

Family Centered Rounds

AAP Policy Statement Highlights

BENEFITS OF PATIENT- AND FAMILY-CENTERED CARE FOR PEDIATRICIANS

- A stronger alliance with the family in promoting each child's health and development.
- Improved clinical decision-making based on better information and collaborative processes.
- Improved follow-through when the plan of care is developed collaboratively with families.
- Greater understanding of the family's strengths and caregiving capacities.
- More efficient and effective use of professional time, including the use of patient- and family-centered rounds.
- More efficient use of health care resources (eg, more care managed at home, decrease in unnecessary hospitalizations and emergency department visits, more effective use of preventive care).
- Improved communication among members of the health care team.
- A more competitive position in the health care marketplace.
- An enhanced learning environment for future pediatricians and other professionals in training.
- A practice environment that enhances professional satisfaction in both inpatient and outpatient practice.
- Greater child and family satisfaction with their health care.
- Improved patient safety from collaboration with informed and engaged patients and families.
- An opportunity to learn from families how care systems really work and not just how they are intended to work.
- A possible decrease in the number of legal claims, claim severity, and legal expenses

RECOMMENDATIONS

1. As leaders of the child's medical home, pediatricians should ensure that true collaborative relationships with patients and families as defined in the core concepts of patient- and family-centered care are incorporated into all aspects of their professional practice. The patient and family are integral members of the health care team. They should participate in the development of the health care plan and have ownership of it.
2. Pediatricians should unequivocally convey respect for families' unique insights into and understanding of their child's behavior and needs, should actively seek out their observations, and should appropriately incorporate family preferences into the care plan.
3. In hospitals, conducting attending physician rounds (ie, patient presentations and discussions) in the patients' rooms with nursing staff and the family present should be standard practice.
4. Parents or guardians should be offered the option to be present with their child during medical procedures and offered support before, during, and after the procedure.
5. Families should be strongly encouraged to be present during hospitalization of their child, and pediatricians should advocate for improved employer recognition of the importance of family presence during a child's illness.

6. Pediatricians should share information with and promote the active participation of all children, including children with disabilities, if capable, in the management and direction of their own health care. The adolescent's and young adult's capacity for independent decision-making and right to privacy should be respected.
7. In collaboration with patients, families, and other health care professionals, pediatricians should modify systems of care, processes of care, and patient flow as needed to improve the patient's and family's experience of care.
8. Pediatricians should share medical information with children and families in ways that are useful and affirming. This information should be complete, honest, and unbiased.
9. Pediatricians should encourage and facilitate peer-to-peer support and networking, particularly with children and families of similar cultural and linguistic backgrounds or with the same type of medical condition.
10. Pediatricians should collaborate with patients and families and other health care providers to ensure a transition to good-quality, developmentally appropriate, patient and family-centered adult health care services.
11. In developing job descriptions, hiring staff, and designing performance appraisal processes, pediatricians should make explicit the expectation of collaboration with patients and families and other patient- and family-centered behaviors.
12. Pediatricians should create a variety of ways for children and families to serve as advisors for and leaders of office, clinic, hospital, institutional, and community organizations involved with pediatric health care.
13. The design of health care facilities should promote the philosophy of patient- and family-centered care, such as including single room care, family sleeping areas, and availability of kitchen and laundry areas and other areas supportive of families. Pediatricians should advocate for children and families to participate in design planning of health care facilities.
14. Education and training in patient and family-centered care should be provided to all trainees, students, and residents as well as staff members.
15. Patients and families should have a voice in shaping the research agenda, and they should be invited to collaborate in pediatric research programs. This should include determining how children and families participate in research and deciding how research findings will be shared with children and families.
16. Pediatricians should advocate for and participate in research on outcomes and implementation of patient- and family-centered care in all venues of care.
17. Incorporating the patient- and family-centered care concepts described in this statement into patient encounters requires additional face-to-face and coordination time by pediatricians. This time has value and is an investment in improved care, leading to better outcomes and prevention of unnecessary costs in the future. Payment for time spent with the family should be appropriate and paid without undue administrative complexities.