

 INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

The 7th International
**CONFERENCE ON PATIENT-
AND FAMILY-CENTERED CARE**
PARTNERSHIPS IN CARE, INTERPROFESSIONAL EDUCATION, AND RESEARCH
CALL FOR ABSTRACTS

SUBMIT ABSTRACT
ONLINE BY JULY 31, 2015
Go to www.ipfcc.org



With leadership
support from



And program
support from **PCORI**
for Partnerships in Research

July 25–27, 2016 • New York Marriott Marquis • New York, NY



PARTNERSHIPS with PATIENTS and FAMILIES

The Institute for Patient- and Family-Centered Care (IPFCC) is pleased to announce the Call for Abstracts for *The 7th International Conference on Patient- and Family-Centered Care: Partnerships in Care, Interprofessional Education, and Research*.



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 patients, families, and health care professionals. These partnerships at the clinical, program, and policy levels are essential to assuring the quality and safety of health care.

Patient- and family-centered care offers a framework and strategies for managing the complexity of health care in the 21st century. Share your innovative and strategic approaches to patient- and family-centered care and inspire others to develop meaningful and sustainable partnerships with patients and families to achieve the Triple Aim of better health, improved patient experience, and lower cost.

WHO SHOULD SUBMIT AN ABSTRACT



Do you work in partnership with patients and families to improve and redesign health care? Does your work advance the practice of patient- and family-centered care? Share your expertise and accomplishments at *The 7th International Conference on Patient- and Family-Centered Care*.

IPFCC invites abstracts from the following:

- Patient and Family Advisors and Leaders
- Administrative Leaders and Board Members
- Physicians, Nurses, Social Workers, Therapists, Pharmacists, Child Life Specialists, Chaplains, Security, and Other Staff
- Leaders for Safety and Quality Improvement
- Human Resources Personnel
- Patient Experience, Patient Relations, and Guest Services Personnel
- Faculty and Students in Schools of Medicine, Nursing, Social Work, and Allied Health
- Researchers and Evaluators
- Architects, Interior Designers, and Facility Design Personnel
- Policy Makers, Government Agency Leaders, and Funders

CONFERENCE PROGRAM

The 7th International Conference on Patient- and Family-Centered Care will showcase exemplary programs that are dedicated to collaboration among health care professionals, patients, and families. The conference provides opportunities to address innovation in patient- and family-centered care at the direct care level as well as the organizational, community, regional, and national levels. Presentations from hospitals, primary care settings, specialty ambulatory settings, long-term care communities, community-based programs, public health and mental health agencies, patient- and family-led organizations, research institutes, and schools of medicine, nursing, and other health and helping professions will be featured.

The Abstract Review Committee will give **priority consideration to submissions that include patients or families as presenters or co-presenters and highlight meaningful collaborative roles for patients and families** in all aspects of programs, projects, or initiatives. Abstracts will also be reviewed on the following criteria:

- Consistent with patient- and family-centered core concepts
- Innovative
- Replicable
- Evidence-based
- Effectiveness of proposed presentation/poster



Details about the review criteria are available on IPFCC's online abstract submission site.

ABSTRACT TOPICS

Abstracts are invited for the following key topics:

Leadership Matters

Submissions must highlight exemplary leadership practices for advancing patient- and family-centered care that have resulted in widespread adoption and measurable change. Focus areas could include:

- Developing the infrastructure to support sustained commitment to patient- and family-centered care and partnerships with patients and families
- Strategies for linking patient- and family-centered care with organizational priorities for improving quality and safety, experience of care, population health, and cost efficiency
- Creating accountability for patient- and family-centered care
- Involving patient and family advisors in governing boards and strategic planning teams
- Developing the business case for patient- and family-centered care
- Funding initiatives/grant programs that support partnering with patients, families, and communities in all phases of projects
- Promoting local, state, provincial, or federal initiatives resulting in implementation of care delivery models that align with patient- and family-centered care

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

IPFCC, established in 1992 as a non-profit organization, is a nationally and internationally recognized leader in advancing the understanding and practice of patient- and family-centered care. For over two decades, IPFCC has worked with organizations to develop meaningful and sustainable partnerships among patients, families, and health care professionals in clinical care, safety and quality improvement, policy development, education of health care professionals, and research.

