



The Canadian Association of Critical Care Nurses



## Position Statement

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### Patient- and Family-Centred Care

The Canadian Association of Critical Care Nurses (CACCN) is committed to Patient- and Family-Centered Care. Patients and their families are acknowledged as essential members of the health care team and respected as collaborative partners who contribute to the critical care experience.

#### Background

The Institute of Medicine (IOM) and the Institute for Patient- and Family-Centered Care (IPFCC) posit that Patient- and Family-Centered Care (PFCC) should be integrated into healthcare practice (Conway et al., 2006; IOM, 2001).

The CACCN has adopted the following definition proposed by the Institute for Patient- and Family-Centered Care (n.d.),

“patient- and family-centered 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 redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings. In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making. A key goal is to promote the health and well-being of individuals and families and to maintain their control” (IPFCC website).

The core concepts of PFCC are dignity and respect, information sharing, participation, and collaboration (Conway et al., 2006; IPFCC, n.d.; Johnson et al., 2008).

In the context of critical care, critical illness and injury disrupt daily life activities, roles and routines for patients and their families. Responses to critical illness can manifest as acute anxiety and feelings of helplessness, as well as grief, depression, emotional distress and post traumatic stress disorder that can persist for patients and their families’ months to years after the hospitalization is concluded (Beesley et al., 2018; Davidson et al., 2017). Patients and their families benefit from purposeful, thoughtful, and collaborative nursing

interventions to support them in adapting and coping. Effective PFCC has the potential to decrease and/or prevent adverse psychological outcomes for patients and families, improve family caregiving capacities and enhance patient outcomes (Goldfarb, et al., 2017). Further, PFCC has been shown to decrease resource utilization, and positively influence patient, family, and healthcare provider satisfaction (Goldfarb et al., 2017).

In the critical care environment, families help facilitate the provision of person-centered care (Vandall-Walker & Clark, 2011). Family members provide important insight into the patient's individual beliefs, preferences, and values, which in turn, support the shared decision-making process.

### **CACCN Position**

The CACCN believes that critical care nurses have the responsibility to promote best practices which honour the principles of PFCC. Critical care nurses are members of the inter-professional healthcare team who provide essential support to patients and families throughout the trajectory of the critical care experience. Critical care nurses are also well positioned to foster mutually beneficial partnerships and the integration of PFCC interventions into the critical care environment. Interventions include, but are not limited to, facilitating open communication, clarifying misinterpretations, providing focused information and education thereby advancing shared decision-making and problem-solving. The provision of PFCC is congruent with and embedded within the values and beliefs of the CACCN and its Standards for Critical Care Nursing Practice (2017).

The American College of Critical Care Medicine/Society of Critical Care Medicine published evidence-informed guidelines for family centered care (FCC) in critical care in 2017 (Davidson et al., 2017). The CACCN supports the use of this document which provides important recommendations for the integration of FCC practices into all critical care settings.

**Approved by the CACCN Board of Directors  
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