



Patient and Family Centered Care

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IHI Definition of PFCC

- Putting the patient and the family at the heart of every decision and empowering them to be genuine partners in their care – IHI
 - Developing care pathways that are **co-designed** and **co-produced** with individuals and their families
 - Ensuring that people’s care **preferences** are understood and honored, including at the end of life
 - **Collaborating** with partners on programs designed to improve engagement, shared decision making, and compassionate, empathic care
 - Working with partners to ensure that communities are **supported** to stay healthy and to provide care for their loved ones closer to home

PFCC Innovation Center Definition of PFCC

- Patient and Family Centered Care, as a concept, is health care that is **compassionate**, includes patients and families as **partners** and **collaborators**, is provided with **respect**, and treats patients and families with **dignity**. It is care that revolves around the **needs** and **desires** of patients and families rather than around the organization and systems in which it is provided. – PFCC Innovation Center

Presentation developed from materials created by the PFCC Innovation Center

The Three Keys to PFCC Success

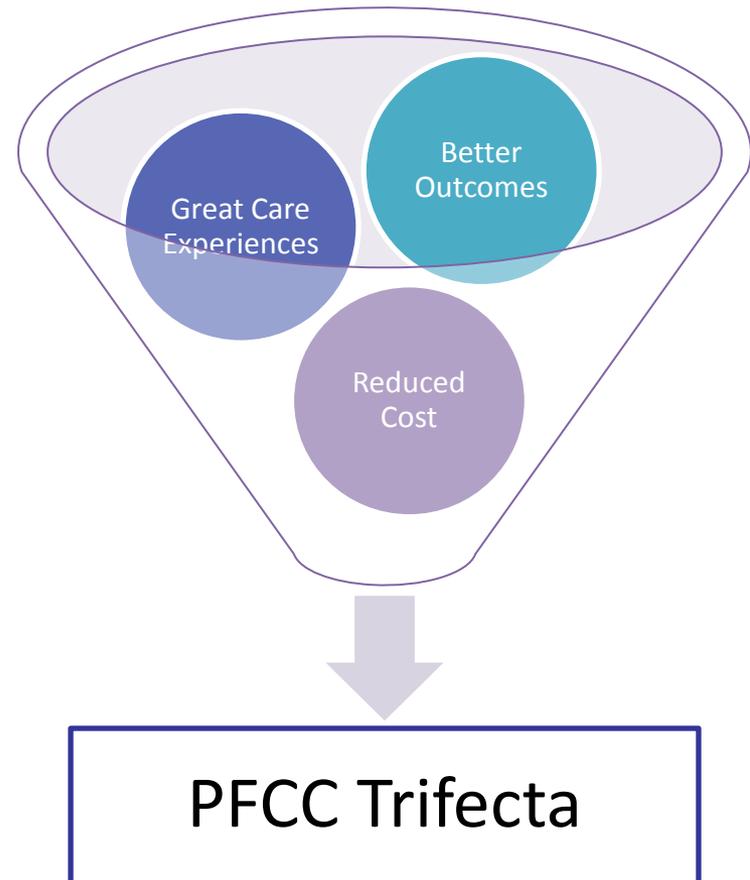
- **Key One:** View all care as an experience through the eyes of patients and families
- **Key Two:** Co – Design
- **Key Three:** Implementation



The Goal of PFCC

Achieve the PFCC Trifecta

1. Better Outcomes
2. Great Care Experiences
3. Reduced Cost



The Goal of PFCC

Reducing readmissions after surgery

1. Better outcomes

- Fewer readmissions = fewer infections

2. Great care experiences

- Reducing readmissions minimizes disruption toward wellness

3. Reduced cost

- Reimbursement and the ability for patient and family to return to work sooner

The Six Steps to Success



Step 1: Select a Care Experience

- Care experience = patient's perspective + sum of all interactions
- Sets the stage for the continuum of care
- Consider scope
 - Broad or narrow
 - Outpatient or Inpatient
- **Listen to your patients and families; select a care experience for improvement based on comments from reports, letters, and surveys**

