2012 Webinar Series

Transform Care in Six Steps:
The Patient and Family Centered Care Methodology and Practice

Michelle Giarrusso, Sr. Project Manager, PFCC Partners

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Improving the patient experience
Defining Patient Experience

The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute
5 Top Keynotes
16 Informative Breakout Sessions

Tiffany Christensen
Beyond the Bedside: A Patient Perspective on Transforming the Healthcare Experience through Partnership

Fred Lee
Going From Good to Great in Patient Perceptions

Wendy Lebov, Ed.D.
How to Achieve a Win-Win-Win: The Patient-Physician Dialogue and CAHPS

Al Stubblefield
Creating and Sustaining a Culture of Patient-Centered Excellence

Colleen Sweeney, RN, BS
The Patient Empathy Project - What Patients Fear and Why Hospitals Have to Know

Members save $150 off Registration.

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Patient Experience Body of Knowledge

The *Patient Experience Body of Knowledge* is a framework to capture the knowledge central to the role of the patient experience leader. The intention of this work is to develop a broadly accepted set of domains and associated skills that fully reflects the core accountabilities associated with being an effective patient experience leader.

**Public comment period ends April 16, 2012.** Provide your input through the feedback worksheet at: [http://www.theberylinstitute.org/?page=PEKNOWLEDGE](http://www.theberylinstitute.org/?page=PEKNOWLEDGE)

The Fourteen Domains of Knowledge include:

| History: Customer Service to Service Excellence and Patient Advocacy to Patient Experience | Patient & Family Centered Care |
| Healthcare Leadership & Management | Experience Design |
| Communication | Clinical Partnerships |
| Organizational Effectiveness, Performance Improvement, & Change | Service Recovery & Complaint Management |
| Employee Engagement | Hospitality & Healing Services |
| Coaching & Developing Others | Metrics & Measurement |
| Cultural Competence and Diversity | Policy & Regulatory Issues |
Housekeeping

- All participant phone lines are muted
- The presentation will run 45-50 minutes with about 10-15 min for Q&A
- Q&A will be conducted through the chat function. Please submit questions to the host for a facilitated Q&A after the presentation.
- Webinar materials and session recording will be available for all attendees (an email will notify you when available with the appropriate link)
- A post-webinar survey will be distributed following today’s session
Transform Care in Six Steps: The Patient and Family Centered Care Methodology and Practice

Michelle Giarrusso, Sr. Project Manager, PFCC Partners

Over the past four years, over 7,000 front-line staff members have been actively involved in Patient and Family Centered Care (PFCC) Working Groups and PFCC Project Improvement Teams at The University of Pittsburgh Medical Center. Based on their experiences, learn how to create a culture of safety, quality and waste reduction while using the 6 step PFCC M/P. Discover how to view all care through the eyes of the patients and families. In this session, participants will receive an overview of the PFCC M/P approach to transforming care and culture in any organization. Participants will gain an understanding of how the PFCC M/P also enables the co-designing of care experiences by partnering with patients and families as well as health care providers in the design process.
Transform Care in Six Steps: The Patient and Family Centered Care Methodology and Practice

Michelle Giarrusso
and PFCC Partners @ The Innovation Center of UPMC
March 6, 2012
Learning Objectives

• Discover how to view all care through the eyes of patients and families to co-design the exceptional care experience
• Learn how to create a culture of safety, quality and waste reduction while using the six step PFCC M/P
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
Word of Warning on the Current State...

• No industry has survived without focusing on the needs and wants of their end users. We lost this concept along the way...

