Strategies for

LEADERSHIP

Patient- and Family-Centered Care

A HOSPITAL SELF-ASSESSMENT INVENTORY

Developed by INSTITUTE FOR FAMILY-CENTERED CARE

Sponsored by American Hospital Association

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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 patients, families, and health care providers. It is founded on the understanding that the family plays a vital role in ensuring the health and well-being of patients of all ages. In patient- and family-centered care, patients and families define their "family" and determine how they will participate in care and decision-making. The four principles of patient- and family-centered care are:

DIGNITY AND RESPECT

Health care providers listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into care planning and decision-making.

INFORMATION SHARING

Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, accurate information in order to effectively participate in care and 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, and providers collaborate in policy and program development, implementation, and assessment; in health care facility design; and in professional education, as well as in the delivery of care.

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This assessment inventory is designed to help hospital and health system leaders, trustees, medical staff and employees think about how a hospital, department, or clinical area operationalizes patient- and family-centered care. It is designed for use with an interdisciplinary team **that includes patients and families served by the hospital**. The tool will assist those who complete it in determining priorities for change and improvement. Many who have used this inventory have found that even the process of completing the tool has educational value, because it helps inform participants about the core concepts and strategies of patient- and family-centered care.

The assessment inventory is divided into 10 sections:

1. Leadership
2. Mission and Definition of Quality
3. Charting and Documentation
4. Patients and Families as Advisors
5. Patient and Family Support
6. Patterns of Care
7. Quality Improvement
8. Information/Education for Patients and Families
9. Personnel
10. Environment and Design

As the hospital or health system makes changes and improvements within the organization or within specific clinical areas and departments, staff can use this tool for conducting additional assessments at the unit, department, or service line level. Leaders of these areas, front-line staff, patients, and families should be involved in this endeavor.

Advancing the practice of patient- and family-centered care is not a program to be "rolled out." It is a long-term journey and commitment that evolves with the changing needs and priorities of the organization and the individuals, families, and communities it serves. By completing this tool and discussing the issues it reveals, hospital and health system teams can take the first step in this important work.

INSTRUCTIONS

Step 1: ASSEMBLE TEAM

Successful culture change of an organization requires the commitment and involvement of senior leadership. For this reason, it is recommended that senior leaders — such as the chief operating officer; chief nursing and medical officers; leaders from the medical staff; directors for quality, safety, and planning; the director for human resources; and the director for facilities—participate on the team completing the initial assessment. A trustee, perhaps a member of the board-level Quality Committee, should participate. Managers, front-line staff, patients, and families should also participate on this initial team. On the basis of its structure and human resources, each hospital will need to decide how best to configure this team.

Step 2: COMPLETE ASSESSMENT INVENTORY

There are several different ways to complete this inventory. Some organizations find it helpful for each team member to complete the tool individually. Other organizations ask all team members to review the tool individually and then to meet as a group to discuss their ideas and formulate a group response. Participants should set aside several hours for completing the checklist.

The tool asks you to complete four tasks:

A. Rate the status of patient- and family-centered care.

Please circle the number within the **status** column that indicates how well you think your hospital, department, or clinical area is applying the concepts of patient- and family-centered care. This 5-point scale is not an attempt to obtain a precise numerical rating, but rather it is a way to develop understanding for where your hospital is along a continuum of implementing patient- and family-centered care.

B. Rank perceived priority for change or improvement.

Circle the number in the **perceived priority** column for what you believe should be the level of priority for change or improvement for each key indicator. This ranking will help prioritize change activities to undertake over time at your hospital or health system.

C. Provide notes and examples.

The fourth column provides space to list **examples** of policies, programs, practices, or design features. This space can also be used for clarifying notes that correspond to the responses in the columns to the left. This information will be useful for future planning.

D. Complete open-ended responses.

The last page asks for **narrative responses** related to participants' experiences in implementing patient- and family-centered care, the benefits and outcomes of these changes, and challenges encountered. In addition, it asks participants to describe in writing any insights they have derived from completing the assessment inventory and to state whether or not they believe that patient- and family-centered care is, or should be an organizational priority.

Step 3: REFLECT ON FINDINGS

Plan time to review findings and discuss them within the context of the organization's strategic priorities and quality and safety agendas.

Step 4: DEVELOP ACTION PLAN

After completing the assessment, the organization should develop an action plan to analyze the results and begin to address the priorities identified. The plan should include both short- and long-term goals. Many hospitals and health systems have found it useful to appoint a steering committee for patient- and family-centered care to oversee and coordinate the change process, encourage collaborative initiatives, and ensure that these efforts are integrated with their quality and safety agendas.

Step 5: REPEAT ASSESSMENT PROCESS

After the initial assessment is done, specific clinical areas and departments may use the inventory to advance the practice of patient- and family-centered care within their areas of responsibility. The senior leadership team should also plan to repeat the assessment process every 18 months to two years.