Step 2: Establish a PFCC Guiding Council

- **Members (at a minimum):**
 - Administrative Champion(s)
 - Clinical Champion(s)
 - PFCC Coordinator
- **Responsibilities:**
 - Establish the Current State
 - Set the Stage for expanding into Working Group/Care Team
- **Ask a patient or family member to be a co-champion on the guiding council**

Step 3: Shadow the Current State

- Walk the walk of the patients
- Patients and families are shadowed through their care experience, subjective and objective observations are recorded
- High impact for the money and effort
- Opens eyes for urgent change
- **Understand and feel what your patients and families are truly experiencing**

Step 4: ID Work Group Thru Touchpoints

- Match a work group member with each care giver and touchpoint you identified through shadowing
 - Multiple levels of the organization
- **Invite a patient or family member to join your work group**



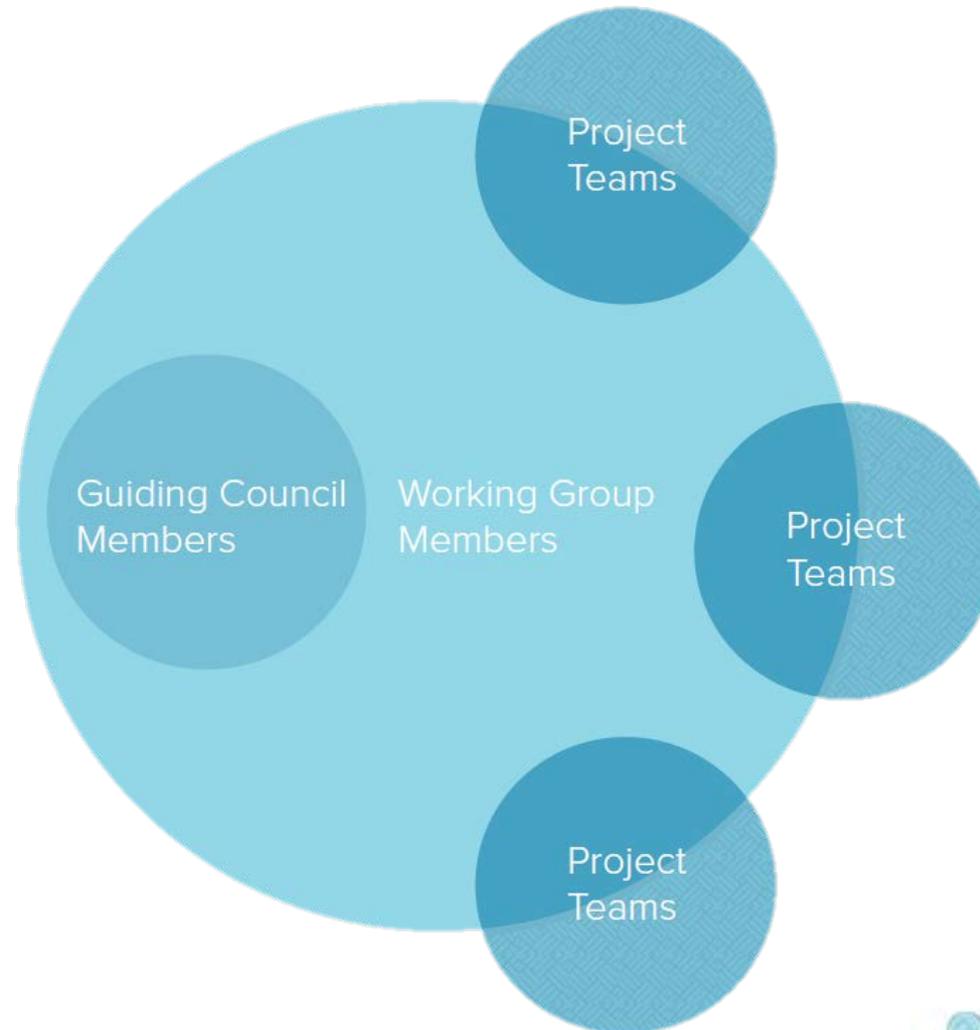
Step 5: Write The Ideal Story

- Imagine what ideal care would look like in the perfect world – NO constraints!
- ALL stories must be written as if you were the patient or family member
- Have patients and families offer ideas that would have helped to make their care ideal
- Story serves as the work group's shared vision for transforming care delivery
- **Critical success factor – seek the patient's or family member's input**

