The Patient Family Centered Care Methodology and Practice: Disruptive Innovation

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Disclosure Statement

I have no affiliation, financial or otherwise, with any commercial or other industry interest with regard to the PFCC Methodology and Practice or this presentation.

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Learning Objectives

• Learn the simple 6 steps of the PFCC Methodology for viewing all care as experiences through the eyes of patients and families
• Understand how the PFCC Methodology is a disruptive innovation
• Understand how the PFCC Methodology improves outcomes, quality and safety while reducing waste and cost
• Learn how the PFCC Methodology has been implemented to improve care delivery in Surgical Services
UPMC: Who are We?

- UPMC is a $10 billion integrated global health system headquartered in Pittsburgh, PA
- Named one of the nation’s Top 10 Hospitals on the *U.S. News & World Report*’s Honor Roll of America’s Best Hospitals
- Pennsylvania’s largest employer with 55,000 employee.
- Operates more than 20 academic, community, and specialty hospitals and 400 outpatient sites, employs more than 3,200 physicians, and an array of rehabilitation, retirement, and long-term care facilities
The Patient and Family Centered Care Methodology and Practice

- **A simple** standardized approach to viewing all care through the eyes of patients and families.
- Co-design care delivery to provide exactly what patients and families want and need – no more and no less.
- Achieves improved experiences & outcomes while decreasing waste and cost.
- Developed for health care, the PFCC M/P is based on the Design Sciences in which the goal is always to make things better for the end user.
The PFCC Methodology and Practice
Six Steps

1. Define Care Experience
2. Guiding Council
3. Shadow, Current State, Urgency
4. Working Group thru Touchpoints
5. Shared Vision of the Ideal
6. PFCC Project Teams to Close the Gap
Let’s define our terms!

**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.
Three Keys for the PFCC Methodology and Practice

**Key #1**: Viewing all care as experiences through the eyes of patients and families.

**Key #2**: Engaging patients and families as full partners in co-designing care with us.

**Key #3**: Providing simple solutions in a complex system in order to overcome hurdles and break down barriers to providing ideal care experiences.
The PFCC Methodology and Practice Provides the Steps to Success

1. Define Care Experience
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Current State
Example of Step 1: Surgical Services Care Experience

Begins:
From the initial phone call to the office

Ends:
When the patient returns to the MD office for 1 month follow-up visit
The PFCC Methodology and Practice Provides the Steps to Success

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Step 2: Establish a PFCC Care Experience Guiding Council

Members:
- Administrative Champion(s)
- Clinical Champion(s)
- PFCC Coordinator

Responsibilities:
- Go Shadow
- Set the stage for expanding into PFCC Working Group
- Maintain the momentum
Example of Step 2:
Surgical Services Guiding Council

Administrative Champion = VP Operations

Clinical Champion = Director of Surgical Services

PFCC Coordinator = Scheduling Assistant
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Current State
What is Shadowing?

Shadowing is the direct, real-time observation of patients and families as they move through each step of a care experience, over the full cycle of care.
“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.”

“This enlightened perception reveals the experience, not just the process.”

Tim Brown

Change by Design
Shadowing

Empathy

Insights

Tim Brown’s
Change by Design
Shadowing

• Walk the walk of patients and families...feel what they feel
• Shadow patients and families through the selected care experience, record subjective and objective observations and insights
• High impact for the $’s and effort
Who Can Shadow?…Anyone!

• Guiding Council
• Shadowing for new hires and light duty staff
• Students, volunteers, summer interns, patient advocates
“Being a nurse for 25 years I thought I had a good understanding of what our patients and families wanted because I live it and work it every day. But I found out that there are some things that are more important to the patients than I thought they were. For example, I didn’t realize how many people were having a hard time just finding my unit. Or that parking was such a big issue.”

