Partner’s in Care: One Unit’s Journey Toward Patient- and Family- Centered Care

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Objectives

- Identify the concepts of Patient and Family Centered Care/Partners in Care
- Describe key components of Patient and Family Centered Care/Partners in Care
- Discuss lessons learned from the implementation of the Partners in Care Program

History

- Emerged in 1969 as Patient Centered Medicine
- 1988 Picker Institute “coined” the term Patient Centered Care
- Rapid Changes in healthcare
- Responding to patient needs

- Incorporating the patient’s point of view
- Understanding the patient as a person
- Educating patients appropriately
- Building a culture

Purpose

- Improve Outcomes
- Efficiency
- High Quality
- Cost Effectiveness

Patient and Family Centered Care

Approach to Planning

Delivering

Evaluating Care

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The Institute of Medicine defines Patient and Family Centered Care as care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.

Building a partnership with the patient and family is crucial to the inception of this model.

1. Dignity and Respect
2. Information Sharing
3. Participation
4. Collaboration

Healthcare providers are attentive and mindful to the preferences of the patient and family.

Knowledge, Values, and cultural beliefs are integrated into their care.

This is all about communication and sharing gathered information with the patient and their family.
Participation

Patients and families must be active participants in their care.

Collaboration

Patients, families, health care practitioners, and hospital leaders collaborate in policy and program development, implementation and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Benefits

- Increased Patient and Family Satisfaction
- Increased Involvement
- Bridging the gap
- Decrease readmission rate
- Improve Outcomes
- Lowers Costs
- Help with recruitment and retention of staff
- Increasing the amount of time nurses spend at the bedside

Where did we begin?

- A St. Elizabeth Healthcare MSN cohort capstone project was commissioned. The purpose of this project was to assess, establish readiness for continued further evolution of a PFCC culture at St. Elizabeth Healthcare (SEH).

Initial Process

- A gap analysis survey developed and published (2004) by the Institute of Patient and Family Centered Care (IPFCC) was given to key stakeholders at St. Elizabeth Healthcare.

High Priority Low Status Indicators identified in survey

- Environment:
  The paradigm shift away from the more traditional culture where healthcare was organized around the needs and desires of the healthcare professionals.
- Patient/families as Advisors:
  The ability of SEH to facilitate and witness patient generated initiatives that are designed to improve care is not only rewarding but also supportive of their mission, vision and goals.
- Patients/families involved in Quality Improvement:
  Empowering patients and families to be engaged in their care and involved in organizational improvement initiatives.
Beginning Steps

- Patient and Family Centered Care Coordinator position was developed
- Development of a Patient- and Family- Centered Care committee named “Partners in Care”. The committee is inter-professional and also includes a Patient Advisor.
- Start accessing the Patient Advisory Board.

SEH Patient Advisory Board

- Created by Marketing 2012 but currently very active in patient centered initiatives/concerns
- Goal is to transition a member of the Patient Advisory Board onto each unit's Unit Based Council. Utilizing IPFCC educational resources for Patient Advisors.
- Unit champions can bring ideas, concerns etc. to the Partners in Care committee and to the Patient Advisory Board for discussion.

Initiatives Developed

- The committee developed system-wide initiatives based on the results of the IPFCC hospital survey.
- The initiatives decided upon by the committee to address the areas of focus directly align with the four principles of Patient and Family Centered Care.

The Four Principles of Patient and Family Centered Care

- **Respect and Dignity**: Patient and Family Centered Care mission, bedside report, patient/family participation in care, identification of a Partner in Care, Journaling, all Patient Care Services staff involved.
- **Information Sharing**: Patient and Family Centered Care mission, bedside report, patient/family participation in care, identification of a Partner in Care, Journaling, Get Well Network (GWN)
- **Participation in Care and Discussion Making**: Bedside report, patient/family participation in care, identification of a Partner in Care, Journaling, Get Well Network (GWN)
- **Collaboration in Programs and Policies**: Patient Advisory Board, Patient Advisor GWN involvement in Education workgroup, Patient Advisors on PIC units

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System-wide involvement

- In a patient and family centered culture all employees are caregivers, each in their own way participating in the outcome of the patient’s and their families “very personal” experience during their stay.

System-wide in-serving of Partners in Care mission

All Patient Care Services Areas:
- Nursing: Nursing executives, managers and directors, Nursing Councils, Educators, Care Coordinators, Nurse Navigation, IVT, Nurses in ICU, Maternal Child Health, TOU and Medical Surgical Areas.
- Housekeeping, pharmacy, lab, Radiology, Physical Therapy, Occupational Therapy, Respiratory Therapy, Social Service, Pastoral care, Nutrition Services, Ambassadors, Transporters, Security... ongoing.
- Patient Care Services Intranet article and updates, Connection article and updates, FAQ sheets for startup and non startup units

Physicians:
- Hospitals, SEP All provider Meeting, Medical Executive Committee, Patient Care Committee, FAQ sheet sent out to entire medical staff, InTouch article

- Patient Advisory Board

Never underestimate what YOU can do to Make a Difference

Partners in Care Committee Growth

- The committee started with 6 inter-professional members but has grown and currently has members from all patient care services areas, 2 physicians and a Patient Advisor.
- Staff in the in-services are invited and encouraged to bring their ideas to the Partners in Care committee.
- “Be the window washer!”

