



# Patient-and Family-Centered Care

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# Privileged Presence

What Does it Mean?





## PFCC Core Concepts

- Respect and Dignity
- Participation
- Information Sharing
- Collaboration

# Patient-and Family-Centered Care (PFCC)

is working ***with*** patients and families,  
rather than doing ***to*** or ***for*** them.

## Noun

- Patient-and Family-Centered Care

## Verb

- Patient Engagement

## Outcome

- Patient Safety
- Patient Experience
- High Quality Care

# Evidence for Impact

- Improves Outcomes
  - Reduced readmissions, better understanding, improved chronic disease management (Berwick, 2009; Kuo et al., 2012).
- Enhances Experience
  - Patients and families report higher satisfaction when providers actively involve them (Shaller, 2007).
- Supports clinicians
  - Reduces moral distress, improves teamwork and increases provider satisfaction (Davidson et al., 2017).





# A Broad Definition of Family



- In health care settings, patients are asked to define their families and how they will be involved in care and decision-making
- A “group of individuals with a continuing legal, genetic and/or emotional relationship” (American Academy of Family Physicians, 2009).



# Family Presence & Visitation

- No “visiting hours”. Patients may have 2 people with them 24/7.
- Open visitation is everywhere.
- Encourage additional loved ones to participate in discussions virtually or by phone(physician rounds, family conferences or clinic visits).
- Patients choose their “family”.
- Communicate the policy during shift change so the rules do not change with new staff.
- If you experience barriers to supporting the family presence + visitation policy, please let us know.

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# Does This Increase Infections?

- Pre-Covid systematic reviews on ICU family presence policies found no clear increase in HAIs when families adhered to hand hygiene and PPE protocols
- Clavel et al. 2022 protocol + subsequent studies emphasize that family involvement in IPC can be protective when families are educated, engaged and supported.
- Some programs reported improved compliance with infection prevention when families were empowered to remind staff about hand hygiene.



# Quality & Safety

The goal of PFCC is aligned with high reliability.

Safe, timely, effective, efficient, equitable and patient-centered care.

# Partnering with Patients and Families

## In the Delivery of Care:

- Bedside Shift Report
- Physician Rounds
- Open Notes
- 24-Hour Visitation



## In the Planning and Evaluation of Care:

- PFACs
- Hospital Committees
- Health Literacy
- Patient Education
- Speaking Events