Step 6: Identify PFCC Projects and Form Teams

- Projects are identified by comparing the current state to the ideal state
- Based on patient and family priorities
- Invite a patient or family member to join a project team
- **Include the patient and family member on project teams**

PFCC Work Group Anatomy



The Business Story

Financial Benefits:

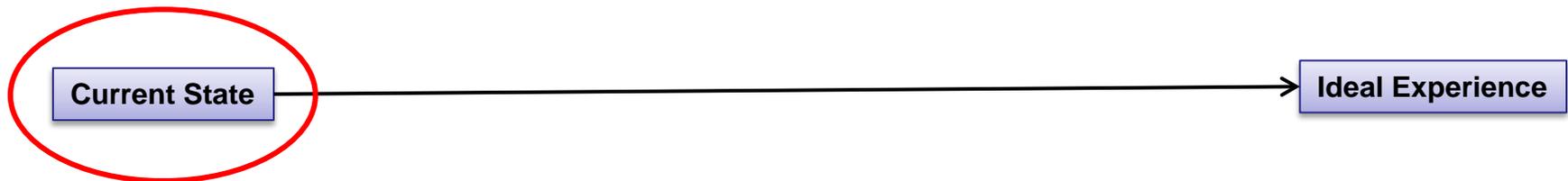
- Increased market share through referrals and word of mouth
- Improved efficiencies resulting in the reduction of expenses
- Improved ability to recruit and retain staff
- Shift from capital-intensive projects to process evaluation and improvement

The Business Story

Organizational Benefits:

- Achieve a transformational change in culture focused on patient and family centered care
- Break down the silos within your organization
- Develop a sense of urgency among all staff to drive changes
- Position the organization for unknown challenges
- Improved Press Ganey and HCAHPS scores

