

## STRATEGY FOR THE IMPLEMENTING THE PATIENT AND FAMILY CENTERED CARE IN HEALTHCARE SETTING

Lucky Sarjono Buranda<sup>1\*</sup>

<sup>1</sup>STIKES RS Baptis Kediri

\*E-mail: [luckysb@stikesbaptis.ac.id](mailto:luckysb@stikesbaptis.ac.id)

### ABSTRACT

Patient and Family Centered Care (PFCC) is an important part of patient's autonomy which is the basic human rights of decision-making on what the best they think for their own body. The approach of PFCC is involving not only the patient, but also the family members in providing the decision for their loved one. This article is a narrative literature review with aim to combine several literatures into a strategy for implementing the PFCC in a hospital. An article revealed 7 domains for implementing the PFCC. They are leadership, patient and family engagement, staff engagement, focus on innovations, alignment of staff roles and priorities, organizational structures and processes, and the environment of care. It started with rigorous discussion on the current situation of the organization, the mission and value that aligned with PFCC implementation initiatives. All policies and guidelines must accommodate the PFCC initiatives within the evidence-based medical practice. Piloting the system is the best way to start the implementation of PFCC before it is generally adopted by the entire hospital system. PDSA is one of the best tools to evaluate the pilot. There are two types of PDSA: Model For Improvement – PDSA and FOCUS PDCA. Both essentially offer similar PDSA system, but different in the process and setting.

**Keywords:** Patient and Family Centered Care; Strategy; Policy; Pilot; PDSA

### Introduction

Patient Centered Care is developed from one of important ethics in healthcare, named patient's autonomy. It mirrors the basic human rights of decision-making on what the best they think for their own body (Liang et al., 2022). According to the Institute for Patient and Family Centered Care, patient and family centered care defined as "an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families" (Institute for Patient and Family Centered Care, n.d.). Another definition formulated by Centers for Medicare & Medicaid Services as "Integrated health care services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences, in a system that supports good provider-patient communication and empowers individuals receiving care and

providers to make effective care plans together" (Centers for Medicare & Medicaid Services, 2023).

There are several benefits for implementing patient and family centered care (PFCC). Some articles declare the improvement of staff satisfaction through proper implementation of PFCC (Ferla et al., 2022), strengthen the business to shorten the return of investment and increase economic profit (Victor Tabbush et al., 2016), and reduce potential medical errors as well as lawsuit (Baurasien et al., 2023; Schoenfeld et al., 2019). Thus, it is crucial for healthcare facilities to start considering on the implementation of PFCC. This article is a narrative review of several known implementation of patient and family centered care (PFCC) done in healthcare settings.

## Method

This article used narrative or traditional literature review. This type of review is very useful to gather the data for specific topic and not determined to generalize it (Lau & Kuziemsky, 2016). The author planned the flow of idea on the best practice for implementing a safe environment for PFCC, then search for evidence-based practices as the example of each step. It started with literatures that comprehensively explain the implementation of PFCC, continued with literatures that describe specific to each step.

## Results and Discussion

A semi-structured interview conducted by Bokhur et al among the senior leaders, middle managers, front-line providers and staff revealed 7 domains for implementing the PFCC. They are leadership, patient and family engagement, staff engagement, focus on innovations, alignment of staff roles and priorities, organizational structures and processes, and the environment of care (Bokhour et al., 2018). Therefore, the strategy for implementing PFCC in a healthcare setting is started with formulating a strategy to introduce PFCC in every aspect of healthcare organization (Saw et al., 2024). Policies must be relevant to the PFCC values whereas all activities must refer to shared decisions and respecting patient's value and autonomy in decision-making (Saw et al., 2024; The University of Osaka Hospital, n.d.). We can initiate the implementation through Plan-Do-Study/Check-Act, start from piloting it in smaller environment then adopt its results in larger scale of the overall hospital (DiGioia et al., 2016).

### Start with Strategy

Healthcare facilities, whether they like it or not, must be familiar with strategic plan. Strategic plan essentially a document consists of the organization's current situation and desired future (Rodríguez Perera & Peiró, 2012). The document is a

result of rigorous discussion on the current situation of the organization, the mission and value that drive the organization, and the vision (Nash et al., 2019; Rodríguez Perera & Peiró, 2012). It requires the ability of the management team to determine the cause-and-effect analysis between the activities and the desired outcome (Kaplan, 2010). A good strategic plan must have clear vision, mission and values statements, followed by complete assessment of current situation and desired outcomes (Rodríguez Perera & Peiró, 2012). To achieve the outcomes, set of activities and objectives can be guided by a balanced scorecard (BSC). Initially, BSC consists of financial, customer, internal processes, innovation and learning factors, but the improvement of BSC now more concern on the mapping the strategies for better approach in achieving the outcome (McDonald, 2012).