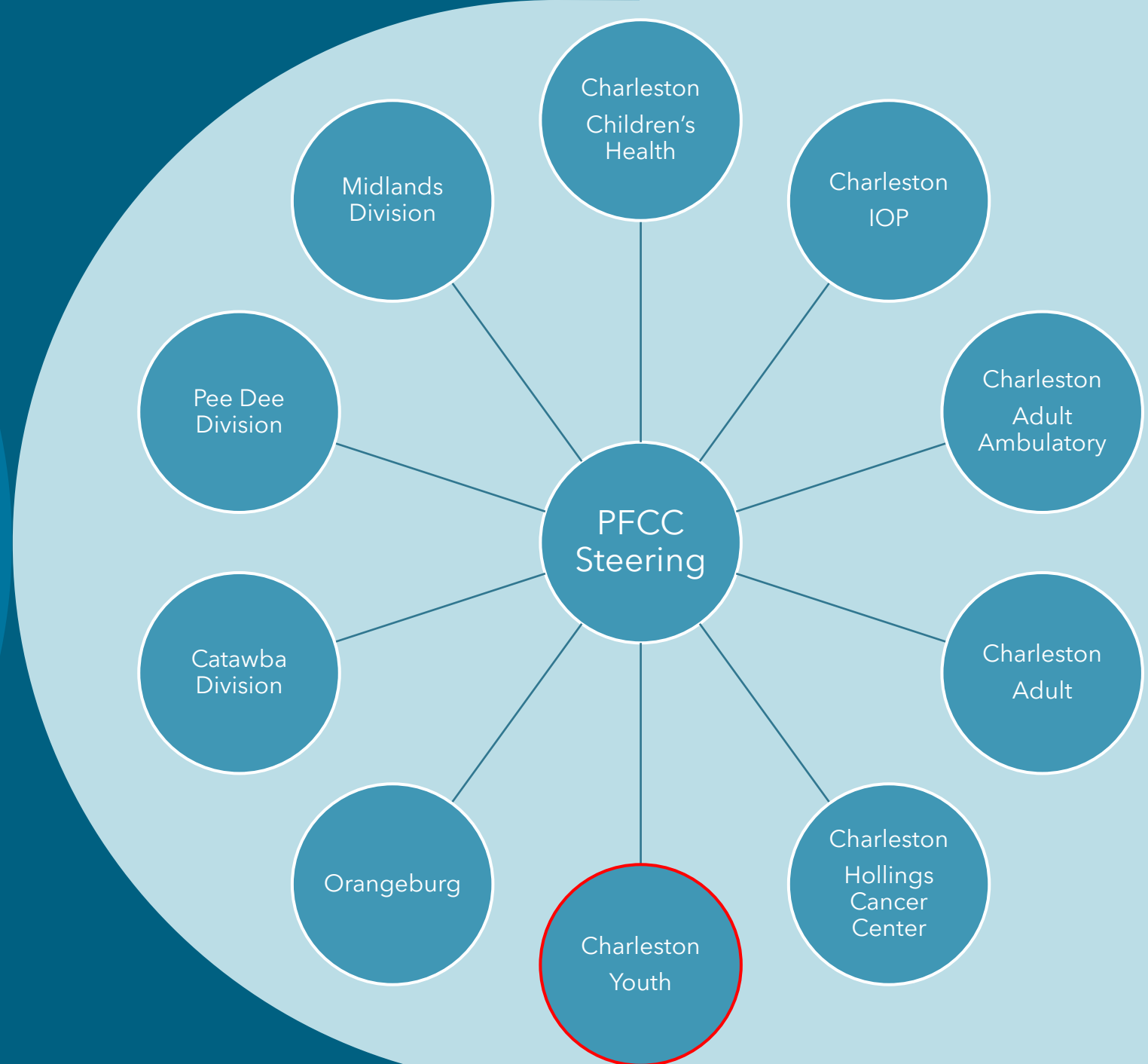


# Patient and Family Advisory Council (PFAC)

- Patients, families and MUSC care team members work together on our PFACs which meet monthly.
- Bringing their perspectives together to create ONE TEAM fosters a culture of partnerships!



# MUSC Health PFACs



# Co-Design

- Welcome Videos
- Safety Rounds
- Policy Reviews
- Facility Design
- Quality Teams
- Vaccine Task Force
- Root Cause Analysis





# High Fall Risk

Please partner with us to keep you safe.

## To prevent a fall, you can expect us to:

- Provide you with non-slip socks and a special arm band.
- Use an alarm to alert us if you get out of bed.
- Ensure that the side rails on your bed are up.
- Escort you to the bathroom and wait with you.
- Check with you hourly to see if we can help you in any way.



## To prevent a fall, these are things you can do:

- Wear your non-slip socks and arm band.
- Call us before you get out of bed.
- Keep your bed side rails up.
- Ask us to escort you to the bathroom and stay with you. We know this may be uncomfortable, but the bathroom is the most common location for a fall. In case you get dizzy or lose your balance, let us help you stay safe.



\*Created in partnership with the Dept. of Patient- and Family-Centered Care



We welcome your help and want you to speak up!

## MUSC Emergency Department:

### FAQ's about My Visit

## What tests will I have while I'm here?

Your provider may order certain tests. How long will they take? As a general rule, the following tests take:



Blood tests:  
approximately 1 hour



CT Scan and X Ray: anywhere from 1-3 hours



Consultation with another Service: vary by provider and situation. May take minutes to hours

## How do I identify people taking care of me?

Navy Blue Scrubs:

Doctors  
Physician Assistants  
Nurse Practitioners

Black Scrubs:

Patient Care  
Technicians

Royal Blue Scrubs:

Nurses

## What if I have more questions while I'm waiting?



## Prevention of Central Line Associated Bloodstream Infections (CLABSI)

### What is a central line?

A central line is a small tube that is placed in a large vein to give medications, blood, fluids or to help with patient monitoring.



We welcome your help and want you to speak up!

