

Resident- and Family- Centered Care:

WITH

the Resident & Family

NOT

TO or **FOR**

OLTCC Annual Conference

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Baycrest

Faculty/Presenter Disclosure

- Faculty: **Andrea Moser**
- Relationships with financial sponsors:
 - **Consulting Fees:** Think Research 2017
 - **Other:** past Employee of Centre for Effective Practice 2015-2017
 - **Other:** current Employee of Health Quality Ontario

Disclosure of Financial Support

- This program has received no financial support.
- This program has received no in-kind support.
- Potential for conflict(s) of interest:
 - None identified

Mitigating Potential Bias

- Not required

Faculty/Presenter Disclosure

- Faculty: **Paula Tohm**
- Relationships with financial sponsors:
 - **none**

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Objectives

- Appreciate the core principles of a resident and family centered philosophy of care
- Identify strategies to shift the philosophy of care in LTC
- Know what and how tools can support implementation

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What is RFCC?

RFCC is an approach that fosters respectful, compassionate, culturally appropriate, and competent care; always informed by the needs, values, beliefs, and preferences of clients and their family members.

Everywhere-Everyone-Every Time

RFCC provides the values and framework necessary to transform organizational culture, improve the experience of care, and enhance quality, safety and efficiency.

RFCC introduces the perspectives of patients and families directly into the planning, delivery, and evaluation of health care, and thereby improving its quality and safety.

Where did this come from?

- Idea of RFCC has evolved over several decades....
- Patient Family Centered Care is an identified priority for Ontario
- Social forces driving the philosophy into health care:
 - Access to information
 - Demand for transparency
 - Rising costs of health care
 - Change in service expectations by public

CFCC is not just about being nice

CFCC is a purposeful and intentional commitment to consistently communicate to patients...each person is regarded as a distinct and valued individual with a family and place in the community.

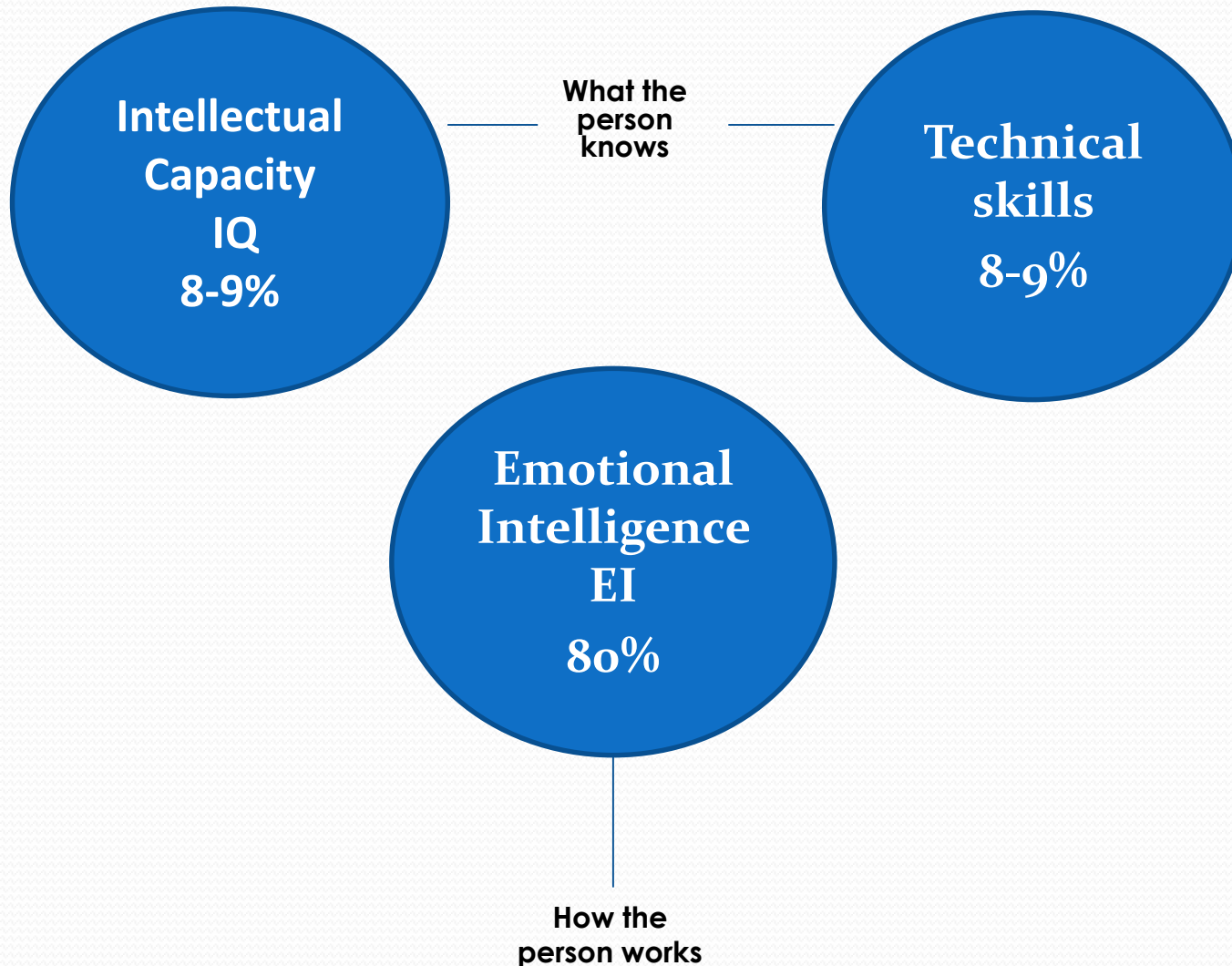
Relationships among clients, families and providers are essential alliances and partnerships with each party bringing its respective expertise to the decision making process.

