

Patient and Family Centered Care & What Matters To You

Resource Portfolio

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The purpose of this portfolio is to compile helpful resources on the topic of Person and Family Centered care (PFCC), specifically the “What Matters To You” initiative, in one location for health care professionals to draw upon in their educational pursuits.

These resources have been organized by topic (PFCC vs What Matters To You) and then grouped in like categories (i.e. articles, courses, etc.). I have included an array of resources that are in varied forms (Written, Video, Podcast, etc.) as well as variation in length and complexity in order to make it more accessible to a greater number of people, depending on their needs.

Although there were many lessons I learned while compiling this portfolio I have summarized the most impactful learnings below:

### **PFCC:**

- Benefit of incorporating the 4 PFCC Values into all of our workplace interactions
- Working in partnership with our patients and families and co-producing care is essential to building strong relationships.
- Must evolve current systems of care and healthcare culture to incorporate PFCC.
- Leadership needs to support initiatives for them to be successful in the long term.

### **WMTY:**

- There is a lot of information on WMTY initiatives, however, not very much specific to the pediatric population (my focus area).
- Staff were often concerned that asking WMTY would unearth problems they couldn't fix, however in practice this was not a problem.
- Staff often adapted the WMTY wording to fit their clinical environment.
- Patients found that 100% of the time it was helpful to be asked WMTY.
- Using real patient stories and examples can help with implementation, culture shifting and change management of this new initiative.

The next step in my directed study will be to use this portfolio as a reference when creating the education and implementation plan for the “What Matters To You” initiative for my clinical care area. I have learned so much in terms of background of WMTY, challenges with implementation and the success to be had from these programs. My last directed study assignment will be a proposal to my director, Trish Page, at BC Children's Hospital with my plans for a WMTY initiative.

## **Patient and Family Centered Care (PFCC) Research**

**Institute for Healthcare Improvement (IHI) course: PFC 101: Introduction to PFCC.  
Lesson 1: What is PFCC**

**Purpose:**

This course helps inform the learner about what PFCC is. It starts with patient-provider models then moves into the 4 key concepts of PFCC and finishes with explaining the patient partnership model and co-producing care. This is an American course that is free to students.

**Usefulness & Audience:**

This course is applicable and easy to access both technically and with regards to terminology/content. This resource is targeted at health care staff and students working directly with patients and families.

**Take-away points:**

- The benefits of working from a patient partnership model of care where services are co-produced by pt and provider. Providers must look at patients as people.
- Integrating the 4 key concepts of PFCC into practice (respect and dignity, information sharing, participation and collaboration)

**IHI course: PFC 101: Intro to PFCC  
Lesson 2: Understanding patients as people**

**Purpose:**

This course is intended to help providers shift their view from “patients” to people.

**Usefulness & Audience:**

This lesson provides an accessible venue for health care staff and students to change their thinking around how to approach patients as people. There is a lot of great material covered in this lesson that will help inform an approach for direct patient and family care providers. This resource is also useful for educators.

**Take-away points:**

- Discussion of agency-bias and Implicit bias, culture, faith, compliance and trust in institutions/providers based on history.
- Reminds us that providers are people too
- Provides us with steps to improve interactions with patients: Pause to notice implicit bias, empathize and practice humility.

**IHI course: PFC 101: Intro to PCC  
Lesson 3: Skills for patient/provider partnerships**

**Purpose:**

This course provides skills direct care providers can use to incorporate PFCC into their practice.

**Usefulness & Audience:**

This lesson gives applicable skills that direct patient and family care providers can use in their day to day practice to integrate PFCC.

**Take-away points:**

- Providers must use empathy to convey their support to patients (this can be trained).
- Providers must establish trusting partnerships with their patients (list of ways to achieve this included).
- Assist patients to be in control of their own information (including description of “ask-tell-ask” and brief action planning).

**IHI Course:**

**PFC 102: Key dimensions of pt and family centered care**

**Purpose:**

This course describes the attributes of pt and family centered care as well as how to incorporate them into a health care setting.

**Usefulness & Audience:**

This course uses impactful patient and family stories to exemplify how to incorporate patient and family centered care into practice. This course would be beneficial for direct care staff, leadership or educators.

**Take-away points:**

- Includes the 4 core concepts of PFCC and how to apply them. Gives ideas on how your organization can involve pt’s in redesigning care.
- Introduces the concept of “What Matters to You” (WMTY).
- Gives examples of questions you can ask patients to help learn about their health priorities.

