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**

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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

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It's time for a new **Operating System (OS)** for the delivery of care…

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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

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Key #2

Co-Design

Experience-Based Co-Design
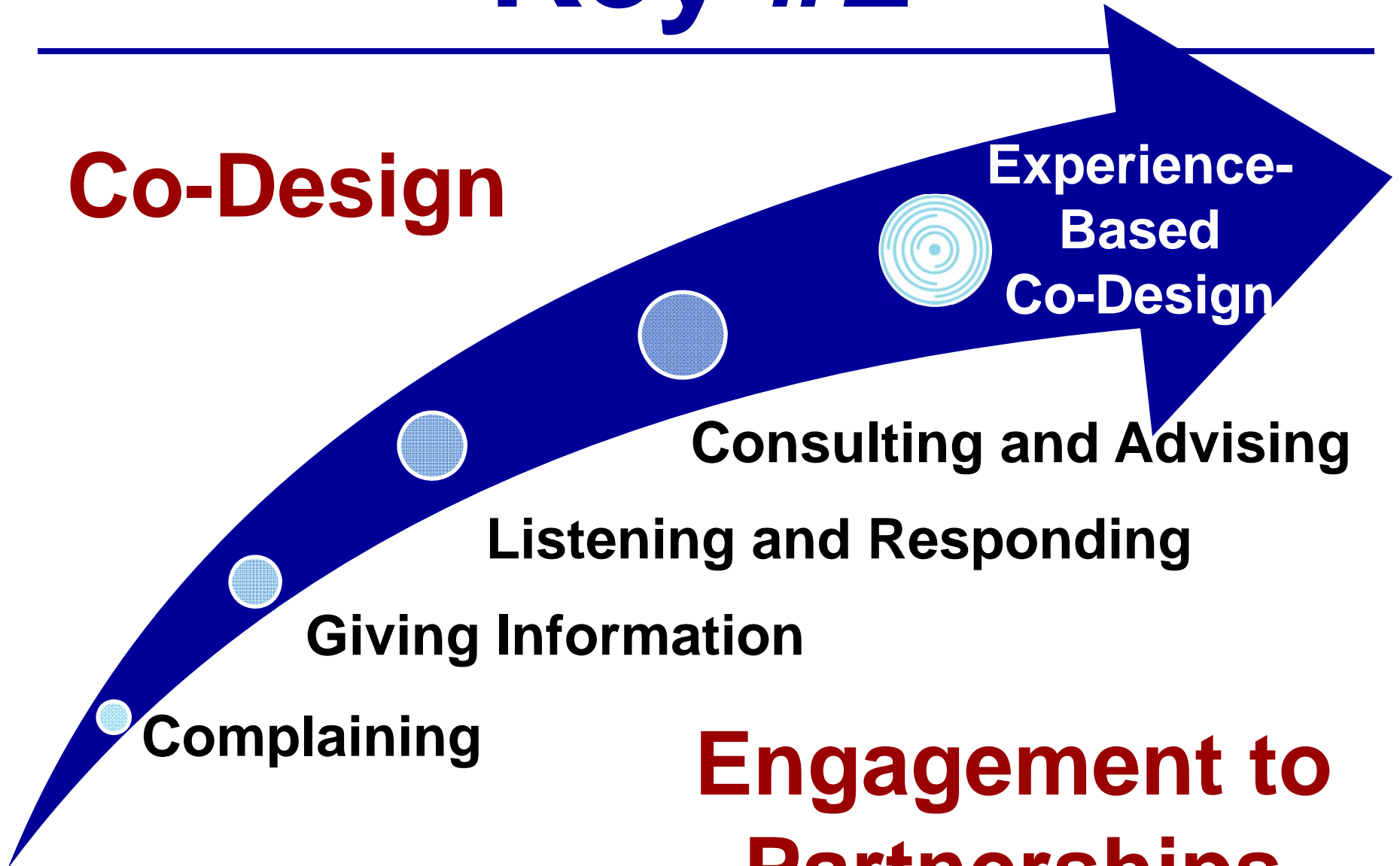
Consulting and Advising

Listening and Responding

Giving Information

Complaining

Engagement to Partnerships

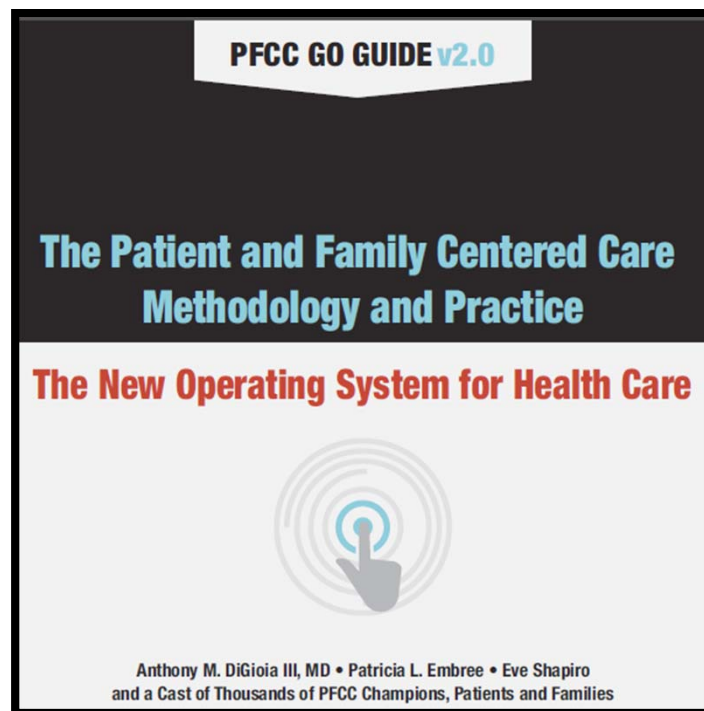# Key #3: Implementation

Simple Solutions in a Complex System

Ideal Experience

- Methodology
- Co-Design
- Overcome Hurdles

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 PFCC Methodology and Practice as Our New OS v2.0

- **Singular goal to provide <u>exceptional care experiences</u> for patients and their <u>families</u>**

- **Which also delivers better outcomes and quality, safety and reduces waste**

- **Re-focus <u>existing resources</u>…not new ones**

- <u>You</u> and your care teams will identify, solve and implement the solutions with the help of patients and families

