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## MEDICAL EDUCATION

### Patient- and Family-Centered Care: It's Not Just for Pediatrics Anymore

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Patient- and family-centered care (PFCC) is changing the way hospitals provide patient care, increasing staff satisfaction, decreasing costs, and improving patient outcomes [1, 2]. Although hospitals make unique, organization-specific PFCC principles, all of them tend to endorse similar core values by recognizing the importance of family members' roles in individual patients' health care experience, establishing relationships with and supporting patients and families, and helping patients discover how their own strengths and weaknesses influence their health and health care. When patients' needs are prioritized, they engage in treatment and the treatments are more effective [1-4]. Hospitals where PFCC is part of the organizational culture find not only that patient, family, and staff satisfaction ratings significantly increase, but also that patients' health outcomes improve [2, 5]. Implementation of PFCC is also correlated with a decrease in patients' emergency department visits, faster recovery, and decreased utilization of health care resources [2, 6-7].

PFCC has [become widespread](#) throughout health care [6, 8-12]. The PFCC concepts of *patient-physician collaboration* and *treating the patient as a whole person* are not new. Fifteen years ago, the Institute of Medicine (IOM) semi-annual report, *Crossing the Quality Chasm* [8], included PFCC as an initiative to improve quality in the list of ten rules for redesigning health care [13]. The IOM report emphasized the need to involve patients in their own health care decisions, to better inform patients of treatment options, and to improve access to information [8]. PFCC provides a holistic approach to patient care, including psychological, spiritual, cultural, and emotional considerations that contextualize experiences of illness or injury and go beyond a focus on disease processes only [1].

The term "family-centered" does not remove control from competent patients to make decisions concerning their own health care [11]. Instead, this concept emphasizes that a patient's health care decisions should be contextualized in terms of a patient's broader life experiences. This term also recognizes the role a patient's family members play in extended and at-home care planning and care giving.

As medical care continues to become more collaborative, with a focus on holistic care for patients and their sources of support, principles of PFCC are now commonly taught to medical residents [14, 15]. For example, to be recognized by the Magnet Recognition

Program, developed by the American Nurses Credentialing Center, hospitals must implement family-centered care [16]. No longer just for pediatrics, patient- and family-centered care applies to patients of all ages and can be practiced in any health care setting and at any point in care delivery; the Joint Commission suggestions include providing discharge instructions that meet the patient's needs, informing patients of their rights, and identifying patients' dietary restrictions that affect treatment [1]. Giving patients control, customizing care according to patients' needs and values, and providing information to patients and their loved ones are other IOM recommendations that promote PFCC [8].

Recognizing the importance of patients' loved ones in patients' health care experiences, clinicians try to work with patients and families to ensure their health and well-being in a mutually beneficial relationship [8, 11, 12]. Principles of PFCC include listening to families, facilitating choice, sharing information, and building confidence to participate in health care decision making [2, 11]. By implementing PFCC, clinicians benefit by gathering more information, improving follow-through, making efficient use of professional time, and decreased health care utilization [6, 9, 11].

Based on the latest research and guidelines [1, 4, 10, 14], these strategies for successful patient- and family-centered care are suggested:

1. *Communicate and collaborate.* According to the Institute for Patient and Family Centered Care, the word "family" refers to two or more persons who are related in any way—biologically, legally, or emotionally. The patient defines who represents his or her family and the level of involvement each family member will have. Involve designated family members, or support individuals, in care discussions, making sure they are available for multidisciplinary rounds to discuss concerns, the health care plan, and progress, and encourage them to participate. Patients and family members can provide information missing from medical charts and can recognize and speak up about errors in care delivery [7].
2. *Promote health literacy.* Patients who are—and whose family members are—unaware of potential adverse effects or benefits of medications prescribed have poor compliance [17]. Providing information in terms patients and family members can understand and encouraging families to participate in the care of their loved ones can result in improved patient outcomes [18, 19]. Take time to understand any influences of language, health literacy, or social, educational, or cultural factors on patients or families. Use "teach backs" and "show backs," in which patients or family members restate information provided by clinicians or display newly taught skills to increase understanding and decrease confusion [20]. This practice gives the care team the opportunity to discern and correct errors or misunderstandings [1, 19].
3. *Include the patient and family.* Work toward a professional, respectful relationship with your patients, incorporating their preferences and values in care goals and

plans. Identify and address patient communication needs promptly, such as assistance for family members whose preferred language is not English or who have sensory or communication impairments. Disclose and acknowledge any medical errors promptly, per your facility's policy. When making clinical decisions, consider individual patient values along with possible language barriers, cultural issues, health literacy, and other factors [21, 22].

Prominent organizations including the Institute of Medicine (IOM), the Institute for Patient- and Family-Centered Care (IPFCC), the Institute for Healthcare Improvement (IHI), the American Academy of Pediatrics (AAP), and the American College of Emergency Physicians have endorsed PFCC practices, helped to define PFCC, and illustrated the importance of incorporating patients and their loved ones into health care discussions and decisions [8-12]. PFCC improves quality and safety of care, chronic disease management, and patient satisfaction; reduces hospitalizations and medical errors; and lowers costs [1, 2, 6, 11, 17, 21].

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### Further Reading

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### **Related in the *AMA Journal of Ethics***

[Moving Past Individual and "Pure" Autonomy: The Rise of Family-Centered Patient Care](#), January 2016

[Evidence-Based Design: Structuring Patient- and Family-Centered ICU Care](#), January 2016

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