**IHI Course: PFC 103: Incorporating mindfulness**

**Purpose:**

This course is intended to help clinicians draw attention to their mental state and need for mindfulness. They explain that this helps with self-care for the provider and benefits their patient and family relationships. The course explains the benefits of using mindfulness and some ways to incorporate this into clinician practice.

**Usefulness & Audience:**

This course is incredibly useful for anyone working with patients or families in their career. It provides a brief introduction to mindfulness from the perspective of health care professionals and is targeted at direct patient care staff.

**Take-away points:**

- As a clinician you need to practice self-care due to the emotional and physical nature of work.
- Mindfulness can be both formal and informal.
- Clinicians can integrate purposeful pauses into their practice and be mindful of the impact of increased technology on their care.

**IHI Course: PFC 201: A Guide to Shadowing: Seeing Care Through the Eyes of Patients and Families**

**Purpose:**

This course outlines the process and purpose of shadowing when looking at health care system changes.

**Usefulness & Audience:**

This course outlines why we would shadow along with how to specifically take on a shadowing project. It gives specific step by step instruction as to how to shadow. This course is meant for educators and leadership looking to take on systems change while incorporating Patient and Family experience.

**Take-away points:**

- Reinforces the importance of looking at health care systems and processes from the perspective of the patient and family.
- Incorporates the patient and family as part of the re-design team.
- Explains how shadowing encourages empathy.

**Online resources- Canadian Foundation for Healthcare Improvement (CFHI) and Institute for Patient and Family Centered Care (IPFCC) websites**

**Purpose:**

CFHI: Grow promising innovations in the areas of mental health and home care.  
IPFCC: Provides education around Person and Family centered care

**Usefulness & Audience:**

CFHI: This website is useful for informing healthcare professionals about what initiatives are available across Canada, specifically for targeted populations.

IPFCC: Has general information that is useful for healthcare providers who are both inexperienced and experienced in the field of PFCC.

**Take-away points:**

CFHI:

- Provides extensive lists of resources, educational materials and innovations for providers that work with older adults and patients accessing mental health services.

IPFCC:

- Provide many different educational opportunities (both paid and free). These include their international conference (every 2 years), webinars, leadership forums and the “better together” campaign.
- There are many resources and services that the IPFCC provides. There are varied levels of information depending on your knowledge level and need. This is a great place to start when you want more information on PFCC.
- They also have varied formats for their resources that will meet many different professionals needs (videos, books, webinars)
- Particularly useful resources:
- Booklet: “Advancing the practice of pt and FCC in hospitals. How to get started...”
- Video: “What is PFCC”

**IPFCC conference sessions (Sessions only available to attendees of the conference)**

**1. A Patient revolution for careful and kind care for all-Dr Victor Montori**

**Purpose:**

This session showcases Dr Victor Montori and his work with shared decision making and the pt revolution.

**Usefulness & Audience:**

Dr Montori provides a clear picture of some of the challenges with today’s health care environment and how it is currently not patient centered. This presentation is useful for direct patient care clinicians, leadership team, educators or patient advocates.

**Take-away points:**

- The most important take-away from this presentation is the idea of having unhurried conversations with patients and families. This does not need to mean longer conversations, but instead a change in our rhythm and approach to these interactions.

- The need for clinicians to not get preoccupied with the data points and electronic charting, etc. when interacting with patients.
- The need to evolve current systems of care.
- That we must be providing careful and kind care for all.
- That we should be working to create a community for caring.

## **2. Partnering with purpose: Embedding Lived experiences in standards and Assessments- Heather Thiessen, Helene Campbell and Sylvie Lachapelle**

### **Purpose:**

This session explains how people centered care requires a culture change at the system, organization and direct care levels.

### **Usefulness & Audience:**

This session provided an explanation about what people centered care entails, what this means for standards and assessments and how to engage patients and families. It is useful for direct care staff, patient and family advocates, leadership and educators.

### **Take-Aways:**

- People centered care entails people feeling empowered with their care and patient/families being active participants.
- Includes “What Matters To You”.
- PFCC needs to be incorporated into the principles, include patients and families in co-designing care.
- Patients and families are a part of the team, patient partners enhance the work that we do.

## **3. Recognizing extraordinary nurses: Why meaningful recognition matters to Patients and their families- Cindy Lefton and Amy Kratchmanx**

### **Purpose:**

This session explains the benefits of meaningful recognition of nurses in relation to patients and families.

