

Promoting Patient and Family-Centered Care in the Prehospital Setting: A Toolkit for Medical Directors

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DISCLOSURE

- I have no conflicts of interest to disclose
- I will not be discussing unapproved use of a commercial device/product in my presentation

OBJECTIVES

After attending this presentation, the participant will be able to:

- Define patient and family-centered care and discuss its **importance** in the prehospital environment
- Describe **techniques** for incorporating on-scene family members into the care team and involving the patient in his/her own care
- Describe effective **strategies** for communicating with family members and patients in a manner that is clear, consistent, and age-appropriate
- Identify **resources** that can be accessed to help integrate patient and family-centered care into his/ her own EMS system

WHY FAMILY CENTERED CARE MATTERS

"Jamey was 14, and was lying in the street when neighbors brought me to him. He had chosen to ride his bicycle without a helmet, and tried to dart across a very busy street in failing February twilight. EMS was already there, working to stabilize him, and preparing to transport him to a nearby hospital. As Jamey was being wheeled to the ambulance, one of the paramedics approached and asked me if I wanted to ride to the hospital in the ambulance. He escorted me to the front seat and ensured that I put on a seatbelt. As we were pulling away, another emergency responder rushed up to my window. When I rolled it down, he reached in and handed me a sock that Jamey had been wearing. That may seem like a simple, almost silly thing to do, but it was very important to me. Jamey died 3 days later, and that was more than 6 years ago. I still have that sock and the memory of one person's kindness. **This is an odd way to put it-- but except for the fact that our son died, our experience that day was very good...."**

What is Patient and Family-Centered Care?

- **Mutually beneficial** collaboration between patient, family, and healthcare providers
- Care that acknowledges:
 - Families are the **constant** in their child's life
 - They bring important **strengths** to their child's health care experiences
- Family should be given the **option** to be present and to participate in their child's care
 - They can **choose** their level of participation

What Patient and Family Centered Care is NOT

- Just "being nice" to patients and their families
- Providers giving up all decision making to patients and families
- That there are no boundaries
 - Disruptive family members should be respectfully asked to leave
- That patients and their families may be rude or abusive to staff
 - **Provider safety ALWAYS come first**

Myths About Family Centered Care

- It is time-consuming
- It creates more work for prehospital providers
- It is too costly
- It delays appropriate patient care
- Families will interfere with care, creating delays and errors
- There is no evidence that patient and family centered care is effective

Evidence Supporting PFCC

- Most parents want the **opportunity** and feel it is their **right** to remain with their child, even during resuscitation
- Shown to be ethically sound and with **minimal risk**
- In the majority of cases, studies suggest that **family presence was not stressful to staff and did not negatively impact performance**
 - One study reported that there were no episodes of interruption in care
 - Helpful to have a designated individual to provide support

Does it really make a difference?

- **More than 2/3** of caregivers of a child who died report that being present **helped** with their **adjustment** to the death and the grieving process
- **Nearly 2/3** of caregivers reported that touching their child brought them comfort
- Approximately 70% of caregivers reported feeling that **their presence helped** the patient

Verbal Communication Strategies

- Build **rapport**
 - Comment on clothing/ toys
- Be **positive**, avoid using negative phrasing
 - “Your job is to hold still.” instead of “Don’t move!”
 - “It is time to...” instead of “Okay, you ready?”
- Give the patient a “**job**” to do
 - “Your job is to take a deep breath.”
- During the procedure, **verbalize the sequence** of events
- Avoid confusing language and false choices
- **Be honest**

Avoid confusing or threatening language

Instead of...	Recommended Phrasing
“I’m not here to hurt you.”	Instead of introducing the word “hurt,” say what you <i>are</i> going to do.
“It wasn’t that bad.”	Was that how you thought it would be? Tell me how it was for you.
Funny smell/taste, etc....	Different or odd smell/taste
Stretcher	Bed on wheels
Finger stick	Poke
Vital Signs	Temperature, tight squeeze on arm, weight, height, sticky Band-Aids

Avoiding False Choices

- If questions are used, they should offer **real and appropriate choices**, which gives the patient a **sense of control** and promotes **compliance**
 - This is going to give your arm a tight squeeze...which arm do you want the blood pressure cuff on?
 - Do you want me to count to 3 before I poke?
 - Do you want your dad to hold your hand?

Is it really a choice?

False Choices	Recommended Phrasing
"Are you ready to get a finger stick?"	"I am going to do your finger poke now."
"Do you want to get on the stretcher?"	"It is time to get on the bed with wheels."
"Can I listen to your heart?"	"I am going to listen to your heart."

The Difficult Questions...

Question	Answer
"Is my mom/dad going to be okay?"	"Right now, our job is to take care of you and make sure that you are safe." "I know you're really worried about your parent, when we find out exactly what's happening we will tell you."
"Will this hurt?"	"It's going to feel like ___ (pinch, uncomfortable, etc.)"
"What are you doing to me?"	"Right now, we're going do your blood pressure (it will feel like a tight squeeze), IV (it will feel like a pinch)."

Your Most Valuable Resource: The Family

- **Parents and family members know their child better than anyone**
 - Especially children with chronic medical conditions
- If possible, allow the parent to **hold** the child during assessment
- For critical patients, allow the parent maintain visual line-of-sight with their child or even **touch** an extremity
- **Questions to ask:**
 - How is your child acting compared to their normal self?
 - Do you think your child is scared or are they in pain?