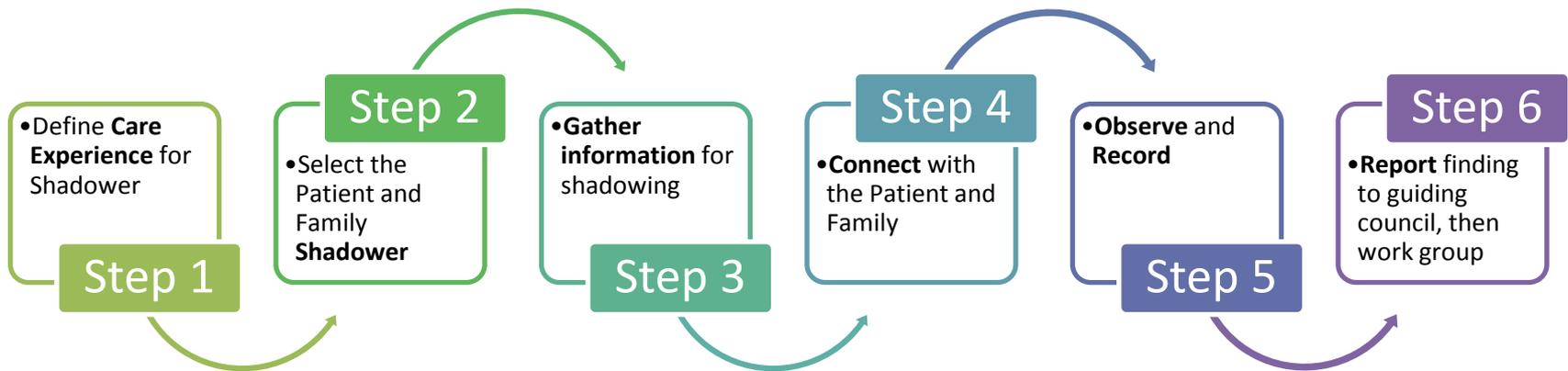
The Six Steps to Success



Step 3: Shadow the Current State

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The Six Steps of Shadowing



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

The Six Steps of Shadowing

- **Step 1: Define the care experience for shadowing**
 - How do you choose one?
 - Consider scope
- **Step 2: Select the patient and family shadower**
 - Anyone can shadow!
- **Step 3: Gather information**
 - Which patients and families will you shadow?
 - What is the current pathway?



The Six Steps of Shadowing

- **Step 4: Connect and coordinate**
 - Consent?
 - Get permission
 - Make arrangement for shadowing
- **Step 5: Observe and record**
 - Touchpoints
 - Time
 - Observations
 - Patient comments