### **Usefulness & Audience:**

This session is useful for clinicians and leadership looking to implement programs to meaningfully recognize nursing staff.

### **Take-aways:**

- Human connection in healthcare includes connections between patients, families and between healthcare workers.

- Our healthcare environments must combat innate vulnerability, uncertainty, complexity and ambiguity.
- Elements of a healthy work environment: Skilled communication, true collaboration, Effective decision making, appropriate staffing, authentic leadership, meaningful recognition.
- Daisy foundation/award- Specifically set up to recognize nurses for extraordinary work worldwide.

## **Article Reviews**

1. **Lloyd, B., Elkins, M., & Innes, L. (2018). Barriers and enablers of patient and family centred care in an Australian acute care hospital: perspectives of health managers. *Patient Experience Journal*, 5(3), 55-64.**

### **Purpose:**

This article provides background information about the challenges and aides in implementing a PFCC approach in practice.

### **Usefulness & Audience:**

This article clearly outlines the barriers and enablers in using a PFCC approach in an acute care setting. This article is beneficial for leadership of direct care workers who are looking to implement or enhance their team's PFCC approach.

### **Take-away Points:**

- Barriers include: Staff time constraints, workload and attitudes
  - Enablers include: Leadership support, staff satisfaction, formal processes, staff diversity and health professional values and role expectations.
  - A leader can use the learnings from this paper and integrate them into their change management plan for a smoother process rollout.
2. **Kelly, M. M., Xie, A., Li, Y., Cartmill, R., Cox, E. D., Brown, R. L., . . . Carayon, P. (2019). System factors influencing the use of a family-centered rounds checklist. *Pediatric Quality & Safety*, 4(4), e196-e196. doi:10.1097/pq9.000000000000196**

### **Purpose:**

The article describes a study in which a checklist is introduced in order to facilitate clinician rounding from an FCC perspective, also termed Family Centered Rounds (FCR).

### **Usefulness & Audience:**



This article clearly outlines the use of Family Centered Rounds in an intensive care unit setting. There are aspects that could be applicable to many healthcare settings and beneficial to direct care clinicians, educators and leadership.

**Take-away points:**

- Staff checklist training was conducted at the beginning and then yearly with all senior residents and physicians.
- An 8-item checklist was utilized: Ensure nurse is present, check family preference for rounds, introductions, discuss assessment and plan with family, ask family for questions, ask team for questions, read back orders.
- Barriers to FCR implementation: Time constraints and issues organizing the team at the bedside. Users not understanding an item on the list or it the item appears too repetitive.

3. **Lewis, Elizabeth H. MEd A Culture Shift: Principles and Values of Patient and Family-Centered Care Changing the Patient and Provider Experience, Anesthesia & Analgesia: June 2013 –Volume 116 - Issue 6 - p 1191-1192 doi: 10.1213/ANE.0b013e3182884484**

**Purpose:**

This article describes how far many institutions have come in terms of using a PFCC approach with patients and families.

**Usefulness & Audience:**

This article provides leadership with ideas on how to approach changes using a PFCC approach by incorporating its' 4 values.

**Take-away points:**

- Incorporate PFCC values into your everyday practice.
  - Language is crucial in building relationships and partnerships with patients and families.
  - Adopting this approach can improve safety, reduce infection rates and improve discharge instructions.
  - Engaged, educated families can contribute to improved clinical outcomes.
  - Culture starts at the very beginning of a staff members career with the organizations. Ex of Pittsburgh Children's incorporating PFCC questions into interview.
4. **Abraham, M., & Moretz, J. G. (2012, January-February). Implementing patient- and family-centered care: part I--understanding the challenges. *Pediatric Nursing*, 38(1), 44+. <https://link-galecom.ezproxy.library.ubc.ca/apps/doc/A281682611/HRCA?u=ubcolumbia&sid=HRCA&xid=7a74835a>**

**Purpose:**

This article explains the challenges involved in implementing a PFCC approach. They use a pediatric setting as their example.

**Usefulness & Audience:**

This article was immensely helpful in understanding what to expect in terms of challenges with implementation of PFCC. It would be useful for educators and leadership team members who are working towards implementing this approach with their team.

