4.07 FAMILY CENTERED CARE

Introduction

The National Academy of Medicine (NAM; previously the Institute of Medicine [IOM]), the American Academy of Pediatrics, and the Accreditation Council for Graduate Medical Education have all called for an increased emphasis on patient and family centered care. Family centered care (FCC) involves collaboration between patients, the family/caregivers, healthcare providers, and hospital administration to address the needs of individual patients, populations, and healthcare systems. It can inform policy, facility design, healthcare outcomes evaluation, and individual daily interactions. Thus, FCC is used to plan, deliver, and evaluate healthcare; conduct research; provide education; and improve healthcare quality. Pediatric hospitalists were first to lead national efforts to espouse family centered rounds (FCR), which is a cornerstone of a larger FCC program. Pediatric hospitalists promote high quality FCC by embedding it into daily interactions with patients and the family/caregivers, modeling and teaching it to trainees, and applying it to clinical care, medical education, research, quality improvement, hospital operations, and patient safety.

Knowledge

Pediatric hospitalists should be able to:

- Summarize the features of FCC, drawing upon existing frameworks from organizations such as the NAM, the Agency for Healthcare Research and Quality, and the Picker Institute.
- Describe the Picker Institute's 8 Principles of Patient Centered Care: 1) respect for patient preferences, 2) coordination and integration of care, 3) information and education, 4) physical comfort, 5) emotional support, 6) involvement of family and friends, 7) continuity and transition, and 8) access to care.
- Summarize common components of a comprehensive healthcare system FCC program, attending to family involvement on advisory councils and boards, research committees, and electronic medical record groups, as well as healthcare system community partnerships and other relationships.
- Review the concept of "co-production", which involves co-execution, co-planning, and civil discourse between patients, professionals, the healthcare system, and the community and society in order to achieve high-value healthcare and promote good health for all.
- Give examples of common best practices for FCR, including the family/caregivers speaking first, healthcare providers speaking in language understood by the family/caregivers, making plans and goal setting with the family/caregivers, asking open-ended questions, and assessing family/caregivers' understanding.
- Describe the role of "patient activation" (patients attaining the confidence, knowledge, and skills to manage and maintain one's health and healthcare needs) in promoting FCC in the inpatient setting.
- Discuss the steps of shared decision-making, including 1) seeking a patient's participation, 2) helping a patient to explore and compare treatment options, 3) assessing a patient's values and preferences, 4) reaching a decision with a patient, and 5) evaluating a patient's decision.
- Discuss best practices of shared decision-making and give examples of where shared decision-making may be used inside and outside the setting of hospital rounds.
- Give examples of universal health literacy precautions use during communications with patients and the family/caregivers, including using plain language, minimizing unnecessary medical jargon, breaking down complex concepts into understandable pieces, bidirectional communication, and reinforcement with written or internet-based educational materials.
- Define implicit bias and review how unconscious, automatic stereotypes can affect understanding and decisions, leading to inconsistent management and healthcare outcome disparities.
- Discuss how differing experiences and views on race, ethnicity, sexual orientation, gender identity, religion, culture, immigration, disability, language, literacy, health literacy, and socioeconomic status may influence the approach toward and success of FCR and a comprehensive FCC program.

Skills

Pediatric hospitalists should be able to:

- Model, teach, and integrate FCC principles throughout the inpatient continuum of care delivery, from admission and medication reconciliation to rounds, transitions of care, and discharge planning.
- Demonstrate basic skills in co-production specific to hospital medicine including those affecting policy (co-commissioning), clinical care and education (co-design, co-delivery), and quality/safety/research (co-assessment) within the local context.
- Coordinate, lead, and adapt FCR to meet specific patient needs, such as low English proficiency (LEP) children, adolescents, caregivers, and family members.
- Educate trainees about the core elements of FCC.
- Utilize strategies to include nursing staff and other ancillary staff (such as pharmacists, social workers, care coordinators, and others) in FCC.
- Utilize strategies to activate patients and the family/caregivers.
- Demonstrate skills in shared decision-making.
- Integrate the consistent use of universal health literacy precautions into daily practice.
- Demonstrate culturally competent communication skills.
- Engage interpreters effectively for LEP patients.
- Identify and abate potential implicit biases.
- Demonstrate skill in using information technology, including electronic medical record portals, to promote patient engagement.

Attitudes

Pediatric hospitalists should be able to:

- Recognize the role that implicit bias plays in impeding FCC.

- Reflect on the importance of being respectful of religious, cultural, and personal preferences in communication and involvement in care.
- Realize the patient and family/caregivers' important role in promoting health and partnering in care decisions, both in the hospital and after discharge.
- Consider that all patients and the family/caregivers benefit from clear communication and universal health literacy precautions.
- Recognize the unique roles of the patient and the family/caregivers as "vigilant partners" in care and in patient safety, including in safety promotion and safety reporting.
- Appreciate the unique needs of underserved and marginalized communities, including LEP patients, Lesbian Gay Bisexual Transgender (LGBT) youth, religious and ethnic minorities, and immigrants.

Systems Organization and Improvement

In order to improve efficiency and quality within their organizations, pediatric hospitalists should:

- Lead, coordinate, or participate in interdisciplinary efforts to ensure effective patient and family engagement in hospital committees, research activities including prioritizing research questions, and hospital quality improvement initiatives.
- Work with hospital administration and other hospital leaders to create and sustain patient and family/caregiver involvement in safety reporting and safety promotion.
- Collaborate with graduate medical education leaders and other educators to create and sustain education around FCC for medical students, residents, faculty, and other healthcare providers.
- Collaborate with hospital administration and community leaders to engage patients and the family/caregivers in design and development of pediatric hospitals and healthcare systems, within local context.

References

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3. Rea KE, Rao P, Hill E, Saylor KM, Cousino MK. Families' experiences with pediatric family-centered rounds: A systematic review. Pediatrics. 2018;141(3): e20171883. https://pediatrics.aappublications.org/content/141/3e20171883.long. Accessed August 28, 2019.