

The role of Patient & Family Centered Care in Patient Safety and What It Means to Pharmacy Practice

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Disclosures

I have no actual financial interests, or affiliations with any organizations that could be perceived as a potential/real conflict of interest in relation to the content of this presentation.

Objectives

1. Develop a shared understanding of the core concepts and driving forces behind patient and family-centered care (PFCC)
2. Discuss how PFCC intersects and promotes patient Safety.
3. Recognize the implication of Patient and Family Centered Care to Pharmacy Practice
4. Explore Strategies to support Patient and Family Centered care in Pharmacy Practice.

What is Patient and Family centered care (PFCC) ?

Institute of Medicine Definition, 2001

“ Providing care that is **respectful** of and **responsive to individual patient preferences**, needs and values, ensuring that **patient values guide all clinical decisions**”

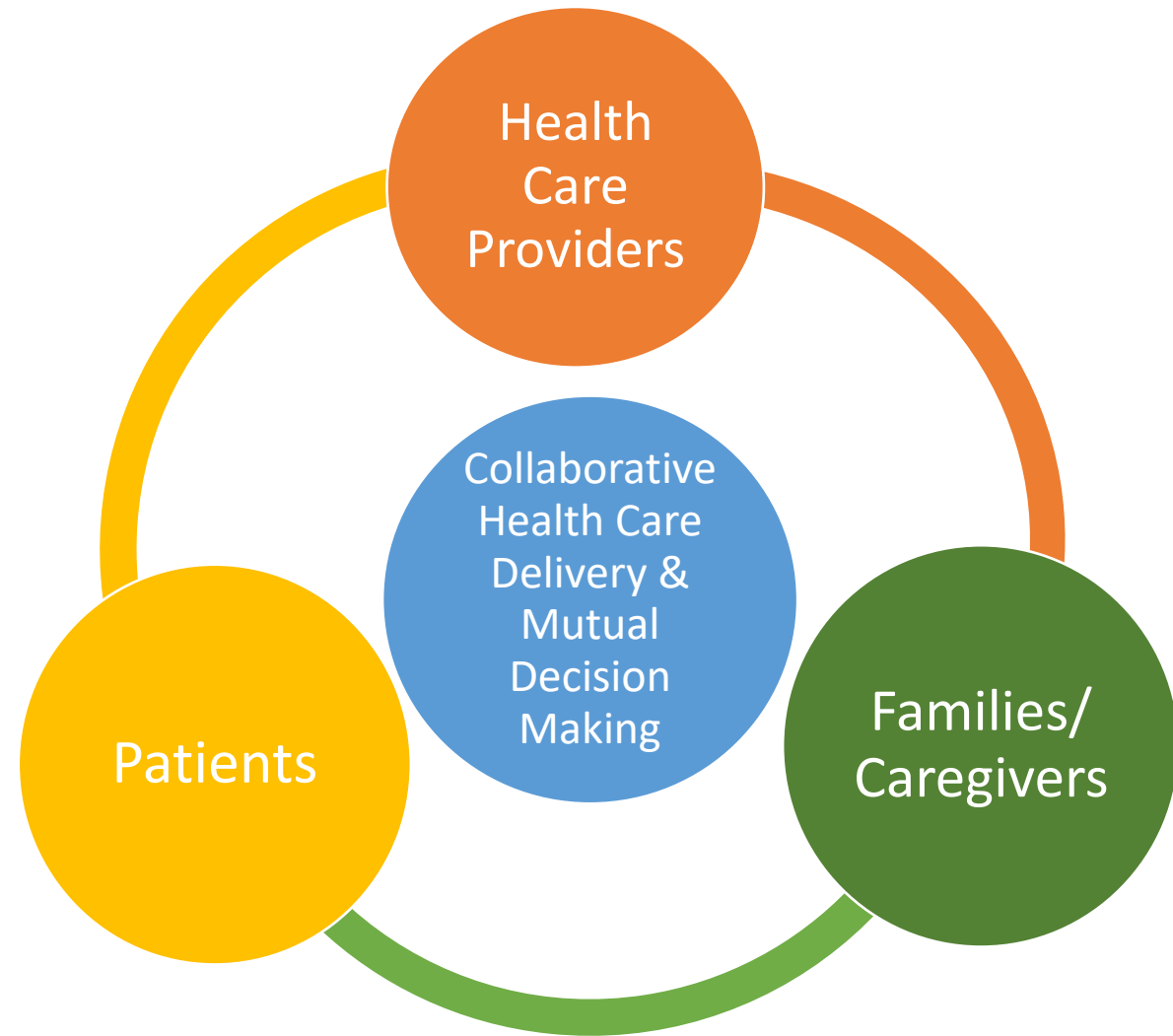
WHO Definition, 2015

“ An approach to care that consciously adopts individuals, caregivers, families and communities' perspectives as **participants in, and beneficiaries** of, trusted health systems that respond to their **needs and preferences in humane and holistic ways**”


CARE Act and National Strategy, 2015

The Caregiver Advise, Record, Enable (**CARE**) Act encourage inclusion of family caregivers in the hospitalization process for patients: “**Ensuring that each person and family is engaged as partners in care**”

PFCC: An approach to care:



➤ KEY GOAL: Promote health and well-being of patients and maintain their control of care



Patients at the Helm of Healthcare: (1,2,3)

➤ Patients:

- Define their families/ caregivers
- Determine how they will participate in care
- Determine how they will participate in decision making

➤ Providers:

- Provide care **"with"** patients and families, Rather than just **provide care "to" or "for" them**
 - Strive to create **"micro moments"**
 - **"Co-Create"** treatment plans for better outcomes
- ## ➤ Overall impact on healthcare
- Moving from **"reactive & transactional to preventive & relational"** (2,3)

