**ASK THE QUESTION**

**Question:** What interventions have been shown in the research to increase nurse commitment/engagement to patient- and family-centered care?

**SEARCH FOR EVIDENCE**

**Databases:** CINAHL, PubMed

**CINAHL search:** (MH "Patient Centered Care" OR MH "Family Centered Care+") AND (TI engage* OR TI committ* OR TI motivat*) AND nurs*

**PubMed search:** ("Patient-Centered Care"[Mesh] OR "Family Nursing"[Mesh] OR “patient-centered” OR “family-centered”) AND (engage*[ti] OR committ*[ti] OR motivat*[ti] ) AND nurs*

**Filters:** English, published last 10 years

**CRITICALLY ANALYZE THE EVIDENCE**

Uhl, et al. (2013) said the practice of Patient Family Centered Care (PFCC) should be reviewed periodically to ensure practices continue to be effective or if they should be modified or new practices initiated. They said their results show the need to tailor PFCC to the specific needs and desires of patients and families by asking what they want and providing clear information about options. While not all of their needs can be met, their study demonstrated that clear communication and consideration of the patient and family’s need could improve the overall hospital experience.

Merrigan, et al. (2016) share a nursing project to update an existing institutional model called KIDS CARE. The purpose of the model was to teach and reinforce respectful behaviors for nurses initiating partnerships with families and patients. The Shared Governance Council at the Children’s Hospital of Philadelphia led the project. Their conclusion was that respectful behaviors help to support partnerships with patients and families and is an important component of satisfaction with quality of care and the overall care experience.
Moretz, et al. (2012) share strategies for nurses to successfully implement PFCC on their units and at their hospital. This article is not included the in the Evidence Brief, but a list of tools that can be found on the Institute for Patient- and Family-Centered Care website are listed below. The authors invite readers to download any of the tools to create an organizational toolbox.

- **Patient- and Family-Centered Webinar Topics**
- **Profiles of Change – Patient-and Family-Centered Organizations**
- **Sharing Personal and Professional Stories**
- **Sharing Your Story: Tips for Patients and Families**
- **Staff Liaison to Patient and Family Advisory Councils and Other Collaborative Endeavors**
- **Strategies for Leadership – Patient – and Family-Centered Care: A Hospital Self-Assessment Inventory Care**
- **Presentations by Patients and Families: Staff Liaison Coordination and Preparation Roles**
- **How to Conduct a Walk-About**
- **Applying Patient and Family-Centered Concepts to Bedside Rounds**
- **Applying Patient and Family-Centered Concepts to Bedside Rounds in Newborn Intensive Care**
- **Applying Patient and Family-Centered Concepts to Bedside Pediatric Rounds**

**PICO Question:** What interventions have been shown in the research to increase nurse commitment/engagement to patient- and family-centered care?

<table>
<thead>
<tr>
<th>Author/Date/Journal</th>
<th>Purpose of Study</th>
<th>Study Design</th>
<th>Sample &amp; Setting</th>
<th>Outcomes</th>
</tr>
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</table>
| Uhl, T., et al., 2013, JOGNN | To identify strategies that could improve the provision of patient and family-centered care (PFCC) | 2 phases
Phase 1: qualitative descriptive 3 focus groups
Phase 2: survey | Southeastern academic children’s hospital (178-bed hospital situated within an adult hospital)
Phase 1: Convenience sample of 9 parents (7 mothers and 2 fathers, age 18 or older). All of the children had life-threatening illnesses
3 mothers were African American/Black; 4 mothers and both fathers were White.
Questions asked were:
1. What went well during your child’s stay?
2. What could have been done better? | Focus groups: 3 distinct themes
1. Apprehending the reality (moving from initial shock of their child’s hospitalization to reconciling the admission and effect on their lives)
2. Engaging adversity (how the parents experienced their role during their child’s hospitalization; experience influenced by whether or not hospital allowed for planning, parental empowerment and communication with the health care team)
3. Advancing forward (transitioning from hospital environment to home)
Below are insights from focus group participants about PFCC changes that were made prior to the focus group.
• Parents wanted opportunity to participate in medical rounds.
• Some felt their presence was not beneficial; felt they heard too much medical details; thought it was “scary” when medical team was in disagreement about treatment plan; comfortable when perceived one doctor was disrespectful to another.
• Some parents wanted to be present during nursing shift |

**Study Limitations =**
- Non-Experimental/Observational Studies (case-control, cohort, cross sectional, longitudinal, descriptive, epidemiologic, case study/series, survey)
- Insufficient sample size
- Sample not representative of patients in the population as a whole
- Variables (confounders, exposures, predictors) were not described
- Outcome criteria not objective or were not applied in blind fashion
- Insufficient follow-up, if applicable
- For prognostic study, sample not defined at common point in course of disease/condition
- For diagnostic study, gold standard not applied to all patients
- For diagnostic study, no independent, blind comparison
3. What changes would you like to see to improve the care of children and their families?