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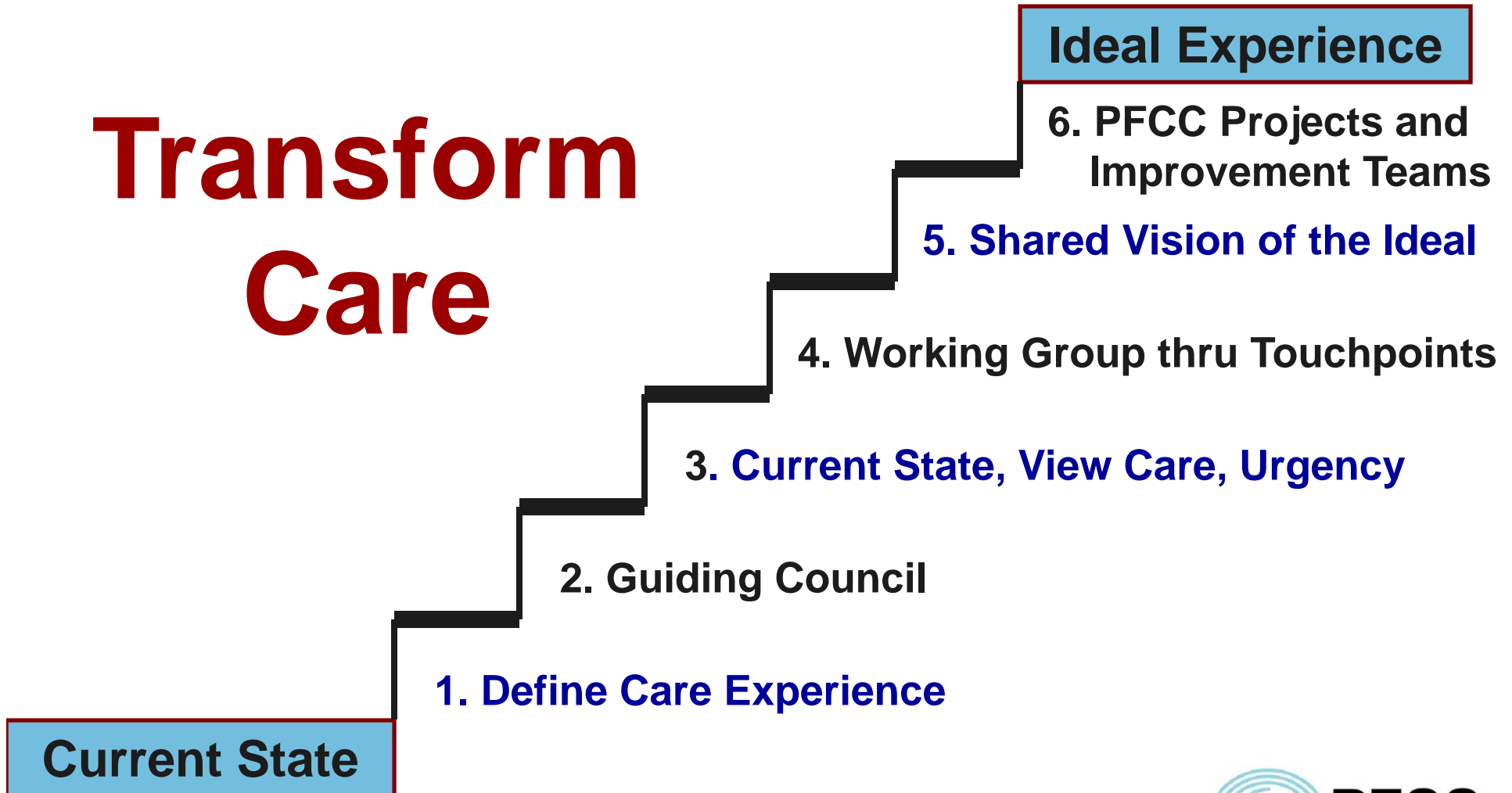
Performance vs. Process Improvement

The Entire Care Experience

Clinical and Process Outcomes, Quality, Safety and Efficiencies

The Triple Aim

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The Answer Already Exists Within Our Organizations…

Transform Care

Ideal Experience

6. PFCC Projects and Improvement Teams

5. Shared Vision of the Ideal

4. Working Group thru Touchpoints

3. Current State, View Care, Urgency

2. Guiding Council

1. Define Care Experience

Current State

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We need to define
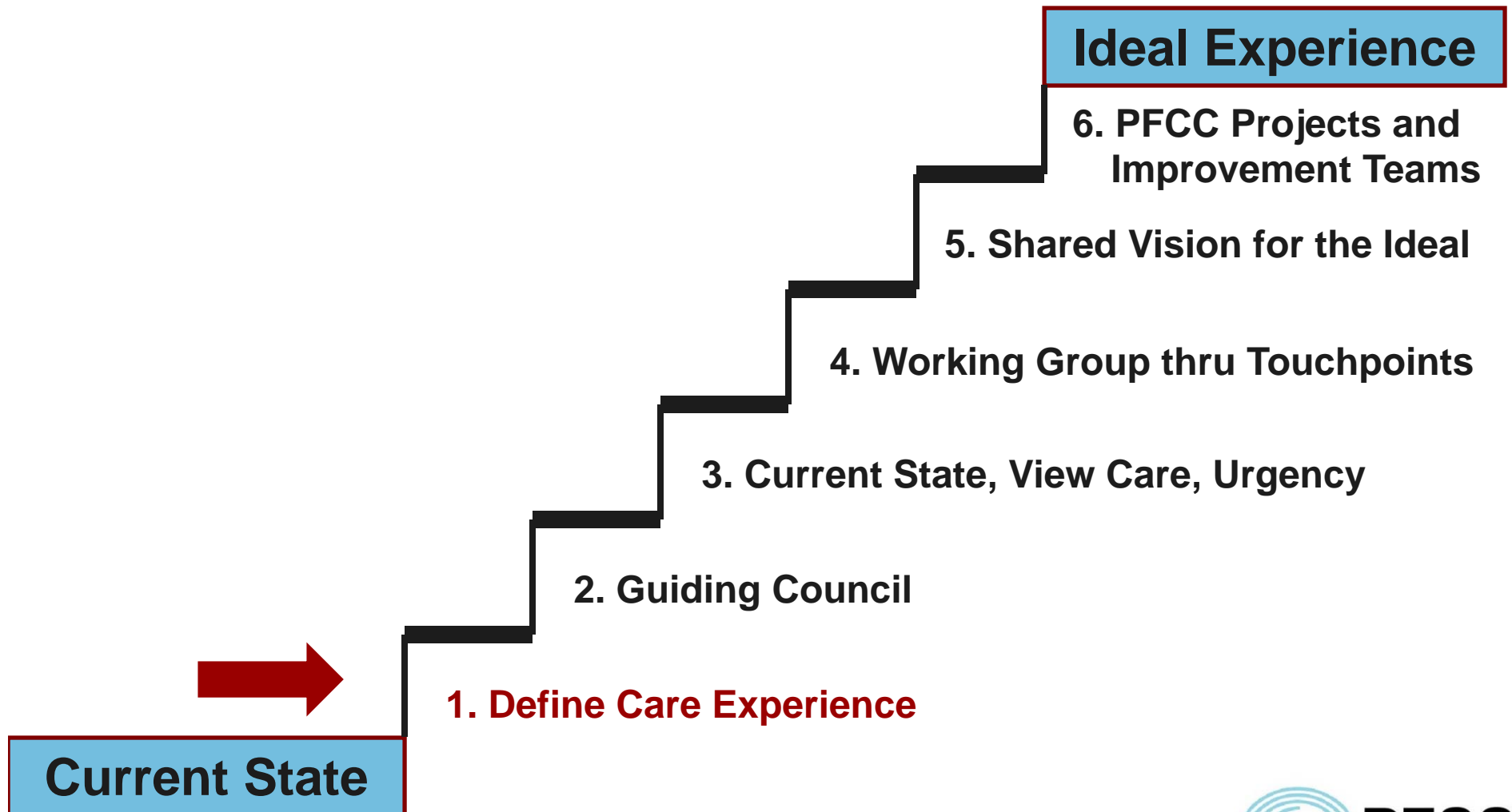# and build our teams!