IPFCC serves as a central resource for policy makers, administrators, program planners, direct care providers, educators of health care professionals, researchers, design professionals, and patient and family leaders.

Patient and Family Advisors—Essential Allies

Submissions must highlight strategies and tools that have proven effective in expanding roles for patient and family advisors. Focus areas could include:

- Strengthening communication, partnership, and leadership skills of patient and family advisors and leaders
- Enhancing and sustaining patient and family advisory councils and other collaborative endeavors
- Educating and supporting patient and family advisors to partner effectively in areas such as Quality and Safety, Patient Experience, Research, Governance, Strategic Planning, Primary Care Redesign, and Facility Design
- Recruiting, preparing, and supporting individuals from special populations to serve as partners in change and improvement (e.g., underserved communities, non-English speaking individuals, the elderly, and teens)
- Supporting patients and families to develop and lead peer support and education programs
- Using technology to enhance the preparation, deepen involvement in change and improvement, and increase networking opportunities for patient and family advisors
- Establishing paid positions for patient and family leaders

Creating Capacity for Partnerships in Research and Evaluation

Submissions must describe approaches or projects that reflect patient- and family-centered care and have been planned and conducted in collaboration with patient and family advisors. Focus areas could include:

- Developing quantitative and qualitative approaches to measure the impact and outcomes of patient- and family-centered practice and partnerships with patient and family advisors
- Preparing and supporting patient and family advisors to participate as full and effective members of teams in all phases of research or evaluation
- Preparing and supporting researchers and health care professionals to partner with patients and families in all phases of research or evaluation
- Identifying strategies and best practices for collaborating with patients and families in measure development

Education for Interprofessional and Collaborative Practice

Submissions must describe educational approaches, activities, and curriculum that have been developed and conducted in partnership with patients and families. Focus areas could include:

- Partnering with patients and families in developing interprofessional curricula
- Creating faculty development programs that encourage and support patient and family advisors as educational partners in pre-clinical and clinical training programs, professional education, and staff development
- Developing communication skills of students and trainees for collaboration with patients and families and with other disciplines to:
 - ▶ Enhance quality and safety
 - ▶ Support decision-making for palliative and end-of-life care
 - ▶ Facilitate other difficult conversations
- Collaborating with patients and families in changing and improving interprofessional clinical and learning processes, such as hospital bedside rounding and team-based care in ambulatory settings
- Linking education for patient- and family-centered practice with cultural and linguistic competency
- Measuring the impact of partnering with patients and families in interprofessional education

Addressing Health Disparities

Submissions must highlight initiatives that have partnered with underserved communities to plan, implement, and evaluate programs that effectively reduce disparities in health care. Focus areas could include:

- Strategies to increase access to and utilization of health care services
- Ensuring programs and practices are culturally and linguistically competent and address community priorities
- Expanding opportunities for individuals and families to engage with Medicaid staff and leaders and managed care entities to influence policies, programs, and practices
- Methods used by government, community leaders, and payors to support and incentivize direct care providers to become more effective partners with at-risk populations

Better Together—Changing the Concept of Families as “Visitors”

Submissions must describe initiatives that have taken a comprehensive approach to change policies and practices from those that are restrictive to those that welcome family presence and participation. Focus areas could include:

- Changing hospital policies, practices, informational materials, and websites to welcome families as partners in care
- Supporting staff and clinicians to partner with patients and families as allies for quality and safety in care and decision-making
- Involving a broad range of staff—nurses, physicians, allied health professionals, chaplains, security, housekeeping, dietary, admissions, radiology, perioperative, volunteers, and others—in the process of change
- Enhancing patient and family access to information; improving systems for charting, documentation, and shared decision-making
- Encouraging patient and family presence and participation in rounds and nurse change of shift report
- Using technology to enhance the presence and participation of families in care and decision-making
- Partnering with patients and families to improve care transitions from hospitals to home, long-term care, or community care to reduce harm and preventable readmissions

