



## INSTITUTE FOR FAMILY-CENTERED CARE

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### PATIENT- AND FAMILY-CENTERED AMBULATORY CARE: A SELF-ASSESSMENT INVENTORY

**P**atient- 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 providers. It is founded on the understanding that the family plays a vital role in ensuring the health and well-being of patients of all ages. In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making. The four principles of patient- and family-centered care are:

**Dignity and Respect.** Health care providers listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into care planning and decision-making.

**Information Sharing.** Health care providers 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, and providers 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.

This assessment inventory is designed to help outpatient clinics and practices as well as hospital and health system administrators and staff think about how patient- and family-centered care is operationalized in ambulatory care. It is designed for use with an interdisciplinary team that includes patients and families. The tool will assist those who complete it in determining priorities for change and improvement. Many who have used this inventory have found that even the process of completing the tool has educational value, because it helps inform participants about the core concepts and strategies of patient- and family-centered care.

The assessment inventory is divided into 10 sections:

- Leadership
- Definition of Quality and Philosophy of Care
- Patients and Families as Advisors and Leaders
- Patterns of Care
- Information/Education for Patients and Families
- Patient and Family Support
- Charting and Documentation
- Quality Improvement
- Personnel Practices
- Environment and Design

Advancing the practice of patient- and family-centered care is not a program to be “rolled out.” It is a long-term journey and commitment that evolves with the changing needs and priorities of the organization and the individuals, families, and communities it serves. By completing this tool and discussing the issues it reveals, individuals and teams can continue efforts to advance the practice of patient- and family-centered ambulatory care.

## Instructions

### Step 1: Assemble Team

Successful culture change of an organization requires the commitment and involvement of senior leadership. For this reason, it is recommended that senior leaders for the clinic or hospital, and other relevant leaders, participate on the team completing the initial assessment. Front-line staff, managers, patients, and families should also participate on this initial team. Representatives from inpatient services that will provide services to patients such as radiology (ultrasound), laboratory, and surgical services should also be part of the team. Consider involving others who may regularly interact with patients and families (e.g., security, receptionist). On the basis of its structure and human resources, each ambulatory program will need to decide how best to configure this team.

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### Step 2: Complete Assessment Inventory

There are several different ways to complete this inventory. Some ambulatory programs find it helpful for each team member to complete the tool individually before meeting as a group. Others ask all team members to review the tool individually and then to meet as a group to discuss their ideas and formulate a group response. Participants should set aside several hours for completing the checklist.

The tool asks you to complete four tasks:

#### **A. Rate the status of patient- and family-centered care.**

Please circle the number within the *status* column that indicates how well you think the ambulatory program is applying the concepts of patient- and family-centered care. This 5-point scale is not an attempt to obtain a precise numerical rating, but rather it is a way to develop an understanding of where the program is along a continuum of implementing patient- and family-centered care.

#### **B. Rank perceived priority of change or improvement.**

Circle the number in the *perceived priority* column for what you believe should be the level of priority for change or improvement for each key indicator. This ranking will help prioritize change activities to undertake over time within the ambulatory program.

#### **C. Provide notes and examples.**

The fourth column provides space to list *examples* of policies, programs, practices, or design features. This space can also be used for clarifying notes that correspond to the responses in the columns to the left. This information will be useful for future planning.

**D. Complete open-ended responses.**

The last page asks for *narrative responses* related to participants' experiences in implementing patient- and family-centered care, the benefits and outcomes of these changes, and challenges encountered.

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**Step 3:  
Reflect on  
Findings**

Plan time to review findings and discuss them within the context of the strategic priorities and quality and safety agendas for the ambulatory program and, when appropriate, the larger health system or organization.

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**Step 4:  
Develop  
Action Plan**

After completing the assessment, the team should develop an action plan to analyze the results and begin to address the priorities identified. The plan should include both short- and long-term goals. Many ambulatory programs have found it useful to appoint a steering committee for patient- and family-centered care to oversee and coordinate the change process, encourage collaborative initiatives, and ensure that these efforts are integrated with their quality and safety agendas.