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Leadership	Not at all		OK		Very Well	Low		High	Examples / Clarification of Response
Leaders of the organization (governing board, administration, and clinical staff leadership) are knowledgeable about patient- and family-centered care.	1	2	3	4	5	1	2	3	
Leaders of the organization, through words and actions, consistently convey that the patient's and family's experience of care matters, that it is important to quality, safety, and the best outcomes.	1	2	3	4	5	1	2	3	
Leaders of the organization, through words and actions, encourage and support staff and physicians in the practice of patient- and family-centered care.	1	2	3	4	5	1	2	3	
Leaders of the organization, through words and actions, encourage and support patient and family collaboration at all levels of care:									
■ In clinical care of the individual patient.	1	2	3	4	5	1	2	3	
■ In planning, implementing, and evaluating hospital policies and programs.	1	2	3	4	5	1	2	3	
■ In strategic planning and facility planning.	1	2	3	4	5	1	2	3	
Leaders of the organization integrate patient- and family-centered concepts and strategies in the agendas for quality and safety.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Mission and Definition of Quality	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
The mission statement articulates a commitment to the concepts of patient- and family-centered care.	1	2	3	4	5	1	2	3	
The organization has defined quality health care and this definition includes how patients and families will experience care.	1	2	3	4	5	1	2	3	
The organization has defined how patient care will be provided and what is expected relative to the experience of care (e.g., a philosophy of care statement).	1	2	3	4	5	1	2	3	
The definition for how care will be delivered reflects the principles of patient- and family-centered care and articulates:									
■ The importance of conveying respect and preserving the dignity of each patient and family.	1	2	3	4	5	1	2	3	
■ Acknowledgement of the individuality, culture, capacity, and abilities of each patient and family.	1	2	3	4	5	1	2	3	
■ A broad definition of family.	1	2	3	4	5	1	2	3	
■ The importance of families to the care and comfort of patients.	1	2	3	4	5	1	2	3	
■ The importance of collaborating with patients and families at all levels of care.	1	2	3	4	5	1	2	3	
Patients and families were involved in defining quality and developing the mission and philosophy of care statements.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Mission and Definition of Quality (cont.)	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
The concepts of the philosophy of care are shared with patients and families in a variety of ways including:									
■ Patient and family handbook.	1	2	3	4	5	1	2	3	
■ Admission/outpatient care materials.	1	2	3	4	5	1	2	3	
■ Hospital/clinic Web site.	1	2	3	4	5	1	2	3	
The philosophy of care is taught as part of:									
■ Orientation for new employees.	1	2	3	4	5	1	2	3	
■ Orientation for students and trainees.	1	2	3	4	5	1	2	3	
■ Continuing education programs for:									
• Employees.	1	2	3	4	5	1	2	3	
• Medical staff.	1	2	3	4	5	1	2	3	
• Trustees.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Patients and Families as Advisors	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
There is a functioning patient and family advisory council (e.g. meets regularly, at least quarterly, and reports to senior leadership).	1	2	3	4	5	1	2	3	
Patients and families serve on hospital committees and task forces such as:									
■ Patient and family education.	1	2	3	4	5	1	2	3	
■ Quality improvement.	1	2	3	4	5	1	2	3	
■ Patient safety.	1	2	3	4	5	1	2	3	
■ Ethics committee.	1	2	3	4	5	1	2	3	
■ Diversity/cultural competency.	1	2	3	4	5	1	2	3	
■ Patient care committee(s).	1	2	3	4	5	1	2	3	
■ Discharge/transition planning.	1	2	3	4	5	1	2	3	
■ End of life care.	1	2	3	4	5	1	2	3	
■ Facility design planning.	1	2	3	4	5	1	2	3	
■ Staff recruitment and hiring processes.	1	2	3	4	5	1	2	3	
■ Service excellence.	1	2	3	4	5	1	2	3	
■ Research and evaluation.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Patients and Families as Advisors (cont.)	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
Patients and families are involved in orientation and continuing education for:									
■ Employees.	1	2	3	4	5	1	2	3	
■ Medical staff.	1	2	3	4	5	1	2	3	
■ Trustees.	1	2	3	4	5	1	2	3	
Patients and families are involved in teaching students and trainees.	1	2	3	4	5	1	2	3	
There is a paid position(s) for a patient or family leader to facilitate the development of patient - and family-centered initiatives.	1	2	3	4	5	1	2	3	
There is a staff liaison assigned to patient and family collaborative endeavors hospital-wide.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Patterns of Care	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