Care Giver

<u>Any person</u> within a care setting whose work touches a patient's or family's experience (ie—<u>It's a team effort</u>)

Touchpoints

Key moments and places in any care setting where patient and family care experiences are directly or indirectly affected by any Care Giver.

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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

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Step 1: Outpatient Example

Diabetes Working Group
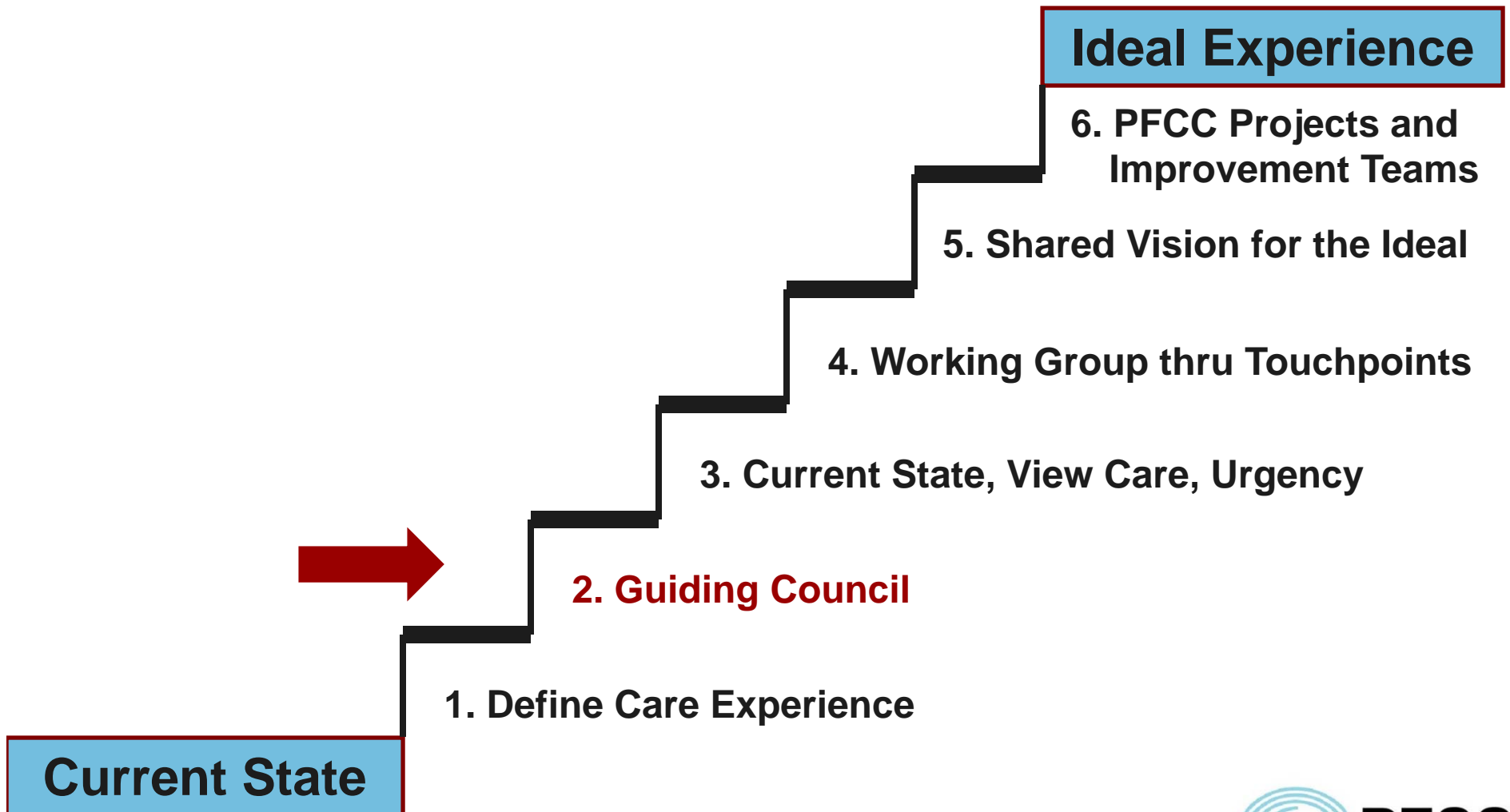
Begins:

Upon 1st phone call for office appointment

Ends:

Upon departure or the follow-up call by staff to patient regarding test results.