Transformative Partnerships in Primary Care

Submissions must describe programs and practices that advance patient- and family-centered care within primary care settings. Focus areas could include:

- Partnering with patients and families in improvement such as:
 - ▶ Redesigning primary care, including creating patient-centered medical homes
 - ▶ Increasing patient access to clinical notes
 - ▶ Integrating behavioral health and oral health in primary care
 - ▶ Developing and evaluating team-based care
- Implementing peer-led self-management support for chronic conditions
- Expanding meaningful use of information technology to encourage patient and family engagement and improve quality, safety, and continuity of care across settings



TYPES OF PRESENTATIONS

Creative and innovative approaches to presentations and posters are strongly encouraged.

Presentation: Presentations will be allotted 30–60 minutes.

Poster: Posters are 4' x 8' visual displays of innovation. A poster representative must be present at specified times on the opening day of the poster session to respond to questions.

In some cases, presentations discussing similar programs or initiatives may be combined. Presenters will be informed of this upon acceptance of abstract.

GUIDELINES FOR ABSTRACT SUBMISSIONS

Create an abstract account by going to www.ipfcc.org. Then, click on the Call for Abstracts link. Abstracts must be submitted by 5 pm ET on July 31, 2015.

Your abstract submission must include the following:

- **Title of Abstract:** The title should be concise but clear enough to indicate the nature of your presentation.
- **Abstract Summary:** Briefly describe the purpose and content of your presentation in 40 words or less. If your abstract is accepted, this summary will be printed in the conference promotional materials.
- **Abstract:** Create an abstract that can be included in the conference educational materials, using the online template. Please avoid non-standard abbreviations.

Abstract should include:

- Description of program/initiative/study, including methods/activities, description of patient and family involvement, and organization where program/initiative/study takes place (300 words or less);
- Outcomes (50 words or less);
- Lessons learned (50 words or less); and
- Resources, tools, or handouts that will be shared with attendees.
- Educational Grid: For each submission, complete an educational grid outlining your proposed session or poster. As part of the Educational Grid, please identify 2-3 measurable objectives that directly relate to your abstract. The objectives should be written as a response to the statement, "After attending this session, participants will be able to..."
- Biographical Data/Conflict of Interest: Each presenter included in the abstract must submit biographical information that includes a short (one paragraph) biographical sketch. Also, each individual must complete the Conflict of Interest Form.



ONLINE ABSTRACT SUBMISSION PROCEDURE

IPFCC has an easy online abstract submission process. Create an abstract account by going to www.ipfcc.org and click the Call for Abstracts link. Abstract Guidelines and Instructions, including Review Criteria, are available at this location for your review prior to submitting your online abstract.

Abstract submissions will be reviewed by the Abstract Review Committee and invitations to present will be issued on or near December 4, 2015. Presenters must confirm acceptance within two weeks.

Please contact IPFCC at (301) 652-0281 or events@ipfcc.org for more information.

For detailed Information and Instructions about abstract submissions, go to www.ipfcc.org/events/abstract-information.pdf.

CONFERENCE REGISTRATION FEES

All presenters must register for the conference. IPFCC is unable to cover any related costs of attendance. We encourage presenters to stay for the entire conference to facilitate learning and networking among attendees. A special presenter registration fee is available for conference presenters.

Registration Fees for Presenters

Professionals	\$545
Patient-Family Advisors/Leaders	\$425

Registration Fees for Other Conference Attendees

Registration Type	Early Bird Fee Before May 23, 2016	Regular Fee After May 23, 2016
Individuals/Professionals	\$1,065	\$1,095
Teams of 4 or more (per person)	\$975	\$1,045
Patient-Family Advisors/Leaders	\$525	\$575
One Day Fee	\$525	\$575

Please note: Pinwheel Sponsors are eligible to receive a \$50 discount (excludes Presenter and One Day Registration Fees).