As for the PFCC, the presence of strategic plan can accommodate the long-term strategies and approaches. It is crucial to ensure the overall hospital plans encourage the fulfilment of patient and family needs and preferences in regard to treatment and provision of care (Saw et al., 2024). Unfortunately, not many literatures that specific on discussing the implementation of PFCC in strategic plan (Janerka et al., 2023; Saw et al., 2024). However, PFCC is examined by almost all accreditation providers, thus, extend its importance in hospital long-term strategies (Fortune et al., n.d.; International Society for Quality in Health Care, 2018). If the hospital decides to start implementing PFCC, it is essential to put PFCC as a separate main objective. The reason is so that the activities can be monitored and measured closely, particularly due to the challenging process of synchronizing the strategy with all policies in the hospital (Breneol et al., 2022; Powell et al., 2019).

### Synchronizing all policies with the patient and family centered care

Strategic plan deals with the hospital vision. But the real implementation relies on the synchronization of hospital policies with

PFCC practices (International Society for Quality in Health Care, 2018). The policies must include the patient-centered care, shared medical information, Hospital-wide patient safety activities, Early detection of threats, A Human Factors approach to patient safety, Timely and full disclosure of adverse events, Patient advocacy, Distribution of patient safety information, Education and training for patient safety, Building just and safe culture, Provision/Updating of Patient Safety Manual, and Disclosure of hospital patient safety policy (The University of Osaka Hospital, n.d.). Some hospitals decide to include these initiatives in each policy, but having these as separate policies can be crucial. It establishes the culture of PFCC and patient safety in the hospital as well as reference for other more technical policies. Some hospitals and management experts suggest that the PFCC to be part of policy of policies which can make it mandatory for these items to be part of every single policy (Showalter, 2017; The University of Osaka Hospital, n.d.).

#### **Start the Implementation through Plan – Do – Study – Act (PDSA) Cycle and Pilot Project**

Plan, Do, Study, Act (PDSA) is a useful tool for developing a system. It creates room for proper planning, on-going evaluation, structured measurement, and plan for other steps or the follow up. There are 2 types of PDSA: FOCUS PDCA and Model for Improvement (MFI). FOCUS PDCA is more team-focused and qualitative than MFI. Both PDCA (“C” stands for “Check”) and PDSA are similar cycle. The difference relies on the preliminary assessment and preparation prior to the cycle (Abuzied et al., 2023; Health Quality Ontario, 2012; Taylor et al., 2013). FOCUS is an acronym for Find, Organize, Clarify, Understand, and Select. FOCUS is a preliminary step to find and understand nature of the problems or things we going to implement, improve or change (Abuzied et al., 2023). On the other hand, MFI presents 3 questions to be answered during the cycle process of PDSA. They are the Aim, Measure and Change. Aim is asking

on what are we trying to accomplish; Measure on how will we know if a change is an improvement; and Change on what changes can we make that will result in improvement. Measurement is the strength of MFI compared to FOCUS. Therefore, it is more quantitative than FOCUS (Health Quality Ontario, 2012).

There is no specific reason to determine which one is the best for implementing PFCC. It is essential to start the implementation of PFCC with PDSA/PDCA cycle. It can help the planning, fast evaluation and re-initiation of the further initiatives (Vijn et al., 2018). PDSA/PDCA is also a powerful tool for piloting the strategic plan and policies (Katowa-Mukwato et al., 2021). Pilot project is an experiment in smaller well-controlled setting with aim to understand the potential positive and negative impacts, the best approach for implementation, and the measurement tools before the strategy or policies adopted in larger environment (De Winter, 2020). The pilot project can start from one procedure, extended to the department, until the policies can be implemented by all hospital departments. Some study tried to implement the PFCC by studying the patients undergoing total joint replacement surgery (DiGioia et al., 2016). If it is considered that larger group is required before the policies can be implemented in hospital scale, the management team may consider to do the PFCC initiatives in department level. At the end, we can understand all factors that may appear when implementing the PFCC in hospital scale, the best approach for implementation, and trust from all staff because they can see the results of the pilot projects (Davis et al., 2016; De Winter, 2020; DiGioia et al., 2016).