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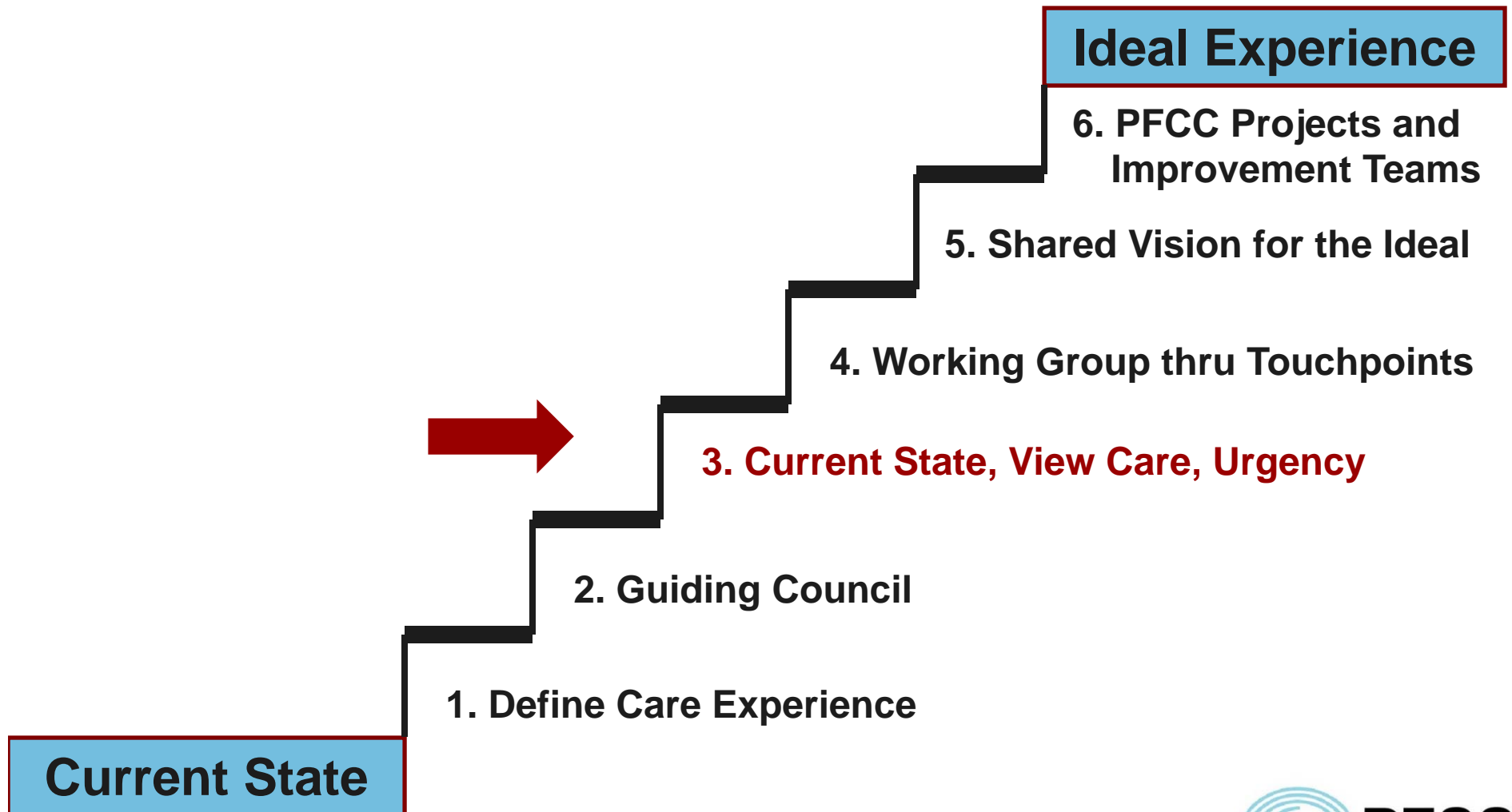PATIENT- AND FAMILY-CENTERED CARE

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

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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

Shadowing

"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

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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

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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

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Step 3: Diabetes Working Group Care Experience Flow Map
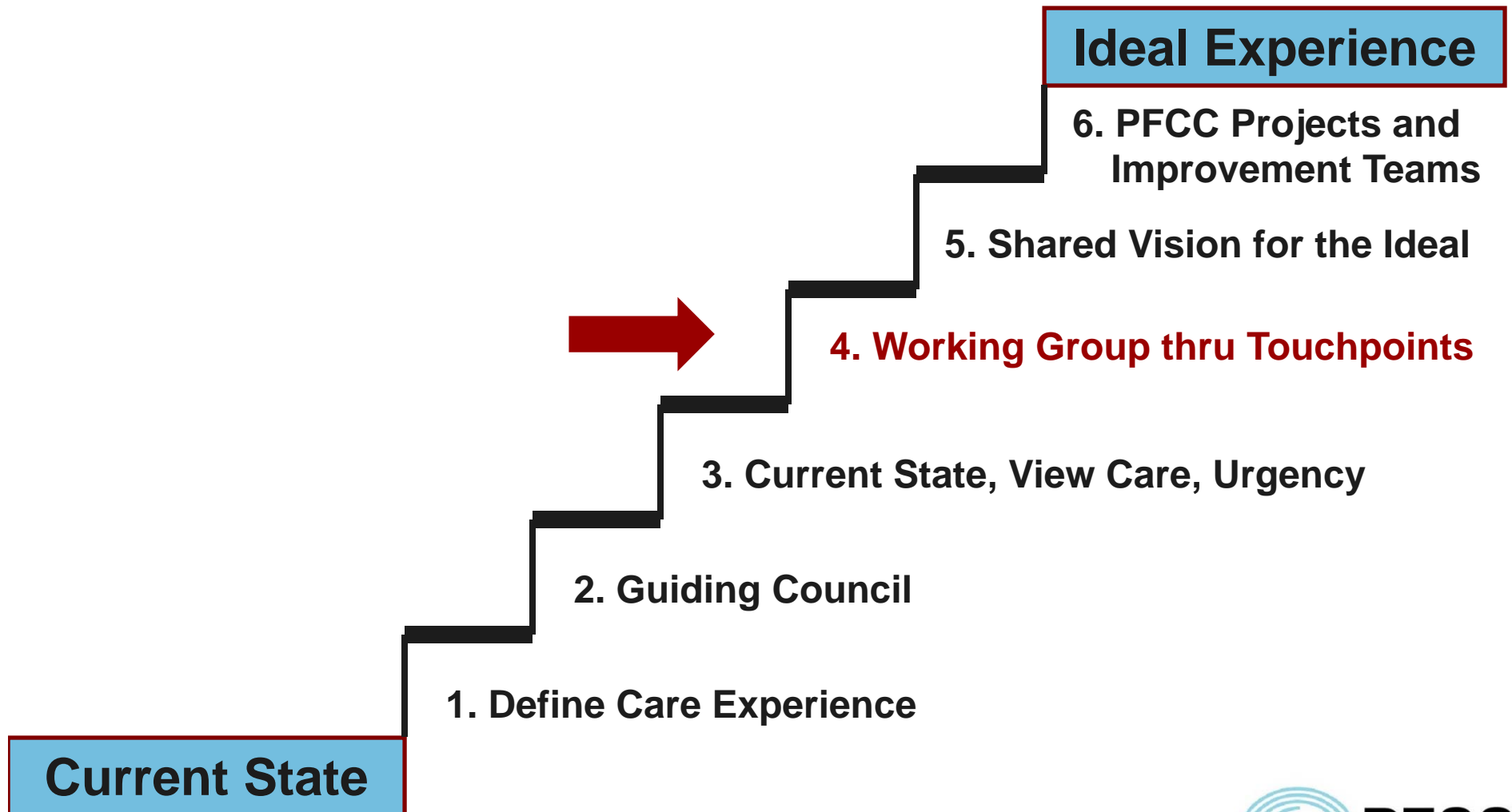
Touchpoints:

- Call Center
- Registration
- Waiting Room
- Vitals Room
- Exam Room
- Lab
- Check Out

Care Givers:

- Scheduler
- Registrar
- Medical Assistant
- Nurse
- Doctor
- Phlebotomist
- Clerk

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   Improvement Teams

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Step 4: Diabetes Working Group Care Experience Flow Map and Building Care Teams