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**Step 5:  
Repeat  
Assessment  
Process**

The ambulatory program should plan to repeat the assessment process every 18 months to two years.

Key Indicators	Status			Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response	
	Not at All	OK	Very Well	Low	High			
<b>Leadership</b>								
Leaders for ambulatory care understand and actively promote patient- and family-centered care.	1	2	3	4	5	1	2	3
Leaders, through their words and actions, consistently convey that the patient's and family's experience of care matters, that it is important to quality, safety, and the best outcomes.	1	2	3	4	5	1	2	3
Leaders, through their words and actions, encourage and support staff and physicians in the practice of patient- and family-centered care.	1	2	3	4	5	1	2	3
Leaders are role models for collaboration with patients and families:								
– In clinical care.	1	2	3	4	5	1	2	3
– In planning, implementing, and evaluating the ambulatory care policies and programs.	1	2	3	4	5	1	2	3
– In facility design planning.	1	2	3	4	5	1	2	3
In programs that are part of a hospital or health system, leaders of those organizations are committed to and actively promote patient- and family-centered ambulatory care.	1	2	3	4	5	1	2	3

Key Indicators	Status			Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response	
	Not at All	OK	Very Well	Low	High			
<b>Definition of Quality and Philosophy of Care</b>								
The ambulatory program has defined quality health care and this definition includes how patients and their families will experience care.	1	2	3	4	5	1	2	3
The program has clearly stated principles or values guiding how care will be provided and what is expected relative to the experience of care (e.g., philosophy of care, vision, mission, and/or values statements).	1	2	3	4	5	1	2	3
The definition for how care will be delivered reflects the principles of patient- and family-centered care and articulates:								
– The importance of conveying respect and preserving the dignity of each patient and family.	1	2	3	4	5	1	2	3
– Acknowledgement of the individuality, culture, capacity, and abilities of each patient and family.	1	2	3	4	5	1	2	3
– A broad definition of family that includes the right for a patient to define his/her family.	1	2	3	4	5	1	2	3
– The importance of families and other support persons to the care and comfort of each patient.	1	2	3	4	5	1	2	3
– The importance of collaborating with patients and families at all levels of care.	1	2	3	4	5	1	2	3

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK	Very Well			Low	High		
<b>Definition of Quality and Philosophy of Care (cont.)</b>									
The philosophy of care is shared with patients and families in a variety of ways (e.g., patient and family handbook, admission/outpatient registration materials, patient education materials, program Web site).	1	2	3	4	5	1	2	3	
The philosophy of care is taught as part of:									
– Orientation for new employees.	1	2	3	4	5	1	2	3	
– Orientation for students and trainees.	1	2	3	4	5	1	2	3	
– Continuing education for employees and physicians.	1	2	3	4	5	1	2	3	
Patients and families were involved in the development of the definition of quality and philosophy of care statements.	1	2	3	4	5	1	2	3	

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK	Very Well			Low	High		
<b>Patients and Families as Advisors and Leaders</b>									
There is a functioning patient and family advisory council (e.g., meets regularly, at least eight times per year) that reports to ambulatory leadership.	1	2	3	4	5	1	2	3	
Goals, projects, and accomplishments of the patient and family advisory council are documented and evaluated.	1	2	3	4	5	1	2	3	
Patients and families are involved in advisory/ leadership roles through committees and task forces such as:									
– Facility design planning.	1	2	3	4	5	1	2	3	
– Patient education.	1	2	3	4	5	1	2	3	
– Patient safety.	1	2	3	4	5	1	2	3	
– Pain management.	1	2	3	4	5	1	2	3	
– Chronic illness care.	1	2	3	4	5	1	2	3	
– Transition planning.	1	2	3	4	5	1	2	3	
– End-of-life care.	1	2	3	4	5	1	2	3	
– Ethics.	1	2	3	4	5	1	2	3	
– Diversity/cultural competency.	1	2	3	4	5	1	2	3	
– Quality improvement.	1	2	3	4	5	1	2	3	
– Service excellence.	1	2	3	4	5	1	2	3	
– Research and evaluation.	1	2	3	4	5	1	2	3	