**Take-away points:**

- For implementation leadership will need to address attitudinal and organizational barriers (Article goes into specific examples of these).
  - Family is described as the constant in the child's life and family participation is encouraged.
  - Change is challenging for some clinicians (going from a provider centered approach to PFCC approach).
  - Need current policies and organizational commitment to the change.
  - Leadership can look at roles for nurses (in article) to help explain the specifics of implementation.
5. Moretz, J. G., & Abraham, M. (2012, March-April). **Implementing patient- and family-centered care: Part II--strategies and resources for success.** *Pediatric Nursing, 38*(2), 106+. <https://link-gale-com.ezproxy.library.ubc.ca/apps/doc/A288688193/HRCA?u=ubcolumbia&sid=HRCA&xid=d45d4e05>

**Purpose:**

This article is the second in the series on Implementing PFCC. It provides strategies and resources for the execution of integrating a PFCC approach.

**Usefulness & Audience:**

This article gives practical strategies for introducing a PFCC approach to a department. They explain the benefits of its use and the different organizational levels that are required for success.

**Take-away points:**

- Include 3 broad strategies for implementation:
  1. Educating oneself and a team in detail about PFCC
  2. Educating others in the unit or hospital to broaden awareness and understanding
  3. Involving leadership in creating the infrastructure to sustain and grow PFCC

- Outcomes are improved and experience of care enhanced when patients and families are involved.
- Must be committed to this process so change is sustained over time
- Need Visionary leadership, commitment to changing culture and embracing families as partners.
- Leaders must understand the value of patients and families as partners.
- Focus on staff who have an interest in PFCC when starting implementation.
- Understand this will be an ongoing process of change and will require continued learning and development.

## **“What Matters To You” (WMTY) Research**

### **Institute for Healthcare Improvement (IHI)**

**<http://www.ihl.org/Topics/WhatMatters/Pages/default.aspx>**

#### **Purpose:**

This area of the IHI website houses many WMTY resources. They include:

- What Matters to You? Global Movement
- What Matters to You? (Health Improvement Scotland)
- What Matters to You? (BC Patient Safety and Quality Council)
- Stories by In Search of Mangomoments
- Video clip: "11-Year-Old Girl Grants Wishes to Nursing Home Residents"
- "What Matters" to Older Adults? A Toolkit for Health Systems to Design Better Care with Older Adults (IHI Age-Friendly Health Systems) \*Reviewed below
- "What Matters to You?" Conversation Guide for Improving Joy in Work (IHI)
- Maureen Bisognano: How WMTY Started (Danish Society for Patient Safety)

#### **Usefulness & Audience:**

The IHI website is a perfect place to start your learning on WMTY. This resource is beneficial to direct care clinicians, leadership, educators, patient and family advocates and anyone wanting to learn more about the WMTY initiative.

#### **Take-away points:**

- Every year there is a WMTY day in June, and this is a global initiative.
- For WMTY: Ask what matters, listen to what matters, do what matters.
- The IHI is a central location to find information and resources on WMTY

## **IHI “What Matters” to older adults? Toolkit for health systems design better care with older adults**

**[http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI\\_Age\\_Friendly\\_What\\_Matters\\_to\\_Older\\_Adults\\_Toolkit.pdf](http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI_Age_Friendly_What_Matters_to_Older_Adults_Toolkit.pdf)**

### **Purpose:**

To provide step by step instructions on how to implement a WMTY program in an older adult setting.

### **Usefulness & Audience:**

This resource is immensely beneficial as it provides background information about WMTY and its applicability to the older adult population. It then provides step by step instructions to show the reader how to implement this initiative in their own care environment. Although the intended audience is care providers of older adults, I found there were many applicable aspects that were transferable to different populations and environments.

### **Take-away points:**

- Aim is to align care with older adult’s health outcome goals.
- Should be ongoing conversation with the older adult and not just a one-time question.
- Changing a system requires culture change as well as clinician training.
- Documentation of “What Matters” conversations must be clear and consistent so other health care professionals can utilize this information.
- Clinicians must undergo training on “What Matters” and be aware of their own unconscious bias.
- Question can be context specific and do not need to be exact wording of WMTY (Some examples are: What’s important to you today? What brings you joy? What do you worry about? What would make today/tomorrow a great day?)
- Treatment of the older adult must be anchored in WMTY answers.
- Toolkit provides information on what to do before, during and after WMTY conversation as well as tips for documentation and care planning.
- Information on how to measure WMTY progress as well as how to assess the care team with this new initiative implementation

### **IHI podcast- Realizing “What Matters” (to Patients and Families)- recorded Jan 14/2016**

**<http://www.ihl.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx>**

### **Purpose:**

IHI has been following the progress of the WMTY initiative. In this podcast they look at examples from the west coast of the USA and Scotland where they talk to clinicians about their results of implementing WMTY with their staff, patients and families.

