Call for Patient Centered Care: Physician and Hospital Response

The Patient and Family Centered Care Methodology and Practice as the Performance Improvement Tool to Redesign the Delivery of Care

Tony DiGioia, MD
• Back to Basics: Patients and their Families
• Focus = Care Experiences Viewed through the Eyes of our Patients and their Families
• Engages Care Givers and Develops a Sense of Urgency to Drive and Maintain Transformational Change
• PFCC is the Methodology and Pathway to get you there, its simple and no cost
• PFCC can be used in any care experience ie offices, hospital, insurance companies, etc...
• PFCC is a Performance Improvement Tool that includes process improvement to get us there
We are not delivering the basics in a very complex system...

Need to develop: simple and easy to use approaches and focus on our patients’ care experiences and through a full cycle of care

Communications and Transitions of Care
We need to return back to the basics...

- In order to meet the challenges we are all facing...we must develop **SIMPLE** solutions

- We only have absolute **control** over two areas:
  * Overhead
  * The patients' and families' care experiences
Delivering exceptional care and care experiences is simple…..the complexity is largely a reflection of the environment in which we find ourselves.

Focusing on the patient and family is a transformational or “disruptive” approach to the delivery system.

ie “aren’t we doing that already?...
Six Aims from the Institute of Medicine

- **Safe**: avoiding injuries to patients from the care provided
- **Effective**: providing services based on scientific knowledge and NOT providing services where appropriate
- **Patient-centered**: respectful to individual preferences and ensuring that patient values guide all clinical decisions
- **Timely**: reducing waits and sometimes harmful delays
- **Efficient**: avoiding waste, including waste of equipment, supplies, ideas, and energy
- **Equitable**: providing care that does not vary in quality because of personal characteristics
PFCC Basics: Exceptional Care Experiences from the Patient and Family’s Perspective Includes all of that plus much more....*

*Excellent Quality or Efficiencies does not equal an Exceptional Care Experience
PFCC = FOCUS = Exceptional Care Experiences...and you can achieve it all:

- Exceptional Outcomes
- Exceptional Quality and Safety
- Exceptional Efficiencies
- Exceptional Care Givers and Teams
- More than Satisfied...Loyal Patients

We can never go wrong if we focus on the needs of our patients and their families!
Many individual success stories...

• All were a success because they focused on the patient and family care experience....

• Most organizations and hospitals can’t explicitly explain how they got there....ie no “methodology”

• But even it’s a solution for one region will it work somewhere else?

• So its difficult to show and teach others how to get there and to have widespread and fast adoption!
How can we get there....and in our very complex world?
How to get started:
Six Steps to Implementing Patient and Family Centered Care Methodology and Practice (PFCC M/P)

“PFCC...amazingly simple. Simply amazing.”
The Key is the Focus:
View ALL Care as an Experience and Thru the Eyes of Patients and Their Families
The Current State......

• What industry doesn’t focus on the needs, wants and desires of their end users? ..... Health Care? Lost along the way....

• No industry or system can survive by not listening to their customers and end users....and actually engaging them in the design of new approaches!
Patient and Family Centered Care Methodology and Practice (PFCC M/P) is the pathway to get us there…

• Singular goal of providing exceptional care experiences for patients and their families by viewing all care thru their eyes

• ...but it also delivers better outcomes and quality and is the most effective, safe, timely and cost-effective care too!

• Re-focuses existing resources and does not require new ones.

• Performance Improvement includes Process Improvement and for Care Givers easy to adopt
So why PFCC Methodology and Practice?

- PFCC is **customized** specifically for health and its **simple** to learn and implement.
- It addresses organizational hurdles.
- The focus coupled with the methodology then develops the **sense of urgency** that is needed to **drive and maintain transformational changes**.
- PFCC fully engages patients, families, Care Givers (to be defined) and ALL Constituencies.
- The ultimate goal is to **change the culture** and develop improved models for the delivery of care.
PFCC Methodology and Practice

Care Giver
A Care Giver in PFCC terms is anyone who “touches” the patient’s or families’ care experiences. The contributions of doctors, nurses, dieticians, parking attendants, janitors, the C-Suite and others play a vital role in delivering exceptional care experiences.
PFCC Methodology and Practice

Touchpoints

When any Care Giver comes in contact with or “touches” the care experience of a patient or family member…..and that can be many staff members that you may not think of as a “care provider”, like purchasing, financial, housekeeping and the “parking guy”!
PFCC Methodology and Practice