Family members are not viewed as visitors; they are always welcome to be with the patient, in accordance with patient preference.	1	2	3	4	5	1	2	3	
Families can remain with the patient during nurse change of shift, in accordance with patient preference.	1	2	3	4	5	1	2	3	
During rounds, in accordance with patient preference, families can:									
■ Remain with the patient.	1	2	3	4	5	1	2	3	
■ Participate in rounds.	1	2	3	4	5	1	2	3	
Families' choices, in accordance with patient preference, about whether or not to remain with the patient are respected and supported by staff during such situations as:									
■ Clinic visit/examination.	1	2	3	4	5	1	2	3	
■ Therapy/treatment.	1	2	3	4	5	1	2	3	
■ Painful/invasive procedures.	1	2	3	4	5	1	2	3	
■ Resuscitation.	1	2	3	4	5	1	2	3	
Patients and families are viewed as integral members of the health care team.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Patterns of Care (cont.)	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
Families' choices, in accordance with patient preference, about whether or not to remain with the patient are respected and supported by staff in clinical areas such as:									
■ Radiology.	1	2	3	4	5	1	2	3	
■ Surgical holding area.	1	2	3	4	5	1	2	3	
■ Anesthesia induction.	1	2	3	4	5	1	2	3	
■ Recovery room.	1	2	3	4	5	1	2	3	
■ Emergency room.	1	2	3	4	5	1	2	3	
■ Other.	1	2	3	4	5	1	2	3	
Patients and families have the opportunity to participate in interdisciplinary meetings to plan care.	1	2	3	4	5	1	2	3	
There are systems in place to encourage communication among patients, families, and staff (e.g. chart, email, bulletin boards in patient's room, pagers, telephone contact).	1	2	3	4	5	1	2	3	
There is open disclosure by staff, with the patient and family regarding all errors, whether or not adverse events occur.									
■ In written policy.	1	2	3	4	5	1	2	3	
■ In actual practice.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Patterns of Care (cont.)	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
Staff ask patients and families about their observations, goals, and priorities for the patient in:									
■ Outpatient settings.	1	2	3	4	5	1	2	3	
■ Inpatient settings.	1	2	3	4	5	1	2	3	
Staff acknowledge the individuality, culture, capacity, and abilities of each patient and family.	1	2	3	4	5	1	2	3	
Staff collaborate with the patient and family to manage pain.	1	2	3	4	5	1	2	3	
Care is coordinated with patients and families and across disciplines and departments.	1	2	3	4	5	1	2	3	
Each patient has a single, identified coordinator of care.	1	2	3	4	5	1	2	3	
Patients and families have help with transitions in care (e.g. unit to unit, hospital to other facility, hospital to home, and between outpatient and inpatient).	1	2	3	4	5	1	2	3	
Patients and families are encouraged to participate in discharge planning from the beginning of hospitalization.	1	2	3	4	5	1	2	3	
Patients and families are asked about learning needs and priorities regarding care after discharge.	1	2	3	4	5	1	2	3	
Opportunities to learn and practice caregiving are provided to patients and families prior to discharge.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Information/Education for Patients and Families	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
There is continual, open, and honest communication among patients, families, and staff.	1	2	3	4	5	1	2	3	
Patients and families have telephone/email access to clinicians.	1	2	3	4	5	1	2	3	
Policies and practices encourage patient and family involvement in decision-making regarding their health care.	1	2	3	4	5	1	2	3	
Individualized and understandable follow-up instructions are provided to patients from:									
■ Inpatient areas.	1	2	3	4	5	1	2	3	
■ Outpatient areas.	1	2	3	4	5	1	2	3	
■ Emergency Department.	1	2	3	4	5	1	2	3	
Written information is provided in primary languages of patients and families served by the hospital.	1	2	3	4	5	1	2	3	
Trained interpreters are available.	1	2	3	4	5	1	2	3	
A range of informational and educational programs and materials are available to patients and families.	1	2	3	4	5	1	2	3	
The hospital's information and educational materials reinforce the belief that patients and families are essential members of the health care team.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Information/Education for Patients and Families (cont.)	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
There is a patient and family resource center accessible to patients, families, and staff with:									
■ Useful programs and materials.	1	2	3	4	5	1	2	3	
■ Useful written and audiovisual materials.	1	2	3	4	5	1	2	3	
■ Internet access.	1	2	3	4	5	1	2	3	
■ Useful bookmarked Web sites.	1	2	3	4	5	1	2	3	
■ Skills training lab.	1	2	3	4	5	1	2	3	
Patients/families are involved in developing informational/educational materials and programs.	1	2	3	4	5	1	2	3	