## Partner with us to keep you safe:

- Ask daily for your nurses or doctors to explain why you need the central line and how long they expect you to have it.
- **Everyone** must wash their hands with soap & water OR use hand gel before and after visiting.
- All care team members will wear clean gloves when touching lines.
- Nurses will scrub the hub on the line for 15 seconds and let dry for 30 seconds.
- Masks will be worn during all dressing changes.
- Tell your nurse right away if your central line dressing is loose, wet, soiled or if the central line is red or painful.
- You will receive daily CHG bathing & bed sheet changes.

### WHAT IS A CLABSI?

- A CLABSI occurs when bacteria or germs enter a patient's central line and then enter the bloodstream.
- A CLABSI can be treated with antibiotics, but some infections may be serious.



\*Created in partnership with Volunteer Patient and Family Advisors

# Teaching PFCC Through Stories

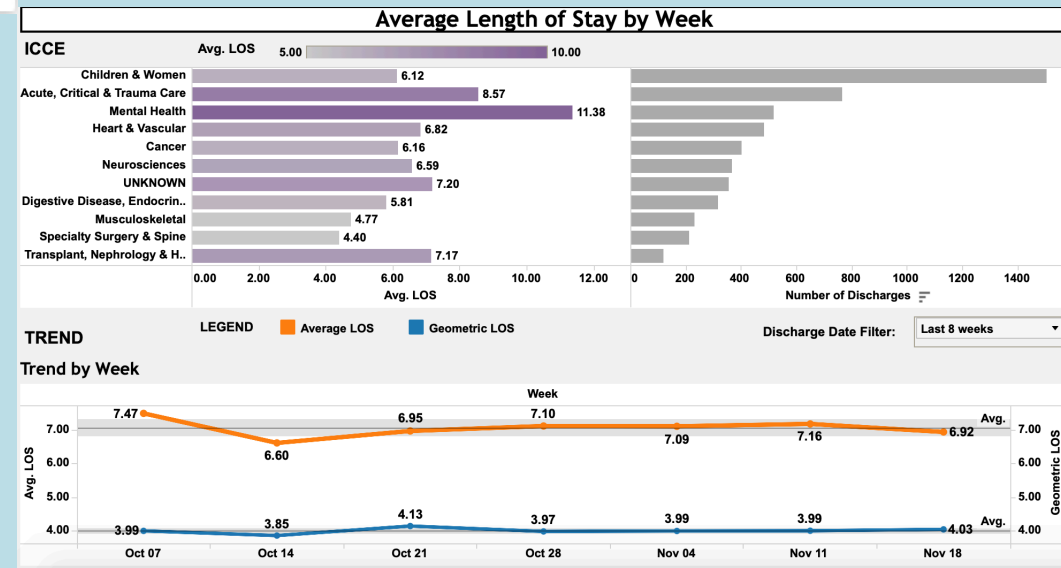
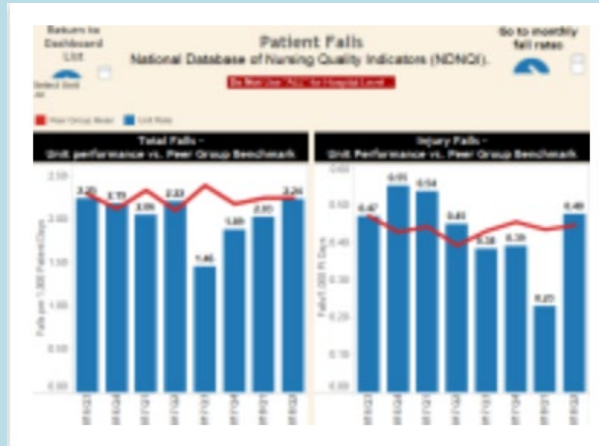