• We must begin to listen to our patients and families (and Care Givers) as our end users…and actually engage all in the design of new approaches
Isn’t it time for a new Operating System (OS) for the delivery of care?
We should never just try to be a “service line” because the value is that we stage experiences and we guide transformations for our patients and their families.
The New PFCC OS Cuts Across Silos and Creates Care Experience Based Teams*

*Follow the Patient and their Family
When the Patient and Family are at the Center of Care Delivery…

- With **transformations**, patients are engaged and changed.
- We are forced to look at the whole experience i.e. **full cycle of care**.
- Nothing is more important than the knowledge required to transform and this comes from “**co-design**”.
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 Their Families
Key #2

Co-Design

Complaining
Giving Information
Listening and Responding
Consulting and Advising
Experience-Based Co-Design

Engagement to Partnerships
View All Care Through the Eyes Of Patients and Families and Co-Design

- Shadowing and Care Experience
- Flow Mapping

- Reports
- Storytelling
  - Active Interaction

- Dashboards
- Informal Surveys
- Comment Cards
- Existing Reports

- Patient Family Advisory Councils
- Working Group Member
- Project Team Member
- Focus Groups
- Voice of Experience
- Adopt a Patient
- Video Booths
- Patient Letters
- Journaling/Diaries
- Discovery Interviews
Key #3

There are success stories…
but how can we all get there?

• Success because the focus was on the care experience…but most can’t explicitly explain how they got there…“no methodology”

• Are solutions transferrable?

• Everyone’s “current state” is different

• Difficulty is teaching others how to get there and to have widespread and rapid adoption…
Key #3: Implementation

Simple Solutions in a Complex System

- Methodology
- Co-Design
- Overcome Hurdles
The New PFCC OS Cuts Across Silos and Creates Care Experience Based Teams*

Silos and PFCC M/P

*Follow the Patient and their Family
“Two years ago before we started PFCC, we wouldn’t have been able to get our thoracic folks in the same room as our abdominal folks. They lived in their silos and didn’t see the need to talk to each other. Now they are collaborating weekly and making tremendous progress on all kinds of projects!”

- Deb Maurer, Program Administrator
- Administrative Champion, Transplant Care Experience Working Group
PFCC Methodology and Practice

**Care Giver**

Any person within a care setting whose work touches a patient’s or family’s experience.

**Touchpoints**

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

Six Steps To Transform Care

1. Define Care Experience
2. Guiding Council
3. Current State, View Care, Urgency
4. Working Group thru Touchpoints
5. Shared Vision for the Ideal
6. PFCC Projects and Improvement Teams

Ideal Experience

Current State
Inpatient Example of Step 1

Transplant Inpatient Care Experience

**Begins:**
When the patient receives a call that they may have a donor

**Ends:**
When the patient is transferred to Critical Care
PFCC Methodology and Practice

1. Define Care Experience
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Current State
Step 2 Real World Example:
Transplant PFCC Guiding Council

Administrative Champion = Program Administrator, Transplant Services
Clinical Champion = Clinical Director, Transplant and Dialysis Services
PFCC Coordinator = Data Quality Reviewer, United Network for Organ Sharing
PFCC Methodology and Practice

1. Define Care Experience
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Ideal Experience

Current State
Co-Design: Patient and Family Partnerships

(...and there is no one right answer for everywhere)

- Shadowing and Care Experience Mapping
- Patient and Family Advisory Councils
- Patients and Families on Working Groups and Project Teams
- Patient, Family and Care Giver Stories
- Informal Surveys
- HCAHPS and “Satisfaction” Surveys
- Voice of Experience and Adopt a Patient Programs
PFCC Start: 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
Viewing Care Experiences and Flow

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*
Shadowing leads to…

SICK

NO MONEY → WAIT TO FEEL MORE SICK

GO TO ER ⇄ FEEL MORE SICK

GET A HUGE BILL

Care Experience Flow Mapping
Care Experience Flow Map
Highlighting Touchpoints and Care Givers

- Parking: Greeted by Valet
  - Registration: Checks in with the registrar
    - Returns paperwork
      - Waiting Room: Finds seat and fills out paperwork
        - Sits back down in waiting room until Exam
          - LPN or a MA calls patient back and checks vitals
            - Doctor completes exam - patient is sent to lab room next
              - Lab tech completes blood work
                - Patient completes appointment with registrar

*Care Givers are highlighted in red*
Who Can Shadow?… Anyone!

