Patient and Family Centered Care, Family Centered Rounding & Improving Quality

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Disclosures

Jeremy Perlman, MD, has no relationships with commercial companies to disclose.

Learning Objectives

- At the end of this presentation the participant will be able to:
- Understand the development and aims of patient and family centered care.
- Learn tools for implementation of family centered rounding and perform effective FCR.
- Be able to evaluate the evidence of family centered rounding’s impact on quality of care.

Family Centered Rounding Circa Civil War Era

The good physician treats the disease; the great physician treats the patient who has the disease.
- William Osler

Forces working against Patient and Family Centered Care over last 50 years
1. Built Environment: shift from wards to private room; stricter isolation policies

2. Increasing importance of imaging, decreased reliance on meticulous exam

3. Switch from beside charts to EMRs, moving order-entry and documentation to work rooms

Institute for Patient and Family-Centered Care (IPFCC)
- Established in 1992
- Clearinghouse for information, tools, research, and advocacy in family centered care.
- Website still has useful tools: www.ipfcc.org

Institute of Medicine reports

Institute of Medicine, 2001
Crossing the Quality Chasm: A New Health System for the 21st Century
- Six Aims for Patient Care
  - Safe
  - Effective
  - Patient-centered
    - care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.
  - Timely
  - Efficient
  - Equitable
IOM: 10-point plan to improve healthcare for the 21st century

1. Care is based on continuous healing relationships.
2. Care is customized according to patient needs and values. The system should be designed to meet the most common types of needs, but should have the capability to respond to individual patient choices and preferences.
3. The patient is the source of control. Patients should be given the necessary information and opportunity to exercise the degree of control they choose over health care decisions that affect them. The system should be able to accommodate differences in patient preferences and encourage shared decision making.
4. Knowledge is shared and information flows freely. Patients should have unrestricted access to their own medical information and to clinical knowledge. Clinicians and patients should communicate effectively and share information.
5. Decision making is evidence-based. Care should not vary illogically from clinician to clinician or from place to place.
6. Safety is a system property. The system should be designed to meet the most common types of needs, but should have the capability to respond to individual patient choices and preferences.
7. Transparency is necessary. The system should be designed to meet the most common types of needs, but should have the capability to respond to individual patient choices and preferences.
8. Needs are anticipated. The system should anticipate patient needs, rather than simply react to events.
9. Waste is continuously decreased. The system should anticipate patient needs, rather than simply react to events.
10. Cooperation among clinicians is a priority.
IOM:

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AAP Policy Statement on PFCC:

"In pediatrics, patient- and family-centered care is based on the understanding that the family is the child’s primary source of strength and support. Further, this approach to care recognizes that the perspectives and information provided by families, children, and young adults are essential components of high-quality clinical decision-making, and that patients and family are integral partners with the health care team."

Family Centered Rounds (FCR):

Bedside rounds in which the "patient and family share in the control of the management plan as well as in the evaluation of the process itself"
FCR is not …

A more specific definition of FCR

- Conducting rounds with family at bedside, plus any 4 of the following:
  - Consent to round at bedside at the beginning of rounds
  - Team member introduction at the beginning of rounds
  - Family member participated in discussion of patient
  - Presence of patient nurse during rounds
  - Invitation of family to ask unanswered questions at end of encounter

AAP Policy Statement, 2003/2012

“In hospitals, conducting attending physician rounds (i.e., patient presentations and discussions) in the patients’ rooms with nursing staff and the family present should be standard practice.”

How common is FCR?

2010 PRIS network survey

- Frequency of rounding:
  - FCRs, 44%;
  - Sit-down, 24%;
  - Hallway, 21%;
  - Others, 11%;
- Frequency of FCR by setting
  - Academic, 48%
  - Nonacademic, 31%

Implementing Family Centered Rounds
Elements of Family Centered Rounds

1. Prepare the family from the time they enter the hospital
   - Describe care team members
   - Emphasize their importance as members of the team.
   - Daily FCR process

2. During pre-rounding invite the family to participate in rounds
   - The most junior member of the team (med student / intern) approaches the family
   - The family decides how rounds are conducted
   - The whole team comes into the room
   - Only the principal members come in (e.g. attending / intern / bedside nurse)
   - Parent comes into hallway
   - Decline to participate

3. Team preparation – before entering room
   - Invite key ancillary staff
   - Establish objectives for this patient
   - Assign roles
     - Presenter
     - Order-entry
     - Translator / medical interpreter
     - Medication reconciliation
     - Timekeeper
     - Teaching
     - Recap of plan / Closure

4. Introduction and presentation
   - Introduction of team and family members
   - Intern or student briefly clarifies the purpose of rounds and welcomes family involvement
   - Concise presentation using PBAR technique (Problem representation, background, Assessment, and Recommendations)

5. Formulate plan and enter orders
   - Family and patient are active participants in decision-making
Elements of Family Centered Rounds

6. Do focused teaching
   - Ask for families’ permission to teach
   - If “scary” diagnoses such as tumor are to be mentioned during teaching, explain that we will be discussing things that may not apply to their child.