-- Suzanne Rocks, RN  
Clinical Champion Surgical Care Experience PFCC Working Group
## Examples: Assumed vs. True

<table>
<thead>
<tr>
<th>Assumed</th>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counter 1</td>
<td>Parking Garage</td>
</tr>
<tr>
<td>Counter 2</td>
<td>Counter 1</td>
</tr>
<tr>
<td>Main Waiting Area</td>
<td>Counter 2</td>
</tr>
<tr>
<td>Patient Room</td>
<td>Main Waiting Area</td>
</tr>
<tr>
<td>Small Waiting Area</td>
<td>Vitals Room</td>
</tr>
<tr>
<td></td>
<td>Patient Room</td>
</tr>
<tr>
<td></td>
<td>Small Waiting Area</td>
</tr>
<tr>
<td></td>
<td>Discharge Desk</td>
</tr>
<tr>
<td></td>
<td>Pay Station</td>
</tr>
</tbody>
</table>
# Day of Admission Care Experience Flow

<table>
<thead>
<tr>
<th>Touchpoints:</th>
<th>Care Givers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parking Garage</td>
<td>Valet attendant</td>
</tr>
<tr>
<td>Registration Desk</td>
<td>Receptionist</td>
</tr>
<tr>
<td>Exam Room</td>
<td>CRNP</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Technician</td>
</tr>
<tr>
<td>Transport</td>
<td>transporter</td>
</tr>
<tr>
<td>Inpatient Unit/Room</td>
<td>Unit Director</td>
</tr>
<tr>
<td></td>
<td>Nurse</td>
</tr>
</tbody>
</table>
Patient and Family Shadowing

Six Steps to Shadowing

1. Define the Care Experience for Shadowing
2. Select the Patient and Family Shadower
3. Gather Information for the Shadowing Project
4. Connect with the Patient and Family
5. Observe the Patient’s and Family’s Care Experience
6. Report Your Findings
First Contact & Parking

• Automated phone greeting
  – Not caller friendly
  – Misleading

• Receptionist friendly

• Same day appointment

• Texted directions to phone

• Parking confusing and a long way from clinic
Registration Experience

- Questions repeated from phone call
- No wheelchair for patient
- Nurse comes out to greet patient in a timely manner
Exam Room Experience

- Nurse
  - Uses medical jargon
  - Patient/family anxious
  - Orders ultrasound

- 30 minute wait for transport
Ultrasound Experience

- Daughter told to stay behind
- Transport leaves patient in hallway
- Daughter alone in exam room for **45 minutes** w/o updates
- Results ready quickly; delivered by CRNP
Inpatient Admission Experience

• Patient arrives on floor
  – Staff is unprepared
• Waits for room in hallway
  – 30 minutes
  – Shadower intervenes
• Blood work not taken
• Cafeteria closes early
Discharge and Follow-up

- Confusion on time of D/C
- 7 hour wait
- Patient and Daughter present for instructions
- Medications not explained
- Patient looking for prescription
- Follow-up call from nurse
Recommendations

- Improve automated recording
- Confirm information once
- Wheelchair access in garage
- Clearer signage in garage and to unit
- Improve Care Giver handoffs
- Room service options
- Discharge process
“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
Go Shadow

Identifies Ways to Improve Efficiencies, Reduce Waste and Costs

• Efficiently Identifies/Assigns Resources and Costs for Any Care Experience
• Determines Accurate Current State vs the Assumptions of Thought Leaders
• Engages Staff, Patient and Families to Deliver Just the Right Amount of Care ie not too much and not too little
• Results in Thoughtful Cost Reduction Process vs Mandatory Typical Top-Down Cuts
The PFCC Methodology and Practice Provides the Steps to Success

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Step 4

Expand the Guiding Council into your PFCC Working Group

- Establish your WG Members from your Touchpoints.
- Cut a wide swath across the silos of care delivery.
- Develop your high performance care eams
### Example of Step 4: Same Day Surgery Care Experience Crosswalk to Member List