- Shadowing resources: health profession students, volunteers, summer interns, patient advocates
- Shadowing for new hires and light duty staff
- The more “uninformed” the better
PFCC Methodology and Practice

1. Define Care Experience
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Current State

Ideal Experience
### Care Experience Flow Map and Crosswalk to Member List

<table>
<thead>
<tr>
<th>Touchpoints:</th>
<th>Care Givers:</th>
<th>Care Giver “Guest List”</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Parking</td>
<td>• Valet</td>
<td>• Jess</td>
</tr>
<tr>
<td>• Registration</td>
<td>• Registrar</td>
<td>• Kelly</td>
</tr>
<tr>
<td>• Waiting Room</td>
<td>• LPN or MA</td>
<td>• Alex</td>
</tr>
<tr>
<td>• Vitals Area</td>
<td>• Physician</td>
<td>• Cam</td>
</tr>
<tr>
<td>• Exam Room</td>
<td>• Lab Tech</td>
<td>• Terry</td>
</tr>
<tr>
<td>• Lab</td>
<td>• Registrar</td>
<td>• Jordan</td>
</tr>
<tr>
<td>• Check out</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PFCC Methodology and Practice

1. Define Care Experience
2. Guiding Council
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Current State
“Stories are the creative conversion of life itself into a more powerful, clearer, more meaningful experience. They are the currency of human contact.”

— Robert McKee
Award-winning film and television writer
Many Ways to Craft the Ideal Story

- Patient and family contributions
- Written as a group during a couple of WG meetings
- Working Group brainstorming sessions

* But ALL Stories must be written as if you were the patient or family member
PFCC Methodology and Practice

1. Define Care Experience
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Current State → Ideal Experience
Use the **Same Six Steps** to Form 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
Function Drives Structure

Care Experience

Guiding Council and Working Group

- Project Team 1
- Project Team 2
- Project Team 3
- Project Team #
PFCC OS is Making a Difference

PFCC is a grassroots effort to change the culture...

Over 156 Project Teams
Over 403 Completed Projects
In PFCC, Like Any Scientific Process
Metrics are a MUST

• The tendency is to only change what you measure. . .or if you don’t measure it - you won’t change it

• Metrics establish the baseline and for evaluations of future performance

• We must continue to collect and evaluate traditional metrics

• BUT...we need new metrics
PFCC OS Metrics

• As part of PFCC OS v2.0, we need to collect experience based metrics to evaluate care

• Key Metric: Patient and Family Care Experiences (Shadowing, Mapping and other PFCC Apps)

• Evaluate, re-evaluate again and again and create learning environment
PFCC OS Improves Care Givers’ Experiences too....
The Untapped Co-Design Resource is Us!

We are:
• Care Givers
• Patients
• Family Members
“Within the PFCC Model, administration is at the table and on-board to tackle problems that we bring. Before we had no one to go to.”

--R. Cartland Burns, MD
Associate Professor of Surgery
Many Different Care Experiences and Types of Working Groups

- Women’s Cancer Services
- Home Health Care
- Pediatric and Adult Emergency Room
- Ancillary Services
- Ear, Nose & Throat
- Child & Family Behavioral Services
- Pediatric Outpatient Surgery
- Rheumatology
- Urgent Care Centers
- Same Day Surgery
- Diabetes & Endocrinology
- Ambulatory Outpatient
Key Examples of Transforming Care Experiences for Patients, Families AND Care Givers:

• Hip and Knee Arthritis Care
• Level I Trauma Center
What makes the Bone and Joint Center Care Experience unique?

