

# INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

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# Better Together: Partnering with Families — A 4-Part Webinar Series

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With a team from Contra Costa Regional Medical Center, Martinez, CA

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Jaspreet Benepal, Chief Nursing Officer  
Lt. Jeff Moule, Chief of Security

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# **Assessing the Readiness of Your Organization**

February 26, 2014

Better Together: Partnering with Families  
Webinar #1



# In our time together . . .

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- ◆ Describe the core concepts of patient- and family-centered care as foundational to an organizational culture that supports the delivery of high quality, safe, and efficient care.
- ◆ Explore the power of stories in changing policies and practices.
- ◆ Discuss initial strategies for changing the concept of families as visitors.
- ◆ Discuss processes to identify the strengths in your hospital and the opportunities for improvement.



# Patient- and Family-Centered Core Concepts

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- ◆ People are treated with **respect and dignity**.
- ◆ Health care providers communicate and share complete and unbiased **information** with patients and families in ways that are affirming and useful.
- ◆ Patients and families are encouraged and supported in **participating in care and decision-making** at the level they choose.
- ◆ **Collaboration** among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.





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Patient- and family-centered care is working "with" patients and families, rather than just doing "to" or "for" them.



# Why Patient- AND Family-Centered Care and not just Patient-Centered Care?

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Individuals, who are most dependent on health care, are most dependent on families...

The very young;  
The very old; and  
Those with chronic conditions.



Families are allies for quality and safety; they often are the constant support across settings and assist with transitions of care. They can participate in the development of a care plan and support the patient in following the plan.



# A Broad Definition of Family

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In health care settings, patients are asked to define their family and how they will be involved in care and decision-making.

The American Academy of Family Physicians which defines “family” as “a group of individuals with a continuing legal, genetic and/or emotional relationship”. (American Academy of Family Physicians, 2009).



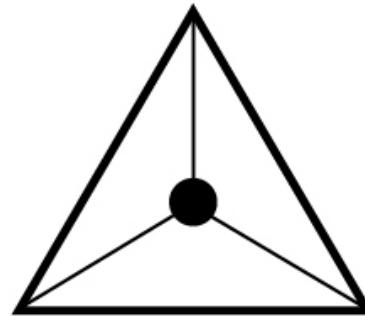
# Triple Aim — Patient- and Family-Centered Care

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Health of Populations

Patient  
Experience



Reducing  
Costs

"The most direct route to the **Triple Aim** is via patient- and family-centered care in its fullest form."

Don Berwick, June 5, 2012



# Health Care Reform in the United States

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- ◆ A Consistent Theme of Patient and Family Engagement at all Levels
- ◆ The Affordable Care Act of 2010
  - ◆ Primary care redesign, increased access, and further integration with mental health.
  - ◆ Partnerships for Patients: Better Care and Lower costs — Reduction in preventable hospital acquired conditions and readmissions



# Patient and Family Engagement

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Patient and family engagement is a priority consideration essential to health reform at four levels

- ◆ At the clinical encounter...patient and family engagement in direct care, care planning, and decision-making.
- ◆ At the practice or organizational level, patient and family engagement in quality improvement and health care redesign.
- ◆ At the community level, bringing together community resources with health care organizations, patients, and families.
- ◆ At policy levels locally, regionally, and nationally.



# Transforming Healthcare: A Safety Imperative

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“We envisage patients as essential and respected partners in their own care and in the design and execution of all aspects of healthcare. In this new world of healthcare:

Organizations publicly and consistently affirm the centrality of patient- and family-centered care. They seek out patients, listen to them, hear their stories, are open and honest with them, and take action with them.

. . . Continued

Leape, L., Berwick, D., Clancy, C., & Conway, J., et al. (2009). Transforming healthcare: A safety imperative, *BMJ's Quality and Safety in Health Care*. Available at: <http://qshc.bmj.com/content/18/6/424.full>



# Transforming Healthcare: A Safety Imperative (cont'd)

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**The family is respected as part of the care team—never visitors—in every area of the hospital, including the emergency department and the intensive care unit.**

Patients share fully in decision-making and are guided on how to self-manage, partner with their clinicians and develop their own care plans. They are spoken to in a way they can understand and are empowered to be in control of their care.”



