Patient- and Family-Centered Care Organizational Self-Assessment Tool

Elements of Hospital-Based Patient- and Family-Centered Care (PFCC) and Examples of Current Practice with Patient and Family (PF) Partnerships

This self-assessment tool allows organizations to understand the range and breadth of elements of patient- and family-centered care and to assess where they are compared to the leading edge of practice. Use this self-assessment tool to assess how your organization is performing in relation to specific components of patient- and family-centered care, or as a basis for conversations about patient-centeredness in the organization.

Directions

- The tool should be completed by a team of individuals from across the organization —
 caregivers and providers from different departments or programs and leaders from the
 front line to the executive office. Be sure to also include patient and family advisors in
 the assessment.
- Review each question and indicate a rating of 1 to 5 for each (with 1 being low and 5 being high), or indicate "Do not know."
 - The 1 to 5 rating for each question is discussed by team members as an essential part of the assessment:
 - What does being a "5" on this question mean to us?
 - How would we know we are a "5"?
 - What would it take for us to rate ourselves a "5" consistently?
 - Questions with a "Do not know" response should seek further team discussion, such as:
 - Why don't we know this?
 - How can we find out?
 - Why is it important to find out?
- Summarize the findings and then determine next steps:
 - What is most important for us to address?
 - Where do we have strengths that we need to make sure others see and build on?
 - How can we gain more patient and family advice on what to focus on next?

Codes:

PFCC = Patient- and Family-Centered Care
PF = Patient and Family
PAS = Performance Appraisal System

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Domain	Element	Lov	v —		\rightarrow	High	Do not know
Leadership / Operations	Clear statement of commitment to PFCC and PF partnerships	1	2	3	4	5	
	Explicit expectation, accountability, measurement of PFCC	1	2	3	4	5	
	PF inclusion in policy, procedure, program, guideline development, Governing Board activities	1	2	3	4	5	
Mission, Vision, Values	PFCC included in mission, vision, and/or core values	1	2	3	4	5	
	PF-friendly Patient Bill of Rights and Responsibilities	1	2	3	4	5	
Advisors	PF serve on hospital committees	1	2	3	4	5	
	PF participate in quality and safety rounds	1	2	3	4	5	
	Patient and family advisory councils	1	2	3	4	5	
Quality Improvement	PF voice informs strategic/operational aims/goals	1	2	3	4	5	
	PF active participants on task forces, QI teams	1	2	3	4	5	
	PF interviewed as part of walk-rounds	1	2	3	4	5	
	PF participate in quality, safety, and risk meetings	1	2	3	4	5	
	PF part of team attending IHI and other meetings	1	2	3	4	5	
Personnel	Expectation for collaboration with PF in job descriptions and PAS	1	2	3	4	5	
	PF participate on interview teams, search committees	1	2	3	4	5	
	PF welcome new staff at new employee orientation	1	2	3	4	5	
	Staff/physicians prepared for and supported in PFCC practice	1	2	3	4	5	
Environment and Design	PF participate fully in all clinical design projects	1	2	3	4	5	
	Environment supports PF presence, participation, and interdisciplinary collaboration	1	2	3	4	5	

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Domain	Element	Low			\longrightarrow	High	Do not know
Information / Education	Web portals provide specific resources for PF	1	2	3	4	5	
	Clinician email access from PF is encouraged and safe	1	2	3	4	5	
	PF serve as educators/faculty for clinicians and other staff	1	2	3	4	5	
	PF access to/encouraged to use resource rooms	1	2	3	4	5	
Diversity and Disparities	Careful collection and measurement by race, ethnicity, language	1	2	3	4	5	
	PF provided timely access to interpreter services	1	2	3	4	5	
	Navigator programs for minority and underserved patients	1	2	3	4	5	
	Educational materials at appropriate literacy levels	1	2	3	4	5	
Charting and Documentation	PF have full and easy access to paper/electronic record	1	2	3	4	5	
	Patient and family are able to chart	1	2	3	4	5	
Care Support	Families members of care team, not visitors, with 24/7 access	1	2	3	4	5	
	Families can stay, join in rounds and change of shift report	1	2	3	4	5	
	PF find support, disclosure, apology with error and harm	1	2	3	4	5	
	Family presence allowed/supported during rescue events	1	2	3	4	5	
	PF are able to activate rapid response systems	1	2	3	4	5	
	Patients receive updated medication history at each visit	1	2	3	4	5	
Care	PF engage with clinicians in collaborative goal setting	1	2	3	4	5	
	PF listened to, respected, treated as partners in care	1	2	3	4	5	
	Actively involve families in care planning and transitions	1	2	3	4	5	
	Pain is respectively managed in partnership with patient and family	1	2	3	4	5	