PFCC Core
concepts

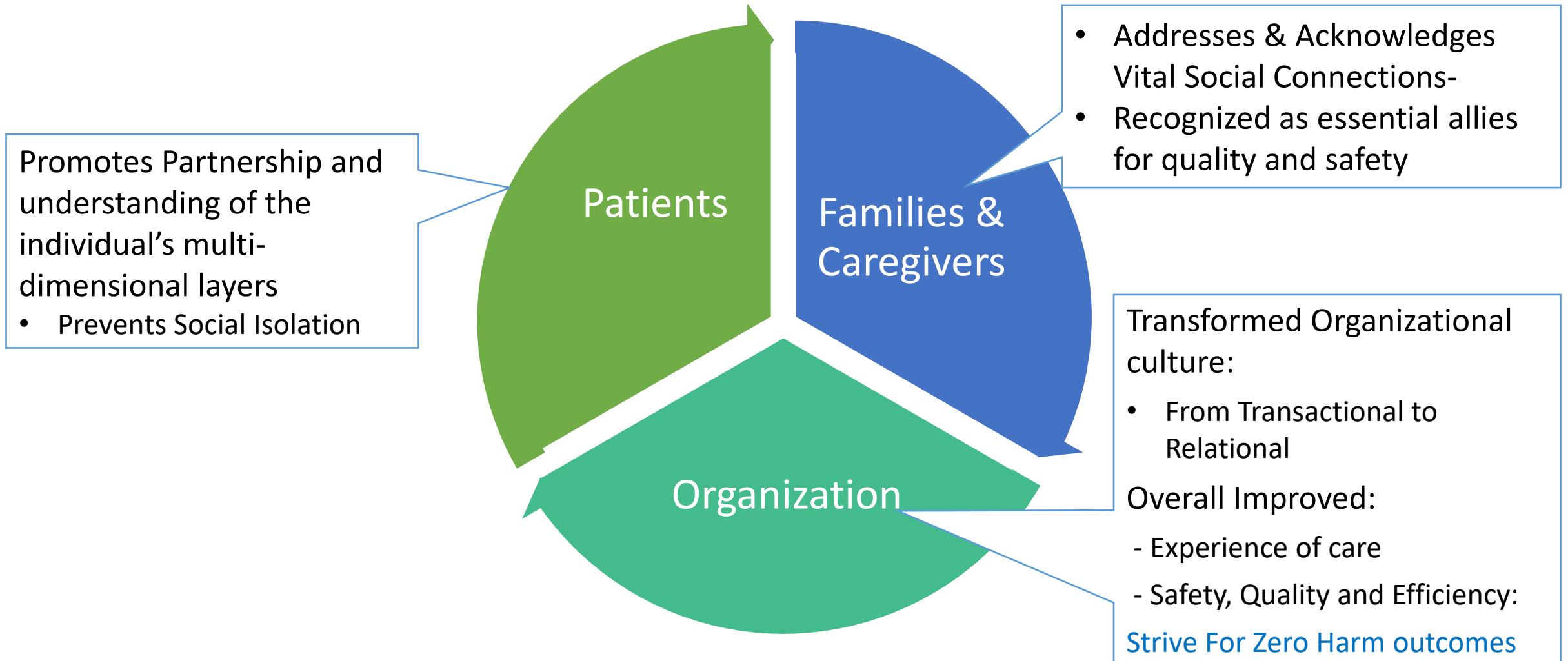
Dignity and Respect

Information Sharing

Participation

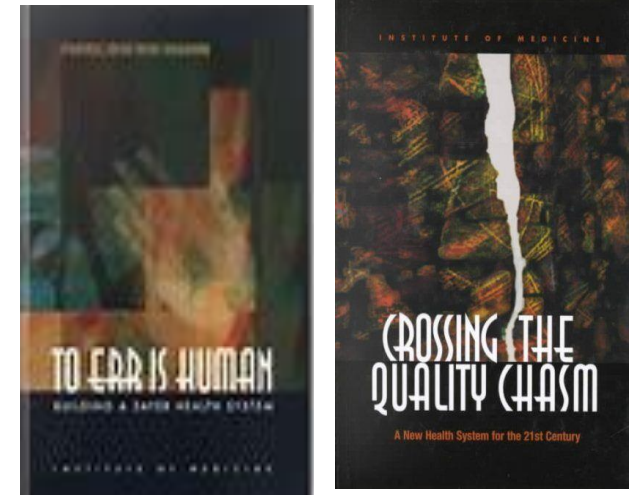
Collaboration

Why should PFCC be our priority?



Impact of Patient and Family Centered Care on Patient Safety: The Evidence (13,14) ...

- **To Err is Human (IOM, 2000)**
 - Adverse Health Events are caused by healthcare processes and provision rather than the underlying condition of the patient (Brennan et.al 1991)
- **Patient and Family Centered Care Impact on Safety**
 - Central component of **quality and safety in health care services** (Australian Commission on Safety and Quality in Health Care, 2011)
 - **Positive association with health care quality outcomes** (Park et.al 2018; AHRQ, 2012; Bate and Robert, 2007; IOM 2001; Picker Institute, 2018)
 - **Positive influence on patient satisfaction, well-being and self-management** (4,5,13)
 - **More Studies Needed** (comprehensive systematic review of 40 studies, Rathert et. Al).



The impact of person-centred care on patient safety: An umbrella review of systematic reviews

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ABSTRACT

Background: Nursing literature frequently emphasises the benefits of person-centred approaches for healthcare quality and safety.

Objective: This umbrella review aimed to synthesise the combined evidence from systematic reviews assessing the impact of person-centred care interventions on patient safety.

Design: A three-step review process included a preliminary review of literature, a comprehensive search, and manual searching of reference lists and forward citations of selected reviews. The review protocol was registered with Prospero (CRD4201909046).

Data sources: Reviewers searched 10 databases for systematic reviews published in English-language peer-reviewed journals between 2000 and 2019. Academic Search Complete, CINAHL, Cochrane Library, EMBASE, JBI Database, Medline, ProQuest Health & Medicine, PsycINFO Register, PubMed and Scopus.