Key Indicators	Status	Perceived Priority for Change/Improvement	Notes
	Not at All OK Very Well	Low High	Examples/Clarification of Response
<b>Patients and Families as Advisors and Leaders (cont.)</b>			
Patients and families are trained and supported to provide peer support.	1 2 3 4 5	1 2 3	
Patients and families are involved in staff and physician orientation and continuing education.	1 2 3 4 5	1 2 3	
In academic ambulatory programs, patients and families are involved in teaching students and professionals-in-training.	1 2 3 4 5	1 2 3	
In large ambulatory centers or health systems, there is at least one paid position for a patient or family leader to facilitate the development of patient- and family-centered ambulatory initiatives.	1 2 3 4 5	1 2 3	
There is a staff member assigned to serve as a liaison for patient and family collaborative endeavors and between patient and family advisors/leaders and staff, physicians, and administrators.	1 2 3 4 5	1 2 3	

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes
	Not at All	OK	Very Well			Low	High		Examples/Clarification of Response
<b>Patterns of Care</b>									
<p>There are strategies in place to enhance the accessibility of ambulatory care such as:</p> <ul style="list-style-type: none"> <li>– Patients are offered choices of providers (e.g., physician, nurse practitioner, midwife).</li> <li>– Appointment schedule allows patients to have choices and receive care in a timely manner.</li> <li>– Telephone and email access to a health care provider is offered 24 hours a day, seven days a week.</li> </ul>	1	2	3	4	5	1	2	3	
<p>Administrative processes facilitate access to services such as:</p> <ul style="list-style-type: none"> <li>– Streamlined registration process for all services (e.g., single registration form).</li> <li>– Administrative forms are translated into languages spoken in the community.</li> <li>– Staff is knowledgeable about health care financing and assists patients in obtaining financial support when necessary.</li> </ul>	1	2	3	4	5	1	2	3	
<p>Administrative forms are translated into languages spoken in the community.</p>	1	2	3	4	5	1	2	3	
<p>Staff is knowledgeable about health care financing and assists patients in obtaining financial support when necessary.</p>	1	2	3	4	5	1	2	3	
<p>Patients and their families, in accordance with patient preference, are viewed as integral members of the health care team.</p>	1	2	3	4	5	1	2	3	
<p>The cultural and spiritual beliefs and practices of patients and families are respected and incorporated into care planning and decision-making.</p>	1	2	3	4	5	1	2	3	

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK	Very Well			Low	High		
<b>Patterns of Care (cont.)</b>									
Staff, in accordance with patient preference, support the presence of a family member or other support person during examinations and procedures.	1	2	3	4	5	1	2	3	
In accordance with patient preference, a family member or other support person may remain with the patient in clinical areas such as:									
– Laboratory.	1	2	3	4	5	1	2	3	
– Radiology/Ultrasound.	1	2	3	4	5	1	2	3	
– Surgical holding area.	1	2	3	4	5	1	2	3	
– Recovery room.	1	2	3	4	5	1	2	3	
– Emergency room.	1	2	3	4	5	1	2	3	
In accordance with patient preference, staff prepare family members or other support person(s) on how to support the patient during painful procedures.	1	2	3	4	5	1	2	3	
There are systems in place to encourage communication among patients, families, staff, and physicians (e.g., chart, birth preference plans, self-management plans, electronic shared care plans, email, pagers, telephone contact).	1	2	3	4	5	1	2	3	
Care is coordinated with:									
– Patients and families.	1	2	3	4	5	1	2	3	
– All disciplines.	1	2	3	4	5	1	2	3	
– All departments.	1	2	3	4	5	1	2	3	
– Primary care and specialty providers.	1	2	3	4	5	1	2	3	