# I Am Not a Number

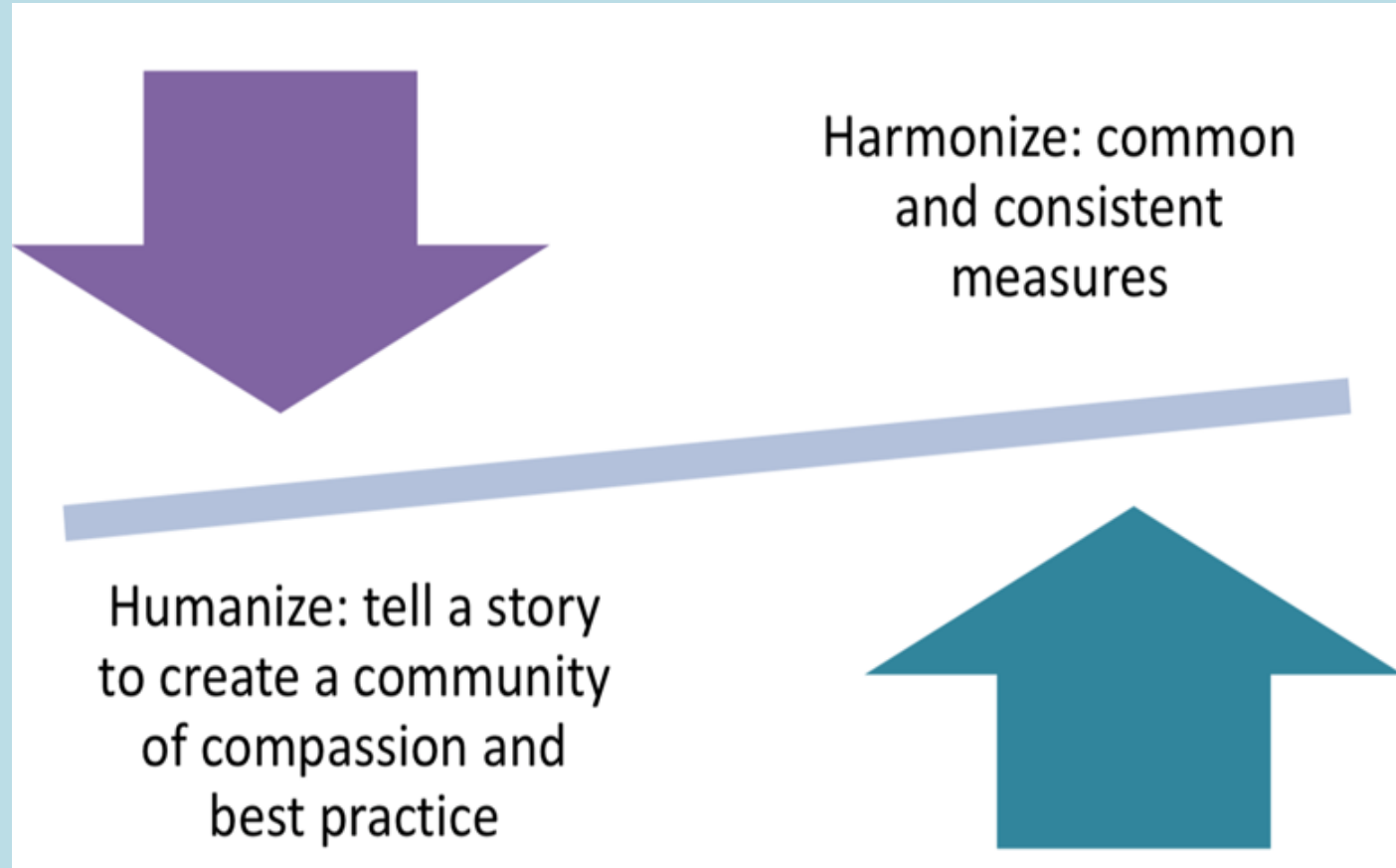
Statistics are important for recognizing trends and creating solutions to complex problems. However, data must also be “humanized” to prevent us from...

