



Person and Family-Centred Care

Action Plan

“How to get started / How to do more” 2020...

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Introduction/Rationale

In 2016, Vista Centre Brain Injury Services (VCBIS) decided to make Person and Family Centered Care (PFCC) the foundation and principle aim of the organization.

In an effort to improve quality of care and safety, VCBIS realizes the importance of including the perspective of patients and families. The experience of care, as perceived by the patient and family, is a key factor in health care quality and safety.

Bringing the perspectives of patients and families directly into the **planning, delivery, and evaluation** of services and thereby improving its quality and safety is what PFCC is all about. The last four years have demonstrated that when, patients and families work in partnership, the quality and safety of health care rise, costs decrease, and provider and patient satisfaction increase. For the upcoming four years, VCBIS will continue to strive in using the four **PFCC principles** to improve all dimensions of quality, including clinical effectiveness. improve patients' and families' experience of care in all our programs and support staff to provide the sort of care they would like for themselves and their families.

What is PFCC?

PFCC is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families, and health care providers. It is founded on the understanding that the family plays a vital role in ensuring the health and well-being of patients of all ages. In patient and family centered care, patients and families define their “family” and determine how they will participate in care and decision-making.

*Patient and Family Centred Care is:
Working **with** clients and families, rather than just doing “to” and “for” them.*

The four principles of PFCC:

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.

For example, at an organizational level:

- The organization’s Mission, Vision and Values Statements emphasize the importance and value of partnering with patients and families as equal members of the health care team and at all levels of the organization;
- Senior Leaders empower staff at all levels and throughout the organization to integrate PFCC into their daily work, providing resources through budgets and training.

For example, at staff level:

- When meeting a new client for the first time, staff asks them how they wish to be addressed;
- Staff learn about patients' religious beliefs and how that might affect their care or other needs, such as meals;
- When entering a patient's room to clean, staff members ask patients if it is a good time to clean and talk with patients about where they would like commonly used items placed once the room is cleaned, such as the trash can and etc.;
- Upon admission, staff discusses with patients their preferences regarding bathing, toileting, etc., and asks family caregivers how they might wish to be involved with these activities;
- When hearing a family caregiver stomach while working, the staff member asks if they would like something to drink.

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.

For example, at an organizational level:

- Patients, families and clients can access quality, safety and experience of care easily;
- Senior Leaders share the message widely and often that PFCC is valued in the organization and develop processes for evaluating and celebrating how PFCC is helping to achieve the organization's goals.

For example, at staff level:

- A Case manager learns the details of patients' financial situations, explores the various financial assistance options with patients and caregivers, providing complete and unbiased answers to all questions and also offers a direct phone extension and e-mail to enable them to easily reach them with more questions;
- The staff reinforces with the patient the purpose for medication, ensuring the patient understands why she/he is taking the medication, explains the process step-by-step and answers both the client and family member questions prior to introducing new medication;
- During a family meeting regarding a patient, a multi-disciplinary team led by the Case Manager shares with the patient and patient's family members the details of the patient's ISP, scripts and protocols using limited medical jargon and breaking down the many complex information in ways the family can understand to enable an informed decision.

Participation

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

For example, at an organizational level:

- The organization eliminates visitation restrictions and adopts a welcoming presence policy supporting the presence of patients' family members or care partners 24 hours a day according to patient preference;
- The organization establishes a peer support program, including peer mentors who can visit with patients and caregivers and help them determine important information to share with and ask of the health care team given their unique circumstances.

For example, at a staff level:

- Staff conduct change of shift report at the bedside inviting patients and families to actively participate, at the level which they prefer, in the conversation;
- The Case Managers collaborates with his/her patient and his/her significant other to create an ISP and schedule for his rehabilitation that works for all three of them and enables the patient to reach their mutually agreed upon goals.

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.

For example, at an organizational level:

- The organization establishes a policy that all patient education materials must be reviewed and approved by Patient and Family Advisors and, in partnership, develops a unique Advisor Seal of Approval to put on these documents;
- Human Resources policies and practices are modified to include PFCC as part of the core competencies for all staff. Patient and Family Advisors are included as interviewers for all leadership positions within the organization.

For example, at a staff level:

- Staff serve with Patient and Family Advisors on an organization wide infection control committee working to review infection prevention and control policies;
- The Executive Director brings initial ideas for re-designing the main entrance to the Patient and Family Advisory Council for input and invites at least two Patient and Family Advisors to join the planning committee for the project;
- New staff / students are taught about PFCC within the organization by the orientation person as part of their orientation;

Moving forward

PFCC initiatives will continue to build on past achievements while focusing efforts on the primary drivers: **senior leadership; education and training for staff and providers; engagement of patients, families and communities;** and effective communication with patients, family, staff and providers.

VCBIS' goals in the adoption of PFCC were as follows:

- All patients and families are involved in their care at the level they choose
- All patients are treated with respect and dignity;
- All patients' knowledge, values, preferences, beliefs and cultural backgrounds are honoured and incorporated into the delivery of their care;
- All patients and families receive timely, complete, accurate, unbiased information from VCBIS staffs regarding their Individual Support Plan (ISP), or have access to information to participate in their care and decision-making.

One Step at a Time: Moving Forward with Patient and Family Centered Care

Establishing patient and family centered care requires a long-term commitment. It entails transforming/improving the organizational culture. This approach to care is a journey, not a destination— one that requires continual exploration and evaluation of new ways to collaborate with patients and families.

The following steps will help VCBIS keep on track on its journey towards continuous PFCC.

- 1. Continue with the education and training of PFCC at all levels of the organization:** Implement a process for everyone associated with VCBIS (board of directors, senior leaders, front line staff, students, volunteers etc.) to learn about patient and family centered care. Include patients, families, and staff from all programs in this process.
- 2. VCBIS will continue to work closely with the established PFCC Virtual Steering Committee, to ensure that Patients, Families and Communities remains engaged in the decision process.** The **PFCC virtual steering committee** is comprised of patients and families and formal and informal leaders of the organization.
 - a. Recruitment and participation of Staff/Patient/Family Advisors.** As an ongoing step towards engaging clients/families and healthcare providers at a common table, VCBIS will continue to seek expressions of interest for a PFCC virtual steering committee.
 - i. Development and distribution of PFCC brochure** (for recruitment purpose). Brochures have been circulated in all of VCBIS' programs, given to new participants and posted on VCBIS' website. Individuals who will make contact to express **PFCC** interest will be invited to attend an information session, and from there an informal Working Group will be formed based on those interested in participating on a go-forward

basis. As a result, the PFCC virtual steering committee will be comprised of client/family advisors and staff members who expressed interest in becoming involved in PFCC initiatives.

- ii. **Provide ongoing education and support** to patients, families, and staff on patient and family centered care committee
3. **Assess** the extent to which the concepts and principles of PFCC are currently implemented within VCBIS. (The use of assessment tool will be very useful in determining where VCBIS is at. (See sample assessment tool below)
4. **Multi Year PFCC Action Plan:** On the basis of the assessment, the PFCC virtual committee first task was to develop a more refine multi-year Action Plan to support the advancement of PFCC at VCBIS. Using the more refine action plan as a guide, VCBIS began/continued to incorporate PFCC concepts and strategies into VCBIS **strategic priorities**. Ensuring that these concepts are integrated into VCBIS' mission, philosophy of care, values, definition of quality, policies, initiatives and programs.

This approach directly led to the changes made to VCBIS' vision, mission statement and values that were approved during the strategic planning that took place in 2018.

This evolving Action Plan will continue to take into consideration the following eight key drivers, which may contribute to successful implementation of PFCC within VCBIS:

- a. Senior Leadership Commitment, Support and Accountability
- b. Education and Training of all personnel, volunteers and Students
- c. Engagement of Patients, Families and Communities (e.g. shared decision making, patient and family advisors and community engagement)
- d. PFCC Champions
- e. Effective Communication to Spread PFCC across VCBIS
- f. Creating a Workplace that Supports Adoption of PFCC
- g. Integrating PFCC Concepts into Every Policy, Initiative, and Program
- h. **Performance Measurement and monitoring the Progress - monitor changes made, evaluate processes, measure the impact**, continue to advance practice, and **celebrate** and recognize success.

Monitoring the level of PFCC organizational engagement

It is expected that VCBIS will monitored the level of PFCC implementation within the organization and that progress reports be provided to VCBIS' Executive Leadership Team.

