

Focusing on Partnerships:

Redirecting the Conversation from “Family Directed Care” to Family Centered Care

Presented by:

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- Seattle Children's By the Numbers
- As of 2/1/18:
 - 7,282 Active Employees
 - 403 beds (354 licensed beds in operation)
 - 7 Regional Sites
 - 28 Outreach sites and clinics
 - 10 other clinics & locations (Seattle to Alaska)



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- Case #1
- Parents have been able to adjust their child's medication at home, titrating up or down depending on their child's symptoms or presentation.
- Child is now inpatient, and during rounds, the dosage of medication is an area of disagreement



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- Case #2
- Patient's mother is very concerned about the amount of pain her child is in despite pain medication
- Parent directs the RN staff that they are not to turn or move her child in order to prevent further pain.

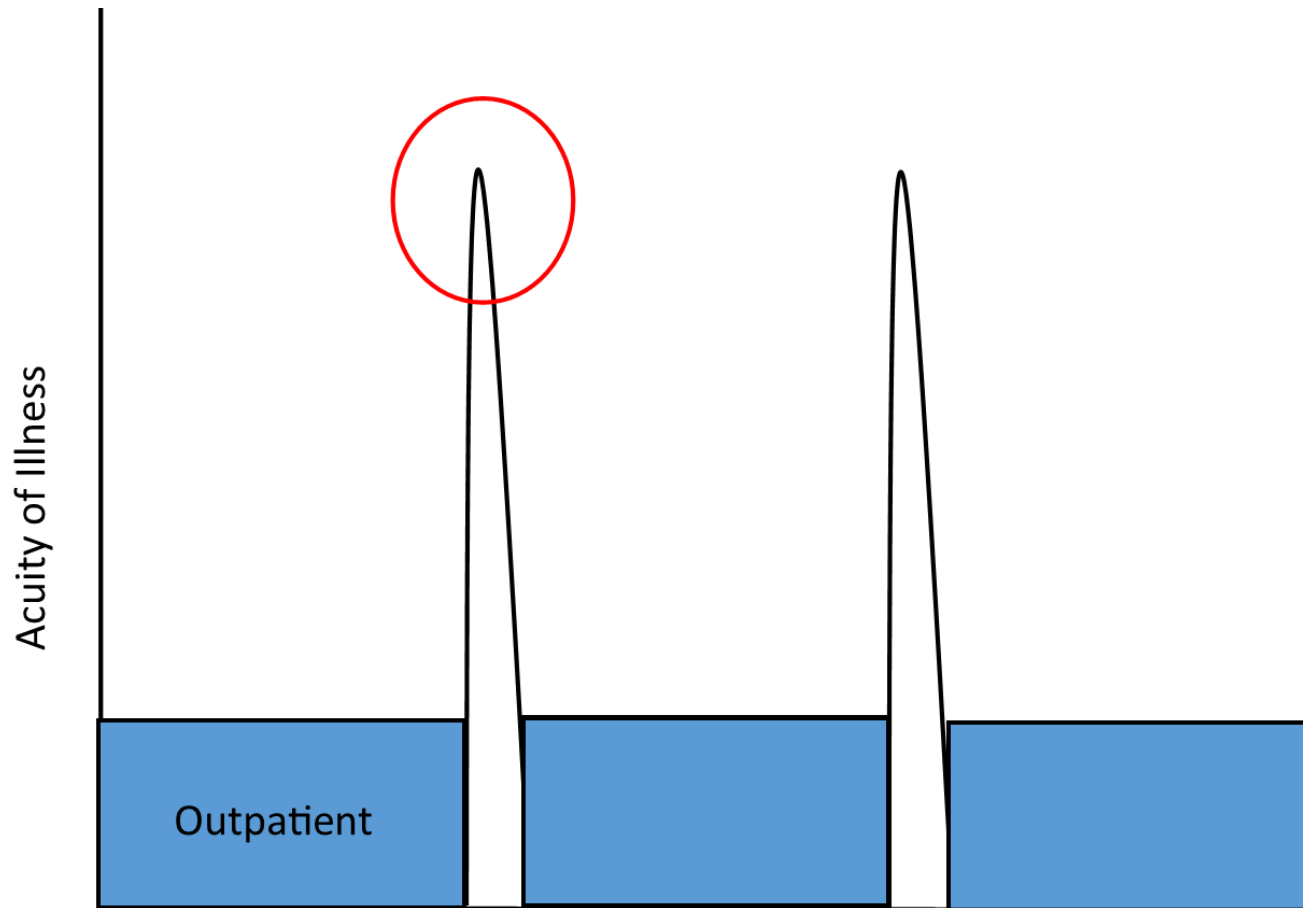


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- Case #3
- A child with chronic disease requires multiple staged surgical interventions and is admitted for surgery NPO.
- Surgery is delayed
- Pt develops dehydration while waiting with vital sign changes.
- Anesthesia suggests postponement of the case.



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Understanding the concepts/values of Family Centered Care

*“Patient- and family-centered care is an innovative approach to the planning, delivery, and evaluation of healthcare that is grounded in **mutually beneficial partnerships** among healthcare patients, families and providers.”*

~ Institute for Patient and Family-Centered Care



Changing the Culture

What it is

- Partnership
- Communication
- Transparency
- Collaboration
- Dignity
- Respect
- Trust
- Listening to understand

What it is not

- Simply being nice
- Doing whatever patients or families ask, even if that puts the patient at risk
- A barrier to standard work and guidelines
- Overly time consuming
- Sacrificing our needs for others
- Assuming we already know what families want & need



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What is out of scope for this discussion:

- Completely withdrawing care
- Rare ethical issues
- The outlier patient and family
- Nuanced communication challenges



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- Current culture
 - Patients and families have been trained to advocate but are often labeled as “difficult”.
 - Lack of training for staff in preparing for partnership with patients and families.
 - The term family centered care being used when family directed care is occurring.
 - Staff feeling that family centered care has gone “too far”.
 - Is the term “family centered care” becoming a trigger to get defensive?



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3 Examples of how we change the culture

- Foster curiosity in our medical teams
- Fostering True Partnership
- Language matters

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- Case #1 medication titration

Why is this a challenge for staff?

Hierarchy/power

Traditional Medical Model

Cultural norms

Bias

Being a teaching hospital

Lack of training for staff around partnership and receiving feedback

Coaching is around “scripting” and not around understanding the patient and family experience



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- Case #2: no turning allowed

Why is this a challenge for a parent?

- Poor pain management
- Anxiety/past trauma
- Lack of or contradictory information
- History of unnecessary testing
- Competing priorities: Physical vs. emotional



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- Case #3: postponement of surgery with anxious exhausted child

Why is it challenging to integrate the safety concerns and well being of child?

- Overall fatigue, feeling overwhelmed
- Time challenge to assimilate records
- Parent focused on psychological health over time
- Fear of badness



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In the moment – how to redirect the narrative

Pause/acknowledge/redirect

Approach the situation with curiosity

Know your tools (what you utilize in challenging situations)

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- What are the barriers to redirecting the narrative? (panel discussion)

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Final thoughts from the panel

Questions from the audience



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