#### **Conclusion**

Unfortunately, hospital management is not a “one size fits all”. There are many considerations that make one hospital different than others and what can work in one place does not guarantee the success in others (Liang et al., 2020). Therefore, the success story of implementation of PFCC in

successful hospitals cannot directly adopted by other hospitals. However, there are tools that can be utilized to implement PFCC in hospital. Strategic plan, balanced scorecard, and insertion of PFCC values in every policy are generally applicable for hospitals on starting the adoption of PFCC initiatives. Some articles suggest to pilot the implementation in smaller environment before being implemented in a larger hospital setting. Pilot project can generate trust from the staff due to initial results and importance of PFCC before being implemented as a general policy and pursued as the vision of the hospital.

## References

- Abuzied, Y., Alshammary, S. A., Alhalahlah, T., & Somduth, S. (2023). Using FOCUS-PDSA Quality Improvement Methodology Model in Healthcare: Process and Outcomes. *Global Journal on Quality and Safety in Healthcare*, 6(2), 70–72. <https://doi.org/10.36401/JQSH-22-19>
- Baurasien, B. K., Alareefi, H. S., Almutairi, Diyanah Bander, Alanazi, Maserah Mubrad, Alhasson, Aseel Hasson, Alshahrani, A. D., & Almansour, S. A. (2023). Medical errors and patient safety: Strategies for reducing errors using artificial intelligence. *International Journal of Health Sciences*, 7(S1), 3471–3487. <https://doi.org/10.53730/ijhs.v7ns1.15143>
- Bokhour, B. G., Fix, G. M., Mueller, N. M., Barker, A. M., LaVela, S. L., Hill, J. N., Solomon, J. L., & Lukas, C. V. (2018). How can healthcare organizations implement patient-centered care? Examining a large-scale cultural transformation. *BMC Health Services Research*, 18(1). <https://doi.org/10.1186/s12913-018-2949-5>
- Breneol, S., Curran, J. A., Marten, R., Minocha, K., Johnson, C., Wong, H., Langlois, E. V., Wozney, L., Vélez, C. M., Cassidy, C., Juvekar, S., Rothfus, M., Aziato, L., Keeping-Burke, L., Adjorlolo, S., & Patiño-Lugo, D. F. (2022). Strategies to adapt and implement health system guidelines and recommendations: a scoping review. In *Health Research Policy and Systems* (Vol. 20, Issue 1). BioMed Central Ltd. <https://doi.org/10.1186/s12961-022-00865-8>
- De Winter, M. (2020). Reshaping health care governance using pilot projects as public policy implementation instruments The case of integrated care pilot projects for chronic patients in Belgium. *International Review of Public Policy*, 2(3), 317–341. <https://doi.org/10.4000/irpp.1422>
- DiGioia, A. M., Clayton, S. B., & Giarrusso, M. B. (2016). “What Matters to You?”: A pilot project for implementing patient-centered care. *Patient Experience Journal*, 3(2), 130–137. <https://doi.org/10.35680/2372-0247.1121>
- Ferla, J. B. da S., Araújo, C. M. de, Stechman-Neto, J., Tonocchi, R. de C., Krüger, S. I., & Berberian, A. P. (2022). Effect of the patient-centered care model on health professional satisfaction: a systematic review. In *Revista Gaucha de Enfermagem* (Vol. 43, Issue Special Issue). Universidade Federal do Rio Grande do Sul, Faculdade de Educacao. <https://doi.org/10.1590/1983-1447.2022.20210288.en>
- Fortune, T., O’ Connor, E., & Donaldson, B. (n.d.). *Guidance on Designing Healthcare External Evaluation Programmes including Accreditation 2015 International Accreditation Programme (IAP) ISQua Accreditation Guidance on Designing Healthcare External Evaluation Programmes including Accreditation*.
- Health Quality Ontario. (2012). *Quality Improvement Guide*. Queen’s Printer for Ontario.
- The University of Osaka Hospital. (n.d.). *Hospital Policy for Patient Safety and Quality of Care*. Retrieved April 16, 2025,