7. Debrief and Feedback
   - Try to continuously improve quality and efficiency of rounds by briefly discussing what went well or not
   - Consultants or team members not present are notified by text of any notable changes in plan.

Elements of Family Centered Rounds - Summary

- Provide closure
  - Person assigned to role will concisely summarize plan
  - If rounds are going on past time limit, tell family that we have to see other patients now, but we will come back later to finish our discussion

Research on Effectiveness of Family Centered Rounds

Potential Benefits / Perceived Barriers for FCR

- Improved patient and family satisfaction?
  - Family may feel comfortable in a role and they don’t know something
- Decreased anxiety and pain?
  - Team presence might make patient anxious
- Improved safety & clinical outcomes?
- Decreased length of stay?
- Improved parental skill set for future care?
- Improved caregiver morale?
  - Housestaff & students may be uncomfortable presenting in front of families
- Improved efficiency?
  - FCR will take too long
- Improved bedside teaching?
  - Teachers may be uncomfortable with family present

- Found "limited, moderate-quality evidence that suggests some benefit of a family-centered care intervention for children’s clinical care, parental satisfaction, and costs, but this is based on a small [unpublished] dataset and needs confirmation in larger RCTs.”

Potential Benefits of Family Centered Rounding

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- Improved safety clinical outcomes?
- Decreased length of stay?
- Improved parental skill set for future care?
- Improved caregiver morale?
- Improved efficiency?
- Improved bedside teaching?

Christis Santa Rosa Experience

- Measured changes in Press Ganey Scores after initiating family centered rounding
- Everything improved except perception of time doctor spent with child

Do families like bedside rounds and teaching?

- Generally yes.
- A PICU study in (Landry, 2007) exposed parents to both conference-room and bedside presentations.
- Satisfaction was slightly higher (96% vs 92%) with bedside rounds.
- 89% said they were comfortable when teaching occurs at the bedside.

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Ref: 1 http://www.hcup-us.ahrq.gov/reports/statbriefs/sb146.pdf

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Effects on Staff

- Comparison of conventional vs family-centered multidisciplinary rounds (2 weeks, 27 patients)
  - Staff expressed sense of working as a team
  - Staff report better understanding of patients and their plans and better communication amongst team members and with patients

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- Improved efficiency?
- Improved bedside teaching?

Ref: Adam Wolk, Alex Montero, Amarin Sangkharat, Michael Catalino, Elizabeth Moroni, Mike Adams, Dara Ambrose, Alan Chung, Jade Erickson, Clarke Gonzalez, Patrick Sheahan; Effect of geographic structured interdisciplinary rounding on hospitalist and medicine resident efficiency in a large academic medical center. [abstract]. Journal of Hospital Medicine 8 Suppl 1 :591

Pediatric residents' perceptions

- Qualitative studies surveying residents (Rappaport et al., 201)
  - 89% supported FCRs (50% somewhat, 39% strongly)
  - 78% of residents preferred to have the whole presentation outside the room, and only the plan discussed with the family present
  - Residents perceive increased parent/family satisfaction, decreased need for plan clarification, and improved, "nondidactic" teaching.
  - Concerns about efficiency and time for didactic teaching and autonomy
Duration of Rounding, efficiency

- Variable results
  - Most studies that measure rounding time show additional time, e.g.,
    - Rosen, 2009: Adds 2.7 min per patient
    - Rappaport, 2012 shows decreased rounding time
      - But limited by different team composition for FCR vs conventional rounding
  - Improvements in efficiency following rounds?
    - E.g., decreased nurse calls, fewer orders entered, decreased resident work time, etc.

Potential Benefits of Family Centered Rounding

- Improved patient and family satisfaction?
- Decreased anxiety and pain?
- Improved safety, clinical outcomes?
- Decreased length of stay?
- Improved parental skill set for future care?
- Improved efficiency?
- Improved bedside teaching?

In Summary...

- Family Centered Rounds
  - Is liked by families and increases satisfaction
  - Encourages teamwork and communication
  - Probably improves patient comfort and safety and decreases length of stay
  - Can make your day much more efficient for an extra investment of a few minutes per patient
  - Allows attending bedside teaching and role modeling

Efficiency

- Wolk Adam, Montero Alex, Sangkharat Amarin, et al. 2013 (abstract).
  - Effects of a geographic structured interdisciplinary rounding on hospitalist and medicine resident efficiency in a large academic medical center

Additional Resources

- Miami Children’s Video on purpose of multidisciplinary family-centered care:
  - https://www.youtube.com/watch?v=sJpF40WolWo
- Fragmented care with poor communication video:
  - https://www.youtube.com/watch?v=ISVhe8wYZys
- Cincinnati Children’s Hospital FCR Resources:
  - http://www.cincinnatichildrens.org/professional/referrals/patient-family-rounds/implement/
- AAP FCR Policy statement: Patient- and Family-Centered Care and the Pediatrician’s Role.
- Cochrane Review 2012: