

## **PART IV: WHERE DO WE STAND? A SELF-ASSESSMENT TOOL FOR HOSPITAL TRUSTEES, ADMINISTRATORS, PROVIDERS, AND PATIENT AND FAMILY LEADERS**

An effective action plan for moving forward with patient- and family-centered care is based on a thoughtful assessment of the degree to which a hospital has already incorporated key principles of this approach to care, and of the areas in which progress remains to be made.

Here are some questions that can serve as a springboard for such an assessment. Ideally, the assessment should be completed individually by hospital executives, managers, frontline staff, and patient and family advisors. Representatives of each of these groups should then convene to discuss the responses and, together, develop an action plan.

### **INITIAL HOSPITAL SELF-ASSESSMENT**

#### **Leadership in the Organization**

- Do our organization's vision, mission, and philosophy of care statements reflect the principles of patient- and family-centered care and promote partnerships with the patients and families it serves?
- Has our organization defined quality health care and does this definition include how patients and families will experience care?
- Do our organization's leaders, through their words and actions, hold staff accountable for patient- and family-centered practice?
- Do our organization's leaders, through their words and actions, hold physicians accountable for patient- and family-centered practices?

#### **Patient and Family Advisors**

- Does our hospital have an active patient and family advisory council?
- Do patient and family advisors serve on committees or work groups involved with:
  - ▽ Community services and programs?
  - ▽ Culturally and linguistically appropriate services and materials?
  - ▽ Discharge/Transition planning?
  - ▽ Education and orientation for staff, physicians, students, and trainees?
  - ▽ Ethics?
  - ▽ Facility design?

- ▽ Patient and family education?
- ▽ Patient and family experience of care?
- ▽ Patient safety?
- ▽ Peer-led education and support?
- ▽ Policy and procedure development?
- ▽ Quality improvement?
- ▽ Research initiatives?
- ▽ Use of information technology?
- Do patient and family advisors serving on councils, committees, and work groups reflect the cultural and linguistic diversity of patients and families served by our organization?

## Environment and Design

- Does the design of our hospital:
  - ▽ Create positive and welcoming impressions throughout for patients and families?
  - ▽ Display messages that communicate to patients and families that they are essential members of the health care team?
  - ▽ Reflect the diversity of patients and families served and address their unique needs?
  - ▽ Provide for the privacy and comfort of patients and families?
  - ▽ Support the presence and participation of families?
  - ▽ Support the collaboration of physicians and staff across disciplines?

## Patient and Family Participation in Care and Decision-Making

- Are our organization's policies, programs, and staff practices consistent with the view that families are not visitors but instead are viewed as allies for patient health, safety, and well-being?
- Are patients asked to identify their family/community caregivers and specify how they will be involved in care and decision-making?
- Are patients and their families encouraged and supported to participate in care planning and decision-making during the hospital stay?
- Are the cultural and spiritual beliefs and practices of patients and families respected and incorporated into care planning and decision-making?

- Are patients and their families encouraged and supported to be present and to participate in nurse change of shift report?
- Are patients and their families encouraged and supported to be present and to participate in rounds?
- Are patients and their families able to activate a Rapid Response Team?
- Are patients and their families encouraged to identify their learning needs and priorities regarding care at home as a key component of discharge/transition planning?

## **Patient and Family Access to Information and Education**

- Are there systems in place to ensure that patients and families:
  - ▽ Have access to complete, unbiased, and useful information?
  - ▽ Understand the purpose of taking each of their medications?
  - ▽ Understand the things they are responsible for in managing their health?
  - ▽ Receive written information that is provided in primary language and appropriate educational levels of patients and families served by the organization?
  - ▽ Have access to interpreter services whenever they are needed to effectively communicate with physicians and staff about care, treatment, and services?
- Do patients and their families have easy access (view at any time or receive a copy) to their:
  - ▽ Clinical information (e.g., laboratory or diagnostic tests)?
  - ▽ Daily recording of care (e.g., notes from nurses, physicians, allied health)?
  - ▽ Discharge summary?
  - ▽ Medical records?
- Do providers and staff across disciplines and settings (inpatient, specialty care, and primary care providers) have easy access to the patient's medical record?
- Do documentation systems and charting support the recording of patients' and families':
  - ▽ Priority concerns for the hospital stay?

- ▽ Observations?
  - ▽ Goals?
  - ▽ Preferences?
- Are peer-led educational programs available and accessible to patients and families?
- Are patients and their families provided with practical information and strategies on how to best partner with health care providers to assure safety in health care?

## Human Resources

- Do our organization's human resources system support and encourage the practice of patient- and family-centered care?
- Do leadership, staff, and physicians reflect the diversity of patients and families served by our hospital?
- Are patients and families involved in the hiring process for administrative and clinical leaders?
- Are systems in place that ensure that individuals with patient- and family-centered care skills and attitudes are hired?
- Does our hospital offer rewards and recognition for patient- and family-centered practice?
- Are there explicit expectations that all staff and physicians respect and collaborate with patients, families, and staff across disciplines and departments in:
  - ▽ Position descriptions?
  - ▽ Performance appraisal processes?

## Education of Leaders, Staff, Physicians, Students, and Trainees

- Do orientation and education programs prepare staff, physicians, students, and trainees for patient- and family-centered practice and collaboration with patients, families, and other disciplines?
- Do orientation and education programs prepare staff, physicians, students, and trainees for culturally responsive practice?
- Are patients and families involved as faculty in orientation and education programs for leaders, staff, physicians, students, and trainees?

## Reflecting on Opportunities and Priorities

After completing the self-assessment and discussing the responses, the team can decide in which of the following areas, your hospital can begin to partner with patients and families to make changes to advance the practice of patient- and family-centered care:

- Community services and programs?
- Culturally and linguistically appropriate services and materials?
- Discharge/Transition planning?
- Education and orientation for staff, physicians, students, and trainees?
- Ethics?
- Facility design?
- Patient and family education?
- Patient and family experience of care?
- Patient safety?
- Peer-led education and support?
- Policy and procedure development?
- Quality improvement?
- Research initiatives?
- Use of information technology?

Additional organizational and self-assessment tools are available at: [www.ipfcc.org/resources/assessment.html](http://www.ipfcc.org/resources/assessment.html)