- from  
<https://www.hosp.med.osaka-u.ac.jp/english/outline/basicpolicy.html>
- International Society for Quality in Health Care. (2018). *Guidelines and Standards for External Evaluation Organisations* (5th ed.). ISQua.
- Janerka, C., Leslie, G. D., & Gill, F. J. (2023). Development of patient-centred care in acute hospital settings: A meta-narrative review. In *International Journal of Nursing Studies* (Vol. 140). Elsevier Ltd. <https://doi.org/10.1016/j.ijnurstu.2023.104465>
- Kaplan, R. S. (2010). *Conceptual Foundations of the Balanced Scorecard*. <http://ssrn.com/abstract=1562586>  
<https://ssrn.com/abstract=1562586>
- Katowa-Mukwato, P., Mwiinga-Kalusopa, V., Chitundu, K., Kanyanta, M., Chanda, D., Mbewe Mwelwa, M., Ruth, W., Mundia, P., & Carrier, J. (2021). Implementing Evidence Based Practice nursing using the PDSA model: Process, lessons and implications. *International Journal of Africa Nursing Sciences*, 14. <https://doi.org/10.1016/j.ijans.2020.100261>
- Lau, F., & Kuziemy, C. (2016). *Handbook of eHealth Evaluation: An Evidence-based Approach*. University of Victoria.
- Davis, D. L., Hercelinskyj, G., & Jackson, L. M. (2016). Promoting Interprofessional Collaboration: A Pilot Project Using Simulation in the Virtual World of Second Life. *Journal of Research in Interprofessional Practice and Education (JRIPPE)*, 6(2), 1–15. <https://doi.org/https://doi.org/10.22230/jripe.2017v6n2a225>
- Liang, Z., Howard, P., Wang, J., Xu, M., & Zhao, M. (2020). Developing senior hospital managers: Does “one size fit all”?-evidence from the evolving Chinese health system. *BMC Health Services Research*, 20(1). <https://doi.org/10.1186/s12913-020-05116-6>
- Liang, Z., Xu, M., Liu, G., Zhou, Y., & Howard, P. (2022). Patient-centred care and patient autonomy: doctors’ views in Chinese hospitals. *BMC Medical Ethics*, 23(1). <https://doi.org/10.1186/s12910-022-00777-w>
- McDonald, B. (2012). *A Review of the Use of the Balanced Scorecard in Healthcare*.
- Nash, D. B., Joshi, M. S., Ransom, E. R., & Ransom, S. B. (2019). *The Healthcare Quality Book: Vision, Strategy, and Tools* (4th ed.). AUPHA/HAP Book.
- Institute for Patient- and family-centered care. (n.d.). *Patient- and Family-Centered Care*. Retrieved April 9, 2025, from <https://www.ipfcc.org/about/pfcc.html>
- Centers for Medicare & Medicaid Services. (2023). *Person-Centered Care | CMS*. <https://www.cms.gov/priorities/innovation/key-concepts/person-centered-care>
- Powell, B. J., Fernandez, M. E., Williams, N. J., Aarons, G. A., Beidas, R. S., Lewis, C. C., McHugh, S. M., & Weiner, B. J. (2019). Enhancing the impact of implementation strategies in healthcare: A research agenda. *Frontiers in Public Health*, 7(JAN). <https://doi.org/10.3389/fpubh.2019.00003>
- Rodríguez Perera, F. de P., & Peiró, M. (2012). Strategic Planning in Healthcare Organizations. *Revista Española de Cardiología (English Edition)*, 65(8), 749–754. <https://doi.org/10.1016/j.rec.2012.04.004>
- Saw, P. S., Balqis-Ali, N. Z., Quek, K. F., Ahmad, B., Fun, W. H., Sararaks, S., & Lee, S. W. H. (2024). Organizational strategies in promoting person-centered primary care: A participatory concept mapping study. *International Journal of Healthcare Management*, 17(3), 517–527. <https://doi.org/10.1080/20479700.2023.2200604>

- Schoenfeld, E. M., Mader, S., Houghton, C., Wenger, R., Probst, M. A., Schoenfeld, D. A., Lindenauer, P. K., & Mazor, K. M. (2019). The Effect of Shared Decisionmaking on Patients' Likelihood of Filing a Complaint or Lawsuit: A Simulation Study. *Annals of Emergency Medicine*, *74*(1), 126–136.  
<https://doi.org/10.1016/j.annemergmed.2018.11.017>
- Showalter, J. S. (2017). *Taking a Systematic Approach to Hospital Policy Development*.  
<https://www.hfma.org/finance-and-business-strategy/strategic-planning/52107/>
- Taylor, M. J., McNicholas, C., Nicolay, C., Darzi, A., Bell, D., & Reed, J. E. (2013). Systematic review of the application of the plan-do-study-act method to improve quality in healthcare. *BMJ Quality & Safety*, *2014*(23), 290–298.  
<https://doi.org/10.1136/bmjqs-2013-001862>
- Victor Tabbush, by, Coulourides Kogan, A., Mosqueda, L., & Kominski, G. F. (2016). *Person-Centered Care: The Business Case*.
- Vijn, T. W., Wollersheim, H., Faber, M. J., Fluit, C. R. M. G., & Kremer, J. A. M. (2018). Building a patient-centered and interprofessional training program with patients, students and care professionals: Study protocol of a participatory design and evaluation study. *BMC Health Services Research*, *18*(1). <https://doi.org/10.1186/s12913-018-3200-0>