Touchpoints:
- Call Center
- Registration
- Waiting Room
- Vitals Room
- Exam Room
- Lab
- Check Out

Care Givers:
- Scheduler
- Registrar
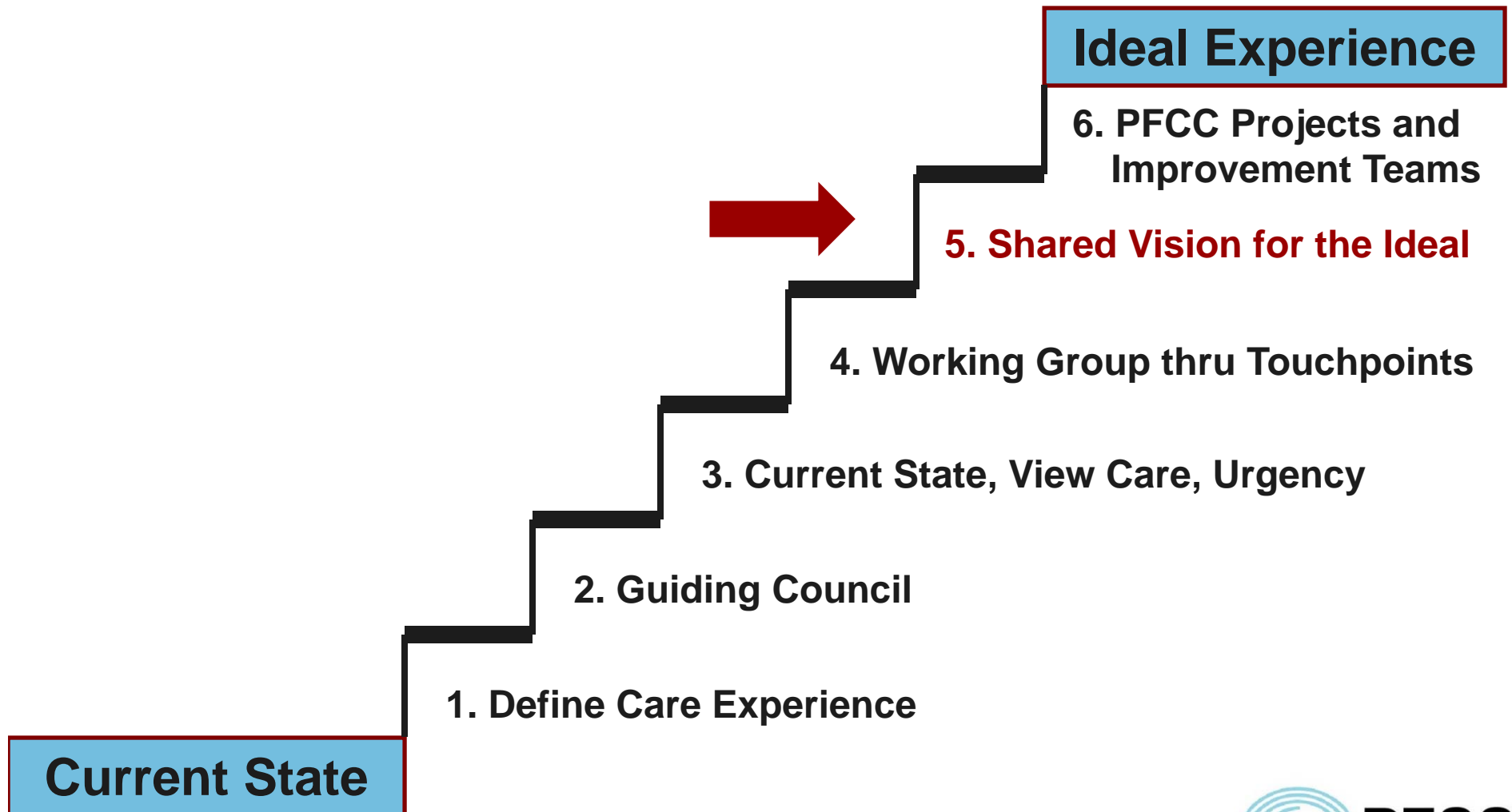- Medical Asst
- Nurse
- Doctor
- Phlebotomist
- Clerk
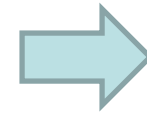
Care Giver "TEAM List"
- Pat Smith
- Chris Kelly
- Sam Jones
- Terry Miller
- Dr. Sue Grade
- Lou Simon
- Deb Unger

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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
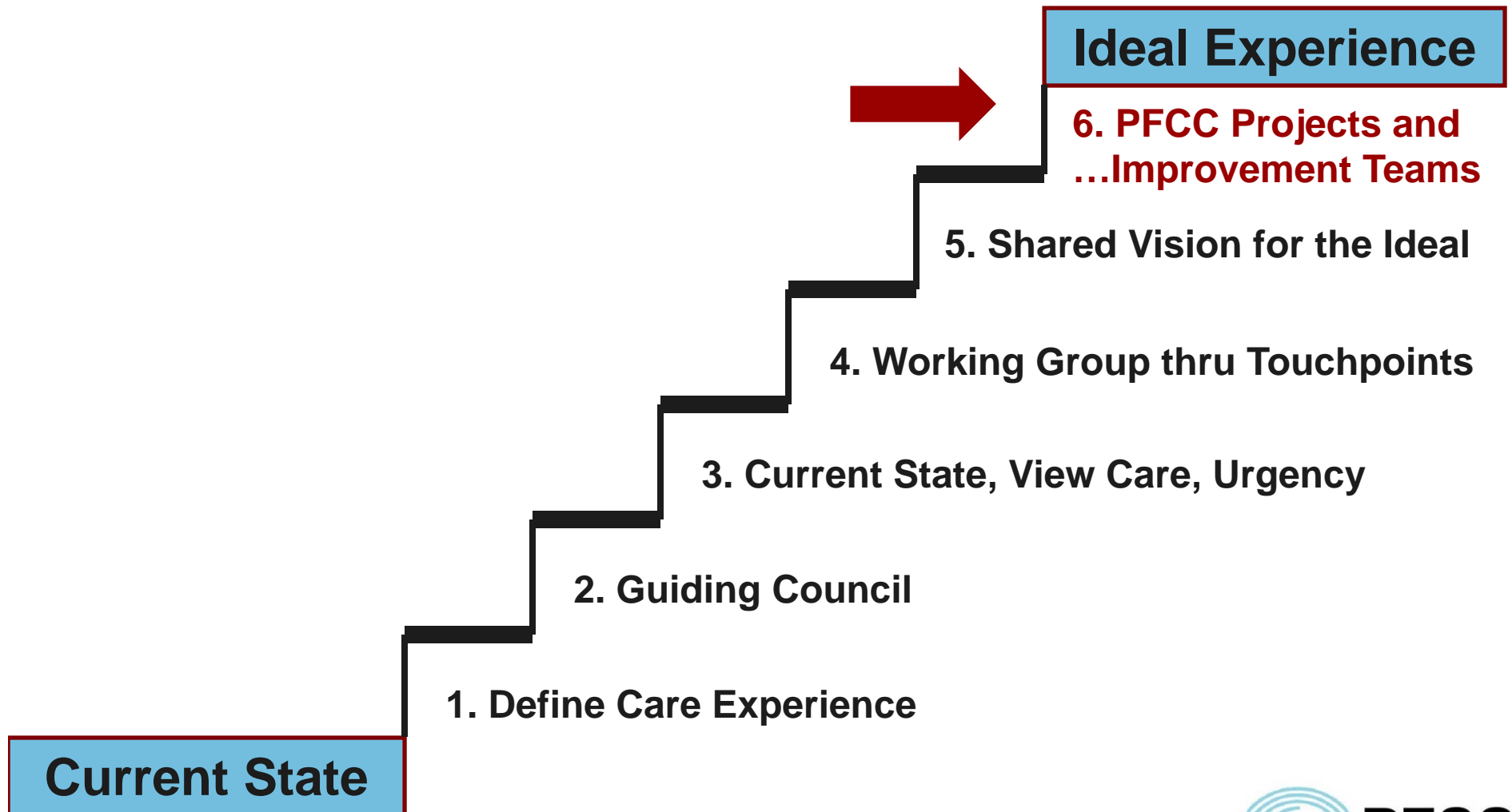- Working Group brainstorming sessions