Review methods: Covidence software was used to manage screening and eligibility. Two reviewers independently screened titles and abstracts, reviewed full texts of articles for eligibility, and appraised the quality of reviews using the JBI Critical Appraisal Checklist for Systematic Reviews and Research Synthesis.

Results: From an initial total of 3412 potential titles, 16 reviews met the inclusion criteria. The selected reviews examined the impact of person-centred care for diverse groups of patients (children, adults and older people) in varied settings. Most systematic reviews assessed experimental studies, generally comparing person-centred interventions with 'usual care', others demonstrating limited evidence of impact on safety. Reviews addressed several patient safety outcomes relevant to nursing, including falls, infections, medication use and misuse, and mortality rates. The systematic reviews were generally well conducted, although several included studies of poor or fair quality.

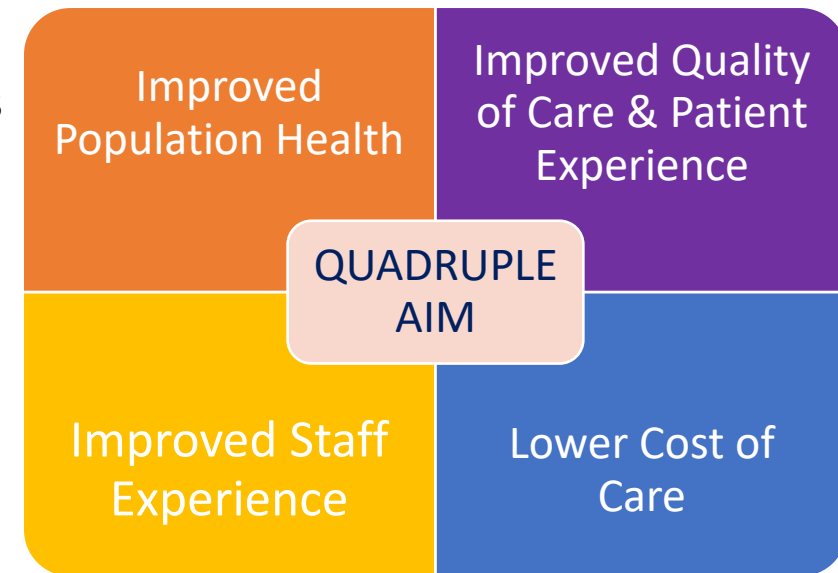
Given the heterogeneity of the interventions, outcomes and research designs of studies included in the selected reviews, we were unable to draw unequivocal conclusions about the implications of person-centred care for patient safety in this umbrella review. However, there was some encouraging evidence that person-centred care initiatives may result in reduced rates of falls (in acute care and residential aged care settings). The review also highlighted reductions in agitation for people with dementia and some improvement in anti-psychotic medication use in older people with dementia.

Conclusion: Although abundant evidence exists demonstrating the positive effects of person-centred care on healthcare quality and on patient (and provider) wellbeing, there is little research focussing specifically on the impact of person-centred care on patient safety. Thus, there is scope for further high-quality nursing research into how person-centred interventions improve specific patient safety outcomes in order to inform more widespread adoption of person-centred practice.

The Drive for Safety and Quality: PFCC as the Connecting Link

“The most direct route to the Triple Aim is via patient- and family-centered care in its fullest form.” Don Berwick, 2018. ⁽⁶⁾

- **Shift from traditional fee-for service to value-based care**
 - Rewards for positive health outcomes
 - Shift from quantity to quality
 - Quality of patient outcomes and experience across settings and within populations of patients.
- **Quality care processes rely on: (6)**
 - Changing the focus from taking unilateral action to improve health and healthcare to:
 - **Engaging/activating patient/caregiver across the continuum of care**
 - **Shared decision making**
 - **Comprehensive shifts in public policy**