The Six Steps of Shadowing

- **Step 6: Report your findings – Shadowing Summary**
 - Report in order of experience
 - Tell the story
 - Include recommendations
 - Include pictures
 - Provide several different report types
 - Highlight the patient as a person



Sample Shadowing Summary Report

- **Care Experience:** Outpatient Orthopedic Surgery
- **Date:** February 10th, 2016
- **Shadower:** Brady Allen, Telligen QIN QIO Intern
- **Request:** To shadow an outpatient surgery from parking lot arrival to parking lot exit

Care Experience Flow Map

Touchpoints

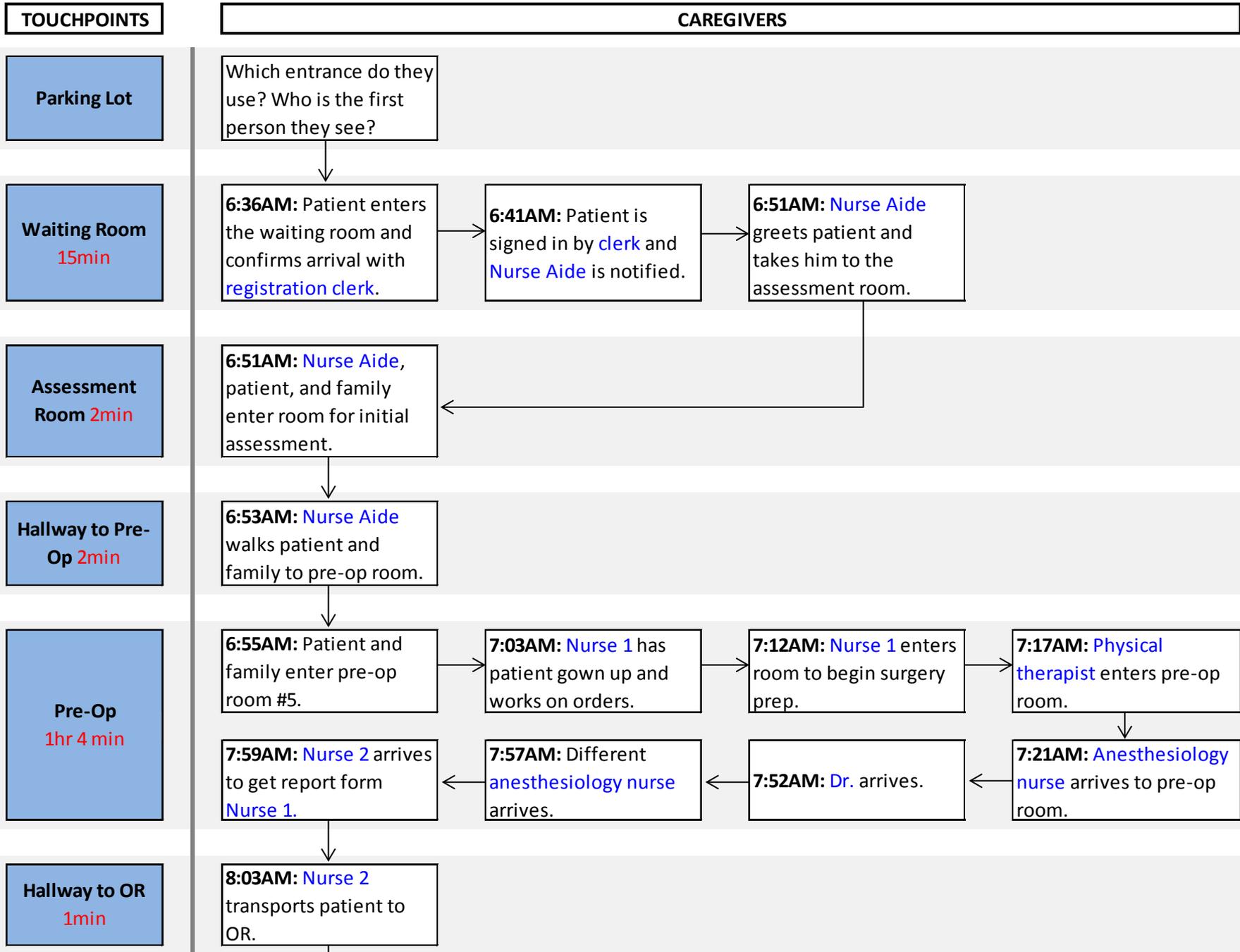
- Parking lot
- OP Waiting Room
- Assessment Room
- Hallway to Pre-Op
- Pre-Op Room
- Hallway to OR
- Operating Room
- Hallway to PACU
- PACU
- Hallway to Exit

