Family-Centered Prehospital Care: Partnering With Families to Improve Care

"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 Family-Centered Care [a]?

Family-centered care is a systematic approach to building collaborative relationships between health care professionals and families[b] that uses those relationships to assist in providing quality EMS care and promoting overall community health and safety. It acknowledges and uses the family's knowledge of their family member's condition and their skills in communicating with and caring for their family member. It emphasizes the importance of keeping family members informed about their loved one's condition, prognosis, and treatment. Family-centered care encourages family presence during procedures and the inclusion of family representatives on committees and advisory councils designed to guide health care organizations and create public policy. Family-centered Prehospital Care embraces family-centered care principles during on-scene treatment, transport, and transition of care to in-hospital health care providers.

The goal of family-centered care is to achieve the best possible outcome for children, and all other patients, through *mutually beneficial* collaboration of health care professionals and family members. Families desire to be kept informed, to have their questions answered and to participate in their loved one's care. They generally object to processes that make them feel helpless, uninformed or uninvolved. Patients generally want to feel assured that they are receiving the care and treatment they need and desire to be comforted and supported by their families during care. Meeting the family's needs can help reduce patient and family anxiety. It is a part of good patient care that can make our jobs easier!

Partnering With Families

Tips for Providing Family-Centered Prehospital Care

Team [c.] Safety: Team safety should always be your first concern. Establish and follow local guidelines for scene safety on all calls. Assure that *all* vehicle occupants wear appropriate restraints *whenever* possible. Do not permit a child to be transported in a caregiver's lap or arms. If possible, avoid transporting non-patient children by ambulance. Assure that movable equipment is secure during transport. Provide the NHTSA-EVOC [d.] program to all persons with ambulance driving responsibilities. Provide family members who will drive themselves with directions including the need to obey traffic laws. Provide a map to the receiving facility that shows parking, how to find their family member, and phone numbers in case they get lost.

Team Communication: Identify a team member to interact with family members on each call. Let the family know who that person is, and when that person changes. Make eye contact when speaking. Identify yourself by name, and ask patients and family members how they would like to be addressed. Use courtesy titles (Mr. Mrs. etc.) and avoid slang terms. Communication should be consistent and constant throughout the incident. Explain equipment and procedures in clear, factual terms (what you're doing and why you are doing it), avoiding jargon and technical terms. Be aware of individual differences in ability to understand, but do not assume that family members cannot understand explanations. Watch for verbal and non-verbal cues from families about the amount of information they want and whether they understand what you are telling them. Know that it is acceptable to say "I don't know", but follow that answer with "we will do everything we can to reach the best possible outcome for your child." Acknowledge feelings, offer support (how can I help you?) and express empathy when appropriate. Allay guilt by calling attention to something the family has done right. Maintain a calm professional demeanor; avoid matching emotional responses from family members. Avoid confrontations with other health care providers in the presence of patients or family members.

Family Presence [e.] and Participation During Prehospital Care: Provide family members with options whenever possible. Helping families to restore a sense of control can decrease patient and family member anxiety and combativeness. Allow a family member to accompany the patient in the ambulance when possible. Allow a family member to remain with the patient during transport when possible. Use the family as a source of assistance to patient care by providing information (pertinent history, normal level of consciousness, special developmental concerns, dominant hand, best known IV site, etc.) and comfort (hold the patient's hand, reassuring the patient, singing a favorite song, comforting the patient during procedures, etc.).

Family Presence and Participation During Transfer of Care: Be diligent in meeting the family's information needs. Introduce the patient and the family to the health care professional receiving the patient and identify a transition team member to the family. Give the family the option to listen to your prehospital care report. Talk to the family before you leave and explain the outcome of your care with clear, honest dialogue. Say goodbye to the family.

Tips for Providing Family-Centered Prehospital Care

Be aware of cultural differences that can affect delivery of care: Cultural competency [f.] can positively affect patient care. Prehospital providers may come in contact with multi-cultural families with diverse health beliefs, customs and practices. Many of these practices include alternative remedies and treatment methods that may seem foreign. Recognizing and appropriately responding to these practices may impact care. Acknowledge unusual practices without judgment, discuss them with families at the scene, or during transport and report them on the patient report. Develop procedures to overcome language barriers and effectively communicate with culturally diverse segments of your community. Avoid using children as interpreters when possible; this is considered inappropriate in some cultures.