HOTEL INFORMATION

The New York Marriott Marquis is located in the “Crossroads of the World.” Nestled in the heart of Times Square, the Broadway hotel is steps from the best attractions of the city, like the Rockefeller Center, Radio City Music Hall, Central Park, Madison Square Garden, the Museum of Modern Art, Fifth Avenue shopping, and much more!

The New York Marriott Marquis is holding a limited number of rooms for conference participants at group rate until July 5, 2016. We encourage you to make your reservations early, as rooms may sell out before the cut-off date. To make your reservations, contact the hotel at (888) 236-2427 and indicate that you are with the “IPFCC 2016 International Conference” to receive the special group rate. Hotel reservations can also be made online at www.ipfcc.org/conference-hotel.html.

The room rates are \$259 single/double occupancy and \$499 suite occupancy, with \$30 per night fee for an additional person (U.S. funds). All room rates are subject to 14.75% state and local taxes, plus \$3.50 occupancy per room per night. Hotel reservations must be guaranteed by a major credit card. To cancel a reservation, the hotel requires cancellations 24 hours prior to arrival. Check-in as at 4:00 pm and check-out is at 12:00 pm. The special group rate will be in effect three days before and after the conference for those arriving early or extending their stay to enjoy the city.

PLEASE NOTE: Hotel reservations for the 7th International Conference on Patient- and Family-Centered Care will open in August 2015.



Please contact IPFCC at (301) 652-0281 or events@ipfcc.org for more information.

The 7th International CONFERENCE ON PATIENT- AND FAMILY-CENTERED CARE

PARTNERSHIPS IN CARE, INTERPROFESSIONAL EDUCATION, AND RESEARCH

July 25–27, 2016 • New York Marriott Marquis • New York, NY

With leadership support from
NYU Langone
MEDICAL CENTER
HASSENFELD CHILDREN'S HOSPITAL

And program support from **PCORI**
for Partnerships in Research

EXHIBIT, SPONSORSHIP & ADVERTISING OPPORTUNITIES

About the Conference

The *7th International Conference on Patient- and Family-Centered Care* will showcase innovative and exemplary programs that are dedicated to collaboration among health care professionals, patients, and families. The conference offers a tremendous line-up of plenary speakers, over 100 breakout sessions, 50 posters, and unparalleled networking opportunities. The program will include presentations from:

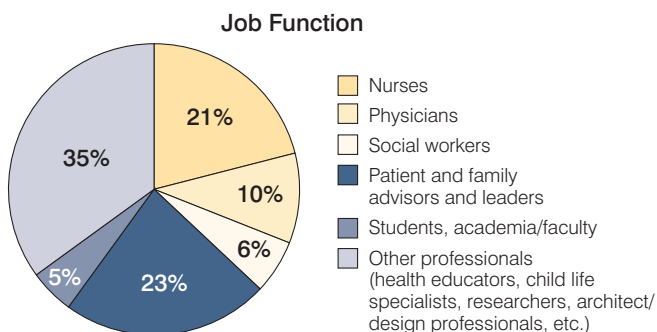
- Hospitals
- Primary care and specialty ambulatory settings
- Community-based programs
- Public health and mental health agencies
- Long-term care communities
- Patient- and family-led organizations
- Schools of medicine, nursing, and allied health professions
- Research institutes
- Other health care organizations

Reach Your Target Audience

This is the premier event for over 1,000 health care practitioners, clinicians, and staff; patient and family advisors and leaders; researchers and evaluators; and health care educators. Previous conferences have attracted attendees from over 40 states and 10 countries to share innovative and strategic approaches to advancing patient- and family-centered care and building partnerships with patients and families to transform health care. There is no other high-profile marketing opportunity in patient- and family-centered care.

Attendee Demographic

Over 1,000 attendees are expected to attend from a variety of disciplines.