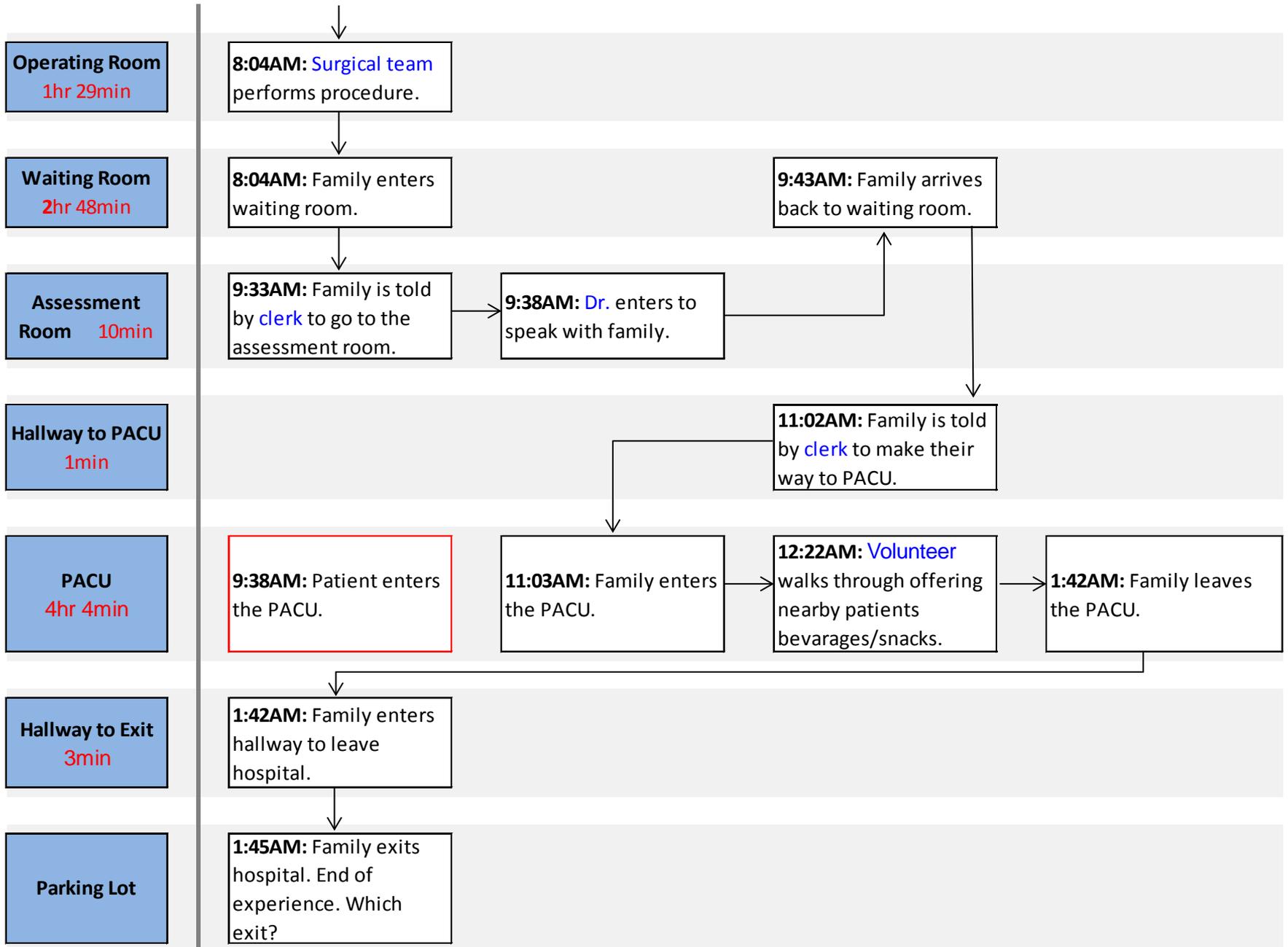
Caregivers

- Registration Clerk
- Nurse Aide
- Nurse 1
- Physical Therapist
- Anesthesiologist Nurse
- OR Doctor
- Nurse 2
- Surgical Team
- PACU Nursing Team
- Volunteer

TOUCHPOINTS	CAREGIVERS
Parking Lot	
Waiting Room	Registration Clerk
Assessment Room	Nurse Aide
Hallway to Pre-OP	Nurse Aide
Pre-OP Room	Nurse 1
Pre-OP Room	Physical Therapist
Pre-OP Room	Anesthesiologist Nurse (Trainee)
Pre-OP Room	OR Dr.
Pre-OP Room	Anesthesiologist Nurse
Pre-OP Room	Nurse 2
Hallway to OR	Nurse 2
Operating Room	Surgical Team
Waiting Room	(Family alone)
Assessment Room	OR Dr. (with family)
PACU	Nursing team with patient
Waiting Room	(Family alone)
Hallway to PACU	Registration Clerk
PACU	PACU Nursing Team
PACU	Volunteer
Hallway to Exit	(Family alone)
Parking Lot	

Pairing of Touchpoints and Caregivers During Experience





Time	Touchpoint	Care Giver	Observations	Notes
	Parking Lot			
Start: 6:36AM End: 6:51AM	Waiting Room	Admitting Nurse		
Start: 6:51AM End: 6:53AM	Assessment Room	Nurse Aide		
Start: 6:53AM End: 6:55AM	Hallway to Pre-OP Room	Nurse Aide		
Start: 7:03AM End: 8:01AM	Pre-Op Room	Nurse 1		
Start: 7:17AM End: 7:23AM	Pre-Op Room	Physical Therapist		
Start: 7:21AM End: 7:26AM	Pre-Op Room	Anesthesiologist Nurse (trainee)		
Start: 7:52AM End: 7:56AM	Pre-Op Room	OR Doctor		
Start: 7:57AM End: 7:58AM	Pre-Op Room	Anesthesiologist Nurse		
Start: 7:59AM End: 8:03AM	Pre-Op Room	Nurse 2		
Start: 8:03AM End: 8:04AM	Hallway to OR	Nurse 2		
Start: 8:04AM End: 9:33AM	Operating Room	Surgical Team		
Start: 8:04AM End: 9:33AM	Waiting Room	(family alone)		
Start: 9:38AM End: 9:43AM	Assessment Room	OR Doctor		
Start: 9:38AM End: 11:03AM	PACU	PACU Nurse		
Start: 9:43AM End: 10:59AM	Waiting Room	(family alone)		
Start: 11:02AM End: 11:03AM	Hallway to PACU	Admitting Nurse		
Start: 11:03AM End: 1:42PM	PACU	PACU Nurse		
Start: 12:22PM End: 12:26PM	PACU	Volunteer		
Start: 1:42AM End: 1:45AM	Hallway to Exit	(family alone)		
	Parking Lot			

