Patient-and Family-Centered Care (PFCC) is working with patients and families, rather than doing to or for them.
Family
PFCC Core Concepts

Respect and Dignity

Participation

Information Sharing

Collaboration
Definitions: (PFCCpartners)

Noun: • Patient-and Family-Centered Care

Verb: • Patient Engagement

Outcome: • Patient Safety
• Patient Experience
• High Quality Care
Quality & Safety

At MUSC Health the PFCC Department resides in Quality and Safety because the goal of PFCC is aligned with high reliability.

Safe, timely, effective, efficient, equitable and patient-centered care.
Partnering with Patients and Families

**In the Delivery of Care:**
- Bedside Shift Report
- Physician Rounds
- Discharge Planning

**In the Planning and Evaluation of Care:**
- PFACs
- Hospital Committees
- Co-design
Patient and Family Advisory Council (PFAC)

- Patients, families and MUSC care team members work together on our PFACs which meet monthly.

- Bringing their perspectives together to create ONE TEAM fosters a culture of partnerships!
MUSC Health PFACs

PFCC Steering

- Charleston Children's Health
- Midlands
- Florence Division
- Lancaster
- Charleston Youth
- Charleston IOP
- Charleston Adult Ambulatory
- Charleston Adult
- Charleston Hollings Cancer Center
PFAC Accomplishments

- Facility Design
- Family Presence + Visitation Guidelines
- Document Reviews
- Family Resource Guide
- PFA Rounding
- Transitions in Care
Beyond the PFAC

- Welcome Videos
- Safety Rounds
- Policy Reviews
- National Webinars
- Quality Teams
- Vaccine Task Force
- Root Cause Analysis
Diversity Includes:

- Race
- Ethnicity
- Sexual Orientation
- Gender Identity
- Gender
- Age
- Financial Situation
- Physical and mental ability
- Education
- Diagnosis
- Religion

We don't always see diversity just by looking at someone
“We started this journey with the goal of recruiting a diverse group of members that represent the populations we serve. Along the way, we recognized that being inclusive is equally as important. We want to make sure that everyone “at the table” feels valued and welcomed.”

-A Patient and Family Advisor
Narrative Medicine

Patients suffer at the hands of health care providers who cannot “follow a narrative thread; who cannot adopt an alien perspective; who become unreliable narrators of other people’s stories.”

Rita Charon, MD, PhD
Columbia University
Teaching PFCC Through Stories

OUR STORIES

EST. AUGUST 2017
### Clover’s Story

**AIMS**

- Decrease mortality from Severe Sepsis

**Key Drivers/Bundles**

- VI. Patient and Family Engagement

**Secondary Drivers/Bundle Elements/Interventions**

- Use storytelling to increase awareness and commitment across the organization
- Real-time discussions with family members to explain what happened, provide education, answer questions, and identify concerns about care
- Create or engage organizational, service line and/or care setting PFE resources
- Ensure common understanding of PFE across the organization

- Develop and implement a comprehensive multiprofessional education program
- Apply QI principles and methods
- Monitor and provide feedback on compliance with identification, treatment and de-escalation interventions to frontline staff and leadership
- Monitor and provide feedback on compliance with HAI prevention bundles to frontline staff
- Conduct real-time review of cases for which identification or treatment was not timely or appropriate to identify areas for improvement
Harmonize & Humanize the Data

Harmonize: common and consistent measures

Humanize: tell a story to create a community of compassion and best practice
The Power of One

Stephanie and Abby’s story changed a policy!

In the wake of tragedy we can make positive changes together
What Can You Do?

1. Use the core concepts in your role
2. Humanize your data
3. Invite PFAs to join your teams!
Encourage Patients and Families to Join the Team!

Healthcare is an exercise in interdependency not in personal heroism. You simply cannot do the right job alone.”

-Dr Don Berwick