Exhibitor Opportunities

BOOTH COSTS

Corporate/Commercial/Company	\$2,500 per 10' x 10' booth
Health Care Organization/ Government/Non-Profit	\$2,000 per 10' x 10' booth

Please note: Exhibitors will be allowed to purchase a maximum of two booths. Each exhibitor is required to have at least one attendant in the booth during exhibit hall hours. Space is assigned on a first-come, first-served basis on receipt of contract and payment.

WHAT'S INCLUDED

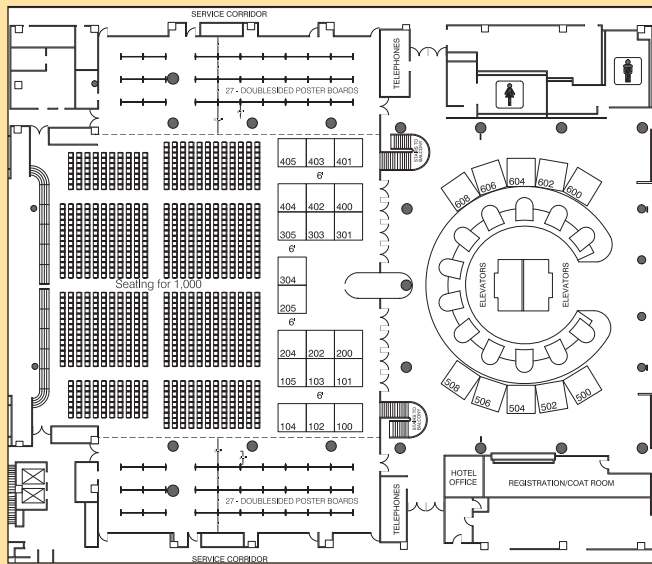
- Sign, piping, draping, table and chairs for 10' x 10' booth
- Full Conference Registration for ONE individual from your company (\$1,095 value)
- One additional "Exhibitor Only" badge for personnel staffing the booth
- Over 10 hours of exhibition time
- Exhibitor list including company name and logo, booth number, website link and accompanying exhibit hall floor plan featured on the IPFCC website
- Exhibitor list including company name and logo, booth number, 50–75 word description of your organization, and accompanying exhibit hall floor plan printed in the conference syllabus
- Exhibitor list including company name and logo, booth number, with accompanying exhibit hall floor plan on onsite signage
- All food and beverage functions, including Welcome Reception, served in the exhibit area to ensure optimum attendee traffic
- Opportunity to participate in drawings and giveaways for attendees
- Receive PDF of conference attendee roster three weeks prior to conference

Contact IPFCC for more information

6917 Arlington Road, Suite 309 • Bethesda, MD 20814
Ph: 301.652.0281 • www.ipfcc.org

FLOOR PLAN

Please note that the floor plan is subject to change.



Sponsorship Opportunities

SPONSORSHIP BENEFITS

- Full Conference Registration for ONE individual from your company (\$1,095 value)
- Sponsor list including company name and logo and website link featured on the IPFCC website
- Sponsor list including company name and logo printed in the conference syllabus
- Sponsor list including company name and logo on onsite signage
- Receive PDF of conference attendee roster three weeks prior to conference

SPONSORSHIP ITEMS

Welcome Reception **\$10,000**

A highlight of the conference is the Welcome Reception where attendees have the opportunity to network in a relaxing social atmosphere.

Additional benefits: 10'x10' exhibit booth (non-transferable); napkins with company logo at reception; special recognition on individual signage; opportunity to provide welcome remarks during reception; complimentary one year recognition as an IPFCC Pinwheel Sponsor (\$1,500 value)

Leadership Symposia or Luncheon **\$7,500**

Internationally-recognized leaders will participate in discussions on implementing patient- and family-centered change at the executive level. Health care leaders will have the opportunity to network and learn from true champions of change.

Additional benefits: Distribution of 1-sheet of marketing collateral; opportunity to provide welcome remarks exclusively to healthcare executive leaders; special recognition on individual signage; complimentary one year recognition as an IPFCC Pinwheel Sponsor (\$1,500 value)

Refreshment Breaks

Select a break session and have your company logo prominently displayed.