- Becoming desensitized
- Generalizing data
- Marginalizing people

# Data is everywhere!

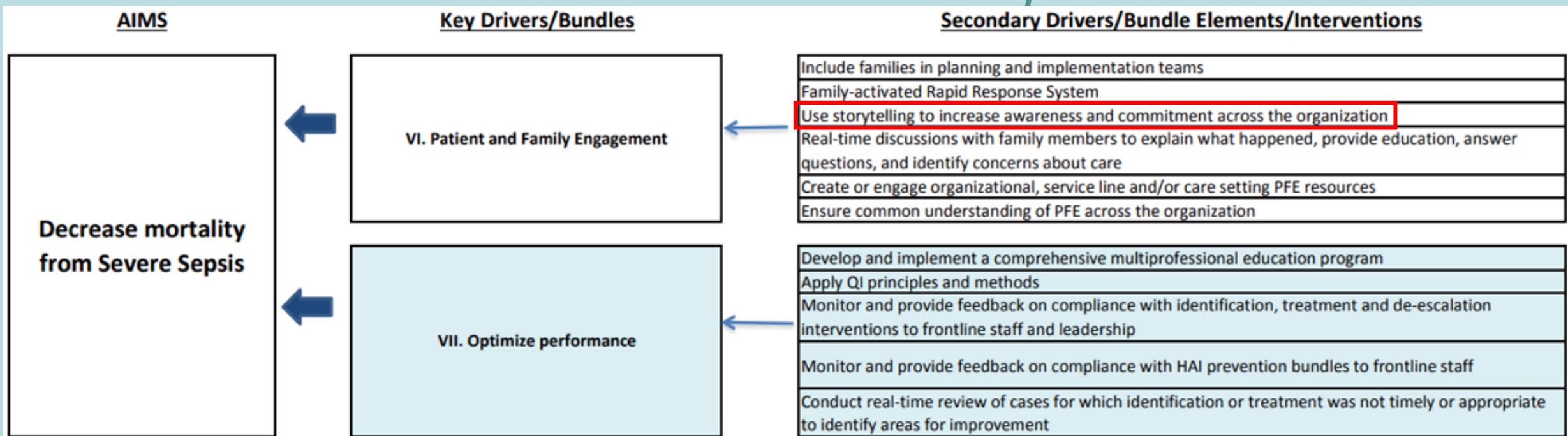


# Harmonize & Humanize the Data





# Clover's Story





# IPC Partnerships

# Patient Story Library

# Jill Midgett, C.I.C

- Keeping Rooms Tidy:

“We want you to remain safe and infection-free! With input from our patients and families, we came up with a plan to facilitate cleaning all the nooks and crannies in your room. Please store all belongings in the closet from 9am to 12 pm each day to allow our team to clean every surface and remove germs.”

How would  
these  
words make  
you feel if  
they were  
said about  
you?

"Poor historian"

"Reasonable patient"

"Trustworthy answers"

"Compliant" or "Noncompliant"

"Walkie Talkie"

"Refusal"

