

Advisor on a Committee:

Patient & Family Centred Care (PFCC)

Patient & Family Centred Care, also referred to as **PFCC**, is both a philosophy and a way of doing things within the healthcare system.

HISTORY

A formal definition of PFCC was introduced by the Institute for Patient and Family Centred Care (IPFCC) in 1992. Alberta Health Services has adopted the IPFCC's definition as the foundation of its PFCC framework.

Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings. In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making. A key goal is to promote the health and well-being of individuals and families and to maintain their control.

This perspective is based on the recognition that patients and families are essential allies for quality and safety—not only in direct care interactions, but also in quality improvement, safety initiatives, education of health professionals, research, facility design, and policy development.

Patient- and family-centered care leads to better health outcomes, improved patient and family experience of care, better clinician and staff satisfaction, and wiser allocation of resources.

Core concepts of Patient and Family Centred Care

RESPECT AND DIGNITY - Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

INFORMATION SHARING - Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.

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

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

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What do these core principles look like in every day healthcare life?



Respect & Dignity



Participation



Information Sharing



Collaboration

Respect & Dignity

- N.O.D (Name, Occupation, Duty) - healthcare professionals introduce who they are, explain their role, and say why they are present.
- Making patients and families feel welcome and at ease.
- Calling patient and family members by their preferred name and connecting on personal level.
- Treating patients as people first, not their condition.
- Acknowledging, responding to, and validating fears and concerns.
- Recognizing and utilizing patient and family strengths.
- Knocking and asking permission before entering the patient room.
- Making it clear that appropriate hand hygiene standards have been followed.

Participation

- Providing care “with” patients and families instead of “to” or “for” them.
- Asking patients/families how they want to be involved.
- Including children and youth as much as possible in their care.
- Acting upon patients/families questions or concerns.
- Practicing teach back with patients/families to ensure understanding.
- Thanking patients for allowing you to participate in their care.

Information Sharing

- Using plain language and limiting medical jargon.
- Asking open ended questions.
- Pausing for questions and concerns.
- Speaking facing toward the patient and family.
- Practicing active listening.
- Explaining, explaining, explaining.
- Using multiple methods of communication – conversations, handouts, videos, and other tools.

Collaboration

Note: In this context, collaboration is referred to as patient engagement.

- Including the voice of patients and families in the design, delivery, and evaluation of services.
- Using multiple engagement strategies to ensure diverse perspectives are obtained. For example: surveys, focus groups, site and provincial advisory councils.
- Engaging patients and families early on so they have the opportunity to contribute in a meaningful way.

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- Doing whatever patients and families want. PFCC is not one sided - it involves a partnership.
- Expecting family to be present 24/7 to support their loved one.
- Tolerating disrespectful or abusive behaviour. When the line is crossed it is important for everyone to figure out how to get back to a safe working relationship.
- Compromising safety standards - safety always comes first. Patients and families need clear communication about reasons for safety practices.
- A static process that has a start and end point. Rather it is an evolving journey.
- The same for every patient/family and healthcare interaction.
- Always a simple or easy practice, especially in challenging times.

Things to consider as an Advisor on a committee:



- Within a committee, there are going to be different levels of PFCC understanding, acceptance, and implementation.
- It is often helpful to share a brief and relevant story to emphasize why something may or may not be important.
- The four PFCC principles can be used to reflect on your experience or the discussion. What principle(s) might be involved or missing?
- What assumptions are being made?
 - Healthcare providers may assume families might already know about safety, policies, procedures, etc.
 - Assumptions are often made about patients and families need/want without asking them. Sometimes you will even hear on a committee that because the healthcare provider is also a patient, parent or child of a loved one using the system they know what is needed. This perspective can be helpful but is impacted by their medical role. It is important to validate any assumptions made with other patients and families.
- Is the messaging (e.g. posters, brochures, letters) being developed for patients and families, patient and family centred? Ask yourself the following:
 - Is the language used understandable?
 - Is the tone friendly?
 - Does it clearly state why a patient/family should pay attention to the messaging?
 - Does the patient/family know what actions to take?
 - Does it include what the patient/family should they do if they have any questions?