Delivering Exceptional Outcomes and Experiences using the PFCC Methodology and Practice

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Learning Objectives

• Understand that we need a new and simple operating system for delivering care in our complex system

• View all care experiences through the eyes of Patients and Families

• Co-design experiences with Patients, Families and Care Givers

• The PFCC focus will also improve outcomes, quality, safety, and reduce waste
Why Change?

Just Ask Our Patients and Families

• We are not delivering the basics in a very complex system
• We must focus on providing a full cycle of care
• Real Value? Transitions of Care and Communications
It’s time for a new Operating System (OS) for the delivery of care...
The Patient and Family Experience Based Methodology

• **Designing** services, interactions, processes and environments for the complete **experience**

• Making it better for the **end user**

• Expanding on but **not replacing** the clinical sciences and process improvement

• **Strength:** Implementation
The Three Keys to Success for Operating System v2.0
Key #1

View All Care as an Experience and Through the Eyes of Patients and Families
Key #2

Co-Design

Consulting and Advising
Listening and Responding
Giving Information
Complaining
Experience-Based Co-Design
Engagement to Partnerships
Key #3: Implementation

Simple Solutions in a Complex System

- Methodology
- Co-Design
- Overcome Hurdles

Ideal Experience

Current State
The Way to Get Started

An Experienced Based Design Tool for Health Care:

The Patient and Family Centered Care Methodology and Practice

The New Operating System for Health Care

Anthony M. DiGioia III, MD • Patricia L. Embree • Eve Shapiro
and a Cast of Thousands of PFCC Champions, Patients and Families
The PFCC Methodology and Practice as Our New OS v2.0

• Singular goal to provide **exceptional care experiences** for patients and their families
• Which also delivers better outcomes and quality, safety and reduces waste
• Re-focus **existing resources**…not new ones
• **You** and your care teams will identify, solve and implement the solutions with the help of patients and families
Performance vs. Process Improvement

The Entire Care Experience

Clinical and Process Outcomes, Quality, Safety and Efficiencies

The Triple Aim
The Answer Already Exists Within Our Organizations…

Transform Care

1. Define Care Experience
2. Guiding Council
3. Current State, View Care, Urgency
4. Working Group thru Touchpoints
5. Shared Vision of the Ideal
6. PFCC Projects and Improvement Teams
We need to define and build our teams!

Care Giver

Any person within a care setting whose work touches a patient’s or family’s experience (ie—It’s a team effort)

Touchpoints

Key moments and places in any care setting where patient and family care experiences are directly or indirectly affected by any Care Giver.
Step 1: Child and Family Services – Behavioral Health

**Begins:**
Upon 1st phone call for intake appointment

**Ends:**
Once patient leaves facility after meeting with therapist
Step 1: Outpatient Example

Diabetes Working Group

Begins:
Upon 1st phone call for office appointment

Ends:
Upon departure or the follow-up call by staff to patient regarding test results.
PFCC Methodology and Practice

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Step 2: Real World Example
Diabetes PFCC Guiding Council

• Administrative Champion = Vice President, Ambulatory Services

• Clinical Champion = Program Director, Center for Diabetes and Endocrinology

• PFCC Coordinator = Practice Manager, Center for Diabetes and Endocrinology
PFCC Methodology and Practice

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Ideal Experience

Current State
Key PFCC App: Shadowing and Care Experience Flow Mapping

- Walk the walk of patients and families…
- Shadow patients and families throughout the selected care experience, as well as for recording observations and insights
- High impact for the $’s and effort
“We watch what people do (and do not do) and listen to what they say (and do not say). The easiest thing about the search for insight – in contrast to the search for hard data – is that it’s everywhere and it’s free.”

- Tim Brown

*Change by Design*
Patient and Family Shadowing Sets the Stage for Urgent Change

- Care Experience Flow Mapping
- Comparison of True vs. Assumed
- Determine Your Current State
Shadowing is Changing Our Perspective

I can’t tell you how impactful Shadowing is; once people Shadow, they talk about PFCC differently—getting to view care through the eyes of patients and families truly provides Care Givers with a different perspective.

