



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

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Patient- and Family-Centered Care and the Role of the Emergency Physician Providing Care to a Child in the Emergency Department

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ABSTRACT

Patient- and family-centered care (PFCC) is an approach to health care that recognizes the role of the family in providing medical care, encourages collaboration between the patient, family, and health care professionals; and honors individual and family strengths, cultures, traditions, and expertise. Although many opportunities exist for providing PFCC in the emergency department, several challenges are also present. The American College of Emergency Physicians supports the following: promoting patient dignity, comfort, and autonomy; recognizing the patient and family as key decision makers in the patient's medical care; recognizing the patient's experience and perspective in a culturally sensitive manner; acknowledging the interdependence of child and parent as well as the pediatric patient's evolving independence; encouraging family member presence; providing information to the family during interventions; encouraging collaboration with other health care professionals; acknowledging the importance of the patient's medical home; and encouraging institutional policies for PFCC.

Key words: patient and family-centered care, family-centered care, family member presence, cultural sensitivity, pediatric patient's medical home.

INTRODUCTION

Patient- and family-centered care (PFCC) is an approach to health care that recognizes the integral role of the family and encourages mutually beneficial collaboration among the patient, family, and health care professionals. PFCC ensures the health and well-being of children and their families through a respectful family-provider partnership. It honors the strengths, cultures, beliefs, values, traditions, and expertise that all members of this partnership bring to the relationship. PFCC is a practice that results in high-quality services.¹ PFCC embraces the concepts that 1) we are providing care for a person, not a condition; 2) the patient is best understood in the context of his or her family, culture, beliefs, values, and goals; and 3) honoring that context will result in better health care, safety, and patient experience.

BACKGROUND

Although many opportunities exist for providing PFCC in the emergency department (ED), significant challenges are also present in doing so.² Overcrowding and acuity in the ED may result in delay or disruption of care, challenging the ability of ED staff to provide care that is seen as respectful and sensitive to patient wishes. The lack of a prior relationship between patient/family and health care professionals and the stress of an emergency visit can also make it difficult to create an effective patient-provider partnership. The many cultural and societal variations in family structure among families can increase the difficulty in identifying a child's legal guardian(s). Situations unique to the ED, such as the arrival of a child by ambulance without family, the unaccompanied minor seeking care without the knowledge of family, visits related to abuse or violence, time-sensitive invasive procedures including resuscitation efforts, and the unanticipated death of a child can further affect delivery of effective PFCC and require thoughtful advanced planning.³⁻⁵ The goal of PFCC is to allow for respect for the privacy of the patient and acknowledgment of the pediatric patient's evolving independence, especially with regard to reproductive issues.

Communication between health care professionals in the ED and the child's medical home or a community-based accessible primary care physician who offers coordinated, comprehensive, continuous, culturally effective care⁶ will enhance support of PFCC in the ED. Furthermore, recognition of patient and family needs both within the ED and at home may include additional resources such as language and interpretation services, social services, and case management care coordination. Informed shared decision making among patients, family members/guardians, and providers should be a primary goal in providing caring, thoughtful, culturally sensitive care.

Family member presence during invasive procedures including resuscitation efforts has been recommended in a statement by the Ambulatory Pediatric Association,² which was endorsed by the American Academy of Pediatrics (AAP) in November 2004.^{7,8} It is also well established that parent presence with less invasive procedures (IV placement, laceration repair, lumbar puncture, fracture reduction etc.) may actually improve the care provided. Studies have shown that most parents observe quietly from a distance and they rarely interfere with medical care.⁹⁻¹¹

PFCC includes engaging the family to help prepare the child for minor procedures, either with the assistance of child-life specialists, or other ED providers with experience in this realm. Consistent preparation, positioning, and distraction, in conjunction with parental input, provide the foundation for enabling the child to best cope with minor procedures. In addition, addressing these issues can help significantly alleviate pain and anxiety, resulting in better care, as well as enhanced family and staff experience.¹²

The AAP and American College of Emergency Physicians have a long tradition of supporting PFCC and have issued independent and joint policy statements in the past.^{13,14} This policy statement addresses the particular challenges in, and opportunities for, providing PFCC in the ED setting and is in concert with and as an adjunct to earlier statements.

RECOMMENDATIONS

The American College of Emergency Physicians supports the following:

1. Knowledge of the patient's experience and perspective is essential to practice culturally effective care that promotes patient dignity, comfort, and autonomy.
2. The patient and family are key decision makers regarding the patient's medical care.
3. The interdependence of child and parent, patient and family wishes for privacy, and the evolving independence of the pediatric patient should be respected.
4. The option of family member presence should be encouraged for all aspects of ED care.
5. Information should be provided to the family during interventions regardless of the family's decision to be present or not.

6. PFCC encourages collaboration with other health care professionals along the continuum of care and acknowledgment of the importance of the patient's medical home to the patient's continued well-being.
7. Institutional policies should be developed for provision of PFCC through environmental design, practice, and staffing in collaboration with patients and families.

An earlier version of this policy statement has been approved by the American College of Emergency Physicians Board of Directors and the American Academy of Pediatrics Board of Directors.¹⁵

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