Evidence for FCC?

Linda Shields MD (Research), PhD, FACN, FAAN
Professor of Rural Health
Faculty of Science
Charles Sturt University
Bathurst, NSW
and
Honorary Professor, School of Medicine,
The University of Queensland
Brisbane
Australia
“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)


THE COCHRANE COLLABORATION®
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**

<table>
<thead>
<tr>
<th>13 Elements of FCC</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**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%) |
Screening process for studies:

1. **searches** using defined strategies (MT, LS)

2. **screening** via title and abstract: (LS, JP, JH, HZ)
   
a) **is it research?**
   
   NO - reject
   
   YES
   
   b) **is it about a family-centred care model?**
   
   NO - reject
   
   YES
   
   c) **is it a RCT?**
   
   NO - reject
   
   YES
   
   d) **scoring using Trivette 1993 tool**
   
   <26, 27-42, >42
   
   if below 26 (50%) exclude

If studies has been able to be included, then JP and LS would have extracted data. HZ would have entered them into Rexman 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

Linda Shields MD, PhD, FAON, 1, 2
Huaxiong Zhou MCN, BSc, RN, 2
Marjory Taylor B App Sci; BA 3
Judith Hunter BEd, MA; BSc(Hons); RGN; RSCN; RNT; Cert Ed 4
Alca Munns RN RM CHN (Cert) BSc (Nursing) Master (Nursing) FACN 5
Robin Watts AM PhD MHSc  BA DipEd RN FACN 6

1. Tropical Health Research Unit, School of Nursing, Midwifery and Nutrition, James Cook University, Townsville; and School of Medicine, The University of Queensland; and WACEHP, A Collaborating Centre of the Joanna Briggs Institute
2. School of Nursing and Midwifery, Curtin University; WACEHP, A Collaborating Centre of the Joanna Briggs Institute
3. Library and Information Services, Child and Adolescent Health Service Princess Margaret Hospital, Western Australia.
4. Nursing and Quality, City Hospitals Sunderland NHS Foundation Trust, Sunderland, UK
5. School of Nursing & Midwifery, Curtin University, Perth, Western Australia
6. WACEHP, Curtin University Bentley WA Australia and Princess Margaret Hospital for Children, Subiaco WA Australia, a collaborating Centre of the Joanna Briggs Institute, School of Nursing and Midwifery, Curtin University, Perth, Western Australia

*Corresponding author linda.shields@jcu.edu.au

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

Robin Watts, AM, PhD, MHS, BA, DipNEd, RN, FACN
Huaxiong Zhou, MCN, DOc, RN
Linda Shields, MD, PhD, FACN
Marjory Taylor, BAppSci, BA
Alisa Munns, RN, RM, CHN (Cert), BSc (Nursing), M (Nursing), FACN
Irene Ngumi, MPH, BSc

1. School of Nursing and Midwifery, Curtin University, Western Australia, West Australian Centre for Evidence Informed Healthcare Practice (WAHEIP): a Collaborating Centre of the Joanna Briggs Institute
2. Tropical Health Research Unit, School of Nursing and Nutrition, James Cook University, Townsville, and School of Medicine, The University of Queensland, Queensland
3. Library and Information Service, Child and Adolescent Health Service, Princess Margaret Hospital, Western Australia
4. School of Nursing and Midwifery, Curtin University, Western Australia
5. Department of National Drug Research Institute, Curtin Health Innovation Research Institute, Curtin University, Western Australia

Corresponding author:
Robin Watts
r.watts@curtin.edu.au

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 well-being 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.

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”
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 Kristjánsson

**Ireland:** Prof Imelda Coyne

**Jordan:** Dr Mohammad Al-Motleq

**New Zealand:** Dr Annette Dickinson

**Sweden:**
- Prof Inger Hallström
- A/Prof Maja Söderbäck

**Turkey:** Prof Hicran Çağuşoğlu

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

**USA:** Prof Ronnie Feeg