16.5: Patient and Family Collaboration for Care Delivery

As health systems have moved from a disease-oriented approach toward a model focused more on health prevention, promotion, and wellness, so too has the philosophical foundation of how patients and families are engaged in care. Traditionally, patient and family involvement in care was more visible and more accepted by health care providers in specific clinical areas such as pediatrics, obstetrics, oncology, and palliative care. Now this expectation from consumers is being extended to all sectors of the care continuum. A key transformational shift in the health care landscape over the past two decades has been a focus on the concept of patient– and family–centred care (PFCC) also known as person–centred care (according to the Canadian Partnership Against Cancer), or client– and family–centred care (CFCC) (by Accreditation Canada). These definitions are now widely used to define the inclusiveness and collaboration with patients and families in determining their care and outcomes at all touch points of the care continuum. For purposes of this section of this chapter, the terms patient, client, and resident will be used interchangeably.

Definitions

The Institute of Patient- and Family-Centered Care (IPFCC, 2017) defines PFCC as “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.” The four key concepts espoused by the IPFCC and followed within Canada and Saskatchewan are:

**Dignity and respect.** 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 to effectively participate in 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 research, in facility design, and in professional education, as well as in the delivery of care.

Essential Learning Activity 16.4.1

For a historical perspective on the evolution of PFCC, see “Partnering with Patients and Families To Design a Patient-and Family-Centered Health Care System: A Roadmap for the Future,” published by the IPFCC.

The IPFCC’s definition is aligned with that of Accreditation Canada, which defines client and family centred care (CFCC) as “an approach that fosters respectful, compassionate, culturally appropriate, and competent care that responds to the needs, values, beliefs, and preferences of clients and their family members” (2015). In CFCC, the word client also means patients and residents. At the heart of PFCC is the concept of working “with” the patient instead of doing “to” or “for.” This key concept puts the client and family at the centre of the care as opposed to a model where the provider’s perspective is dominant, so the health care provider and the client have a true partnership.

Putting Patients First

In 2009, Saskatchewan released its “Patient First Report,” which started Saskatchewan on a focused transformational journey to embed PFCC/CFCC into the culture of health care in the province. The key recommendation from this report stated:

That the health system make patient- and family-centred care the foundation principal aim of the Saskatchewan health system, through a broad policy framework to be adopted system wide. Developed in collaboration with patients, families, providers and health system leaders, this policy framework should serve as an overarching guide for health care organizations, professional groups and others to make the Patient First philosophy a reality in all workplaces. (Saskatchewan Health, 2009, p. 8)

Saskatchewan is now actively engaged in strategic efforts to advance patient- and family-centred care in this province and has set targets and measures to achieve this culture change.

Essential Learning Activity 16.4.2

For more information on specific targets and goals of quality health work in Saskatchewan health care, please review the following websites and documents:

The Saskatchewan Patient- and Family-Centred Care Guiding Coalition’s newsletter (Fall 2016), Putting Patients First.

Saskatchewan Health Quality Council’s report, "Shared decision making: Helping the system and patients make quality
Changing Effects of Patient- and Family-Centred Care

This new collaborative approach to care delivery has a major impact on how health care providers engage with patients and families in our system, and the subsequent involvement and influence of the nurse manager or leader. One specific area that managers and leaders must pay attention to is related to the changing expectations of clients and their family members who have increased access to information through technology. This includes expectations for information flow between care providers and increased expectations around shared decision making and meaningful engagement. One of the key tenets of PFCC is “every patient, every time.” This culture change involves all levels of health care providers from care providers to support service staff.

Essential Learning Activity 16.4.3

For more information on the changing effects of patient- and family-centered care, see the patient engagement resource hub on the website of the Canadian Foundation for Healthcare Improvement.

Review the following websites and consider how their information impacts local management environments:

Institute for Patient- and Family-Centred Care, Free Downloads—Reports/Roadmaps

For more information on innovations in advancing patient- and family-centered care in hospitals, see the Agency for Healthcare Research and Quality’s web page Advancing the Practice of Patient- and Family-Centered Care in Hospitals.

From the Field

• Gain increased knowledge in PFCC as a sound foundation for a leadership role.
• Increase knowledge on specific examples of successful ways that patients and families have collaborated for their care, and work with patients and families to implement change in your work area (e.g., including patients and families during hospital rounds, changing meal times in long-term care to accommodate resident preferences).
• Enhance communication skills for collaboration and engagement with patients and families as individuals and in groups, such as patient councils. Learn the difference in stakeholder roles, in terms of which are input and consultation and which are decision making, and be able to articulate this to patients and family members.
• Develop communication skills to engage patients and families in participating in and improving care. See examples outlined in the Registered Nurses’ Association of Ontario’s clinical best practice guidelines (2015) for person- and family-centred care.
• Develop skills in coaching and mentoring diverse groups of staff, patients, and family members. Develop skill in conflict resolution for helping staff handle challenging patient or family issues.
• Be alert to current issues that will impact an increased emphasis on patient and family engagement in care, such as medical assistance in dying and advanced care directives.
• Learn how to educate and direct patients and families to credible resources, particularly on the internet.
• Learn communication processes for appropriate disclosure of errors in an effective manner and include patients as part of quality improvement.
• Ensure that you and your staff understand how to maintain patient privacy and confidentiality with increased family involvement.

• Sharpen skills in measuring patient experience. For example, develop mechanisms to hear routine feedback from patients and families and use this to improve care.