Evidence for FCC?

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“When I use a word, it means just what I choose it to mean – neither more nor less”

(Alice in Wonderland: Through the Looking Glass)

Family-centred care for hospitalised children aged 0-12 years (Review)

Shields L, Zhou H, Pratt J, Taylor M, Hunter J, Pascoe E

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Inclusion criteria

- RCT
- Admitted to hospital
- Children 0-12 years
- Implement FCC intervention
- FCC score > 26

Types of interventions could include:

- Environmental interventions as evidenced by collaboration with the family and/or child in the design or redevelopment of facilities to provide an environment that maximises parental involvement and enhances child recovery and/or convalescence, care-by-parent units, privacy areas;
- Family-centred policies which may include open visiting hours for siblings or extended family, parent participation in their child's care to the extent they choose (for example, feeding, bathing);
- Communication interventions could include parental presence and participation at daily interdisciplinary ward rounds and family conferences to plan future care, developing collaborative care pathways where both parent and/or child and health carer document issues and progress, reorganisation of health care to provide continuity of care-giver (such as, primary nursing), shared medical records, local hospital based interpreters;
- Educational interventions could include structured educational sessions for parents of technologically dependant children, continuing education programs to equip staff to provide care within a family-centred framework, preadmission programs;
- Family support interventions such as flexible charging schemes for poor families, referrals to other hospital or community services (such as, social workers, chaplains, patient representatives, mental health professionals, home health care, rehabilitation services), facilitating parent-to-parent support.

EXCLUDE … no clear evidence of collaboration between the family and/or child and health care provider in the planning and/or delivery of care. Such studies could include parental presence during health care procedures such as routine examinations, anaesthetic induction, venipuncture and post-anaesthetic recovery, bereavement team/protocols, because singular interventions such as parental presence without any collaboration, communication etc does not meet the holism of FCC.

Studies which examine parental presence for a singular procedure, for the same reason. As an example, parental presence for anaesthesia induction might occur in the OR, but there's nothing to say that the same hospital will let parents be involved in any other aspect of the child's care. Similarly, a study that examines parental presence for venepuncture is not studying FCC, rather it is only parental presence for a specific reason.

Appendix II Family-Centredness Score Assessment Form

Study ID (Author Surname Year): _____
Name of review author completing this form: _____
Date form completed: ____/____/_____

Q1
Does this study focus on family-centred care? YES NO

Q2
Does the model of family-centred care in this study score >42 based on criteria below? YES NO

	RATING				
13 Elements of FCC	0	1	2	3	4
Cluster 1: Family as a constant					
Family as a constant in child's life					
Recognising family strengths					
Parent/professional collaboration					
Needs-based family support					
Flexible provision of health care					
Sharing information with families					
Cluster 2: Culturally responsive					
Culturally competent health care					
Respecting family diversity					
Providing financial support					
Cluster 3: Supporting family individuality & need for different types of family support					
Respecting family coping methods					
Providing emotional support					
Family-to-family support					
Attending to the developmental needs of children and families					
TOTAL SCORE	**/ 52 (100%)**				

Trivette CM, Dunst CJ, Allen S, Wall L. Familycenteredness of the Children's Health Care Journal. *Children's Health Care* 1993;**22**(4): 241–56.

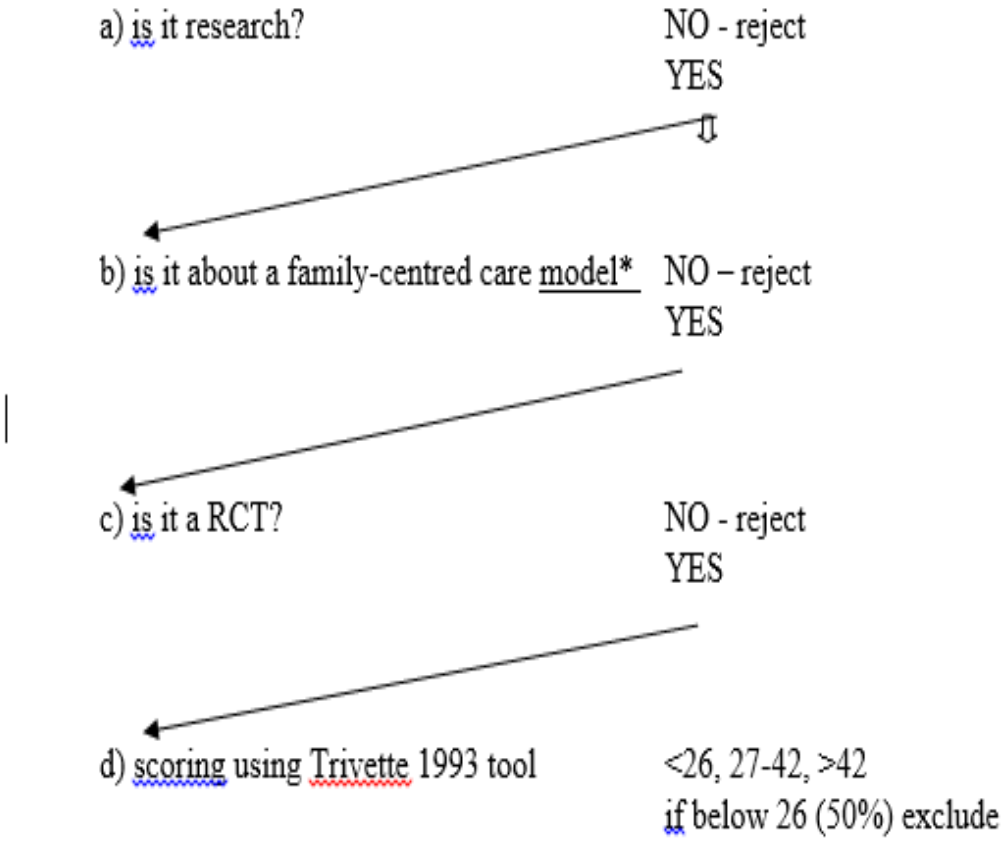
To assess quality, used Cochrane Risk of Bias assessment tools