Key Indicators	Status			Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response	
	Not at All	OK	Very Well	Low	High			
<b>Patterns of Care (cont.)</b>								
Staff assist patients and families with transitions in care (e.g., inpatient care, emergency care, rehabilitation, home care, and long-term care).	1	2	3	4	5	1	2	3
Staff ask patients and families, in accordance with patient preference, about their preferences, priorities, concerns, and goals.	1	2	3	4	5	1	2	3
Patients and their families, in accordance with patient preference, are encouraged to develop a plan of care collaboratively with their health care providers.	1	2	3	4	5	1	2	3
Patients and families are asked about their learning needs and priorities regarding care.	1	2	3	4	5	1	2	3
There is open disclosure by staff and physicians with patients and families regarding all errors whether or not adverse events occur:								
– In written policy.	1	2	3	4	5	1	2	3
– In actual practice.	1	2	3	4	5	1	2	3
There are supportive procedures for resolving disputes between patients, families, staff, and physicians.	1	2	3	4	5	1	2	3

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK	Very Well			Low	High		
<b>Information/Education for Patients and Families</b>									
There is continual, open, and honest communication among patients, families, physicians, and staff.	1	2	3	4	5	1	2	3	
Patients and families receive complete and unbiased information to make informed decisions about care.	1	2	3	4	5	1	2	3	
Informational and educational materials reinforce the belief that patients and their families are essential members of the health care team.	1	2	3	4	5	1	2	3	
A range of informational and educational programs and materials are consistently available to patients and families.	1	2	3	4	5	1	2	3	
Written information and educational programs are provided in primary languages and appropriate education levels for patients and families served by the ambulatory program.	1	2	3	4	5	1	2	3	
Trained interpreters are available.	1	2	3	4	5	1	2	3	
Staff are knowledgeable about health education and wellness programs offered in the community and facilitate patient and family access to appropriate programs.	1	2	3	4	5	1	2	3	

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK	Very Well			Low	High		
<b>Information/Education for Patients and Families (cont.)</b>									
There is a patient and family resource center accessible to patients and families in the ambulatory program, larger health system, or community, with:									
– Paid staff or volunteers to assist patients, families, staff, and physicians.	1	2	3	4	5	1	2	3	
– Useful written and audiovisual materials.	1	2	3	4	5	1	2	3	
– Information on a range of topics including traditional Western medicine, complementary therapies, health promotion, disease prevention, and management of chronic conditions.	1	2	3	4	5	1	2	3	
– Internet access.	1	2	3	4	5	1	2	3	
– Useful bookmarked Web sites.	1	2	3	4	5	1	2	3	
Individualized and understandable follow-up information is provided to patients and their families from:									
– Their care providers.	1	2	3	4	5	1	2	3	
– Other outpatient settings.	1	2	3	4	5	1	2	3	
– Inpatient settings.	1	2	3	4	5	1	2	3	
– Emergency departments.	1	2	3	4	5	1	2	3	
Patients and families are involved in developing and evaluating informational/educational materials and programs.	1	2	3	4	5	1	2	3	

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK	Very Well			Low	High		
<b>Patient and Family Support</b>									
Staff and physicians ask patients to identify family members or other support people who will participate in care and decision-making.	1	2	3	4	5	1	2	3	
There is a range of emotional, spiritual, and practical support available to patients and families.	1	2	3	4	5	1	2	3	
There are trained patient/family/community paraprofessionals available to patients and families in the community.	1	2	3	4	5	1	2	3	
Peer support is available and accessible to patients and families.	1	2	3	4	5	1	2	3	
Care is coordinated with, and specific referrals made to, appropriate medical, developmental, and support services such as:									
– Home visiting services.	1	2	3	4	5	1	2	3	
– Specialty providers.	1	2	3	4	5	1	2	3	
– Rehabilitation services.	1	2	3	4	5	1	2	3	
– Long-term care facilities.	1	2	3	4	5	1	2	3	
– Hospice care.	1	2	3	4	5	1	2	3	
– Family planning services.	1	2	3	4	5	1	2	3	
– Community-based health and wellness programs.	1	2	3	4	5	1	2	3	
– Peer support programs.	1	2	3	4	5	1	2	3	
– Services and organizations for chronic conditions.	1	2	3	4	5	1	2	3	

