A Care Experienced-Based Methodology to Deliver Exceptional Patient Care

United States
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Organization type: nonprofit/ngo/citizen sector
Budget: $500,000 - $1 million
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Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

The Patient and Family Centered Care Methodology and Practice (PFCC M/P) is a 6-step process that redefines value by viewing all aspects of a patient's care experience through the eyes of the patient and family. This methodology is a reliable and sustainable method for improving quality, patient safety, and satisfaction without additional cost.

Problem: What problem is this project trying to address?

The current health care system in the United States, burdened by fragmentation, staff shortages, increased inpatient acuity, technological advances, new regulatory requirements and escalating costs, makes it difficult -- often impossible -- for even the most well-meaning of health care professionals to provide truly excellent, patient-centered care. While many healthcare leaders have focused on "fixing" today's broken health care system, there has not been a road map of how to accomplish this. The Institute of Medicine identified the imperative to create a more patient-centered care delivery system, yet there has been a paucity of methodologies defining patient-centered care and how to achieve it. The PFCC M/P was developed as a methodology to close the gap between current state and ideal care delivery and to exceed the needs and desires of patients and their family members, while simultaneously improving clinical outcomes, patient safety, patient satisfaction, efficiency, and cost.

Solution: What is the proposed solution? Please be specific!

Unlike the process improvement approaches typically utilized in health care (e.g., Toyota Production System, Six Sigma, etc.), the PFCC M/P incorporates the scientific process improvement method of Plan-Do-Study-Act and then takes it to the next level -- performance improvement. PFCC M/P builds on the work of experts in many fields, but was created specifically for health care, addressing the needs of patients and families. The 6 steps of PFCC M/P create a sense of urgency among Care Givers by allowing them to “walk in the footsteps” of patients/families. Then, the Care Giver team creates the ideal patient experience by refocusing existing resources and breaking down the artificial silos that prevent delivery of exceptional care. The stepped approach of PFCC M/P also creates sustainability and transformation, rather than one-time or temporary change. The 6 steps of the PFCC M/P are: 1. Selecting a care experience; 2. Establishing a care experience Guiding Council; 3. Evaluating the current state and developing a sense of urgency to drive change by using techniques from the PFCC toolkit - patient and family shadowing, care flow mapping, patient storytelling, and patient surveys; 4. Developing a care experience Working Group; 5. Creating a shared vision of the ideal patient and family care experience; and 6. Identifying PFCC care experience improvement projects and project teams. With the help of the Innovation Center of Magee-Womens Hospital of UPMC, PFCC M/P is spreading and is ready to be exported to improve health care delivery nationwide.

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

The PFCC M/P enables Care Givers (defined as any person within the health care setting whose work touches a patient’s or family’s care experience including the doctors, nurses, therapists, technicians, dietitians, appointment schedulers, parking attendants, janitors, and even hospital leaders, purchase and supply chain employees, and financial representatives that patients and families may never see) to deliver truly exceptional care experiences while maintaining or decreasing cost; this has been validated by significant and sustained improvements in patient and family satisfaction, clinical outcomes, and cost analyses. The number of PFCC M/P Working Groups has grown from 3 to 30 since its...
inception in 2006 and there have been over 250 care experience-based improvement projects that have dramatically improved patients’ and families’ experiences throughout UPMC. Improvement projects have addressed professional/patient/family communication, coordination of care, and patient safety in clinical care experiences as diverse as orthopaedics, oncology, surgical and trauma services, and home health care. Examples of outcomes at UPMC include: mean patient satisfaction scores in the mid-90th percentile in care experiences using PFCC M/P, infection and mortality rates better than the national average in the Hip and Knee Care Experience, lower staff turnover rates than the national average in the Trauma Services Care Experience, and over $500,000 in cost savings by identifying alternative back braces in the Spinal Surgical Services Care Experience. PFCC M/P has also been implemented in non-clinical service areas such as Human Resources where improvements have been made in new hire orientation, inclusion, diversity, and employee retention.

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Innovation
Do you have a patent for this idea?