Care Experience Flow Map

What it will reveal:

- Identifies care givers and touchpoints
- Transitions in care issues
- Communication gaps
- Bottlenecks and redundancies
- Inefficiencies in process
- Care delivery silos that present barriers
- Timing issues

OP Waiting Room

2hr 48min total time spent

- Lack of privacy – registration clerk is out in the open
- Family enjoys the snacks and beverages provided
- Difficult to find the cafeteria from this area
- People tend to keep an eye on the electronic Tracking Board as a grounding point while in the Waiting Room



Waiting Room

Entrance Signs



Case Tracker



Assessment Room

12min total time spent

- Conveniently located next to the waiting room
- Doesn't offer much privacy to the patient – door is left open during initial assessment
- Small, but adequate

Pre-Op Room

1hr 4min total time spent

- Not enough chairs for the family
- Very small – Nurse 1 has to move the bed several times as she works and the family comments that a “family room” would be nice
- Doesn't contain all the supplies Nurse 1 needs
- 7 different caregivers interact with the space

Pre-Op Room

Hallway To Pre-Op

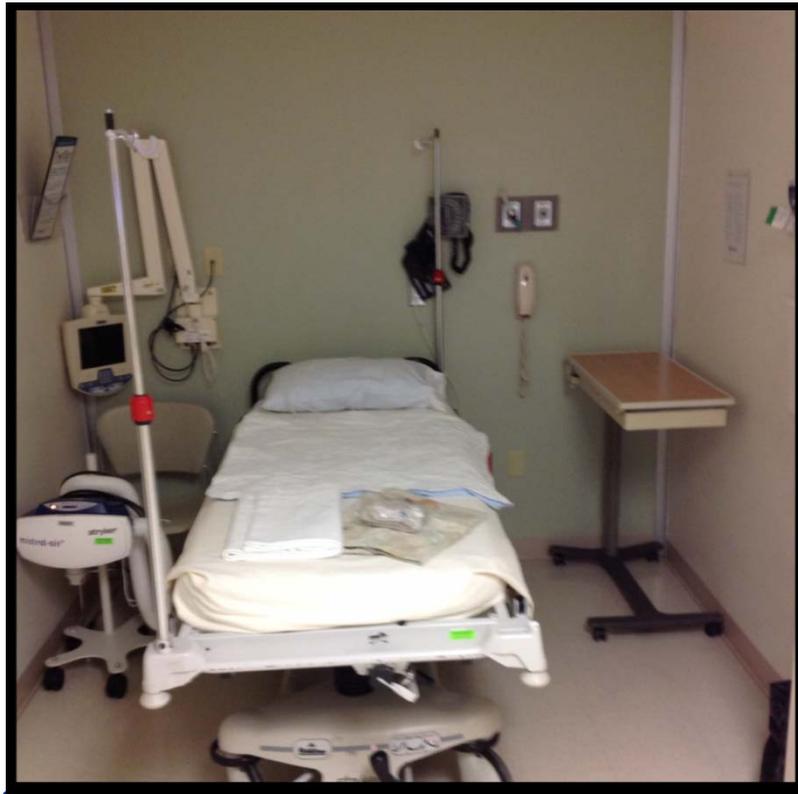


Pre-Op Area



Pre-Op Room

Pre-Op Room



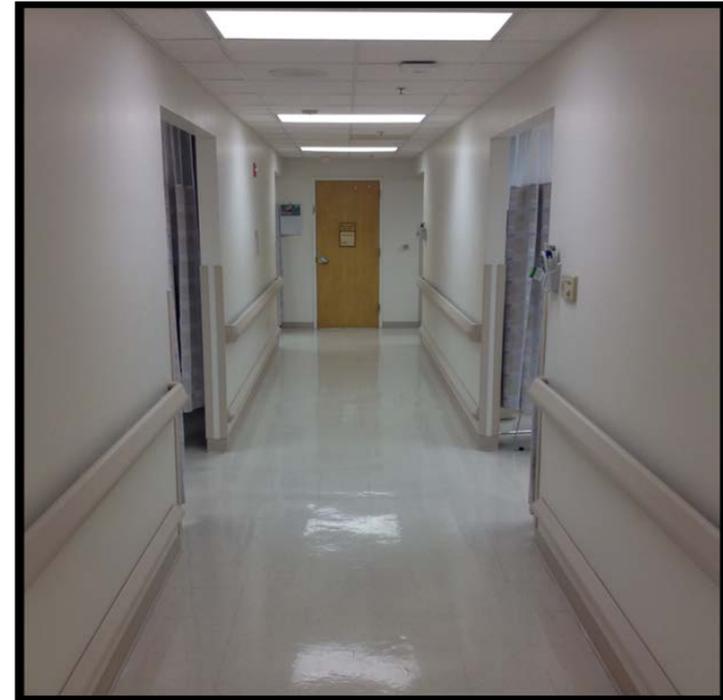
Supply Area



PACU

4hr 4min total time spent

- Lot's of activity – nurses walk through the area past patient without interacting with him
- Strong smell of cleaner when nearby beds are cleaned
- Supplies needed by nurse are not always nearby (barf bags)
- Family appears crowded – there are 3 of them with the patient



Opportunities/Suggestions

- Make conversations with registering clerk more private in the waiting room
- Does the staff use a blood pressure protocol when taking vitals? Consider best space to get the best reading.