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Step 5: Real World Examples

PFCC Live Ideal Stories

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Ideal Experience

→ 6. PFCC Projects and …Improvement Teams

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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

Six Steps Project Teams
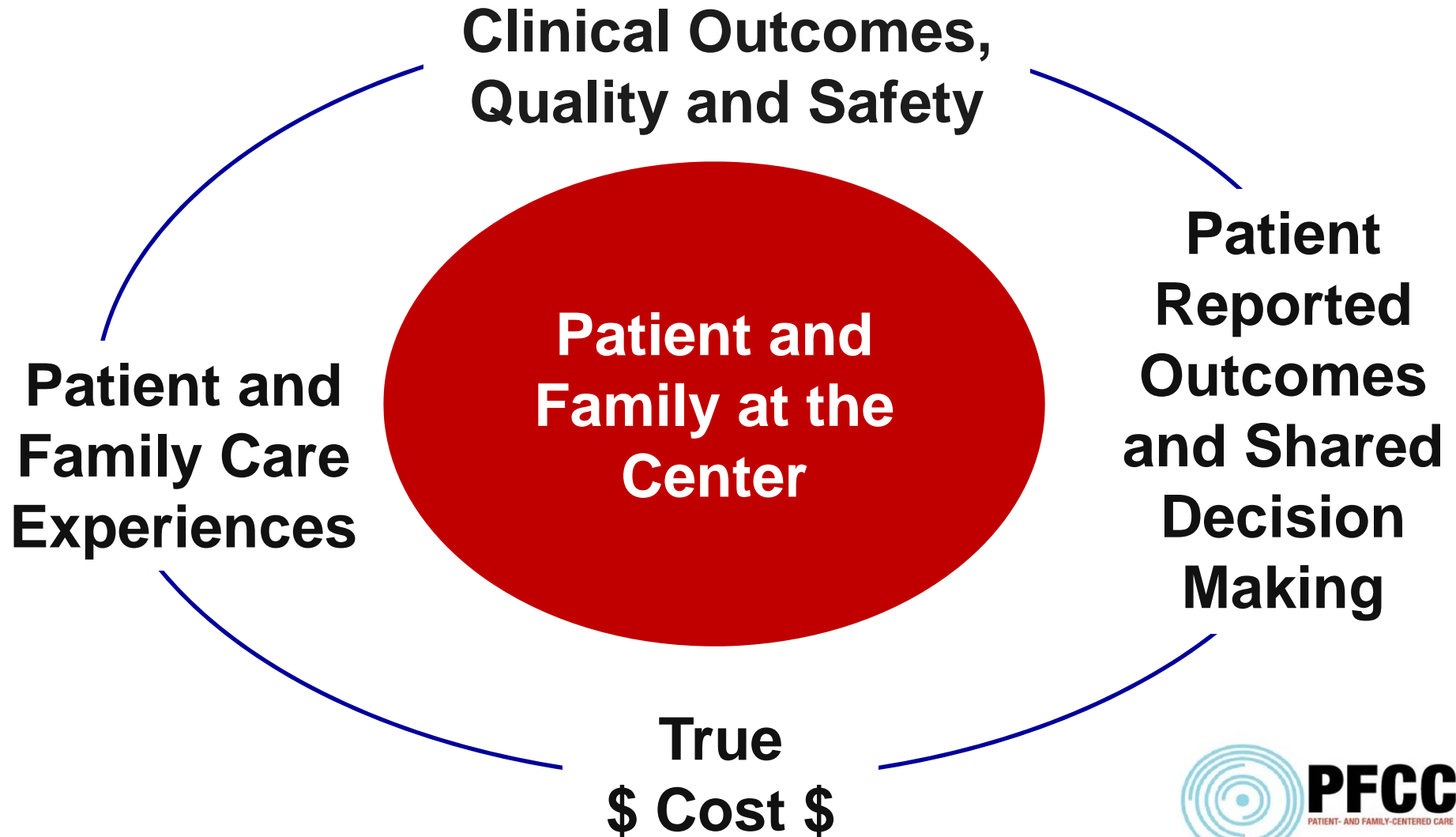
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Cycle Within a Cycle and Never Ending Continuous Performance Improvement
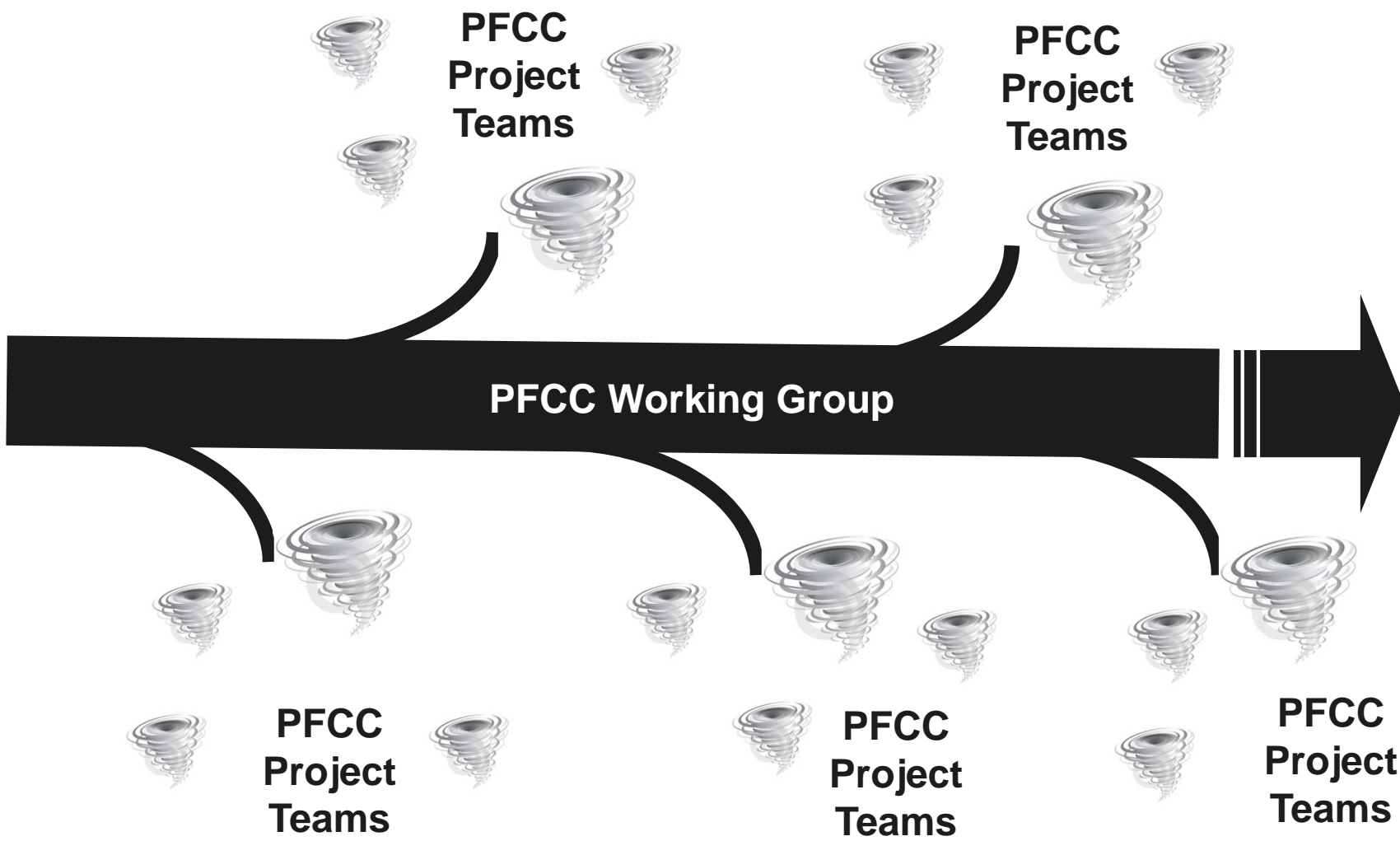
Accountable Care,
The PFCC OS and Metrics