SEH Patient Advisory Board

- Created by Marketing in 2012 but currently very active in patient centered initiatives/concerns
- Bimonthly meetings
- Staff, Unit champions and Partners in Care Committee members can bring ideas, concerns etc. to the Patient Advisory Board for discussion.

SEH Patient Advisory Board Involvement in addressing Indicators

- Emergency Department potential redesign (environment)
- Tour of the Heart & Vascular (environment)
- Linen usage (environment & advisors)
- Branding of the SES and Commonwealth Orthopedics (environment)
- Education on the mission at SEH in Patient and Family Centered care initiatives (quality)
- An Advisor added to the Partners in Care Committee (advisors & quality)
- Patient Perception of Feeling Known survey (advisors & quality)
- Active member in Partners in Care Committee brainstorming session (environment, advisors & quality)
- Get Well Network Education focus group member (advisors & quality)
- Hospital Executive Leadership visits

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Teamwork

Committee Involvement
- Unit Based Design
- Physicians
- Care Coordinators
- Therapy Departments
- Social Services
- Housekeeping
- Patient Advisory Board

Goals of unit initiatives
- Increase nurse/patient/family/Partner in Care communication
- Promote trust and bonding with nurses
- Engage the patient/family/Partner in Care as active participants in the care
- Personalize, humanize and demystify the care and hospital stay

2C UBC Partners in Care initiatives
- Collaboration with Physical therapy
- Scenic Curtains
- Clerical staff support
- Unit PIC mini Mandatory In-servicing

Unit Signs

Partners in Care
Unit level Initiatives March 23, 2015
2C Edgewood

The Signs are Up and the Brochures are Printed!

Patient supplies...

Key Points

- Patient rounding
- Welcome Letter
- Assigning a Partner in Care
- Complete “Getting to Know You” form
- Utilize Communication Journal
- White Board Usage

Welcome letter

- Welcome letter with NM photo, pertinent unit information, explanation of the Partners in Care initiative and with nurse rounding/report times.
- Family are invited to come to bedside report if patient is agreeable.
- The journal, admission paperwork and the discharge folder will be kept at the bedside.

What is a Partner in Care?

- The Partner in Care is a person that the patient chooses to support them during their illness. This person can be a part of the conversations with the healthcare team, and can share information about the patient’s condition. This person can also assist the healthcare team by acting as the primary go-to person for family and loved ones with questions.
- The patient may choose the same person to be both their Partner in Care and their legal health care agent, or have different people for each role.
- The patient will receive a pamphlet explaining the Partner in Care program.
- The Partner in Care will be the point contact person for the patient’s family. Hopefully this will keep the information given to the family consistent, also decreasing interruptions and allow the nurse more time at the bedside.

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Assigning a Partner in Care

- The Partner in Care is a person that the patient chooses
to support them during their illness. This person can be
part of the conversations with the healthcare team. The
go-to person for family and loved ones with questions.

- The patient may choose the same person to be both
their Partner in Care and their legal health care agent,
or have different people for each role.

- The Partner in Care is the key contact person for the
patient. Hopefully this will keep the information given
to family consistent, decreasing interruptions for nurse

Partner in Care Call Sheet

- Sheet is filled out on admission. Sheet will be kept in
chart. Also will place sticky note with Partner in Care
info and/or write a nursing communication order to call
the Partner In Care at the designated time.

- Proactive calling (the time designated by the Partner in
Care) Will keep family up to date and help develop a
trusting Relationship with the staff, while also allowing
nurse to Plan day and decrease phone call interruptions

Partner in Care sheet

- We would like you to choose a Partner in Care to assist us and to assist you throughout your
stay. A Partner in Care is a person you choose to support you and your care team. You will use
this form to plan your daily activities and communicate with the staff.

- Their phone number: _________________________________________________

- Patient’s designated Partner in Care is: _______________________/ relationship

- Patient’s signature:___________________________________________________

- My name: _________________________________________________________

- Choosing a Partner in Care is not the same thing as designating a decision-maker for patient
care decisions. If you would like assistance in designating a Health Care agent, please contact the
Deming's office.

- We will be calling you to inform us on when the best
time to call about the patient.

- We want to encourage the nursing staff to proactively call the Partner in Care so that they are kept up to date on the patient’s condition. At that
time the nurse can also address any concerns that they or the patient
may have.

- Proactive calling helps the patient and their family/friend develop a
trusting relationship with the nursing staff.

- Proactive calling will allow the nurse to plan his/her day and decrease the
amount of interruptions.