<table>
<thead>
<tr>
<th>Touchpoints:</th>
<th>Care Givers:</th>
<th>WG Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr.'s Office</td>
<td>Receptionist</td>
<td>Pat Smith</td>
</tr>
<tr>
<td>Exam Room</td>
<td>CRNP</td>
<td>Chris Kelly</td>
</tr>
<tr>
<td>Radiology</td>
<td>Technician</td>
<td>Sam Jones</td>
</tr>
<tr>
<td>Exam Room</td>
<td>Physician</td>
<td>Al Very</td>
</tr>
<tr>
<td>Teaching Rm</td>
<td>Scheduler</td>
<td>Sue Grade</td>
</tr>
<tr>
<td>Pre-Op Testing</td>
<td>Nurse</td>
<td>Lou Simon</td>
</tr>
<tr>
<td>Check-out</td>
<td>Receptionist</td>
<td>Deb Unger</td>
</tr>
<tr>
<td>Parking</td>
<td>Valet</td>
<td>Jamie Ox</td>
</tr>
</tbody>
</table>
Hospital Hurdles

Care Delivery

Scheduler

Valet

Technician

Nurse/Doctor

Dietary

PFCC Care Experience WG #1

PFCC Care Experience WG #3
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Current State
The PFCC Methodology and Practice Provides the Steps to Success

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Continuous **Performance** Improvement and **Sustainability**

- Pre-Arrival Experience
- Arrival/Portal Experience
- Registration Experience
- Service Experience
- Caregiver Recognition
- Discharge Experience

Surgical Services PFCC Working Group
Step 5: Real World Example
Surgical Services
PFCC Project Teams

- Pre-Arrival Experience
- Arrival/Portal Experience
- Registration Experience
- Service Experience
- Caregiver Recognition/Department Culture
- OR Experience –
  - Turnaround Time/First Case Starts
- Post-Operative Experience
- Inpatient Unit Arrival and Discharge
- Physician/Facilities Experience
- Concierge Service
Pre-Arrival Experience:  
Patient Information Packet

Goal: To provide consistent and up to date information to patients on what to expect the day of surgery

Accomplishments:
- Created new Preparing for Your Surgery brochure and DVD and added to UPMC website and Print on Demand for surgeon and patient use
- New patient information packets
- Update Family House brochures
- Specific addresses for UPMC parking now on website and provided to patients using GPS
- Customer service in-service for parking attendants
- Information desk at top of escalator pilot
Health Care Concierge/Navigator

**Goal:** To increase patient satisfaction through the implementation of a Concierge/Navigator service

**Accomplishments**
- Developed patient appointment itinerary to be used in physician offices
- Developed on-line directions and maps for patients coming to hospital “Trip Ticket” now in use
- Developed on-line patient satisfaction survey monkey for computers in waiting areas
- Updated neighborhood resource web site now available for patients/families
The purple folder and the Visit Itinerary

Providing patients:

- Clear path for the day’s visit activities
- Brief description of what to expect

Inside the folder:
Letter, surgical brochure and checklist.

Future inclusions:
Condition Help brochure

---

A nurse will call you the day before surgery with the instructions and the time of your surgery.

Nurse’s Name
Linda 4|2646-827
Geri 4|2646-217
Jenney 4|2646-323
Sharma 4|2646-231
Paul/Emil 4|2646-822
Arrival: Portal Experience

Goal: Provide clear signage and way finding for patients having surgery

Accomplishments:

– Patients are directed to a dedicated Ambulatory Surgery garage adjacent to the surgical center
– Attendant hours extended and valet parking provided
– Entry way improved and Pittsburgh artwork lines the hallway for way finding
A cold, white and unappealing entry is now filled with warm colors and inviting Pittsburgh artwork and shadow boxes.
Service Experience
Family Lounge

Goal: To create a family-friendly, comfortable environment that meets the emotional needs of the patients and families we care for.