**Usefulness & Audience:**

This podcast takes real examples of patients and providers and helps exemplify the positive results that can be achieved when asking WMTY. This resource is useful for direct care clinicians, leaders and educators with an interest in implementing a WMTY initiative.

**Take-away points:**

- We need to structure care around what matters to the patient. Start with small steps and learn quickly what will work.
- The important thing is the context and not the words (sometimes the question WMTY is not appropriate).
- Often clinicians are worried about asking the question and not being able to “solve” the problem/concern. Start small and try with a few patients. They found that asking WMTY allowed them to reconnect with their patients even if they cannot solve the problem. This is a key avenue for incorporating the interdisciplinary team to help address WMTY.
- Need to be aware that clinicians are busy and do not have lots of extra time.
- Staff may have felt they knew what matters to their patients and families but were surprised by the results. Patients felt much more heard, complaints went down, staff found out what actually mattered to patients.
- Do not underestimate how big the culture shift for staff will need to be. Using patient stories helped change the way providers thought of the care they give.
- Leadership needs to support this initiative and show that it is not less important than the medical side of care.

**BC Patient Safety Quality Council (BCPSQC)**

“What Matters To You” video-<https://bcpsqc.ca/resources/what-matters-to-you/>

**Purpose:**

To provide an overview of the WMTY campaign and how to begin integrating this into care with your patients and families.

**Usefulness & Audience:**

This video does a wonderful job of providing applicable information in a concise way. It is only 6 mins 40 sec long so could be incorporated into education materials for clinicians when implementing a WMTY program. This resource is useful for educators, direct care clinicians, leadership team members and patient and family partners and advocates.

**Take-away points:**

- This resource introduces the idea of: Asking What Matters, Listening to What Matters and Doing What Matters.

- Tools to help you ask: Visual reminders, embedding the question into daily care processes, care conferences and forms.
- Ways to Listen: Active listening, show empathy and compassion, self- reflect and think about how you are engaging patients, teamwork- open communication with pt/fam and caregivers, you do not have to go into encounters with a solution.
- Doing What Matters: Document WMTY conversations for colleagues to reference, integrate pt/family into care planning as a team member, apply WMTY outcomes to daily practice

### **BCPSQC webinar- “What Matters To You” day webinar (June 6<sup>th</sup>/19)**

**<https://bcpsqc.ca/resource/international-what-matters-to-you-day-celebration-webinar/>**

#### **Purpose:**

To bring together health care professionals across BC, Canada and the globe to kick off WMTY day (2019). This webinar was viewed as a recording but appeared to be very interactive when it was launched.

#### **Usefulness & Audience:**

This webinar is useful for anyone interested in implementing a WMTY initiative in their work environment. One helpful aspect was going through the results of a large survey they conducted after implementing WMTY.

#### **Take-away points:**

- Survey results found that both providers as well as patients and families found WMTY beneficial
- Pt/Families felt like partners in their own care and allowed staff to put themselves in the patient’s shoes.
- Many different resources were used to remind staff of WMTY and inform patients about the initiative (Bookmarks, pins, stickers, lanyards, brochures, translated posters, etc.)
- Providers felt like they gave better care and patients/families felt more reassured and safer.
- Created training modules and collected stories of impact to help with implementation of WMTY initiative with staff. Used word of mouth, encouraged staff to “try it”, had leadership sponsorship, provided venues to share experiences
- Some environments used different wording for their WMTY question, especially for youth: “What’s important to you”, “What should we focus on today”, “How can I help you”, etc.
- Explained the benefit of motivational interviewing, meeting pt’s where they are currently is therapeutic even if it doesn’t “solve” the problem.
- Need to incorporate WMTY into workflows- Who can do it? When can they do it? What are they going to do?

- Incorporate staff and pt/family in change management (explain the Why and then listen to feedback).
- Lessons learned: Start small (pilot on one unit), engage people before you start, minimize extra work- if possible align with metrics already being measured/reported, explain why (change management) to both staff and pt/families, make it fun, easy and personal, share success stories, track outcomes.