**Clinical Outcomes,
Quality and Safety**

**Patient and
Family Care
Experiences**

**Patient and
Family at the
Center**

**Patient
Reported
Outcomes
and Shared
Decision
Making**

**True
$ Cost $**

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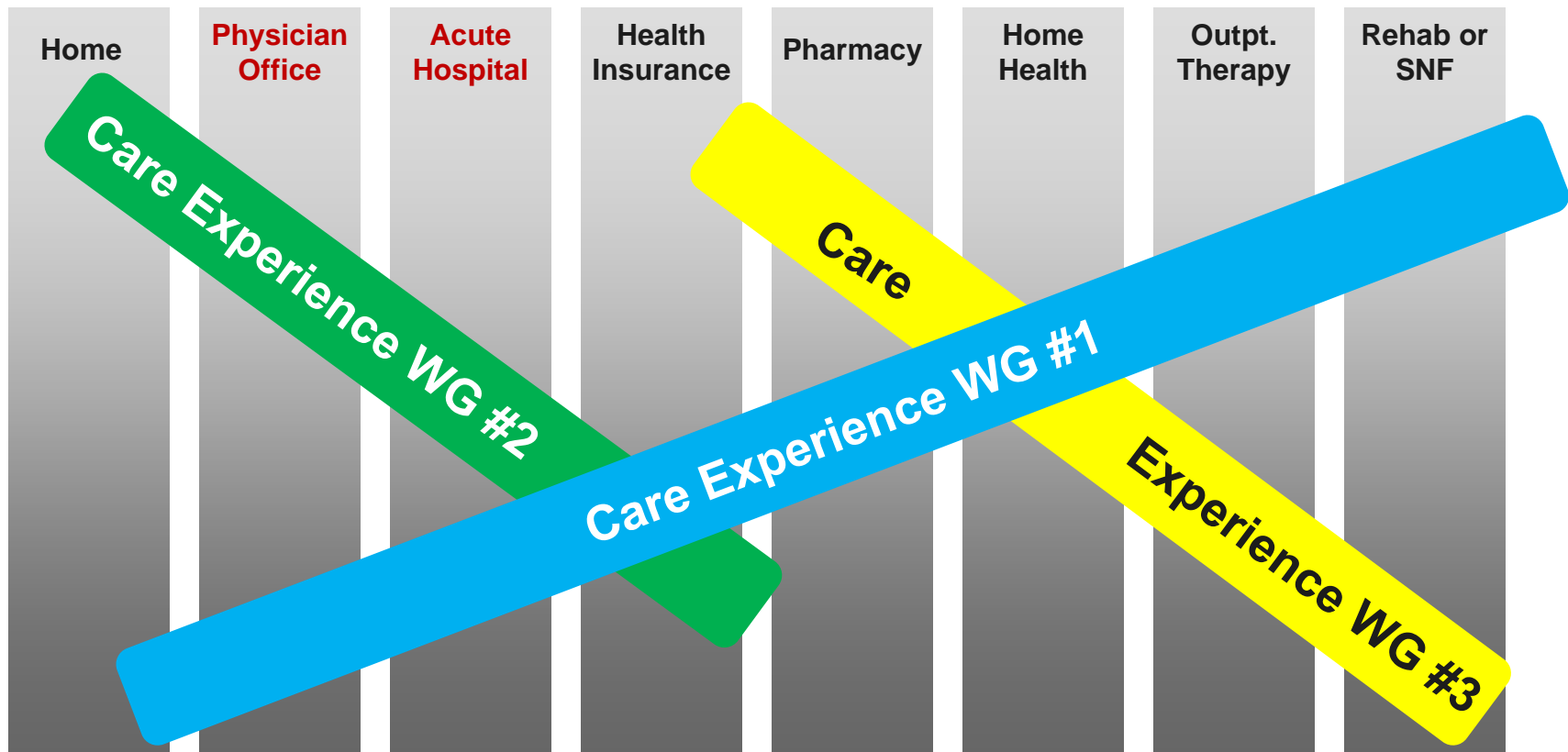
There Will be Hurdles and a BIG One: Our Organizations and…Artificial Silos

