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Patient and Family Centered Care (PFCC) Council

By Patty Graham MS, RN, CCRN, CNS

Patient and Family Centered Care (PFCC) as a concept is difficult to disagree with. Who could possibly say no to it? It seems to rank right up there with Mom, apple pie and lemonade. When incorporating PFCC concepts into clinical practice, however, opportunities for clinical growth become apparent. With this in mind, the PFCC Council was originally created as a multi-disciplinary sub-group of the Clinical Practice Council. Most recently, it has become its own Council and the newest addition to our shared governance structure. This article will outline the core concepts of PFCC; review key literature on the topic; and present the primary mission, vision and objectives of our PFCC council.

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” (Institute for Family-Centered Care). Though this approach to healthcare is well supported by organizations within healthcare such as the Agency for Healthcare Research and Quality (AHRQ), the Joint Commission (TJC), the American Hospital Association (AHA), the American Association of Critical Care Nurses (AACN), the Society of Critical Care Medicine (SCCM) and many more, it has been difficult to implement. Over the last 25 years there have been a number of key nursing research studies that support this concept. Jacono et al. (1990) examined the perceived needs of family members by both families and staff.

This was the first time in the literature that both sides were viewed at the same

time. A key concept in the study was the lack of collaboration between nurses and family members, with families perceiving they were being talked at instead of having something discussed with them. Another study (Ward, 2005) found that in many cases providers used language that was too complex or technical for families/patients to understand. In 1999, Hupcey completed a landmark study which specifically examined the relationship and interaction between families and nurses and the impact this had on family involvement in the ICU. The main themes identified in this study were, “How nurses maintained control, how families remain on guard, endure and find their niche in the ICU” (Hupcey, 1999, p. 253). These themes are constant through the current research today.

Leaders in healthcare have established guidelines for supporting families in the ICU and given us methods to increase the interaction of patients/families with the healthcare team (Davidson, et. al, 2007; Saunders, et. al, 2006).

Therefore, in accordance with the literature and our Professional Practice Model, the vision of the PFCC Council is to inspire, engage and partner with patients, families and healthcare colleagues to transform the care at UC San Diego Health System to realize our model of care centered on patients and families. The mission of this multi-disciplinary council is to educate, inform and empower patients, families, staff and providers to embrace the principles and values of patient and family centered care. A few of our objectives include:

- Enable PFCC education for all levels of healthcare providers and ensure the voice of the patient and family is heard



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All About Me Poster

UC San Diego
MEDICAL CENTER

All about Me

Please talk to me when you are in my room and before you touch me as I may be more aware of what is happening to me than you may think!

My Name is: _____

I like to be called: _____

My Family and Friends are: _____

My Favorite Things:

- Color: _____
- Food: _____
- Hobby: _____
- TV: _____
- Movie: _____
- Song: _____
- Book: _____
- TV Show: _____
- Actor: _____
- Musical: _____
- Sport: _____
- Other Things: _____

throughout the healthcare organization

- Assess the extent to which the concepts and principles of PFCC are currently implemented
- Collaborate with patients, families and all UCSD staff and faculty to develop an action plan to establish priorities for implementing PFCC concepts and strategies into the organization's mission, philosophy and definition of quality
- Enable processes to ensure that healthcare providers can reliably meet the needs and preferences of patients including fully informed, shared decision making
- Recommend, revise or create policies, procedures, processes and forms to support PFCC

Our council meets on the 4th Wednesday of every month from 1400-

1600 in the EDR classroom. We consist of an enthusiastic, multi-disciplinary group of: nurses from throughout UCSD Healthcare; a social worker; a physical therapist; a case manager; an interpreter; representatives from the Patient Experience Office & from Bannister House; and a way-finding and signage specialist. This diverse group provides a wonderful forum for addressing obstacles as well as opportunities for better partnership with patients and families. Some examples of these opportunities include patient and family involvement in handoff, and use of the All About Me posters. These posters are available on the Forms website in English (D 2036) and Spanish (D2036F) and serve as a tool to facilitate learning about and communicating with our

patients. If your inpatient unit is not yet utilizing these All About Me posters, please let us know so we can facilitate the process & education for you.

The PFCC Council has also created a framework to ensure the first person voice of the patient and family is heard. Initially this was accomplished via feedback from patient focus groups led by council members. These groups provided feedback from stroke patients regarding care and pre-discharge education received; and from a broader group on the topic of signage, way-finding, and the frequency with which people get lost. The signage topic was initiated by a patient. In July a group of eleven patients and family members will join our Council as full-fledged members and advisors. We look forward to their involvement and to all that we can learn from them. Amy Yates, the previous co-chair and a true leader for PFCC at UCSD, will be moving to Arizona this month. Her enthusiasm, intelligence and passion will be sorely missed, but all that she has contributed will continue to flourish. Sarah Moore, a 10ICU staff RN, has been nominated to take on Amy's role as co-chair for the council. For more information on the topic go to: www.familycenteredcare.org.

Family Participation in Hand Off

