

Kingston General Hospital

Patient-and Family- Centred Care



Patient and Family Centred Care Definition

RESPECT ME, HEAR ME, WORK WITH ME

Patient and Family Centred Care at Kingston General Hospital is healthcare based on a partnership among practitioners, patients and families (when appropriate). Its goal is to ensure that decisions respect patients' needs, values and preferences. Its outcome provides patients with information, knowledge and support to participate in their care as they choose.

The 5 Principles of our strategy, KGH 2015 (Respect, Engagement, Accountability, Transparency and Value for Money) overlap with the core concepts of Patient and Family Centred Care:

Dignity and Respect

To actively listen and honour patient and family ideas and choices and to use patient and family knowledge, values, beliefs and cultural backgrounds to improve care planning and delivery.

This principle recognizes each patient and family as being unique. Families have different personalities, abilities, life experiences, values, beliefs, education, and religious and cultural backgrounds. Care provided should be accessible and equal for all patients and flexible so that the needs and choices of families can be met.

Information Sharing

To communicate and share complete and unbiased information with patients and families in useful ways. Patients and families receive timely, complete and accurate details so they can take part in care and decision making.

This principle recognizes the need for open honest and accessible communication between patients, their families, and health care staff. It encourages openness to talk about the bad and good experience in order to change, improve, and develop best care practices and policies. This kind of clear communication enhances the patient's and family's health care experience.

Participation

To encourage and support patients and families in care and decision making at the level they choose.

This principle strives to empower patients and families to join in their health care journey. It maintains that when families and patients understand their options, they are empowered to be involved in their care.

Collaboration

To invite patients and family members to work together with health care staff to develop and evaluate policies and programs.

This principle acknowledges that patients and families have much to offer in ensuring safe and quality care for all. By working together patients, families and staff are strengthened by their partnership and shared knowledge. This results in the highest quality of care.

Patient and Family Advisory Council Terms of Reference

Purpose

The Patient and Family Advisory Council serves in an advisory capacity, making recommendations on matters that impact the experience of patients and their families at Kingston General Hospital.

Responsibilities

- Inform and make recommendations about the implementation and evaluation of the KGH Strategy.
- Actively promote and create new and unique opportunities for communication, collaboration and partnering among patients, families and staff.
- Identify and support opportunities for improvement within Kingston General Hospital from the patient and family perspective.
- Receive reports on the patient experience.
- Celebrate and share milestones and successes.

Membership

Patient Experience Advisors x 12

Ex-officio

Executive Vice President and Chief Nursing Executive
 Manager of Interprofessional Collaboration and Education
 KGH Lead for Patient-and Family-Centred Care
 Patient Relations Consultant
 Physician
 Others by invitation

Co-Chairs

KGH Lead for Patient-and Family-Centred Care and a Patient Experience Advisor.

Term

- The term will be for 3 years with the possibility of a 1 year renewal. The one year renewal will be decided by the council member and the co-chairs.
- All former Patient- and Family Advisory Council advisors will be eligible to be considered again for the council after being off for one year.
- Advisors who have had a minimum of one year experience on committees, councils, working groups etc. are eligible to be considered for membership on the KGH Patient- and Family Advisory Council.
- New Patient- and Family Advisory Council members will be chosen by the co-chairs.
- The patient/family co-chair will have a minimum of one year on the Patient- and Family Advisory Council as an advisor before being eligible to sit as co-chair. Nominations for the position of patient/family co-chair will be received from the council. Nominees willing to let their name stand will then be voted on by the council in a secret ballot. The patient/family co-chair will maintain their position until their 3 year (or 3 year plus 1 year) term has expired. The patient/family co-chair's responsibilities include representing advisors at appropriate functions and co-chairing the monthly Patient- and Family Advisory Council meetings.

- Members who miss 3 consecutive meetings without sending regrets will be approached by the co-chairs as to their continued involvement.
- Any member of the council who undertakes legal action against the hospital will step down until there is resolution.

Meeting Frequency

Monthly and/or at the call of the Chair.

Quorum

Quorum is to be 50% of the Council membership plus one.

Decision Making

Decision making will be by consensus.

Agenda and Minutes

Agenda and minutes will be available electronically or in hard copy one week prior to the meeting.

Reporting Relationship

The Patient and Family Advisory Council reports to the Planning and Performance Committee

PFCC Standards for KGH Staff

In support of our strategy to “Transform the patient experience” and building on our Interprofessional Collaborative Practice Model of Care and the core principles of Patient- and Family-Centred Care, KGH is standardizing tools and processes across the organization. This standardization will improve communication and create a safer and more consistent environment for our patients.

Most of these tools and processes will be familiar from the ICPM roll outs. We will now have the opportunity to measure and support each unit's progress towards sustaining these standards. The fiscal year end goal is for a 98% compliance rate with each of the tools and processes.

Whiteboards:

The whiteboard can be an invaluable communication tool for patients and families. By having the same board available across the organization patients and families who move from one unit to the next know what to expect. All inpatient units which have whiteboards as communication tools for patients and families will be responsible for ensuring the boards are updated each shift and that no space is left blank. If a section of the board is not applicable (i.e. a space is available for a PCA when no PCA is assigned) the section will be completed with an N/A (Not applicable).

Name tags:

Name tags are reassuring for our patients and families and contribute to a safe environment. Building on comments from patients, families and staff which are also reflected in the KGH policy on badges, all staff and physicians will wear their badges at chest level where they are easily

visible. Lanyards with the badge attached at the bottom do not present the badge at an optimal level and must be equipped with a clip which raises the badge to chest level.

Communication

It is the expectation that every person who enters a patient's room will introduce themselves; say what their role is and what they are there to do.

Hourly rounding:

Hourly rounding has been shown to increase safety and reduce patient anxiety and the use of call bells. Hourly rounding can be accomplished in many different ways and each unit is encouraged to explore what works best for them in their particular circumstances.

Patient Feedback Forums:

These forums provide the opportunity for staff and physicians to hear directly from the patient/family what factors influenced a recent hospital experience. Staff and physicians then engage in continuous improvement cycles to support or remedy those factors in order to provide the best patient experience.