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK	Very Well			Low	High		
<b>Patient and Family Support (cont.)</b>									
- Mental health services.	1	2	3	4	5	1	2	3	
- Social services.	1	2	3	4	5	1	2	3	
- Domestic violence and prevention programs.	1	2	3	4	5	1	2	3	
- Substance abuse prevention and treatment programs.	1	2	3	4	5	1	2	3	
- Child abuse prevention and treatment programs.	1	2	3	4	5	1	2	3	
- Adult day care.	1	2	3	4	5	1	2	3	
- Respite care.	1	2	3	4	5	1	2	3	
- Developmental services.	1	2	3	4	5	1	2	3	
- Child care agencies.	1	2	3	4	5	1	2	3	
- Parenting education.	1	2	3	4	5	1	2	3	
There is an ethics committee available to patients, families, staff, and physicians.	1	2	3	4	5	1	2	3	

Key Indicators	Status	Perceived Priority for Change/Improvement	Notes
	Not at All OK Very Well	Low High	Examples/Clarification of Response
<b>Charting and Documentation</b>			
The goals, preferences, and priorities of patients and their families are included in the medical record / chart.	1 2 3 4 5	1 2 3	
Patients and their families, in accordance with patient preference, have easy access to the medical record / chart.	1 2 3 4 5	1 2 3	
Patients and their families, in accordance with patient preference, have the opportunity to record observations and concerns in the medical record / chart.	1 2 3 4 5	1 2 3	
Language used in documentation promotes recognition of the strengths and competence of patients and their families.	1 2 3 4 5	1 2 3	
Documentation procedures and forms protect the patient's right to privacy and confidentiality in a manner consistent with the intent of the Health Insurance Portability and Accountability Act (HIPAA).	1 2 3 4 5	1 2 3	

Key Indicators	Status			Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response	
	Not at All	OK	Very Well	Low	High			
<b>Quality Improvement</b>								
Patient- and family-centered care is acknowledged as an attribute of high quality care, and outcome measures include indicators for patient- and family-centered ambulatory care.	1	2	3	4	5	1	2	3
Patients and families are involved in:								
– Quality improvement initiatives.	1	2	3	4	5	1	2	3
– Developing questions and format for tools that measure patient and family perceptions of the experience of care.	1	2	3	4	5	1	2	3
– Responding and finding solutions to information gathered through measures of patient and family perceptions of the experience of care.	1	2	3	4	5	1	2	3

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK	Very Well			Low	High		
<b>Personnel Practices</b>									
Patients and families are involved in:									
– The hiring process for staff and physician leaders.	1	2	3	4	5	1	2	3	
– Orientation of new employees, physicians, students, and trainees.	1	2	3	4	5	1	2	3	
– Staff development.	1	2	3	4	5	1	2	3	
– Continuing medical education programs.	1	2	3	4	5	1	2	3	
Staff reflect the diversity of the communities served by the ambulatory program.	1	2	3	4	5	1	2	3	
Position descriptions and performance appraisals define expectations for behaviors consistent with patient- and family-centered concepts.	1	2	3	4	5	1	2	3	
Each position description and performance appraisal clearly articulates the necessity of collaborating with:									
– Patients and families at all levels of care.	1	2	3	4	5	1	2	3	
– Staff across disciplines and departments.	1	2	3	4	5	1	2	3	
– Providers in the hospital and health system and community.	1	2	3	4	5	1	2	3	

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK	Very Well			Low	High		
<b>Personnel Practices (cont.)</b>									
Orientation and inservice programs support staff and physicians in acquiring patient- and family-centered knowledge, skills, and attitudes, and there is educational programming specifically for:									
– Conveying respect to patients and families, physicians, and other staff.	1	2	3	4	5	1	2	3	
– Communicating effectively with patients and families:	1	2	3	4	5	1	2	3	
– Gathering information from patients and families.	1	2	3	4	5	1	2	3	
– Providing medical and other information in ways that are understandable and useful to patients and families.	1	2	3	4	5	1	2	3	
– Conveying “bad news” in a supportive manner.	1	2	3	4	5	1	2	3	
– Sharing information with patients and families about errors.	1	2	3	4	5	1	2	3	
– Fostering the confidence and competence of patients and families.	1	2	3	4	5	1	2	3	
– Overcoming linguistic, cultural, and other barriers to effective collaboration.	1	2	3	4	5	1	2	3	
– Setting goals collaboratively with the patient and, according to patient preference, the family.	1	2	3	4	5	1	2	3	
– Respecting the choices of patients and their families.	1	2	3	4	5	1	2	3	
– Reducing the stress of illness and health care experiences.	1	2	3	4	5	1	2	3	

