered care” before viewing this video? If so, did the video change your understanding of what it is? In what ways? How would you define patient- and family-centered care?
- Is our hospital currently providing patient- and family-centered care? Is it the standard of care for our organization? How do we know? What are the best examples of patient- and family-centered care in our organization?
- How can we improve the care we provide to patients so that it is more patient- and family- centered?
- How can patient- and family-centered care help us achieve our goals of quality and safety and make the recommendations of the Institute of Medicine a reality in our organization?

To learn more about beginning the journey of patient- and family-centered care, refer to “Moving Forward with Patient- and Family-Centered Care: One Step at a Time” in the Resource Guide included in the Strategies for Leadership toolkit.

Initial Questions for Trustees and Administrative, Medical and Nursing Leaders

Patient- and family-centered care is not a discrete, stand-alone program. It is an approach to care that must permeate an organization’s culture. For this reason, it requires that CEOs, trustees, senior hospital leaders, including nursing and medical executives; medical staff and other caregivers examine the infrastructure of their organization and determine the degree to which it supports patient- and family-centered practice.

Many hospitals find it helpful to begin this examination by answering a series of brief questions such as those listed below.

Leadership

- Do the hospital’s vision, mission, and philosophy of care statements reflect the principles of patient- and family-centered care?
- Have the vision, mission, and philosophy of care statements been communicated clearly throughout the hospital, to patients and families, and to others in the community?
- Do hospital leaders model collaboration with patients and families?

Patients and Families as Advisors

- Do patients and families serve as advisors to the hospital?
- Do patients and families serve on committees and work groups involved in:
 - Strategic planning?
 - Facility design?

- Patient and family education?
- Discharge/transition planning?
- Quality improvement?
- Patient safety initiatives?
- Staff orientation and education?

Architecture and Design

- Does the hospital’s architecture and design:
 - Create positive and welcoming impressions throughout the facility for patients and families?
 - Reflect the diversity of patients and families served and address their unique needs?
 - Provide for the privacy and comfort of patients and families?
 - Support the presence and participation of families?
 - Enhance patient and family access to information?
 - Support the collaboration of staff across disciplines and with patients and families?

Patient and Family Participation in Care

- Are patients and families encouraged and supported in participating in care and decision-making?
- Are hospital policies, programs, and staff practices consistent with the view that families are not “visitors,” but instead are:
 - Allies for patient health, safety, and well-being?
 - Partners in decision-making and caregiving?

Patient and Family Access to Information

- Are there systems in place to ensure that patients and families have access to complete, unbiased, and useful information?

Education of Students and Trainees

- In academic medical centers, do the education programs prepare students and trainees for patient- and family-centered practice?
- Are patients and families involved in teaching students and trainees?

Human Resources

- Does the hospital’s human resources system support and encourage the practice of patient- and family-centered care?
- Are there systems in place to ensure that:
 - Individuals with patient- and family-centered skills and attitudes are hired?
 - There are explicit expectations that all employees respect and collaborate with patients, families, and staff across disciplines and departments?

Research

- In research programs, do patients and families participate in:
 - Shaping the agenda?
 - Conducting the research?
 - Analysis?
 - Dissemination?

On the basis of responses to these questions, hospitals may wish to conduct a more extended self-assessment. One such tool, developed by the Institute for Family-Centered Care and titled “Patient- and Family-Centered Care: A Hospital Self-Assessment Inventory,” is included in this kit. Self-assessment tools for specific clinical areas, also developed by the Institute, are listed in the References and Resources section of the kit’s Resource Guide.

The Four Principles of Patient- and Family-Centered Care

Dignity and Respect: Health care providers listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into care planning and decision-making.

Information Sharing: Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, accurate information in order to effectively participate in care and decision-making.

Participation: Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

Collaboration : Patients, families, and providers collaborate in policy and program development, implementation, and assessment; in health care facility design; and in professional education, as well as in the delivery of care.