- 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

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

Silos and PFCC M/P

Home | Physician Office | Acute Hospital | Health Insurance | Pharmacy | Home Health | Outpt. Therapy | Rehab or SNF

Care Experience WG #2

Care Experience WG #1

Care Experience WG #3

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)
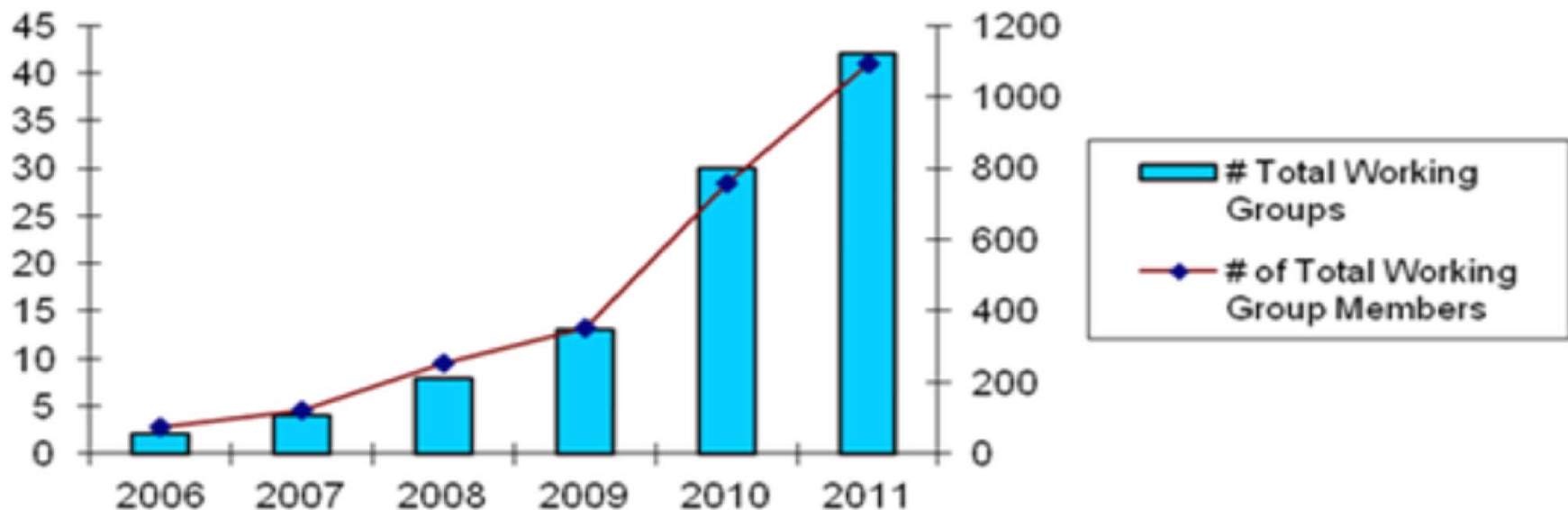
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PFCC is a grassroots effort to change the culture at UPMC

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

In 2011, over **167** Project Teams Over **421** Completed Projects

PFCC Working Group Membership

Many Different Care Experiences and Types of Hospital - Big and Small, Tertiary to Community, Inpatient and Outpatient

- Bariatric Surgery
- Total Hip and Knee Joint Replacement
- Women's Cancer Services
- Home Health Care
- Pediatric and Adult Emergency Room
- Pediatric Outpatient Surgery
- Rehabilitation
- Rheumatology
- Day of Surgery
- Transplant
- Level I Trauma
- Urgent Care Centers

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**

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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

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PFCC OS is Grassroots and a "Pragmatic" Science

- **Customized for health care and why we are in health care - provides the focus – <u>taking care of patients and their families</u>**
- **Simple to learn and builds care teams**
- **Generates a sense of urgency**
- **Breaks down silos**
- **Drives transformational change**

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The PFCC Operating System v2.0 Can Drive Powerful Change in Care Delivery

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**

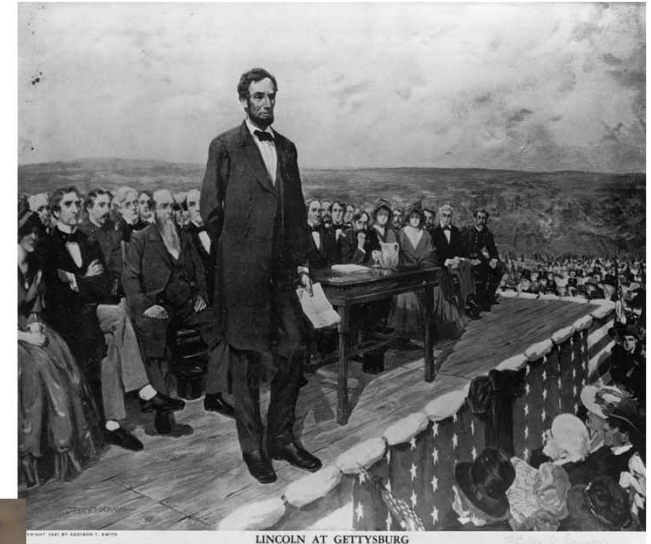- **UNC Healthcare, North Carolina**

So it's Up to You...

- **Become a Catalyst for change…..**

- **Or watch change happen and be dragged along for the ride…..**

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How do you start a PFCC movement?

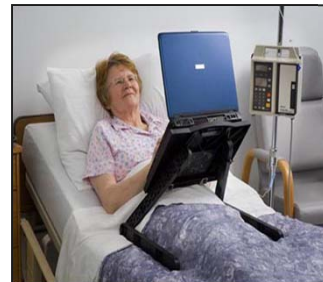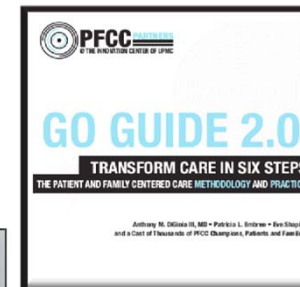# Leadership…and the PFCC Movement

- We can all be both the **Lone Nut** <u>and</u> **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

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The PFCC Operating System

Ideal

You can
do this
too….

GO GUIDE 2.0
TRANSFORM CARE IN SIX STEPS
THE PATIENT AND FAMILY CENTERED CARE METHODOLOGY AND PRACTICE

You!

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Are you ready to get started?

PFCC VisionQuest:

Adopt, Accelerate & Spread the Patient and Family Centered Care Methodology and Practice

Friday, Oct 12, 2012
Pittsburgh, PA

SAVE THE DATE

For more information and to register visit
www.PFCCVisionQuest.org or call 412-641-1924

Come to VisionQuest!

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

www.pfcc.org/CAFwebinar

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PFCC is the New Operating System v2.0 for the Delivery of Care

Care Givers → Design Care Together ← Patients and Families

Questions?

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Please visit 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.