Become A Partner In Care

Communication Journal

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Communication Journal

- A tool to be used for the patient and family to write down concerns, questions or comments for the healthcare staff.

- Each day in the journal should be dated and the question “What is the most important thing for you today?” answered so it can also be addressed by the healthcare staff during bedside report.

- At each SBAR bedside report the nurses with the patient & family/loved one will review the journal for this information and decide how to best address the entries. The entry should be initialed by the healthcare staff who addresses the entry.

- The patient is encouraged to continue journaling after discharge writing down questions, symptoms, BP’s, FSBS’s etc...

- Promotes communication, information sharing, engages the patient in their care and promotes trust.

Utilize Communication Journal

- Tool used for the patient and family to write down concerns, Questions or comments for staff

- During bedside report rounding the nurse and patient review journal and address any entries. The entry should be initialed by the staff who addresses the entry.

- Each day the journal should be dated and the question “What is the most important thing for you today?” answered.

Bedside Report

Bedside Report/Patient Rounding

- Research has shown that most medical errors and deaths could have been prevented by involving the patient and family in the medical care

- Effective rounding by nurses from shift to shift can prevent Medical errors and increase patient satisfaction

- Nurse/Physician rounding improves communication

“i’m a person not an illness”

Getting to Know You

- Can be filled out by any member of 2C staff, the patient, or the patient’s family... Whatever works best!

- Place the “Getting to Know You” sheet on the White Board

- Use the information to develop a personal connection
"A Little Bit About Me"

- Welcome to ____!
- To take the best possible care of you, we would like to get to know you better!
- To help us, please answer the following questions about yourself. This sheet will be shared with your care team and a copy will also be posted in your room.

I prefer to be called: ______________________________________________
I live with: ______________________________________________________
My family includes: _______________________________________________
I currently reside in: ______________________________________________
I am from/grew up in: _____________________________________________
Pets: __________________________________________________________
My hobbies include: ______________________________________________
While in the hospital, my goals are: __________________________________
I know the St. Elizabeth team will try their hardest to make me as comfortable as possible while I am here, so I wanted to share the following preferences with my care team:
If possible I prefer to bathe:  In the morning.  In the evening.
If possible I prefer to sleep, or nap, at the following time(s): _________________
If possible, I would like to continue the following activities while in the hospital (e.g., reading in a chair…)_______________________________________________________
My daily routine ideally includes:
(e.g., reading the paper, morning coffee…)_____________
_______________________________________________________________________________
Date: ____________________________________________________________

A Little Bit About Me

- The "A Little Bit About Me" sheet can be filled out by the healthcare staff with the patient and family, or by the patient with their family, or the patient alone what ever works the best.
- Place the "A Little Bit About Me" sheet on the White Board
- Use the information to develop a personal connection with your patient and their family.

White Board

- Continue to use for pain/plan of care updates
- Staff Photos (when appropriate)
- Education
- Phone numbers

White Board

- Thinking about the nurses who cared for you/your family member, how would you rate the nurses’ Communication with you/your family member? Would you say:

Q10 - Nurses’ Likelihood of Communication with Patient/Family

Q34 - Nurses’ Communication with Patient/Family
Thinking about the nurses who cared for you or your family member, how would you rate the nurses:
Understanding and Caring? Would you say:

Thinking about the doctors who cared for you or your family member, how would you rate the doctors:
Keeping (you/your family member) informed about your medical condition and treatment? Would you say:

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- **What you can do...**

  **AIDET® Communication Framework**
  - **Acknowledge**
    - Thank you for choosing St. Elizabeth Healthcare
    - Thank you for letting me take care of you today
  - **Introduce**
    - Introduce yourself and department
    - Share your expertise
    - Open up the conversation
  - **Duration**
    - How long before surgery or procedure?
    - How long before they can see their family?
  - **Explain**
    - Explain all about pain management and how it will be managed
    - Explain what will happen, what to expect, and why
    - Questions?
  - **Thank you for choosing St. Elizabeth Healthcare**

- **Dynamic Caring Model**

- **Demystify the Healthcare Experience**

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Moving beyond......

- What's the matter with the patient...... to What matters to the patient

Interactive Patient Care Vision

- "Our vision is to provide a truly interactive patient care experience where the patient, family and partners in care are active, engaged and empowered participants in their care continuum"

Interactive Patient Care

- Interactive whiteboard technology offers our patients, their families and Partners in Care the resources to empower them with information and knowledge along with the ability to take more responsibility for their health engaging them as active participants in their care.
- Areas of focus: education, pain, care coordination and service response
- Implementation set for August 2015

Getwell Network Interactive Whiteboard
Our Belief…..

At St. Elizabeth Healthcare (SEH) we believe in an evolving caring-healing practice environment that promotes relationships, connections, new forms of communication and authentic partnerships between patients, families and the healthcare team.

Lessons Learned

- Commitment from Senior Leadership
- Clearly communicated strategic vision
- Staff education and staff by...
- Patient and family involvement
- Supportive environment for health care staff
- Staffing

References


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