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK		Very Well		Low		High	
<b>Personnel Practices (cont.)</b>									
– Supporting patients and families with end-of-life decision-making.	1	2	3	4	5	1	2	3	
– Communicating effectively with staff and physicians within the other outpatient and inpatient programs and across disciplines.	1	2	3	4	5	1	2	3	
– Collaborating with patient and family advisors/leaders in policy and program planning, implementation, and evaluation.	1	2	3	4	5	1	2	3	
There are a variety of support opportunities for staff and physicians (e.g., reflective practice, bereavement support, mentoring programs, and counseling).	1	2	3	4	5	1	2	3	
There are rewards and recognition for patient- and family-centered practice.	1	2	3	4	5	1	2	3	

Key Indicators	Status			Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response	
	Not at All	OK	Very Well	Low	High			
<b>Environment and Design</b>								
The overall design of the ambulatory program creates a welcoming and healing environment for patients and families through the use of:								
– Color and texture.	1	2	3	4	5	1	2	3
– Art that reflects the community and cultures served.	1	2	3	4	5	1	2	3
– Elements of nature.	1	2	3	4	5	1	2	3
– Warm and appropriate lighting.	1	2	3	4	5	1	2	3
– Pleasing sounds and aromas.	1	2	3	4	5	1	2	3
– Control and reduction of noise.	1	2	3	4	5	1	2	3
– Proportion and scale.	1	2	3	4	5	1	2	3
– Ease of navigation.	1	2	3	4	5	1	2	3
– Protection of privacy for patients and families.	1	2	3	4	5	1	2	3
– Respite areas for staff.	1	2	3	4	5	1	2	3
– Views of nature and access to outdoor areas.	1	2	3	4	5	1	2	3
The following create positive, welcoming first impressions for patients and families:								
– Parking areas.	1	2	3	4	5	1	2	3
– Main entrance and lobby.	1	2	3	4	5	1	2	3
– Ambulatory reception area.	1	2	3	4	5	1	2	3

Key Indicators	Status					Perceived Priority for Change/Improvement			Notes Examples/Clarification of Response
	Not at All	OK	Very Well			Low	High		
<b>Environment and Design (cont.)</b>									
Signage is welcoming and helpful to patients and families.	1	2	3	4	5	1	2	3	
Signage is in the language(s) of the communities served.	1	2	3	4	5	1	2	3	
The design of exam rooms include:									
– Privacy for the patient and family or other support person.	1	2	3	4	5	1	2	3	
– Warm and appropriate lighting for the patient, family or other support person, physicians, and staff.	1	2	3	4	5	1	2	3	
– Comfortable furniture.	1	2	3	4	5	1	2	3	
– Furniture arranged to promote dialogue and collaborative care planning (e.g., table with comfortable chairs).	1	2	3	4	5	1	2	3	
– Adequate space to allow for the presence of family or other support person(s).	1	2	3	4	5	1	2	3	
Procedure rooms allow for comfort, privacy, and the presence of family or other support person(s).	1	2	3	4	5	1	2	3	
There are spaces to facilitate educational and support activities for patients and their families.	1	2	3	4	5	1	2	3	

## Open-Ended Responses

Are there other ways that the ambulatory program demonstrates a commitment to patient- and family-centered care?

What are the benefits/outcomes evolving from implementing patient- and family-centered care?

What are the biggest challenges the program faces in implementing patient- and family-centered care (e.g., identifying patients and families to serve on committees, attitudes of staff, cut-backs in personnel)?

What are the opportunities for patient- and family-centered change and improvement at this time (e.g., a desired change in organizational culture, a planned renovation, a new quality improvement initiative, contract negotiations, a new partnership with a community-based outreach program)?

Reflect on the findings of this assessment and their relevance and importance to the ambulatory program's strategic priorities, and quality and safety agendas.