Susan P. Ferguson
Chief Nursing Officer, Baptist--Collierville
The First Steps Towards Transformation

• Shadowing Continuously Engages and Partners with Patients, Families and Care Givers

• Creates “Real-Time” Patient and Family Advisory Councils

• Shadowing is the Best Way to Get Started
### Step 3: Diabetes Working Group
#### Care Experience Flow Map

<table>
<thead>
<tr>
<th>Touchpoints</th>
<th>Care Givers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Center</td>
<td>Scheduler</td>
</tr>
<tr>
<td>Registration</td>
<td>Registrar</td>
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<tr>
<td>Waiting Room</td>
<td>Medical Assistant</td>
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<tr>
<td>Vitals Room</td>
<td>Nurse</td>
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<tr>
<td>Exam Room</td>
<td>Doctor</td>
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<tr>
<td>Lab</td>
<td>Phlebotomist</td>
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<tr>
<td>Check Out</td>
<td>Clerk</td>
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</tbody>
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PFCC Methodology and Practice

1. Define Care Experience
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Current State
### Step 4: Diabetes Working Group Care Experience

**Flow Map and Building Care Teams**

<table>
<thead>
<tr>
<th>Touchpoints:</th>
<th>Care Givers:</th>
<th>Care Giver “TEAM List”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Center</td>
<td>Scheduler</td>
<td>Pat Smith</td>
</tr>
<tr>
<td>Registration</td>
<td>Registrar</td>
<td>Chris Kelly</td>
</tr>
<tr>
<td>Waiting Room</td>
<td>Medical Asst</td>
<td>Sam Jones</td>
</tr>
<tr>
<td>Vitals Room</td>
<td>Nurse</td>
<td>Terry Miller</td>
</tr>
<tr>
<td>Exam Room</td>
<td>Doctor</td>
<td>Dr. Sue Grade</td>
</tr>
<tr>
<td>Lab</td>
<td>Phlebotomist</td>
<td>Lou Simon</td>
</tr>
<tr>
<td>Check Out</td>
<td>Clerk</td>
<td>Deb Unger</td>
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</tbody>
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PFCC Methodology and Practice

Current State

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Ideal Experience
Many Ways to Craft the Ideal Story

ALL Stories must be written as if you were the patient or family member

- Patient and family contributions
- Written as a group during a couple of Working Group meetings
- Working Group brainstorming sessions
Step 5: Real World Examples

PFCC Live Ideal Stories
PFCC Methodology and Practice

Current State

1. Define Care Experience
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Ideal Experience
Use the **Same Six Steps** in Your PFCC Project Improvement Teams

1. Select Care Experience
2. Co-leaders
3. Evaluate the Current State
4. Project Team based on Touchpoints
5. Shared Vision of the Ideal
6. PFCC Improvement Projects
Cycle Within a Cycle and Never Ending Continuous Performance Improvement
Accountable Care, The PFCC OS and Metrics

Clinical Outcomes, Quality and Safety

Patient and Family at the Center

Patient and Family Care Experiences

Patient Reported Outcomes and Shared Decision Making

True $ Cost $
There Will be Hurdles and a BIG One: Our Organizations and…Artificial Silos

• Delivering exceptional care experiences is simple…the complexity is largely a reflection of the environment in which we find ourselves (Berwick and Kenagy)

• Focusing on the patient and family is a transformational (disruptive) approach for your organization…which means there are “special” challenges
There Will be Hurdles and a BIG One: Our Organizations and...Artificial Silos

Silos and PFCC M/P

Follow the Patient and Family
The Untapped Co-Design Resource is Us!