Talking with Parents and Families

- **Affirmation**
 - "Thanks for calling us. Calling 911 was the right thing to do."
- **Validation**
 - "It must be scary when your daughter's fever gets that high."
 - "You must be tired after staying up all night."
 - "You seem worried.... angry.... upset."
 - "I know you care about your child."
- **Education**
 - "Some symptoms of an emergency are... If you see these in the future, you should call 911."
 - "If you do not think your child is having an emergency, you should call your primary care provider to figure out what to do next."

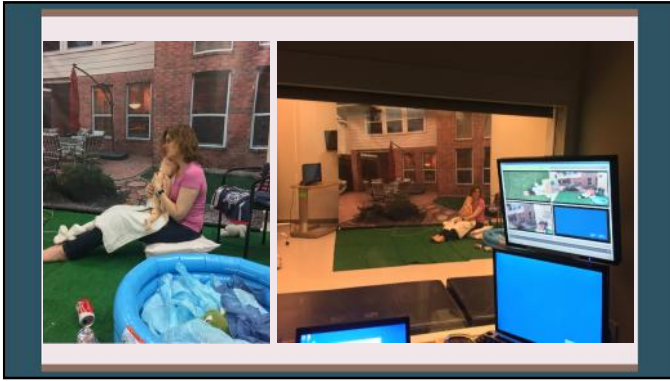
PediSTEPPs – A Pediatric Simulation Course

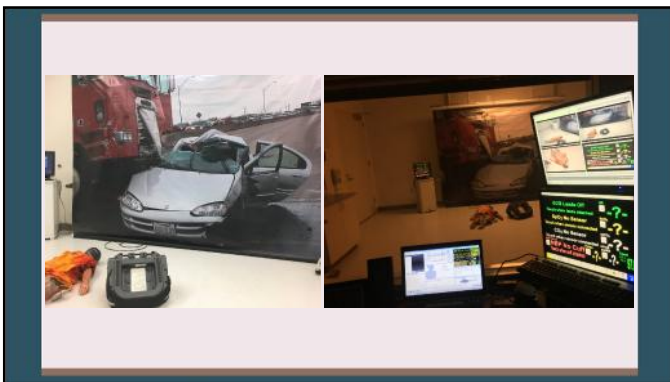
- Pediatric Simulation Training for Emergency Prehospital Providers
- Collaboration between Texas Children's and the Houston Fire Department
- **Course goals:**
 - Increase comfort with pediatric assessment and management
 - Learn how to better provide PFCC in a safe, confidential setting
- Studies have shown higher comfort levels with PFCC in those who have practiced skills in a simulated setting

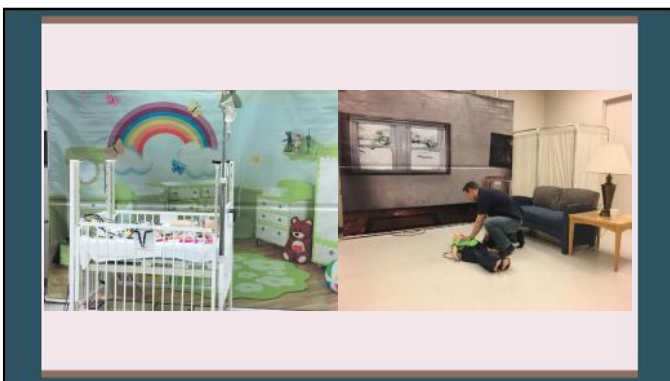


PediSTEPPs – A Pediatric Simulation Course

- **1-day simulation course for all HFD providers taught by HFD instructors and physicians**
 - Morning: lectures and skills stations
 - Afternoon: 4 high-fidelity simulation scenarios with SPs as parents
 - Debriefs after each simulation
- **4 scenarios with different family interactions**
 - Clonidine overdose with an anxious parent
 - Near drowning with an intoxicated parent
 - MVC where parent was pronounced on scene
 - Supraventricular tachycardia with a babysitter







Building a Toolkit for Medical Directors

- Patient and Family Centered Care **Toolbox**, Emergency Medical Services for Children Innovation and Improvement Center
 - <https://emscimprovement.center/resources/toolboxes/patient-and-family-centered-care-toolbox/>
- Badge Buddy
- One – page quick reference sheet



The Difficult Questions...

"Is my mom going to be okay?"	"Right now, our job is to take care of you and make sure that you are safe."
"Will this hurt?"	"I know you're really worried about your parent, when we find out exactly what's happening, we will let you know."
"What are you doing to me?"	"It's going to feel like... (pinch, uncomfortable, etc.)"
	"Right now, we're going to do your blood pressure (it will feel like a tight squeeze), I'm going to feel like a pinch).

Comfort Positions
for being transported in a child's vehicle

Instead of...

"I'm not here to hurt you."	Instead of introducing the word "hurt," say what you are going to do.
"It wasn't that bad."	Was that how you thought it would be? Tell me how it was for you.
"Funny smell/taste, etc."	Different or odd smell/taste
"Stretching"	Red on wheels
"Healthy / Inexpensive"	Poke; some kids say feels like a pinch
"Vital Signs"	Temperature, tight squeeze on arm, weight, height, sticky band-aids
"C-collar"	Neck brace to help your neck /back stay still
"Blood pressure cuff"	Tight squeeze/ hug on your arm
"Candy / ECG"	Stickers/ sticky band-aids

EMS Take – Home Points

- Patient and family-centered care is easy and cost-effective.
- PFCC improves patient care and family and provider satisfaction.
- PFCC can be implemented in any system.