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Changing the Concept of  
Families as Visitors. . .

An International Campaign





A Sneak Peek . . .





# Better Together

*Partnering with Families*

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE





The Welcoming Policy:  
A Journey of Leadership  
and Commitment at all  
Levels of the  
Organization and With  
the Community  
  
AND a Journey of  
Innovation, Change, and  
Improvement



# Contra Costa Regional Medical Center & Health Centers, Martinez, CA

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## The Power of a Story to Change Organizational Culture

Anna Roth, CEO



[http://www.youtube.com/watch?  
v=mV2qNGXIhAY&feature=youtu.be](http://www.youtube.com/watch?v=mV2qNGXIhAY&feature=youtu.be)



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## Executive Team Discussions about Policy and Practice



# Contra Costa Regional Medical Center & Health Centers, Martinez, CA

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Hospital CEO and  
Patient Partner  
Model Partnership



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Creating a Multi-Perspective  
Team to Begin the Process

Jaspreet Benepal  
Chief Nursing Officer



# Contra Costa Regional Medical Center & Health Centers, Martinez, CA

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Security, Facilities,  
Nurse Leaders, and  
Communications  
are all part of the  
team

Lt. Jeff Moule,  
Chief Security  
Officer





# Contra Costa Regional Medical Center & Health Centers, Martinez, CA

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*Partnering with Families*

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# Questions and Sharing of Ideas





## Pre-work/Home-work:

- ◆ Changing Hospital “Visiting” Policies and Practices:  
Supporting Family Presence and Participation. Available  
from: [www.ipfcc.org/visiting.pdf](http://www.ipfcc.org/visiting.pdf) 
- ◆ Complete the Better Together: Partnering with Families  
Online Organizational Assessment –  
 [https://www.surveymonkey.com/s/  
BetterTogether\\_PartneringwithPatientsandFamilies](https://www.surveymonkey.com/s/BetterTogether_PartneringwithPatientsandFamilies)
- ◆ Conduct a Walkabout with leaders, staff, and several  
patients and families ([click here to download the PDF](#)) 





**INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE**

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# **CHANGING HOSPITAL “VISITING” POLICIES AND PRACTICES: SUPPORTING FAMILY PRESENCE AND PARTICIPATION**

## **EXECUTIVE SUMMARY**

Current “visiting” policies in many of our nation’s hospitals, even for traditionally defined “families,” are inappropriately restrictive, costly, put patients at risk, and contribute to emotional suffering for both the patient and family...even if administered without a trace of discrimination (Lee, et al., 2007; Spuhler, 2007). Not only is it vital to enact change as President Obama has outlined, including how families are defined, it is also imperative to transform the restrictive policies and practices of many of our nation’s hospitals (Berwick & Kotagal, 2004).

Fundamental change is necessary to move away from the current prevailing view that families are visitors. To achieve this, the family must be *“respected as part of the care team—never visitors—in every area of the hospital, including the emergency department and the intensive care unit”* (Leape et al., 2009, p. 426).



<http://www.ipfcc.org/visiting.pdf>





# Better Together: Partnering with Families

## Online Organizational Self-Assessment

### Better Together: Partnering with Families - An Organizational Self-Assessment

This organizational self-assessment provides an opportunity for a hospital to assess current policies and practices as part of a process to change the concept of families as "visitors" to welcoming families as essential members of the care team, according to patient preference. It helps determine initial priorities and action steps to begin the process of change and improvement. It can also be used to track progress over time.