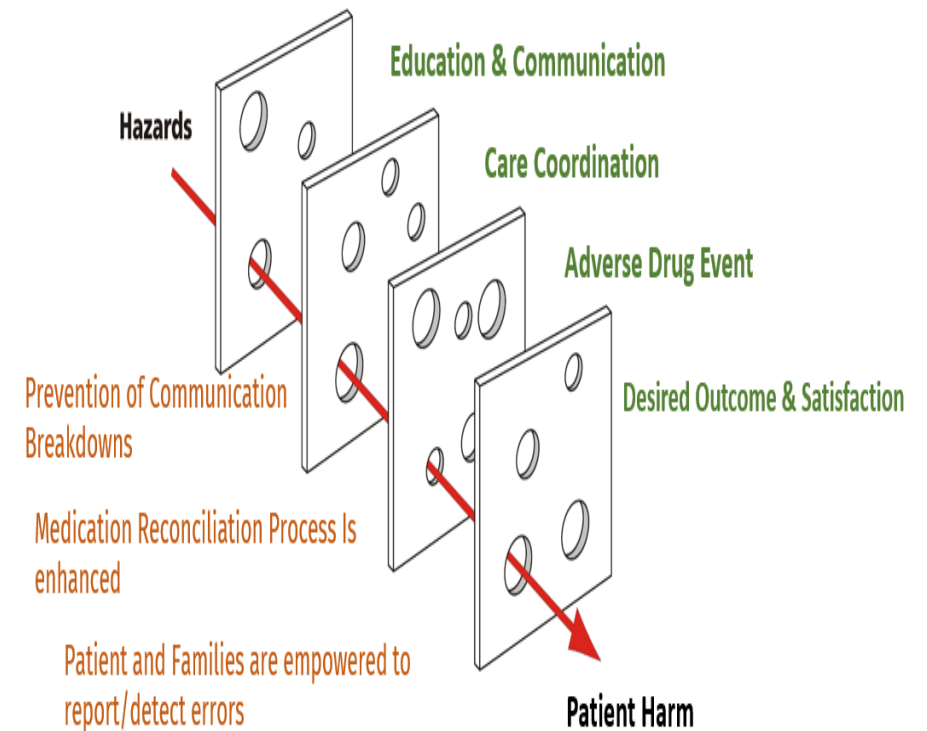
Leveraging the role and value of pharmacists in the delivery of PFCC

- Multifaceted in care services and settings that other Healthcare professionals and patients depend on:

- Medication Education
- Improving trust, awareness and access to health services (e.g. vaccination)
- Providing clinical expertise and consults
- Patients are more likely to report a medication error to a pharmacist than a physician

(Brown et al., 2006).

- Unique role resulting ^(7,8,9)
 - Reduced harm and injury from adverse events
 - Improved safety
 - Optimized medication use
 - Improved health outcomes



The NASEM (*National Academies of Sciences, Engineering and Medicine*) framework of activities to inform PFCC in Pharmacy Practice ⁽⁹⁾

Awareness

- Application in “Collect” phase of PPCP-
 - ✓ E.g., use a validated screening tool to collect information about food insecurity; health literacy;

Adjustment

- “Application in the “Assess”
 - ✓ E.g. adjust to provide non- refrigerated medication alternatives for patients experiencing homelessness; open access scheduling for persons with child constraints -