Impact
Actions
The Picker Institute included PFCC M/P in a Cross-Site Summary of High-Performing Patient and Family-Centered Academic Medical Centers, the Joint Commission included PFCC M/P as a case study in its 2009 Putting Compassionate Care into Practice, and the Institute for Healthcare Improvement (IHI) included it in its Innovation Series 2009 and its Fall 2009 Healthcare Executive. The VisionQuest Series has been developed to teach the methodology, drawing a national audience of speakers and attendees, and PFCC M/P has begun to be incorporated in the curriculum of nurse leaders, physicians, and public health students at the University of Pittsburgh, at the 2010 American Academy of Orthopaedic Surgeons, and through IHI webinars. Recent focus has been on accelerating the spread of PFCC M/P through grass roots (i.e., bottom-up) and top-down efforts intended to create “PFCC Hospitals” wherein all Care Givers (broadly defined) understand and participate in the PFCC M/P.
Results

It is our expectation that through these actions, PFCC M/P will continue to spread and become known as the performance improvement methodology specifically customized for health care. Through regional, national and international education about, and adoption of, PFCC M/P, it will be possible to begin to bridge the chasm, identified over a decade ago by the Institute for Medicine, between the ineffective and often dangerous health care delivery system of today and the ideal system. With health care reform gaining ground, it is imperative that the health care industry be prepared to incorporate whatever new care delivery platforms take the place of the current fee-for-service system, and to thrive. The PFCC M/P can provide the framework to support these changes, simultaneously improving clinical and financial outcomes by focusing on what’s right for patients and families.

What will it take for your project to be successful over the next three years? Please address each year separately, if possible.

In Year 1, the focus will be on widespread education (courses, workshops, webinars, etc.) publishing (peer-reviewed publications as well as popular press), and continued collaboration with national organizations such as the Picker Institute and IHI. It is imperative that the momentum already established to spread the utilization of the PFCC M/P be accelerated—reaching all levels of the health care system—policy makers, executives, clinical leaders, middle managers, and front-line staff.

In Year 2, education must continue and resources must be concentrated toward the creation of “PFCC Hospitals” wherein top-down understanding and support of the PFCC M/P will complement the grass roots efforts that are already proving successful. In this way, Care Givers who previously functioned in silos will be transformed into high-performance teams and all patients and families will receive exceptional care experiences instead of pockets of patients and families within health care settings; too, because PFCC M/P incorporates the full cycle of care, exceptional care experiences will reach the continuum from ambulatory and pre-hospital care, through hospitalization, and on to post-hospitalization services and home care. In both Years 1 and 2, resources must also be focused on educating policy-makers and tracking/coordinating the intersection of PFCC M/P with health care reform. Finally, a robust on-line database needs to be developed wherein best practices can be shared with all Working Group members, accelerating the adoption of project successes and avoiding duplication.

In Year 3, the educational efforts will be customized to the changing needs of health care delivery, informed by the state of health care reform and the challenges facing health care in 2013. Resources will need to be directed to continuing the spread and refinement of PFCC M/P and to continued development and maintenance of the on-line database.

What would prevent your project from being a success?

It is important that hospital administrators and physician leaders support and commit to the cultural transformation that will result from the spread of PFCC M/P. Without top-down commitment, the significant progress made from bottom-up, grass roots efforts will begin to flatten out and will have a difficult time spreading to a larger scale. Two UPMC hospitals are currently “on board” to become PFCC Hospitals with the support of administrators and physician leaders; these efforts will be key to demonstrating to other health care leaders that PFCC M/P is easy to implement and will have positive clinical, operational, and financial outcomes. Without the educational resources to bring PFCC M/P to wider audiences, to provide the coaching necessary to bring new PFCC M/P teams and hospitals on line, to spread the word through peer-reviewed professional publications, and to continue to collect and disseminate outcomes to health care professionals and policy makers, it will be difficult to effectively bridge the quality gap on a large-scale.

How many people will your project serve annually?

101-1000

What is the average monthly household income in your target community, in US Dollars?

Less than $50

Does your project seek to have an impact on public policy?

Yes

Sustainability

What stage is your project in?

Operating for 1-5 years

In what country?

, PA, Allegheny County

Is your initiative connected to an established organization?

Yes

If yes, provide organization name.

University of Pittsburgh Medical Center

How long has this organization been operating?

More than 5 years

Does your organization have a Board of Directors or an Advisory Board?

Yes

Does your organization have any non-monetary partnerships with NGOs?

Yes

Does your organization have any non-monetary partnerships with businesses?
If through another, please provide the name of the organization or company

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