### **BCPSQC video- “The how to of embedding What Matters To You”**

**<https://bcpsqc.ca/resource/the-how-to-of-embedding-what-matters-to-you-september-26-webinar/>**

#### **Purpose:**

This video provides information about how to implement WMTY in your workplace. It takes professionals in the field through the implementation process as they share their experience of what has worked for them, their patients and families.

#### **Usefulness & Audience:**

This video was helpful for getting an idea of what other organizations are doing for their PFCC. I did not find all of the presentations exactly fit the specific idea of implementing WMTY in my area, but it was good information to have in general for PFCC. This would be a good resource for educators in many different clinical settings.

#### **Take-away points:**

- What is WMTY? Establishing a relationship with patients and families. It is a simple question with the goal of encouraging meaningful conversations.
- Why integrate WMTY? It develops trust and promotes pt preferences and perspectives in health care.
- You can create tools to help implement WMTY (ex. Conversation cards, reflection tools, barrier cards, etc.).

#### **What people might think:**

- Patients: Don't want to be judged, a burden, labelled, may be assuming the clinician will ask if it is important.
- Clinicians: often worried requests will be too large for them to solve. This has not been found to be the case. Instead, just sharing with the clinician is therapeutic or “What Matters” may be simple (ex-want family to be able to visit).
- Useful information on how to implement WMTY in a fast-paced environment (ex.-VGH emergency department (ED))
- Found it helpful to adapt the question to the environment- i.e. What Matters to you right now in the ED

- Discussion of ways to promote WMTY day (newsletter ahead of time, discussion in huddles, swag, WMTY board).
- Collected data and testimonials from staff and patients/families to prove the significance.
- Ensure there is follow-up after WMTY day- how do we keep this momentum going? (Email thanking staff, leaving information accessible after event).

### **WMTY International: website, video and evaluation report**

**[http://wmty.world/wp-content/uploads/2020/03/WMTYReport\\_2019f.pdf](http://wmty.world/wp-content/uploads/2020/03/WMTYReport_2019f.pdf)**

#### **Purpose:**

This is a global resource that provides information around what different organizations are doing around the world for WMTY.

#### **Usefulness & Audience:**

It is so interesting to see how many different organizations are promoting WMTY. It is very useful to have these housed in one location. The WMTY international video could be used for educational purposes when rolling out a WMTY initiative. The evaluation report is useful for leadership planning to implement a WMTY initiative. They can take the learning and apply it to their program.

#### **Take-away points:**

- Website resources: getting started toolkit, evaluation reports (BCPSQC), literature review.
- Evaluation report: They asked both the patients/families and the health care providers what mattered to them.
- Kept resources available and visible to remind staff to ask WMTY (bookmarks on charts, etc.).

#### **Results:**

- Asked health care providers whether asking WMTY:
  1. Impacted their relationships with pt's? (88% said yes). Made staff think about what would matter to them and discuss this with their colleagues.
  2. Helped them provide better care? (76% said yes) Some health care providers reported changing their interaction style with the pt/families.
    - Helped them understand the patient's priorities and helped them learn about gaps and challenges for pt's and families



3. Was easy to incorporate into their practice? (70% said yes). They found ways to incorporate it into daily routines.

Asked Patients:

1. Did you like being asked WMTY? **100%** said it was important to be asked. Helped patients feel like they were more than just their diagnosis. Made them feel safe and like part of the team.

2. Did it improve your care? 67% said yes. It fostered partnerships, built sense of support and facilitated open communication.

- Framing the question differently (different providers may want to frame differently):  
What are some things that are important to you right now? What can I do to best support you in your care today?

**Ted talk- “What Matters to Me”- a new Vital sign- Dr. Jason Leitch**

[https://www.youtube.com/watch?v=H\\_Z1ZvjIKDE](https://www.youtube.com/watch?v=H_Z1ZvjIKDE)

**Purpose:**

Introduction to WMTY in a concise and approachable format.

**Usefulness/Audience:**

I found this video to be incredibly useful and applicable to anyone wanting to know more about PFCC/WMTY. It gives a good 10-minute overview of WMTY, the importance of it and some ideas on implementation. Having it be short and to the point (Ted Talk format) allows it to be accessible for many people and could be integrated into WMTY education materials.

**Take-away points:**

- Describes WMTY as the new vital sign.
- Using examples of real patients to explain the principles of WMTY helps cement the concept. Could use this technique in implementation of initiative.

## References &amp; Resources

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