

Implementing a Family-Centered Care Approach in the Emergency Department

Providing a family-centered care approach to emergency care requires an understanding of patient and family needs as well as a commitment to providing an environment that is responsive to the physiologic, psychosocial, and emotional needs of patients and families. Implementing a family-centered care approach often requires a paradigm shift, a change in the culture of the department, and a change in focus. Engaging an interdisciplinary group to complete the Emergency Department Self-Assessment Inventory is an excellent step in evaluating the family-centered care practices within the emergency department. In addition to completing the self-assessment inventory, the following strategies may be used to evaluate the needs of families and prepare for implementation of a family-centered care model.

Evaluate Specific Needs of Families Served by the Emergency Department

Written patient satisfaction surveys, follow-up phone calls, informal structured conversations with families, focus groups, and/or a family advisory committees are also strategies to gather this information.

Although standardized patient/family surveys provide information concerning satisfaction with the visit, the questions may not be specific enough to evaluate the patient's/family's satisfaction with the model of care in the emergency department. Evaluate the current surveys used to determine how specifically the elements of family-centered care are addressed. Revise the survey or develop additional focused surveys to address specific aspects of care and family needs.

The development of a family advisory council or other method to dialogue with families concerning the emergency department operation and practices provides opportunity for ongoing program development. Interactive strategies provide families an opportunity to be involved in formulating solutions to issues that are identified as important to the family's experience in the emergency department or other acute setting. Family input also may be used to guide the development of department goals, strategic plans, and specific projects such as renovations.

Develop a Department Mission/Vision, and/or Philosophy-of-Care Statement that Includes Family-Centered Care Principles

Most hospitals have adopted mission, vision, and/or philosophy-of-care statements. Developing a department-based vision statement provides an opportunity to complement the hospital's statements while articulating specific components relevant to the emergency department. Articulating a family-centered care vision and philosophy for the department provides structure to help direct the change and establishes value.

The philosophy of care in the department provides a framework for the development of goals, policy and procedure, service standards, and staff competencies. Forming an interdisciplinary group to formulate the statement is an excellent opportunity to involve emergency department staff, administrators, physicians, and external departments that provide services to emergency department families (i.e., social work, pastoral care, child life, volunteer services, and ancillary departments).

Educate Staff and Physicians/Increase Family-Centered Care Awareness

Staff and physician education on family needs, communication, and the family perspective is important in shifting to a family-centered model of care. Engaging family members to assist with the education and/or orientation of staff and physicians is an excellent strategy to increase awareness of the family perspective and needs. A role play exercise of the family experience in the emergency department also is effective. Education and training should include the principles of family-centered care, professional/patient/family collaboration, and creating mutually respectful relationships. Integration of issues related to clinical practice also is important for staff to assimilate the concepts of family-centered care. Topics such as growth and development, approaching pediatric patients, preparation for procedures, pediatric pain management, nonpharmacological pain management techniques, and cultural practices are easily linked to the participation of the family in care.

Ongoing education regarding family issues and family-centered care can be provided through a variety of formats including inservice, bulletin board postings, department-based newsletters, journal clubs, and feedback from patient surveys. Role modeling the expected behaviors is essential to the integration of the approach. Utilize staff committed

to the process and experts within the hospital or community to assist with education and program development.

Develop Staff Competencies Related to Family-Centered Care

Include the expectation of providing family-centered care in job descriptions and performance appraisals. Evaluation of staff competency in providing family-centered care varies with the role of the individual but can be incorporated into all roles in the emergency department setting, including clinical staff, clerical staff, registration staff, and others who interact with patients and/or families. Recognize staff who role-model the expected behaviors.

Evaluate Policies and Procedures

Evaluate current policies and procedures for congruency with the family-centered care model and principles. Developing policies or guidelines addressing family participation and family support provide structure to the processes and support clear articulation of the department philosophy and approach.

Promote a Family/Child-Friendly Environment

Provide an environment that is child- and family-friendly, including furnishings, fixtures, and the availability of toys and play activities. A welcoming and comfortable environment is important to the patient and family.

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