Identify and visit families of children with special health care needs in your response area: Provide the *Emergency Information Form* (EIF) [g.] and encourage its use. Develop protocols that address how to deal with in-home equipment and procedures that are outside your scope of practice. Develop policies on advanced directives for withholding or terminating prehospital resuscitation efforts. Be prepared to direct families to resources for mental health support following fatalities or other serious incidents. Support programs that bring mental health professionals to the scene.

Take Care of Yourself: Personalizing care, especially for critically ill children, increases stress. Establish a program to maintain employee mental health. Know your own limitations. Learn to recognize the signs of stress. Physical signs include fatigue, insomnia, nightmares, exhaustion, headache, and digestive disorders. Cognitive signs include flashbacks and difficulty concentrating or solving problems. Emotional reactions include fear, guilt, depression, anger and over sensitivity. Know that these are painful but normal reactions to stressful events. There are things you can do to feel better. Alter activity levels (exercise/relax), structure your time to keep busy, and spend time with others. Eat well but avoid alcohol, don't make big life changes, but do continue making daily decisions. Seek assistance from your organization's critical incident stress management [h.] team or mental health professional.

Involve Family Members in Local EMS Training Programs: Provide programs in your community to help prevent or reduce the extent of injury such as bike helmet programs, child safety seat programs, and bystander care programs. Teach Emergency Medical Technicians (EMTs) at all levels the value of family participation for themselves and families by involving family members, including patients, parents and siblings, in training programs. Seek family member participation on committees and advisory councils designed to guide health care organizations and create public policy. Provide orientation and support for family representatives to help them fully participate. Use customer feedback programs to identify local EMS consumers with interest in sharing their experiences. Work with the local primary care community to identify families of children with special health care needs in your community that are potential EMS consumer-educators. Involve local hospice programs and organ procurement programs in continuing education classes. Encourage other local EMS training programs to incorporate family-centered care practices into their elective curriculums.

Definitions

a. Family-Centered Care- an approach to care characterized by *mutually beneficial* collaboration between patient, family, and health professional. Family-centered care acknowledges that families are the constant in their child's life and that they bring important strengths to their child's health care experiences.

b. Family- a fundamental societal group of two or more people who share goals and values, have an established, mutual relationship to one another, and usually reside in the same place.

c. Team- a group on the same side, a group organized to work together. In the context of family-centered care, the prehospital health care team includes all members of the EMS care continuum, the patients, and their family members.

d. NHTSA-EVOC- the National Highway Traffic Safety Administration-Emergency Vehicle Operator Course (Ambulance). It is based on the 1991 U.S. Fire Administration course, but focuses on ambulance operation only. The course is available on CD-ROM at no charge from NHTSA [http://www.nhtsa.gov].

e. Family Presence- providing family members *the option* to be present during emergency and critical care interventions including medical transportation, and providing sufficient, appropriate support to families exercising that option.

f. Cultural Competency- a set of values, behaviors, attitudes, and practices within a system, organization, program, or among individuals that enables them to work effectively across cultures. It refers to the ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of children and families receiving emergency medical care, as well those of the staff who are providing such services. Cultural competence is a dynamic, ongoing developmental process that requires a long-term commitment and is achieved over time.

g. Emergency Information Form (EIF)- a form developed jointly by the American Academy of Pediatrics and the American College of Emergency Physicians. Its purpose is to help assure prompt and appropriate care for Children with Special Health Care Needs who frequently present to health care providers with no information describing their medical history, physical findings, and unique management requirements. The form can be useful for other patients as well. It is downloadable as an Adobe Acrobat PDF file from either [http://www.aap.org] or [http://www.acep.org].

h. Critical Incident Stress Management (CISM)- an integrated system of services and procedures designed to prevent, mitigate, and assist in recovery from traumatic stress.

For Further Reading

- Working With Families to Enhance Emergency Medical Services for Children by BJ Johnson and Ken Williams (available on-line at [www.ems-c.org]
- Culture-Centered Counseling Interventions by Paul B. Pedersen
- Developing Cross-Cultural Competence by Eleanor Lynch & Marci Hanson
- Critical Incident Stress Debriefing by Jeffrey Mitchell & George Everly
- Bridging the Gap: How to Communicate with Pediatric Patients and Their Families by Katherine Shaner (JEMS, March, 1997).

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