Assistance

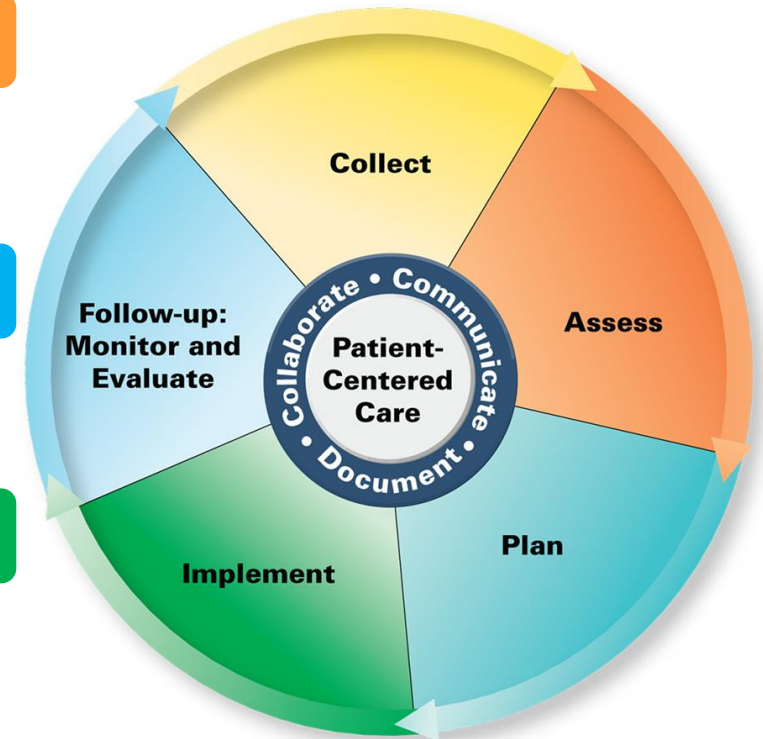
- Application in the “Plan”
 - ✓ E.g. Enrollment in prescription savings programs, medical assistance

Alignment

- Application in the “Plan and implement”
 - ✓ Create or join existing programs and community referral networks to partner and pool capacity to address unmet social needs

Advocacy

- Application in “Monitoring”
 - ✓ Leverage existing knowledge and experiences to promote system and policy level changes in how care is conducted and reimbursed



Joint Commission of Pharmacy Practitioners, 2014

Road Map for PFCC Pharmacy services provision:^(10,11,12) The Patient and family Centered Consultation

Shared problem defining

- **Root cause** of the treatment burden (cost; time; access; etc.)?
- **Partner** with patients and families to determine current medication list and management process.

Blame-free environment and trusting relationships

- **Positive, trusting relationships** with patients and families
- **Active listening** using **language of partnership**
- **Check-in** with patients and families **often:** How is the MTM support received?

Shared Decision making

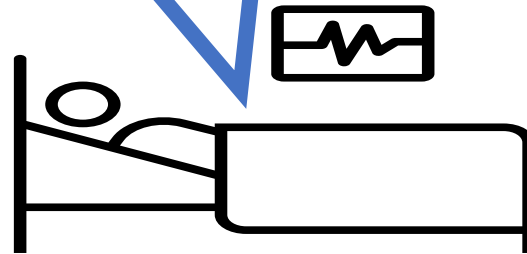
- **Tailor** the approach to individual patients and their situations.
- **Motivate** patients by building on their successes and positive experiences.
- **Reach an Agreement** on management plan
 - Discuss **practicality** of plan; follow-up
 - Patient/caregiver takes **responsibility for the self-management**

Leverage Health Technology

What's the Matter versus What Matters...

What is the Matter with Jack?

