



## The Growth of Family-Centered Care

By Debra Wood, RN, contributor

Nov. 4, 2009 - More and more facilities are discovering family-centered care appeals to health consumers and can improve outcomes.

"[Family-centered care] helps to save lives, it helps to save money and it helps to save time," said Bernard Roberson, director for family services development at MCG Health in Augusta, Ga., which adopted a family-centered model in its hospitals in 1993. "When you have family at the bedside and patients and families as partners, it's a win-win situation."

Dignity and respect, sharing of information, participation and collaboration comprise the four core concepts of family-centered care, according to the Institute for Family-Centered Care, which considers family any two or more persons related biologically, legally or emotionally.

"The patient and her most essential relationships need to be at the heart of the healthcare experience," said Noreen Mattis, director of patient and family-centered care at Women & Infants Hospital in Providence, R.I.

Children's hospitals pioneered the idea of family-centered care. Phoenix Children's Hospital in Arizona began caring for patients using this model in the 1980s.



**Teresa Boeger of Phoenix Children's Hospital reports that healing a child requires more than medicine. It takes a family approach to care.**

"When children are hospitalized, they come with a whole package, their whole family," said Teresa Boeger, director of the Emily Center at Phoenix Children's. "That family needs care as well."

That requires clinicians involve parents in the child's care, proactively communicating with family members and empowering them to participate as a team member. It also may include the physical environment, adding a sofa bed for resting or a kitchen area to catch a cup of coffee.

As pediatric facilities achieved success partnering with families, and regulatory bodies and some governments have placed an emphasis on family-centered care, acute care hospitals also have embraced the model.

Memorial Regional Hospital in Hollywood, Fla., adopted family-centered care after noting patient and family satisfaction improved at Memorial Healthcare System's Joe DiMaggio Children's Hospital, said Susan Montgomery, director of patient and family-centered care services at Memorial Regional.

"Adults are different than pediatrics," Montgomery said. "Moms and dads are there for the child. Adult relationships are a little messier. And the presumption is the patient has autonomy."

Yet if the patient wants the family involved, the hospital respects that and will collaborate.

Kerry Shannon, a partner with CSC Healthcare Group, a planning and performance improvement consulting firm, said baby boomers have pushed a service orientation, and as their children and parents need care, they do not accept being closed out of the room.

### Benefits of Family-centered Care

"Family-centered care creates a safer system," said Nick Masi, Ph.D., director of family-centered care at Joe DiMaggio Children's. "Truly being partners in care is a whole other world, and that's family-centered care."

Family members know the patient and might pick up on a medication error or question other care and prevent an adverse event from occurring.

The Children's Hospital of Philadelphia now teaches parents about mitigating risks associated with central lines, so the family can observe and speak up if the site starts to look differently.

"We believe that will save children's lives, because we are transparent," said Juliette Schlucter, a parent leader and project consultant advancing family-centered care at The Children's Hospital of Philadelphia.

### How Families are Shaping Policy and Practice

Many hospitals and health systems, including MCG Health and Memorial, involve families in every aspect of operations, inviting them to serve on policy and other committees and seeking their suggestions on design of new facilities. For instance, a parent suggested Joe DiMaggio Children's add a playroom in the emergency department, so siblings could play while another child received care. The unit now has a play area staffed by child-life personnel.

"It's something simple that makes a difference in parents' lives," Masi said.

Family members now serve on performance improvement and risk management committees at Joe DiMaggio Children's.

"People are talking about who died and family members are sitting there. It's very difficult for hospitals," Masi said.

Roberson added that families often have good suggestions based on their experiences. More than 250 family members of patients volunteer to participate in hiring decisions and root-cause analysis and joint conference committees. Families convinced the hospital to redesign its invoices, so they were itemized and easier to understand.

"They help us make changes that make our health system better," Roberson said.

Mattis of Women's & Infants called patient and family advisory councils the heart of patient- and family-centered care, adding that it creates a formal partnership between staff and patients and families. When the hospital considered restricting visitation during the H1N1 flu outbreak, it sought advice from the family council.

Schlucter, at Children's in Philadelphia, said better care results from the collaboration and communication. She offered the example of a patient's dad who suggested handing family members beepers while waiting for a child to come out of day surgery. The hospital piloted the suggestion, found it successful and has implemented it throughout the facility.

"It took the experience of a parent to have an 'ah-ha' moment, but it took a health care system prepared to hear that and to say, 'We can fix that,'" Schlucter said.

Patricia H. Lenkov of New York serves on the family advisory council of The Komansky Center for Children's Health at New York Presbyterian-Weill Cornell Medical Center. Two of her children had been hospitalized before the council existed, and she has noted a real difference since the hospital established a family-centered model of care.

The council developed a guidebook for parents of patients in the neonatal intensive care unit, which included information about the hospital and restaurants in the neighborhood. Now all families receive that booklet.

Lenkov heads up a family support program that features monthly luncheons where parents in similar situations can talk with each other as well as staff, along with a monthly educational workshop on topics such as infant



**Noreen Mattis from Women & Infants Hospital in Providence, R.I., said when serving adults, healthcare professionals must ask who the patient wants to include as family and how much to involve that family member.**



**Consultant Kerry Shannon cautions that hospital administration must sincerely embrace family-centered care or the effort could backfire.**

massage, staying safe during flu season and caring for the caregiver.

"I feel I am making a difference," Lenkov said. We have to "make the entire experience a better one, so parents don't have as much stress and can take better care of the children. Attentiveness to the family is more holistic."

#### **Changing the Culture**

Giving family members so much say in the operations requires a shift in an organization's culture. Shannon said changing a culture is difficult and takes a long time, about five years to become ingrained.

"It has to start at the top and a commitment to a vision, and it has to be authentic," Shannon said. "If not, the employees pick up on it in a nanosecond."

Shannon cautioned facilities not to say they are family-centered unless they make food available, provide a place for family members to go to the bathroom and to shower, and have nurses and physicians who are prepared to deal with families and their questions.

"It's a great idea and, if well executed, a wonderful thing," Shannon said. "If it's poorly executed, it will become a liability."

Schlucter added that it's difficult to sustain a family-centered care culture without administrative support. When The Children's Hospital of Philadelphia began implementing the model in the mid-1990s, hospital leaders aligned themselves with clinicians who valued family-centered care. Then family volunteers teamed with those champions to educate employees about the concept, using personal stories.

Masi also has found that telling families' stories is effective in changing Memorial Healthcare's doctors' and nurses' perceptions about family-centered care.

"We like to do positive stories," Montgomery said. "Here's what a partnership looks like. Then they can relate to it."

Montgomery added that she believes health care professionals want to embrace the model, and it takes leadership support to ensure success.

Traditional health care has tended to be more prescriptive than collaborative, however, and many clinicians have considered time spent with family members a distraction from patient care. But talking with loved ones at the beginning can save time during the day or course of care, Shannon pointed out. Facilities also can leverage technology or nursing personnel to educate.

"If you give [families] some information and keep them involved, they trust," Montgomery said.

That trust can boost safety and outcomes. In addition, Schlucter said family-centered care is cost effective, with minimal expenses associated with family faculty and councils.

"This is an extraordinary return on investment for the hospital," Schlucter said. "It's a very low-cost, high-value system."

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