The Family Involvement Program

Patient and family centered care is integral to health care quality, yet little is known regarding how to achieve patient and family centeredness. Effective teamwork is important to improving health care outcomes. Current research overlooks family as part of the health care team.

The Family Involvement Program (FIP) harnesses the knowledge and participation of family members & loved ones by partnering in daily care activities patients receive during their hospital stay. The FIP recognizes family members as valuable partners in enhancing the patient care experience and quality outcomes at the bedside.

Goal: To improve family engagement in the care of their loved ones as measured by surveying metrics.

Methods

Surveys were administered to 37 clinicians to gather baseline data regarding their views of promising opportunities for families to be involved in direct patient care, as well as perceived barriers and benefits of family participation in patient care.

Results

Comparing pre- and post-implementation results at JHH Weinberg 5B oncology stepdown unit, we saw improvements in clinician metrics including:

- Nurses’ comfort in inviting family to participate in direct care (78% vs. 87%),
- Nurses routinely invite families to participate in direct care (86% vs. 97%), and
- Nurses consider patients and families a part of the healthcare team (92% vs. 97%).

Post-implementation, 60% of families reported that they participated in the care of their loved one.

Reported Benefits:

- Patient and family satisfaction
- Nursing time for other tasks
- Relationship building
- Education of family members to better care for their loved ones post discharge

Comparing pre- and post-implementation results at JHH Weinberg 5B oncology stepdown unit, we saw improvements in clinician metrics including:

- Nurses’ comfort in inviting family to participate in direct care (78% vs. 87%),
- Nurses routinely invite families to participate in direct care (86% vs. 97%), and
- Nurses consider patients and families a part of the healthcare team (92% vs. 97%).

Post-implementation, 60% of families reported that they participated in the care of their loved one.

Reported Benefits:

- Patient and family satisfaction
- Nursing time for other tasks
- Relationship building
- Education of family members to better care for their loved ones post discharge

Future Directions

- Sustained implementation and additional data collection, particularly for family metrics
- Expansion of implementation to other unit types
- Development of comprehensive program based on the 4Es framework
- Inclusion of patient relations staff in implementation
- Movement from use of tool to the design of a program that can be implemented across different sites.

References


Funding Source: The Helene Fuld Leadership Program for the Advancement of Patient Care Quality and Safety