Accomplishments:
- Daily newspapers & magazines
- Implemented tracking system
- Added universal phone chargers
- Spectra link phones to improve communication
- Renamed all waiting areas “Family Lounge”
- “Questions to Ask” pamphlet
- Rocking chairs
- “Bistro” area
- 3 computers for family use
- Renovated restrooms, added baby changing stations
1. **Patient Satisfaction Survey**

We are looking to create a comfortable and accommodating visit experience for our patients and families. Please take some time to complete this survey to rate your overall experience during your visit. Some of the questions will address possible future improvements we can make for our patients and families. We value your opinion and want to hear your thoughts.

Thank you.

**1. Information Packet “Patient Itinerary”**

<table>
<thead>
<tr>
<th>Did not receive</th>
<th>Not Helpful</th>
<th>OK</th>
<th>Helpful</th>
<th>Very Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How helpful was the patient information packet you received?

**5. Registration**

<table>
<thead>
<tr>
<th>Very Long</th>
<th>Long</th>
<th>OK</th>
<th>Short</th>
<th>Very Short</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

How would you rate the amount of time you spent registering today?

**6. Wait Time**

<table>
<thead>
<tr>
<th>more than 60 minutes</th>
<th>more than 45 minutes</th>
<th>30 minutes</th>
<th>less than 30 minutes</th>
<th>less than 15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

How long do you have to wait to be seen today?

**7. Please type in what other suggestions could you provide to enhance your overall patient experience.**
Before patient flow redesign: patients would travel back and forth to the waiting area between rooms. After the patient flow redesign, decreased wait time by 30 minutes.
OR Experience
Start Time Changes

Goal: Decrease late time changes and implement improved system of informing patients

Accomplishments:
- Implemented automated printing of OR schedule to all nursing units
- Implemented new OR time change process
- Closed OR schedule to time changes at 4pm when OR schedulers shift ended
Goal: Improve flow from SDS/Inpatient units to holding area

Accomplishments:

– Implemented case tracking in periop services.
– Added monitors in surgeon/anesthesia lounges
– OR Huddles implemented for improved communication throughout periop process
– Implemented IV insertion RN in Ambulatory Surgery area
– Instituted “Surgical Flight Plan” to communicate delays
– Inpatient Spine Flight Plan instituted
Bridge Transport

**Goal:** Improve the patient’s experience when crossing the bridge to OR

**Accomplishments:**
- Using wheelchairs to transport patients and providing new gowns and warm blankets
- New side tie gowns are now being implemented system wide.
- Yield signs and strobe lights used during transport to give the patient the “right of way” on the bridge
- Personalized the patient experience by implementing the “patient hand off” to the next caregiver
Inpatient Experience

1. Scripting for when patients & families arrive on unit
2. Escorting to patient rooms
3. Coffee, tea, etc. for visitors
4. Information cards
Inpatient Experience
“Inpatient Flight Plan” Process

1. Agree on patient length of stay goal
2. Goal shared with patient at first encounter
3. Patients given “flight plan” letter upon arrival to nursing unit
4. “Projected departure” departure date with 11 am discharge posted in room
5. Visual triggers: Color coded card posted outside room with date of planned discharge
6. Staff scripted to talk about discharge in same language
We will take you on a stretcher from Ambulatory Surgery to a preoperative holding room. This is where you will meet with anesthesia, have an IV line inserted, and wait to go into the operating room. We try to keep your wait as short as possible, but there could be a delay. A surgery before yours may take longer than expected. As you wait, keep in mind that when you are in surgery, the medical team will give you their full attention, too. The average length of time in preoperative holding is one hour.

Approximate OR Time: ________________
Approximate Length of Surgery: ________________

I ______________________ (RN) will keep you updated if your surgery is delayed. Please do not hesitate to ring your call bell if you have any questions. Our goal is to keep our patients/families satisfied and for your day to go smoothly.