Additional benefits: Napkins or coffee sleeves with company logo at break; special recognition on individual signage

Refreshment Break (One Day)	\$2,500
Refreshment Break (All Three Days)	\$6,500

Conference Syllabus **\$7,500**

The conference syllabus provides the conference schedule of events, abstract synopses, and presenter index. This publication is the key conference document and an informative study tool. Each attendee will receive a conference syllabus; complimentary one year recognition as an IPFCC Pinwheel Sponsor (\$1,500 value)

Additional benefits: Advertisement on outside back cover of syllabus

Plenary Speakers **\$5,000**

Each day, internationally-known leaders and innovators for patient- and family-centered care will address conference participants. This sponsorship associates your organization with a high-profile speaker.

Additional benefits: Company name and logo on screen at plenary session; full-page ad in syllabus; special recognition on individual signage

Poster Session **\$3,000**

Poster presentations, selected by an expert review committee, will be displayed in the Exhibit Hall. These posters demonstrate some of the most successful patient- and family-centered care initiatives.

Additional benefits: one-half page ad; special recognition on individual signage

Tote Bags **\$3,500**

Make a lasting impression and imprint your company name and/or logo on the conference tote bag. The tote bag will include the conference syllabus and other handouts, and will be given to each attendee. Organization logo will be imprinted along with the IPFCC logo. Each attendee will receive a tote bag.

Additional benefits: One promotional item to be included in tote bags

Name Badges **\$3,500**

Your company logo or name will be visible on lanyard for conference name badges. Each attendee will receive a name badge.

Hotel Room Keys **\$6,500**

Have your company logo and message included on guest room key cards of attendees staying at the New York Marriott Marquis. (Sponsorship must be secured by April 1, 2016 to guarantee production)

Advertising Opportunities

SYLLABUS ADVERTISEMENTS

Increase your company's visibility and brand by advertising in the conference syllabus. This is an affordable way to get your organization in front of conference attendees. Each attendee will receive a conference syllabus.

Inside Front:	\$ 1,000
Full Page:	\$ 650
Inside Back:	\$ 1,000
One-half Page:	\$ 400

Please note: Ads must be submitted in EPS and PDF formats. All files must be at least 300 dpi. Any fonts used in the ads must be either converted to outlines or embedded in the file.

Interested in tailoring a unique exhibitor, sponsor and/or advertising package to meet your organization's needs? Contact us TODAY!

Please note: All amounts are listed in US dollars.

To reserve booth, sponsor, or advertise

Contact Racquel Codling, IPFCC Director of Educational Programs and Special Projects at rcodling@ipfcc.org or 301.652.0281

2015 PINWHEEL SPONSORS

The Institute for Patient- and Family-Centered Care appreciates the support of our Pinwheel Sponsors for their commitment to advancing the understanding and practice of patient- and family-centered care. These recognized leaders continue to make a significant difference in promoting this approach to care and thus serve as role models to us all.