1. The name of the hospital where I work is:

2. Does our hospital acknowledge the importance of families and other care partners to the care, comfort, and safety of patients in:

- |                   | Yes                   |
|-------------------|-----------------------|
| Written policies? | <input type="radio"/> |
| Staff practices?  | <input type="radio"/> |
| Website?          | <input type="radio"/> |

Comments:

3. Do our hospital's written policies refer to families and other care partners as essential members of the health care team and not as "visitors"?

- Yes  
 No

Comments:

4. Does our hospital encourage patients to define their family or other care partners who will be involved in care and decision-making through:

- |                        | Yes                   |
|------------------------|-----------------------|
| Written policies?      | <input type="radio"/> |
| Staff practices?       | <input type="radio"/> |
| Documentation systems? | <input type="radio"/> |

Comments:

5. Does our hospital encourage patients to identify their preferences for how family members and other care partners will be involved in care, care planning, and decision-making in:

Yes

No

By Apr. 30, please complete  
the assessment at:

[https://  
www.surveymonkey.com/s/  
BetterTogether\\_Partneringwi  
thPatientsandFamilies](https://www.surveymonkey.com/s/BetterTogether_PartneringwithPatientsandFamilies)





With Patients and Families





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**HOW TO CONDUCT A "WALK-ABOUT" FROM THE PATIENT AND FAMILY PERSPECTIVE**

One way to begin working with patients and families in planning for improvement is to explore your hospital, unit, or clinic through the eyes of patients and their families. A "walk-about" is an activity that can be used to obtain patient and family perspectives about the experience of care, especially about first impressions, and how your organization's policies, practices, and environment support patients and families in engaging as key partners on their health care team.

If you have patient and family advisors working with your organization, ask them to participate in this activity. If you don't currently have any patients or families identified as advisors, invite several patients and families who have received care at your organization to participate. It is helpful to have more than one patient or family member participating in the "walk-about." Select patients and families who are willing to share their opinions (for guidance, see "Selecting, Preparing, and Supporting Patient and Family Advisors" in the resources titled, *Advancing the Practice of Patient- and Family-Centered Care in Hospitals: How to Get Started* and *Advancing the Practice of Patient- and Family-Centered Care in Primary Care and Other Ambulatory Settings: How to Get Started* available at [www.ipfcc.org/tools/downloads.html](http://www.ipfcc.org/tools/downloads.html)).



[http://essentialhospitals.org/wp-content/uploads/2014/02/00308\\_How\\_to\\_Conduct\\_a\\_Walk-About\\_from\\_the\\_Patient\\_and\\_Family\\_Perspective.pdf](http://essentialhospitals.org/wp-content/uploads/2014/02/00308_How_to_Conduct_a_Walk-About_from_the_Patient_and_Family_Perspective.pdf)





**Better Together**  
*Partnering with Families*

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## Other Resources

# SICK, SCARED *and* SEPARATED *from* LOVED ONES:

A REPORT ON NYS HOSPITAL VISITING POLICIES AND  
HOW PATIENT-CENTERED APPROACHES  
CAN PROMOTE WELLNESS AND SAFER HEALTHCARE



*A Report by*

NEW YORKERS FOR PATIENT & FAMILY EMPOWERMENT  
NEW YORK PUBLIC INTEREST RESEARCH GROUP

August 2012

*“A surprising 22% provide no visiting hours in the morning and fail to disclose any potential for flexibility, even for a patient’s support person.”*

“26% of the hospital websites make public statements contrary to New York State and federal policy. . . “

[http://www.nypirg.org/patientandfamily/pubs/20120807/  
Sick-Scared-Separated%20from%20Loved%20Ones%  
208-2012.pdf](http://www.nypirg.org/patientandfamily/pubs/20120807/Sick-Scared-Separated%20from%20Loved%20Ones%208-2012.pdf)



## ◆ **Expected Practice**

- ◆ “Facilitate unrestricted access of hospitalized patients to a chosen support person...”
- ◆ Respecting patient preferences. . .
- ◆ Policies prohibit discrimination. . .
- ◆ Policies guide the handling of situations that interfere with safety, the rights of others, or are medically or therapeutically contraindicated . . .