Charting and Documentation

Patients' and families' goals are included in the medical record/chart.	1	2	3	4	5	1	2	3	
Patients, and families in accordance with patient preference, have easy access to the medical record/chart.	1	2	3	4	5	1	2	3	
Patients, and families in accordance with patient preference, have the opportunity to record observations and concerns in the medical record/chart.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Patient and Family Support	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
Employee/medical staff practices and hospital/clinic policies reflect a broad definition of family.	1	2	3	4	5	1	2	3	
Employee/medical staff ask patients to identify family members or other support people who will participate in care.	1	2	3	4	5	1	2	3	
Staff or volunteer support is available to ensure that visits by children are positive experiences.	1	2	3	4	5	1	2	3	
A designated staff member or volunteer is available to assure families and provide updates on patient status during surgery or procedures.	1	2	3	4	5	1	2	3	
There is a range of emotional, spiritual, and practical supports available to patients and families.	1	2	3	4	5	1	2	3	
Peer and family-to-family support is available and accessible to patients and families.	1	2	3	4	5	1	2	3	
Patients and families are involved in developing and evaluating peer support programs.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Quality Improvement	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
Patients and families are involved in quality improvement initiatives.	1	2	3	4	5	1	2	3	
Patients and families are involved in developing the questions and format for tools that measure patient and family perceptions of the experience of care.	1	2	3	4	5	1	2	3	
Patients and families assist in responding and finding solutions to information gathered through mechanisms that measure patient and family perceptions of the experience of care.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Personnel	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
Patients and families are involved in:									
■ The hiring process for staff.	1	2	3	4	5	1	2	3	
■ Orientation for new employees.	1	2	3	4	5	1	2	3	
■ Staff development.	1	2	3	4	5	1	2	3	
Position descriptions and performance appraisals define expectations for behaviors consistent with patient- and family-centered concepts.	1	2	3	4	5	1	2	3	
Position descriptions and performance appraisals articulate the necessity of collaborating with patients and families at all levels of care.	1	2	3	4	5	1	2	3	
Orientation and in-service programs support staff in acquiring patient- and family-centered knowledge, skills, and attitudes.	1	2	3	4	5	1	2	3	
There are a variety of support opportunities for staff (e.g., reflective practice, bereavement support, mentoring programs, and counseling).	1	2	3	4	5	1	2	3	
There are rewards and recognition for patient- and family-centered practice.	1	2	3	4	5	1	2	3	
Staff reflects the diversity of the communities served.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Environment and Design	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
The following create positive, welcoming first impressions for patients and families:									
■ Parking lot.	1	2	3	4	5	1	2	3	
■ Main entrance and lobby.	1	2	3	4	5	1	2	3	
■ Reception area and information desk.	1	2	3	4	5	1	2	3	
■ Entrance to specific units and clinics.	1	2	3	4	5	1	2	3	
■ Entrance to Emergency Department.	1	2	3	4	5	1	2	3	
The hospital's/clinic's architecture and interior design use such features as lighting, color, aroma, views of nature, art, scale, proportion, sound, and texture to create a healing, supportive environment.	1	2	3	4	5	1	2	3	
Signage is welcoming and helpful to patients and families.	1	2	3	4	5	1	2	3	
Signage is in the languages of the communities served.	1	2	3	4	5	1	2	3	
There is the option of a private room for each patient.	1	2	3	4	5	1	2	3	
There is comfortable sleep space for a family member in the patient's room.	1	2	3	4	5	1	2	3	

KEY INDICATORS	STATUS					PERCEIVED PRIORITY FOR CHANGE/IMPROVEMENT			NOTES
Environment and Design (cont.)	Not at all		OK		Very Well	Low		High	Examples /Clarification of Response
Outpatient examination/treatment rooms ensure privacy for each patient	1	2	3	4	5	1	2	3	
Outpatient examination/treatment rooms allow for family presence and participation, according to the patient's preference.	1	2	3	4	5	1	2	3	
There are supportive spaces such as:									
■ A private consultation room.	1	2	3	4	5	1	2	3	
■ A family lounge.	1	2	3	4	5	1	2	3	
■ Kitchen facilities/access to nutritious snacks.	1	2	3	4	5	1	2	3	
■ Laundry facilities.	1	2	3	4	5	1	2	3	
■ A place for prayer or quiet reflection.	1	2	3	4	5	1	2	3	
There is space away from the bedside/exam room that supports family learning and practice of new caregiving skills.	1	2	3	4	5	1	2	3	
Space is designed to support staff in working efficiently and collaboratively with patients and families and with staff across disciplines and departments.	1	2	3	4	5	1	2	3	

OPEN-ENDED RESPONSES

Briefly describe innovative initiatives, programs, or products from your hospital or clinical area that reflect patient- and family-centered care and family/professional collaboration.	
List the benefits/outcomes evolving from these innovations.	
Briefly describe challenges or difficulties that you, your hospital, or your clinical area have experienced in advancing the practice of patient- and family-centered care.	
Reflect on the findings of this assessment and their relevance and importance to your organization's strategic priorities and quality and safety agendas.	

PARTICIPANTS COMPLETING THE ASSESSMENT INVENTORY

Name of hospital

Person(s) Name:	Department/Discipline/Patient/Family Member
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NOTES

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