It is a philosophy or higher order value...

Table Exercise

Through the lens of a resident, what attributes are important as a Long Term Care Clinician?

Harvard Study...of success





Donald Berwick, MD:

“The experience of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one’s person, circumstances, and relationships in health care.”

“Nothing About Me Without Me”

Institute for Resident- and Family-Centered Care (RFCC) Pillars

Dignity and Respect

- Provider listen and honour patient and family perspective and choice
- Incorporate patient value, belief and culture

Information Sharing

- Communicate in ways that are affirming and useful
- Patients receive timely information and participate in care and decision making

Participation

- Encourage and support to participate in care and decision making

Collaboration

- Collaborate in policy and program development, implementation, evaluation, design
- Education and delivery of care

RFCC Outcomes

- Improved clinical outcomes
- Enhanced quality, safety and efficiency
- Increased resident, family and staff satisfaction
- Improved collaboration and communication
- Lower cost



Canadian Foundation for
**Healthcare
Improvement**

Fondation canadienne pour
**l'amélioration des
services de santé**

August 2014

EVIDENCE BOOST: A REVIEW OF RESEARCH HIGHLIGHTING HOW PATIENT ENGAGEMENT CONTRIBUTES TO IMPROVED CARE

G. Ross Baker, Ph.D.

Institute of Health Policy, Management and Evaluation

University of Toronto

Emerging evidence suggests that patient and family engagement translates into patient and organizational improvements (primarily in the areas of safety and effectiveness) but the mechanisms that translate patient and family engagement into better outcomes are not well understood.

Greater Satisfaction for All

- For Residents
 - Listened to and empowered
 - Increased confidence, decreased anxiety
 - Improved trust and enhanced relationship with providers
 - positive health effects
 - feel valued and appreciated
- For Staff
 - greater understanding of clients' issues and problems
 - increased trust
 - work is rewarding and appreciated
 - Retention and decreased sick time
- For the Public
 - improved quality of care within the community
 - demonstrates the healthcare organization's commitment to ensuring its services are resident-focused
 - Impacts choice of LTC home

Increased Efficiency

- Client and Family Centered Care is a low technology, easy approach that enables caregivers to deliver exceptional care experiences by refocusing existing resources and without additional staffing
- Research has consistently associated CFCC with improved health status (less discomfort, less concern, and better mental health) and increased efficiency of care (fewer diagnostic tests and referrals)
- Studies examining client and family roles and levels of involvement within health care have identified the strongest evidence for efficacy of CFCC is in efficient use of resources and supporting health/mental health/well-being, and to a lesser extent in transition and cost containment

Enablers, Barriers and Risk

Enablers:

- Strong, committed senior leadership
- Communication of strategic vision
- Engagement of clients and families
- Culture supportive of change and learning
- Sustained focus on employee satisfaction
- Regular measurement and feedback reporting
- Care delivery redesign
- Building staff capacity
- Accountability and incentives

Barriers:

- Attitudes of healthcare professionals
- Time and resources needed to implement changes

Risk:

- Silo work-Inconsistent message and unawareness of activities

Myths of Resident- and Family-Centered Care

- Providing resident-centered care is too costly
- Resident-centered care is nice but not important
- RFCC is the job of nurses
- To provide RFCC will require increased staffing ratios
- Residents don't complain so we already meet their needs
- There is no evidence to prove RFCC is an effective model
- RFCC may compromise infection control practices
- Too time consuming
- RFCC means always incorporating resident and family feedback

Group Discussion (5 minutes): What is your experience?

Discuss at your table an experience in your LTC practice you have had (*choose one storyteller in the group to describe their experience in 1-2 minutes*)

Think about the experience through the lens of RFCC and the 4 pillars...

- What made it a good experience and why?
- What could have been better and why?

How did we get HERE?



Doing to....
Doing for....
Doing with....

The rise...and the rise... of resident engagement

Why Now in Long Term Care?

- Strategic Plan refresh is an ***opportunity*** (includes a deep look at our values).
- Federal and provincial ***legislation*** and standards are increasingly mandating adoption of RFCC principles and practices
- Our performance on Quality of Life/client experience metrics are not where we would like them to be and provide a timely, albeit concerning, ***burning platform***

Embracing RFCC in LTC

No longer a question of

“do we do it”

... but rather

“how best we do it”

Health System Focus

- Legislation
 - Excellent Care for All Act (ECFAA)
 - Patients First Act
 - Quality of Care Information Protection Act (QCIPA)
- Quality Measures
 - Health Quality Ontario (HQO)
 - Local Health Integration Networks (LHIN)
- High Reliable Organizations
- Accreditation Canada

Making a Commitment to RFCC

Establish the value of client and family centered care as an long-term organizational commitment.

It entails transformation of the organizational culture.

This approach to care is a journey, not a destination—one that requires continual exploration and evaluation of new ways to collaborate with clients and families.

Resident- and Family-Centered Care

- Shapes:
 - policies
 - programs
 - facility design
 - and staff day-to-day interactions
- Leads to:
 - better health outcomes
 - wiser allocation of resources
 - greater patient and family satisfaction

Driving Forces Exercise

Driving Forces of Health Care

<u>SC</u> System Centered Focus	<u>RF</u> Resident- Focused Care	<u>FF</u> Family Focused Care	<u>RFC</u> Resident- and Family – Centered Care
Health Care Driven by priorities of the system and its providers	Resident is the focus of care. <u>To</u> or <u>For</u> the Resident Resident not viewed within context of family/community	Family is focus with interventions done ‘ <u>to</u> or <u>for</u> them’	Health care driven by the priorities and choices of residents and their families “ <u>doing with</u> ”

Recognizing the Driving Forces

- _____ Care conferences are scheduled on Mondays and Wednesdays at 1 pm.
- _____ All new families to the home must attend a general orientation afternoon session
- _____ A multidisciplinary committee develops new educational materials about dementia for resident families.
- _____ A resident has been invited to be a member of the Quality Committee

Recognizing the Driving Forces

- _____ The administrator invites residents and families to comment on the final plans for the facility's upcoming renovation
- _____ The LTC home has reserved parking spaces close to the entrance for administration and on call staff.
- _____ Residents and family members facilitate an orientation class for all new staff and physicians
- _____ After reviewing resident satisfaction surveys, recreation adjusts hours to include some evening sessions.



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Questions and Discussions

What word describes RFCC for you now-word cloud

Resources

- IPFCC.com
- RNAO Best Practice: Patient and Family Focused Care, 2015
- Quality Matters: Accreditation Canada
- Bertakis & Azari, 2011; Grumbach & Grundy, 2010; Oshima Lee & Emanuel, 2013
- Luxford, Safran, & Delbanco, 2011
- McCormack, Dewing, Breslin, Tobin et al., 2010, p.13