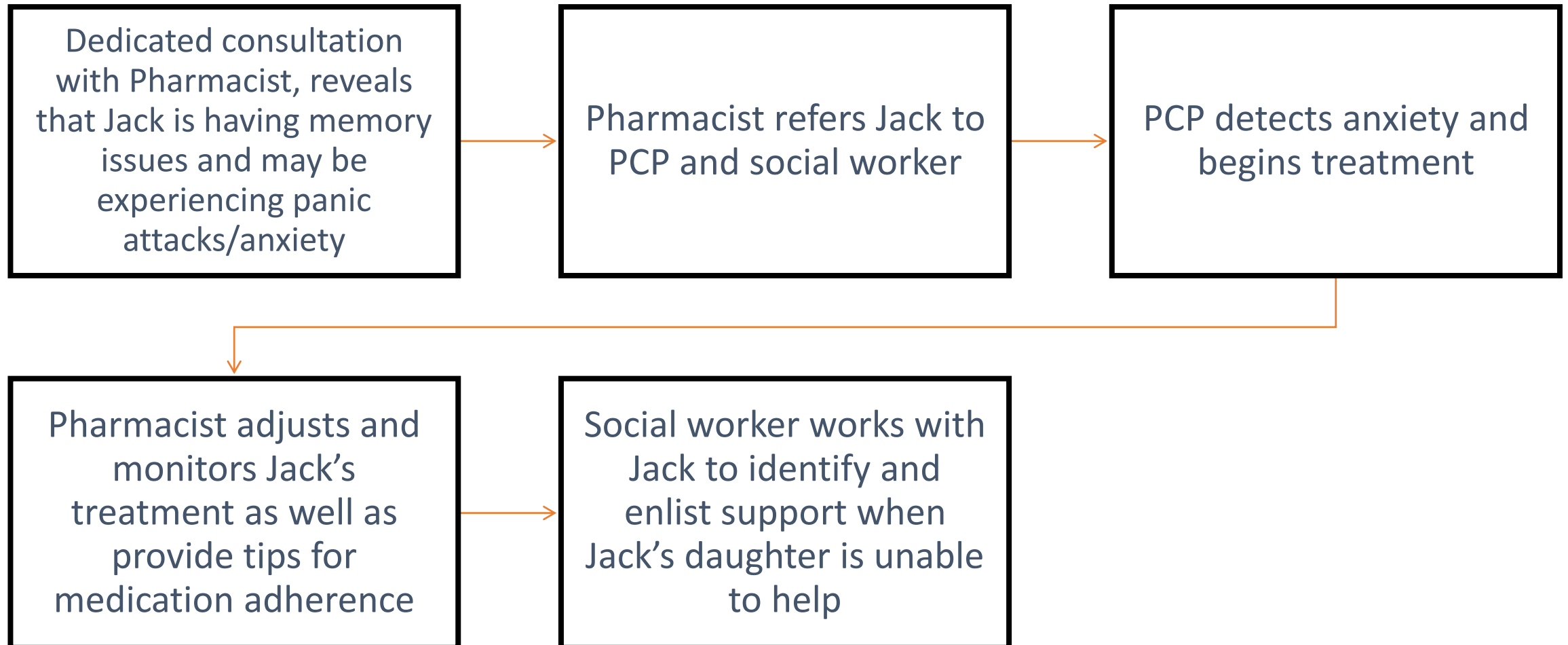
- 74 y.o. white male with history of Arrhythmia, Hypertension and Diabetes
- Admitted to ER for irregular heartbeat and excessive sweating of unknown etiology
- Jack was admitted to ER 3 times this year for same reason, with no conclusive diagnosis



What Matters to Jack?

- Lives alone, recently widowed
- Overwhelmed managing daily tasks and can't always remember to take his medications on time
- Relies on his daughter for managing his treatment
- Daughter has been tied taking care of recently born child
- Jack is very anxious and does not realize that his symptoms are related to anxiety

How can we empower Jack/Family to address WHAT matters to Jack?



Ultimate recipe
for PFCC and
safety:
Leading from a
place of Love ^(2,3)

Role of leaders to support and sustain effective partnerships:

- Organizing care around patients/ caregivers (national standards needed)
 - Operate in a system to align around patient outcomes (our goal) and align all the parts of our system
- Humanizing care: Power of sharing stories
 - Learning from micro moments
 - The power of humility and curiosity
- The cascade effect of **LOVE**
 - Driver of change
 - Key to High quality care
- Care **should NOT** be a commodity or a transaction
- Scientific versus experiential wisdom
 - The importance of our collective voices



What is YOUR Commitment to PFCC?

- What is your part to deliver a more intentional PFCC?
- Statement of accountability
“ I will...”



Patient and family Centered Care Pharmacy Practice Needs



Conclusion

- Delivering Patient and Family Centered Care improves patient health outcomes, benefits patients, families, caregivers and ultimately the organization as a whole
- Established drive and evidence behind the impact of delivering PFCC on both patient safety and quality care
- Gaps remain in absence of established proxy quality measures
- Many system level opportunities to elevate pharmacy practice with intentional delivery PFCC
 - Regulations
 - Economic incentives
 - Network effect and upstream partnership
 - Hardwire every step of the system
 - Trust, compassion and LOVE

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THANK YOU
FOR YOUR
ATTENTION.