- Make plan to increase size of the pre-op rooms to better accommodate families, or consider different placement of the beds
- Provide more chairs in the pre-op rooms

Opportunities/Suggestions

- Try to better coordinate when caregivers are arriving at the pre-op room to interact with patient
- Have volunteers offer snacks/beverages to family
- Substitute current cleaner for something with less odor
- Improve cafeteria signage – I ran into several families also struggling to find the cafeteria from the waiting area

Shadowing Allows You To...

- Determine your current state
- Create accurate Care Experience Flow and Process Maps
- Continuously engage patients, families, and care givers in real-time
- Identify opportunities for improvement
- Collect quantitative and qualitative data
- Immediate service recovery opportunity

Re-Shadow Over Time

- Current state changes
- Need to assess whether previous projects are still in place
- Need to assess whether previous projects achieved what was intended
- Creates sustainability!



Are You Ready?

Do you have...?

- Leadership engagement
- Time commitment
- Financial Empowerment
- Knowledge Sharing

*If **yes**, you are ready to start a PFCC working group!*

Thank you!

Questions?

Resources:

- **PFCC Innovation Center**

- The PFCC Innovation Center of UPMC. (2016). Achieving the PFCC Trifecta. Retrieved from PFCC Innovation Center: <http://www.pfcc.org/what-is-pfcc/>
- The PFCC Innovation Center of UPMC. (2016). Retrieved from GoShadow: <http://goshadow.org/>

- **Institute for Healthcare Improvement**

- Institute for Healthcare Improvement. (2016). Person-and Family-Centered Care. Retrieved from Institute for Healthcare Improvement: <http://www.ihl.org/Topics/PFCC/Pages/default.aspx>