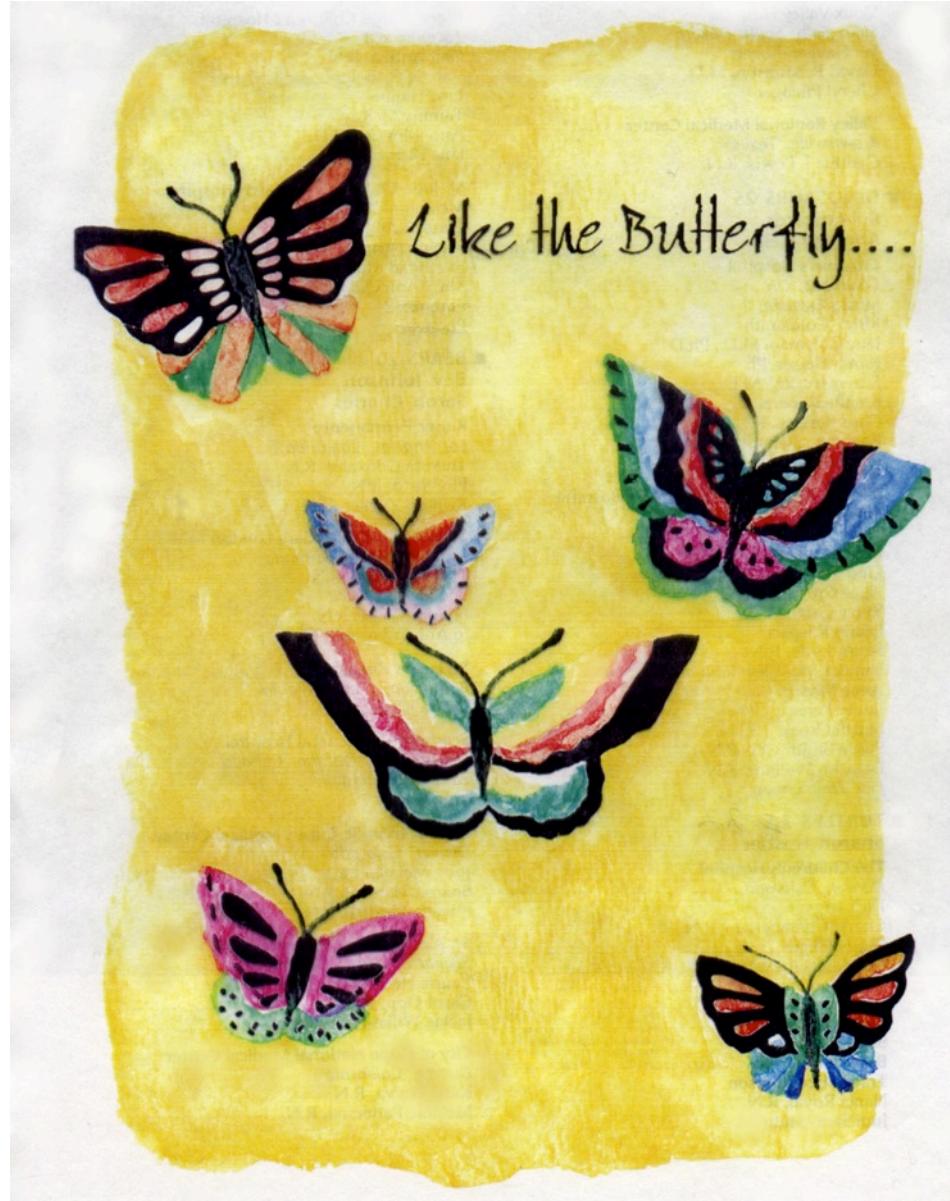
## ◆ **Succinct listing of supporting evidence.**

## ◆ **Actions for Nursing Practice**





Hospitals policies  
and practices can  
change . . .





## Webinar #2

# **Effective Engagement of Staff, Patients, and Families in the Process of Change**

May 21, 2014