• Full cycle of care i.e. outpatient to inpatient to outpatient
• Planned admission – predictable flow
• Family members are involved from the beginning
• Multi-disciplinary Care Team
PFCC Impact…the Bone and Joint Center at Magee

- One of the highest surgical volumes
- Discharges to home over 90% of the time …and with lowest length of stay
- The best outcomes:
  - Readmission rates, transfusion rates, infection rates and SCIP compliance
- The most efficient OR and the best care teams
- The lowest cost per case
- All while having the highest HCAHPS anywhere (in the 99% percentile)
Most importantly, what do the patients and families think?
Bone and Joint Center  National HCAHPS Percentile Rankings

Data for Jan 1 – Dec 31, 2010
“Would you recommend The Orthopaedic Program at Magee-Womens Hospital to family and friends?”

% of patients responding "Yes"

<table>
<thead>
<tr>
<th>Year</th>
<th>% Responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>99.5%</td>
</tr>
<tr>
<td>2008</td>
<td>99.6%</td>
</tr>
<tr>
<td>2009</td>
<td>99.7%</td>
</tr>
<tr>
<td>2010</td>
<td>100%</td>
</tr>
<tr>
<td>2011</td>
<td>99.7%</td>
</tr>
</tbody>
</table>

2007 (n= 794) 2008 (n= 782) 2009 (n= 784) 2010 (n=583) 2011 (n=718)
Magee-Womens Hospital
Bone and Joint Center

- Named to the US News and World Report Top 50 Best Hospitals for 2011
- Magee Bone and Joint Center began 2006
- From start-up to #42 in just five years!
But what about an unexpected care experience?
What Makes the Level I Trauma Care Experience Unique?

- Unexpected admission is complex
- Patient and family flow is different
- The flow is not predictable for each patient
- Patient and family are often far away from home and separated from beginning
- No prior relationship with health care team
- Multi-disciplinary clinical teams
Cervical Spine Clearance

- Goal to decrease time from admission to clearance of the c-spine with collar removal

- Previous attempts to address issue

- Results showed 50% decrease compared to 2007 and a 70% decrease since 2003
Restructure of Level I Trauma Services

Created Three “Primary Care” Teams for Trauma

Results showed:
- Improved continuity of care
- Improved communication
- Improved patient & family satisfaction
- Improved resident work hour compliance

Trauma Discharge Comparison Aug/Sep 2009

The Trauma Restructure was associated with improvement in time of discharge
The Journey Continues...

PFCC VisionQuest:
How-To Guide for Providing Exceptional Care Experiences while Creating a Culture to Support Quality and Safety

Friday, June 1, 2011
8:00am-2:30pm
Herberman Conference Center
UPMC Shadyside, Pittsburgh, PA

To register please visit: VisionQuest.amd3.org or call 412-641-1924

Course Co-Directors
Anthony M. DiGioia III, MD
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Questions?
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Upcoming Webinars

March 20
Implementing Technology to Improve Patient Experience Scores
*Presented by Carmen Natale, System Director Service Excellence, Summa Health System and Shara L. Cohen, JD, VP of Client Experience, Emmi Solutions*

April 10
PFCC: Beyond the Hospital Walls
*Presented by Naomi Williams, Family Support Coordinator/Patient Advisor, Georgia Health Sciences Medical Center*
We invite you to Join us...

The Beryl Institute is the leading community of practice for individuals and organizations committed to improving the Patient Experience. Through its efforts, the Institute:

- Engages over 7,000 members and guests from 6 countries
- Produces two monthly e-news features *Patient Experience Newsl ink* and *Patient Experience Monthly*, sharing leading policy and practice around the patient experience
- Publishes 6-8 comprehensive white papers a year and offers accompanying webinars
- Supports 10 patient experience research grants
- Conducts the leading benchmarking study on the state of patient experience
- Hosts the annual Patient Experience Conference and Regional Roundtable gatherings

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Thank you for participating!

Please keep your eyes open for a post webinar evaluation coming soon...

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