Phase 2:
Used the Children’s Hospital Boston Pediatric Inpatient Experience Survey (PIES). Distributed to 1,320 families of children discharged between March and July 2011. Contained 8 content areas.

134 parents (10.2% return rate) completed the inpatient hospital experience survey. >80% were mothers; >88% had at least some college education.

All data collection occurred between March 1 and November 4, 2011.

Inpatient experience survey responses:
1. Care from nurses: general positive
2. Care from doctors: 89% of the time felt communicating concerns to doctors was very easy or easy; 34% felt doctors were never engaged in confusing communication with each other
3. Working together: >80% of parents felt providers kept them well informed and they were usually included in care decisions
4. Child’s experience: >80% reported their children’s comfort and pain needs were usually or always addressed; >80% reported their children’s comfort and pain needs were usually or always addressed
5. Hospital environment: <50% felt quality of meals was good or excellent; 61% through environment was usually or always quiet at night; <37% felt the room, bathroom and bed were always clean
6. Child medication: 89% had positive experiences with provider communications about purpose of new medication; only 38% felt they were always told about potential side effects
7. Arriving and leaving hospital: 52% said they received welcome packet; 32% said process was very poor to average
8. Overall experience: 73% said quality of care was excellent; 88% said hospital’s reputation could be trusted

To improve PFCC behaviors of staff members

Quality Improvement

Children’s Hospital of Philadelphia

Based on responses to patient and family satisfaction/experience surveys, determined improvement needed in partnerships with families. One solution was to update and implement KIDS CARE model (designed to teach and reinforce respectful behaviors for nurses). See original and updated KIDS CARE model in Appendix A.

- Post-implementation survey of nurses 89% felt KIDS CARE helped to improve communication and partnerships with families; 78% noticed colleagues demonstrating improve communication and respectful behaviors toward patients and families
- Issues/challenges identified: unable to fully implement when under time pressure; not performed consistently over time; felt uncomfortable giving feedback to staff members

Study Limitations =
- None

Quality Improvement (pre-post, controlled pre-post, historical comparison, time series)
- Intervention not evidence-based
- Improvement method was not clearly identified or the need for improvement was not described
- Stakeholders, organizational culture, patients, or interventions were not clearly described or appropriate
- Interventions were not described in enough detail to be replicated by others
- Baseline and outcome data were not collected and reported appropriately or in the same manner
• Survey of currently admitted patients and families (immediate following education and six months later): Nurse explained KIDS CARE improved from 30% to 68%

• Annual average score on patient and family satisfaction/experience survey above or at the national benchmark mean for children’s hospitals

• Quarterly score results on patient and family satisfaction/experience surveys showed variability; need to do further investigation to understand

☐ Data collection tools were not validated to measure intended outcomes
☐ Any modifications made to the intervention were not based on pilot studies

REFERENCES
## Appendix A. KIDS CARE Model Original and Updated

<table>
<thead>
<tr>
<th>Original KIDS CARE</th>
<th>Updated KIDS CARE</th>
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<tbody>
<tr>
<td>Knock</td>
<td>Knock before entering the room.</td>
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<tr>
<td>Introduce self</td>
<td>Introduce ourselves and determine who is at the bedside.</td>
</tr>
<tr>
<td>Determine who you are working with and call patient and caregiver by name.</td>
<td>Discuss the plan of care and incorporate patient/family input.</td>
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<tr>
<td>Safety first.</td>
<td>Scrub your hands. Hand hygiene is essential to reduce hospital-acquired infections.</td>
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<tr>
<td></td>
<td>Check ID bands and inform the patient/family why this is important.</td>
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<tr>
<td>Clean your hands.</td>
<td>Assess the patient’s pain on the appropriate scales, and partner with the patient/family to assess the pain plan.</td>
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<tr>
<td>Advocate</td>
<td>Return to the patient’s room in a timely manner and reinforce our availability to the patient/family.</td>
</tr>
<tr>
<td>Return in a timely manner and ask, &quot;Is there anything else you need?&quot;</td>
<td>Explain what we are going to do before doing it, and make sure the patient/family understands.</td>
</tr>
<tr>
<td>Explain what you are going to do prior to doing it.</td>
<td></td>
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