Where Do We Stand? An Assessment Tool for VCBIS board of governor, Administrators, Providers, and Patient and Family Leaders

An effective action plan for moving forward with PFCC is based on a **thoughtful assessment** of the degree to which VCBIS has already incorporated key principles of this approach to care, and of the areas in which progress remains to be made. As such, an assessment tool will be developed (**2020**) to help guide the organization.

Below are some questions that can serve as a springboard for such an assessment. Once the assessment is developed, it should be completed individually by VCBIS executives, managers, frontline staff, and patient and family advisors. Representatives of each of these groups should then convene to discuss the responses and, together, develop an action plan (**2021**).

The following is solely a sample assessment tool that can be used as a guideline to determine where VCBIS is at as it pertains to PFCC.

Assessment Tool Sample

Organizational Culture and Philosophy of Care

- Do the organization's vision, mission, and philosophy of care statements reflect the principles of PFCC and promote partnerships with the patients and families it serves?
- Has the organization defined quality health care, and does this definition include how patients and families will experience care?
- Has the definition of quality and philosophy of care been communicated clearly throughout the health care organization, to patients and families, and others in the community?
- Do the organization's leaders model collaboration with patients and families?
- Are the organization's policies, programs, and staff practices consistent with the view that families are allies for patient health, safety, and well-being?

Patient and Family Participation in Organizational Advisory Role

- Is there an organizational Patient and Family Advisory Council?
If there is a Patient and Family Advisory Council, is patient safety a regular agenda item?
- Do patients and families serve on committees and work groups involved in:
 - Patient safety?
 - Quality improvement?
 - Facility design?
 - Use of information technology?
 - Patient/family education?
 - Discharge/transition planning?
 - Staff orientation and education?
 - Service excellence?

- Ethics?
- Diversity/cultural competency?

Architecture and design

- Does the health care organization's architecture and design:
 - Create welcoming impressions throughout the facility for patients and families?
 - Reflect the diversity of patients and families served?
 - Provide for the privacy and comfort of patients and families?
 - Support the presence and participation of families?
 - Facilitate patient and family access to information?
 - Support the collaboration of staff across disciplines and with patients and families?

Patterns of Care

- Are families members always welcome to be with the patient, in accordance with patient preference, and not viewed as visitors?
- Are patients and families viewed as essential members of the health care team? For example, are they encouraged and supported to participate in care planning and decision-making?
- Do staff practices reinforce that care will be individualized for patient and family goals, priorities, and values?
- Is care coordinated with patients and families and across disciplines and departments?

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?
- Do patients and families, in accordance with patient preference, have timely access to medication lists, clinical information (e.g., lab, x-ray, and other test results), and discharge or transition summaries?
- Are informational and educational resources available in a variety of formats and media and in the languages and at the reading levels of the individuals served?
- Are patients and families encouraged to review their medical records and work with staff and physicians to correct inaccuracies?
- Are patients and families provided with practical information on how to best assure safety in health care?
- Are there a variety of support programs and resources for patients and families, including peer and family-to-family support?

Education and Training programs

- Do orientation and education programs prepare staff, volunteers, students, and trainees for PFCC practice and collaboration with patients, families, and other disciplines?
- Are patients and families involved as faculty in orientation and educational programs?

Research

- In research programs, do patients and families participate in:
 - Shaping the agenda?
 - Conducting the research?
 - Analyzing the data?
 - Disseminating the results?

Human Resources Policies

Does the organization's human resources system support and encourage the practice of patient- and family-centered care?

- Are there policies in place to ensure that:
 - Individuals with PFCC skills and attitudes are hired?
 - There are explicit expectations that all employees respect and collaborate with patients, families, and staff across disciplines and departments?
- Are there strategies in place to reduce the cultural and linguistic differences between staff and the patients and families they serve?

Conclusion

Through a collaborative process, the PFCC virtual committee will review numerous suggestions, ideas, and PFCC best practices to determine how VCBIS continue to implement these principles throughout the organization. As a result of this work, it is hope that a multitude of opportunities to advance the practice of PFCC at VCBIS will be determined. It is recognized that as understanding of these principles spreads throughout our organization, the longer-term actions within this plan will evolve and become more well-defined. As we gather data and learn with intent about what is working well and what is not, the Action Plan will be refined as we discover better ways to achieve VCBIS aim for PFCC through time.