(Higgins JPT, Green S (editors). *Cochrane Handbook for Systematic Reviews of Interventions Version 5.0.2 [updated September 2009]*. 5.0.2. Oxford: The Cochrane Collaboration, 2009)

Screening process for studies:

1. searches using defined strategies (MT, LS)

2. screening via title and abstract: (LS, JP, JH, HZ)



If studies has been able to be included, then JP and LS would have extracted data. HZ would have entered them into Revman and EP undertaken the analysis.

**as opposed to single intervention, process etc: as per inclusion and exclusion criteria*

Family-centred care for hospitalised children aged 0-12 Years: A systematic review of quasi-experimental studies

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Executive summary

Background

Family-centred care is 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. It is a widely used model in paediatrics, and is felt instinctively to be the best way to provide care to children in hospital. However, its effectiveness has not been established.

Objectives

The objective of this review was to identify the effectiveness of family-centred models of care for children (excluding premature neonates) when compared to standard models of care.

Family-centered care for hospitalized children aged 0-12 years: a systematic review of qualitative studies

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Executive summary

Background

The foundation for a family-centered approach to pediatric health care is the belief that a child's emotional and developmental needs, and overall family wellbeing are best achieved when the service system supports the ability of the family to meet the needs of their child by involving families in their child's care. There are a range of potential benefits and difficulties associated with the provision of family-centered care, e.g. role negotiation, parental expectations in regard to participation in their child's care, and issues relating to power and control. Currently, however, there is limited systematic information on how the principles of family-centered care are implemented in the delivery of care to the hospitalized child and their family, and the impact on the family and the health care providers.

- Cochrane – 1 study – Bolton CM. An evaluation of the quality of different forms of early postoperative care in children following tonsillectomy. **Unpublished** PhD thesis, University of Melbourne 2004.

- JBI quasi-experimental – 1 study - Kuntaros S, Wichiencharoen K, Prasopkittikun T, Staworn D. Effects of family-centred care on self-efficacy in participatory involvement in child care and satisfaction of mothers in PICU. Thai J Nurs Res. 2007;11(3):203-13

JBI qualitative studies – 14 included - Six synthesized findings from the experiences and perspectives of parents and three from those of health care providers were derived from a total of 29 categories and 84 findings.

Common themes in the synthesized findings from both groups, e.g. the value of parents being with their child and continuing the "mothering" role, recognition of the barriers to implementing family-centered care.

However role negotiation around parents' participation could prove difficult or non-existent.

Parents' experiences with staff in terms of interpersonal skills and communication were both positive and negative.

Conclusions

… parents wish to participate in their hospitalized child's care. However the nature and extent of this involvement has to be negotiated on an individual family basis. Although it appears that nurses and other health care professionals have a reasonably good understanding of the elements that constitute family-centered care, incorporation of these into practice is not uniform. The difficulty is that the changes required challenge professional power.

Is there an alternative?

CHILD-CENTRED CARE

Bernie Carter and Karen Ford,
2014

Child centred-care

"CCC means that children and their interests need to be at the centre of our thinking and our practice" *Carter et al. 2014, p25*

FCC sets parents at the centre of the child's admission

“sacred cows make the best hamburgers”

by A. Nonymous

New collaboration to test CCC

Australia:

- Dr Mandie Foster
- A/Prof Diana Arabiat
- Dr Karen Ford
- Prof Philip Darbyshire
- Prof Steve Campbell
- Prof Linda Shields

Denmark: Dr Anne Broedsgaard

Iceland: Prof Gudrun Kristjánsdóttir

Ireland: Prof Imelda Coyne

Jordan: Dr Mohammad Al-Motleq

Sweden:

- Prof Inger Hallström
- A/Prof Maja Söderbäck

Turkey: Prof Hicran Çavuşoğlu

UK:

- Prof Bernie Carter
- Dr Barbara Elliott
- Prof Veronica Swallow
- A/Prof Sarah Neill
- Dr Jo Smith

USA: Prof Ronnie Feeg