Patient and Family Centered Care

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The good wife’s guide

- Have dinner ready. Plan ahead, even the night before, to have a delicious meal ready, on time for his return. This is a way of letting him know that you have been thinking about him and are concerned about his needs. Most men are hungry when they come home and the prospect of a good meal (especially his favourite dish) is part of the warm welcome needed.

- Prepare yourself. Take 15 minutes to rest so you’ll be refreshed when he arrives. Touch up your make-up, put a ribbon in your hair and be fresh-looking. He has just been with a lot of work-weary people.

- Be a little gay and a little more interesting for him. His boring day may need a lift and one of your duties is to provide it.

- Clear away the clutter. Make one last trip through the main part of the house just before your husband arrives.

- Gather up schoolbooks, toys, paper etc and then run a duster cloth over the tables.

- Over the cooler months of the year you should prepare and light a fire for him to unwind by. Your husband will feel he has reached a haven of rest and order, and it will give you a lift too. After all, catering for his comfort will provide you with immense personal satisfaction.

- Prepare the children. Take a few minutes to wash the children’s hands and faces (if they are small), comb their hair and, if necessary, change their clothes. They are little treasures and he would like to see them playing the part. Minimise all noise. At the time of his arrival, eliminate all noise of the washer, dryer or vacuum. Try to encourage the children to be quiet.

- Be happy to see him.

- Greet him with a warm smile and show sincerity in your desire to please him.

- Listen to him. You may have a dozen important things to tell him, but the moment of his arrival is not the time. Let him talk first—remember, his topics of conversation are more important than yours.

- Make the evening his. Never complain if he comes home late or goes out to dinner, or other places of entertainment without you. Instead, try to understand his world of strain and pressure and his very real need to be at home and relax.

- Your goal: Try to make sure your home is a place of peace, order and tranquillity where your husband can renew himself in body and spirit.

- Don’t greet him with complaints and problems.

- Don’t complain if he’s late home for dinner or even if he stays out all night. Count this as minor compared to what he might have gone through that day.

- Make him comfortable. Have him lean back in a comfortable chair or have him lie down in the bedroom. Have a cool or warm drink ready for him.

- Arrange his pillow and offer to take off his shoes. Speak in a low, soothing and pleasant voice.

- Don’t ask him questions about his actions or question his judgment or integrity. Remember, he is the master of the house and as such will always exercise his will with fairness and truthfulness. You have no right to question him.

- A good wife always knows her place.
A Good Patient’s Guide—
Unwritten Rules from ~2011

• Have your questions ready—the physician time is valuable
• Dress up to get the best care—don’t smell, be slow or have too many needs
• Don’t be a bother to the nurses, they have means of managing the care of you or your loved one
• Be compliant with all the doctor’s orders

• Don’t investigate your condition on the internet and bring a ream of paper to the office
• Follow all hospital rules
• Don’t complain about waits; you should be grateful for the expertise provided to you
• Don’t go to the cafeteria—stay on the floor/unit you are assigned
• Admitted to the institution-registration process with a lot of personal information gathered—Given a unique number to identify you and an arm band with a #
• Take all your clothes—Give you an uniform to wear which clearly identifies your role
• Declare all valuables—Put valuables in a bag
• Gather past records and document new issues through interviews to get facts; talk to others to understand what happened
• Examination—sometimes search body cavities
• Assigned a room which might be shared with a random individual also in the ugly uniform
• Shared bathroom/shower facilities

The Experience
• Some people are put in isolation
• A person with authority (and real clothes) reviews your case and makes a disposition
• Restricted family and visitor hours; certain areas that families cannot go with you
• Observations are recorded about you but you do not generally have access to them
• Long periods when you are waiting for time to pass
• Fairly bare, stark rooms with limited personal amenities given to you
• Limited privacy-strangers can enter your room at any time day or night
Patient or Prisoner?

- Food—if you get any, may range from plain gelatin and broth to institutional food served on trays
- Your room can be changed which means you and your stuff are moved
- Escort you everywhere you go within the facility
- Have many rules of what you are allowed to do and regulations about how you are to be treated to protect you
- “Things are done to you” --Determine what and when you can eat, drink, sleep, go for procedures
- Length of stay determined by others; If you leave before you are released, you are “eloping”
- Released at the end—have a discharge process that you go through
What Do Patients Really Want

- Don’t kill me
- Assuming you don’t kill me, don’t hurt me
- No needless helplessness
- No unwanted waiting
- No waste

My Right Knee, Donald M. Berwick, MD, MPP, CMS Administrator
A Future Design

1. Patient Safety
2. Physician-Led
3. Personalized Service
4. People
5. Profitable Growth
6. Prosperity
The Beginning Bridge

- Patient and family focus groups
- Patient Surveys
- Patient/community members on committees
- Board committee on Quality and Satisfaction
- Education of the Board
- Open visiting hours in ICUs and other units
- Condition H/Care on Call
- 100% commitment
- Family meetings/Disclosure
- Resource centers/Library materials for patients and family
- Post Discharge phone calls
- Storytelling about patients
- Avoiding rates only—real numbers of patients impacted by quality and safety errors
Patient and Family Centered Care

- Team-based Care--MD, DPT, DNP, PharmD as a circle of care givers around the patient needs and values
- Coordinated care

- Patient and Family as Partners
- Respect/Dignity at all times
- Enabling Self-Care Options
- Transparency of Care Plan with mutual design and agreement

Health-based continuum care

- Real-time problem-solving and frontline care provider
- Connecting around Touch Time
- Reduce the friction
- Leveraging the talent and expertise of all
Journey to the Future

• Long-term commitment
• Cultural Transformation
• Continuously exploring and discovering new ways
• Partnership—nothing about me without me