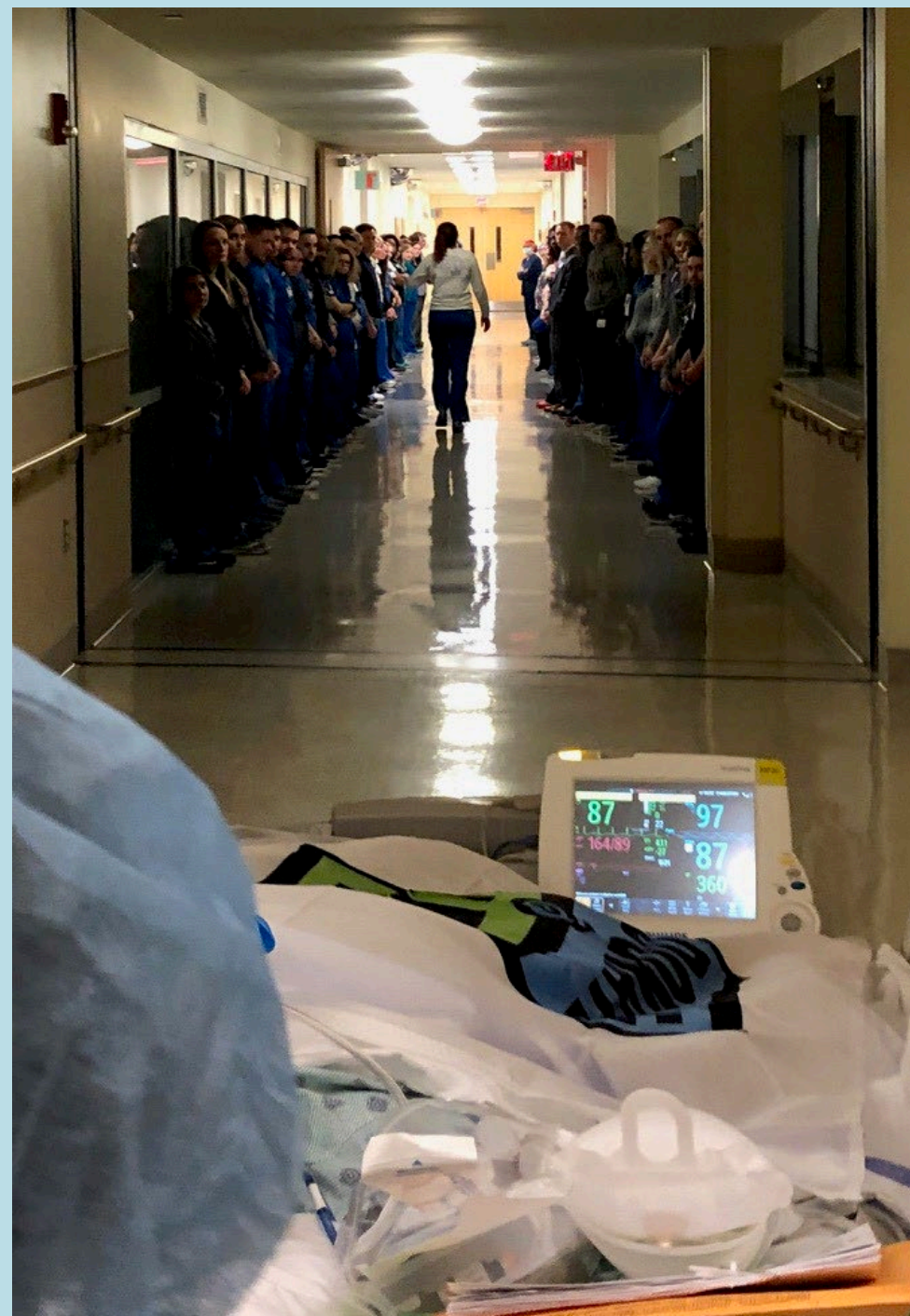
"Denies"

"Expired"

"Circling the drain"



# Honor Walk

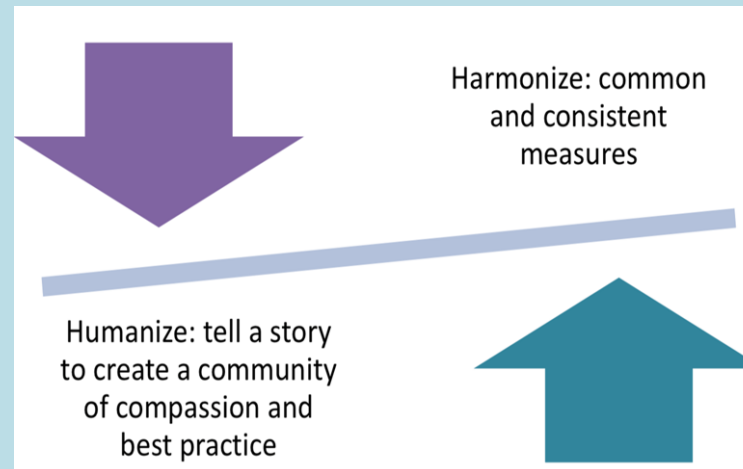


# What Can You Do?

1. Incorporate PFCC core concepts into your role



2. Humanize your data



3. Utilize your local PFAC and invite PFAs to join your teams!





# Encourage Patients and Families to Join the Team!

“Healthcare is an exercise in interdependency not in personal heroism. You simply cannot do the right job alone.”

-Dr Don Berwick



# Culture

## **We are all responsible for Patient-and Family-Centered Care**

This is not the work of 1 person or department; it has to be owned by MUSC Health.

If we create a culture of PFCC, it will be reflected in the scores. HAls will go down, falls will go down, mobility will go up, HH will improve, Leapfrog will improve.

- Including PFAs in interviews
- PFACs
- Family Badging
- The language we use to describe patients and families



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