We are:
- Care Givers
- Patients
- Family Members
Welcome to the Magee Bone and Joint Center
Our Journey in Developing a Hip and Knee TJR Focused Care Center

• One of the highest volume centers in just 5 years and with 3 full time surgeons
• Over 90% of patients are discharged to home…and with lowest length of stay
• Best outcomes as measured by readmission rates, transfusion rates, infection rates and SCIP compliance
• Most efficient OR
• High performance care teams
• Lowest cost per case (real costs)
PFCC is a grassroots effort to change the culture at UPMC

50 active Care Experience Working Groups and hospitals of all kinds:

In 2011, over 167 Project Teams Over 421 Completed Projects
Many Different Care Experiences and Types of Hospital - Big and Small, Tertiary to Community, Inpatient and Outpatient

<table>
<thead>
<tr>
<th>Bariatric Surgery</th>
<th>Pediatric Outpatient Surgery</th>
</tr>
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<tbody>
<tr>
<td>Total Hip and Knee Joint Replacement</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Women’s Cancer Services</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Day of Surgery</td>
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<tr>
<td>Pediatric and Adult Emergency Room</td>
<td>Transplant</td>
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<td></td>
<td>Level I Trauma</td>
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<td></td>
<td>Urgent Care Centers</td>
</tr>
</tbody>
</table>
The Diabetes Care Experience

...Sharing Successes

• Patient “Folder Holders” are provided to patients to organize the paperwork they receive

• Spill Proof Specimen Jars were piloted and now being used in all UPMC hospitals
Pediatric Rheumatology Care Experience

• Phone Tree Reorganization gets caller to the right place

• Pain Free Blood Draw takes away the “Ouch!”

• Walking Directions to office from all entrances
The Pediatric ENT Care Experience
…Making a Positive Impact

• Distraction items added to exam rooms

• “Universal Brochure” created to streamline communication

Press Ganey scores increased by 6.3%!
84.1% (July-Sept 2011) to 90.4% (Oct – Dec 2011)
The Bariatrics Care Experience

...Changes for the Better

• Behaviorist added to follow-up care
• Exercise Classes for people not accustomed to exercise
• Cooking Classes with a guest chef introduce patients to new foods and new, healthier cooking methods
PFCC OS is Grassroots and a “Pragmatic” Science

• Customized for health care and why we are in health care - provides the focus – taking care of patients and their families
• Simple to learn and builds care teams
• Generates a sense of urgency
• Breaks down silos
• Drives transformational change
You, your care teams and patients and families will determine:

• opportunities for improvement
• propose and test solutions
• implement and then operationalize changes
• that will transform care and change the culture
The PFCC Community of Practice is Growing

• Baptist Memorial, Collierville - Tennessee
• Nemours, A Children’s Health System, Delaware and Orlando
• National Health Service, UK
• Korean Health System, Korea
• WellSpan Health, Pennsylvania
• Rochester General Hospital, New York
• UNC Healthcare, North Carolina
So it’s Up to You…

• Become a **Catalyst** for change…..

• Or watch change happen and be dragged along for the ride…..
How do you start a PFCC movement?
Leadership…and the PFCC Movement

• We can all be both the **Lone Nut** and **First Followers**

• Embedded in the PFCC OS are new sets of behaviors that converts followers to self-directing leaders

• Care Givers can develop a new sense of self-identity because they will take ownership of a historic event in health care
You can do this too....
Are you ready to get started?

Come to VisionQuest!

For additional resources, information and the tools to help you get started, please visit:

www.pfcc.org/CAFwebinar
PFCC is the New Operating System v2.0 for the Delivery of Care

Questions?
Please visit [http://www.pfcc.org/cinwebinar/](http://www.pfcc.org/cinwebinar/) for additional resources:

- Go Guide
- Shadowing Guide
- Shadowing Field Journal
- Journal of Nursing Administration Articles
- 2011 PFCC Annual Report
- Clinical Orthopaedics and Related Research Articles
- Health Affairs Articles
- Save the Date for the next VisionQuest Workshop

If you would like to receive more information about PFCC please provide your name and email address in the **poll box** to your right.