PINWHEEL CHAMPION

Akron Children's Hospital
Akron, OH

Alliant Health Solutions
Atlanta, GA

American College of Physicians
Philadelphia, PA

America's Essential Hospitals
Washington, DC

Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, IL

Anne Arundel Medical Center
Annapolis, MD

Baptist Health South Florida
Coral Gables, FL

Baptist Memorial Hospital for Women
Memphis, TN

Barnes-Jewish Hospital
St. Louis, MO

Baylor Scott & White Health
Dallas, TX

Boston Children's Hospital
Boston, MA

Brigham and Women's Hospital
Boston, MA

Bronson Healthcare Group
Kalamazoo, MI

Canadian Foundation for Healthcare Improvement
Ottawa, ON, Canada

Children's Health Children's Medical Center
Dallas, TX

Children's Hospital London Health Sciences Centre
London, ON, Canada

Children's Hospitals and Clinics of Minnesota
Minneapolis, MN

Children's Hospital Los Angeles
Los Angeles, CA

Children's Hospital of San Antonio
San Antonio, TX

Children's Mercy Hospitals and Clinics
Kansas City, MO

Cincinnati Children's Hospital Medical Center
Cincinnati, OH

Covenant Children's Hospital
Lubbock, TX

Dana-Farber Cancer Institute
Boston, MA

Dignity Health
San Francisco, CA

East Tennessee Children's Hospital
Knoxville, TN

Emory Healthcare
Atlanta, GA

Essentia Health
Duluth, MN

Flagstaff Medical Center
Flagstaff, AZ

Hasbro Children's Hospital/Rhode Island Hospital
Providence, RI

Holland Bloorview Kids Rehabilitation Hospital
Toronto, ON, Canada

Houston Methodist San Jacinto Hospital
Baytown, TX

Humber River Hospital
Toronto, ON, Canada

Interior Health Authority
Kelowna, BC, Canada

Island Health
Vancouver Island, BC, Canada

Joe DiMaggio Children's Hospital at Memorial
Hollywood, FL

Kaiser Permanente—San Diego
San Diego, CA

Memorial Healthcare System
Hollywood, FL

Methodist Le Bonheur Healthcare
Memphis, TN

MHA Keystone Center for Patient Safety & Quality
Lansing, MI

Miami Children's Hospital
Miami, FL

Moffitt Cancer Center
Tampa, FL

National Partnership for Women & Families
Washington, DC

Nationwide Children's Hospital
Columbus, OH

North York General Hospital
Toronto, ON, Canada

Northumberland Hills Hospital
Cobourg, ON, Canada

Norton Healthcare
Louisville, KY

NYU Langone Medical Center
New York, NY

Onslow Memorial Hospital
Jacksonville, NC

Perham Health
Perham, MN

Providence Health Care
Vancouver, BC, Canada

Quality Insights Holdings/West Virginia Medical Institute, Inc.
Charleston, WV

Seattle Children's Hospital
Seattle, WA

St. Francis Medical Center
Lynwood, CA

St. Louis Children's Hospital
St. Louis, MO

St. Vincent's Health Australia
Bondi Junction, NSW, Australia

Stanford Hospital & Clinics
Stanford, CA

Stollery Children's Hospital
Edmonton, AB, Canada

Suburban Hospital/Johns Hopkins Medicine
Bethesda, MD

Texas Children's Hospital
Houston, TX

The Beryl Institute
Bedford, TX

The Children's Hospital of Philadelphia
Philadelphia, PA

The Johns Hopkins Hospital
Baltimore, MD

The University of Texas MD Anderson Cancer Center
Houston, TX

Thunder Bay Regional Health Sciences Centre
Thunder Bay, ON, Canada

UAB Hospital
Birmingham, AL

University of Arkansas for Medical Sciences
Little Rock, AR

University of Iowa Children's Hospital
Iowa City, IA

University of Louisville Hospital
Louisville, KY

University of Maryland Upper Chesapeake Health
Bel Air, MD

University of Michigan Health System
Ann Arbor, MI

University of Minnesota Health
Minneapolis, MN

UTMB Health, Family Medicine Department
Galveston, TX

Vanderbilt University Medical Center
Nashville, TN

Vidant Health
Greenville, NC

Women and Infants Hospital of Rhode Island
Providence, RI

PINWHEEL SUPPORTER

Kasian Architecture Interior Design
Vancouver, BC, Canada

Commitments as of May, 2015



INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE
6917 Arlington Road, Suite 309
Bethesda, MD 20814

ELECTRONIC SERVICE REQUESTED

CALL FOR ABSTRACTS

Submit Abstract by July 31, 2015

PATIENT- AND FAMILY-CENTERED CARE CORE CONCEPTS



Dignity and Respect. Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.



Information Sharing. Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.



Participation. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.



Collaboration. Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation, and evaluation; in health care facility design; and in professional education as well as in the delivery of care.