Delay Updates: ____________, ____________, ____________
Data Analysis FY 2010

- Data Analysis - 743 patients admitted FISCAL YEAR 2010

- 246 Early Discharges
  - 212 discharged 1 day early
  - 56 discharged 2 days early
  - 4 discharged 3 days early

- 312 discharged on expected day of discharge
- 185 patients RED – discharge delayed by 1 – 6 days, (delay reasons continuously tracked and trended)
Discharge Experience

**Goal:** Improve the post-operative experience in SDS

**Accomplishments:**
- Improved the belongings return process
- Spectralink phones added to improve communication between SDS, anesthesia, and surgeons
- Implemented use of egg crates with patients on unit greater than four hours
- Implemented “Ticket Home” folders for all patients and included a personal thank you letter
- Implemented “Quiet Time” in SDS
- Developed process with Pharmacy to send filled prescriptions via the pneumatic tube system
Discharge from Inpatient Experience

Goal: Improve the post-op discharge experience

Accomplishments:

- Patient blood work drawn earlier so results available for rounding
- Improved pain control using IV Tylenol
- Home use pill boxes now available for patients
- Implemented new prescription filling process for weekends
- Personalized post-operative phone calls
Surgical Services
Leadership Quotes

• “We felt empowered to accomplish almost anything.”
• “It’s amazing what we have accomplished in only eight short months.”
• “Meeting weekly keeps the drive and momentum of the group going.”
• “We have made a real difference in the patient and family experience.”
• “This cross functional team has helped me to build relationships across the organizational structure which has aided in my day-to-day operations as a director.”
Financial Benefits

- Improved efficiencies in the surgical process
- Reduction in OR delays
- Preoperative Testing completed outside the 36 hour window of surgery produces revenue
- Providing a more customer friendly/family atmosphere brings back patients.
"So now, on the other side of the fence, I have also been able to think about being a patient, and one whose life is threatened. I have come to regret how much better a doctor I might have been, had I been at the receiving end of medical care earlier in my career. In the past eighteen months I have learnt as many lessons from sometimes unwittingly insensitive doctors and nurses as from many others whose patience, encouragement and quiet humor have sustained me through dark times."

-Elizabeth Bryan

*Singing the Life*
PFCC At UPMC

PFCC is a grassroots effort to change the culture...from over 60 different Care Experience Working Groups and care settings of all kinds. In 2011, more than 167 Project Teams Over 421 Completed Projects.
The PFCC Community of Practice is Growing

- Baptist Memorial, Collierville - Tennessee
- Nemours, A Children’s Health System, Delaware & Orlando
- National Health Service, UK
- Korean Health System, Korea
- Atrius/Vanguard/Harvard, Boston
- WellSpan Health, Pennsylvania
- Rochester General Hospital, New York
- UNC Healthcare, North Carolina
- Aneurin Bevin Health, Wales
Clayton Christensen (Harvard Business School) popularized the term “disruptive technology” to describe new products, services, and business models that initially target small customer segments but eventually evolve to take over the marketplace.
Disruptive Innovation

As opposed to innovations that make changes to the same basic products (sustaining technologies), disruptive technologies are cheaper versions of existing technologies that initially address a small market and eventually revolutionize the market because they have features that customers value.
Disruptive Innovation

Products based on these features are often less expensive, smaller, and easier to use.
How is PFCC a Disruptive Innovation?

- Inexpensive
- Address small market (a segment of the total patient population) at first
- Add value for the end user (patients and families)
- Leads to organizational culture change
- Becomes new operating system for care delivery
Leaders, Followers and Catalysts
But it’s up to you to…

- Become a **catalyst** for change…
- Or watch change happen and be dragged along for the ride…
Kaiser Permanente
Center for Total Health
Washington D.C.

Course Chairman
Anthony M. DiGioia III, MD

Course Advisors
Ted Eytan, MD MS MPH
Amy Compton-Phillips, MD

Save the Date!
Friday, May 10, 2013

PFCC Vision Quest:
The Patient and Family Centered Care
Methodology and Practice as the New
Operating System for Health Care

Presented by:

To Pre-Register, Please Visit
www_PFCCVisionQuest.org
or call 412-641-1924.

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