Current State

An Experience Based Design Methodology

1. 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

Six Steps to Transform Care
Cycle within a Cycle and never ending Continuous Performance Improvement

PFCC Working Group

PFCC Project Teams

PFCC Project Teams

PFCC Project Teams
PFCC Teams Focus on Segments of the Care Experience “Genome”

Entire Care Experience
PFCC Working Groups and Project Teams cut across the organization breaking down silos and ultimately changing the culture to a PFCC Organization…
“Shadowing” the patient and family throughout their care highlights the details of the care process itself and will help you understand the care experience from the patient’s and family’s point of view as they go through it and identify the artificial silos that exist in the care delivery system.
Care Experience Flow Mapping

The Care Flow Map is a display of the **Touchpoints** in care, what the **care process** actually looks like—where patients and families go and what they do and for how long.

(One example from “Reality TV” for Care Givers…..)
An Example: Hip and Knee Joint Replacement Care “Home”
Challenges for Patients and the System needing Hip and Knee Joint Replacement Surgery

Silos

Home  Physician Office  Acute Hospital  Health Insurance  Pharmacy  Home Health  Outpt Therapy  Skilled Nursing Facility

...Communications and Transitions of Care
PFCC Cuts Across Silos and Creates Care Experience Based Teams*

*Follow the Patient and their Family
Hip and Knee TJR Care Home and Focused Care Center

• All outcome, safety and quality metrics significantly better compared to national benchmarks: LOS, readmission rates, functional outcomes, SCIP initiatives, transfusion and infection rates*

• 95% of all patients d/c directly to home

• Lowest costs per case in our System

• Most importantly, what do patients and families think?

*More details on outcomes in the Appendix
Hip and Knee Care Home
HCAHPS

HCAHPS Domains of Care National Percentile Rankings

- Discharge Information
- Doctor Communication
- Nurse Communication
- Pain Management
- Room Clean
- Communication New Medications
- Responsiveness to Needs
- Room Quiet at Night

National Percentile

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

2007 (n = 217)
2008 (n = 225)
2009 (n = 230)
“Would you recommend The Orthopaedic Program at Magee-Womens Hospital to family and friends?”

We engage loyal patients and families…and “evangelists!”
And it WORKS! Exporting PFCC and Exceptional Care Experiences

Bariatricts Working Group
Lobby/Wayfinding Working Group
Womens Cancer Service Working Group
Surgical Care Experience Working Group
Transplant Working Group
Trauma Working Group
Pediatric ER Experience Working Group
PFCC Home Health Working Group
Pediatric Outpatient Surgery Working Group
Rehabilitation Experience Working Group
Rheumatology Working Group
Urgent Care Working Group
UPMC Hospitals

1. Magee-Womens Hospital
2. Presbyterian
3. Jefferson Regional Home Health
4. Shadyside
5. St. Margaret
6. Children’s Hospital of Pittsburgh
7. Mercy
8. Passavant-Cranberry
PFCC M/P is “Experienced Based” Design Improves the Care Givers Experience too....

Care Givers’ Working Groups

- New Hire Orientation
- Inclusion (Dignity and Respect)
- Employee Retention
- Ideal Care Giver Experience

Care Giver

Patient and Family Care Experience

Experience
PFCC Acceleration and Adoption
“Top Down meets Bottom Up”

PFCC Transformation
Guiding Council

Creating and Accelerating the PFCC Culture

PFCC Care Experience Working Groups
PFCC is Transforming Hospital Leadership and HCAHPS Scores

PFCC Super Group at Magee Women’s Hospital
- Cleanliness Working Group
- Noiselessness Working Group
- Care Give Communication Working Group
- Discharge/Portal Working Group
- Understanding HCAHPS Working Group

Creating The PFCC Hospital at Presbyterian University Hospital
- Environment Working Group
- Dining Experience Working Group
- Ambulatory - Outpatient Experience Working Group
- Portal Experience Working Group
- PFCC Hospital Team Working Group
PFCC M/P can be used to develop High Performance Care Teams for any Care Experience....why?

- Brings together all of the people and processes in one place to foster innovations, competition, efficiencies, cost effectiveness etc....
- Permits providers to “scale up” these innovations and make them available to a wider range and greater numbers of patients
Looking ahead … PFCC M/P enables a way to develop:

- “Care Experience” Based Medical and Surgical Homes and Focused Care Centers
- Accountable Care Organizations (ACO’s)
- As one example: The Hip and Knee Joint Replacement ACO
Patients and Families Working Together with Care Givers to Design the Care Delivery System of the Future

PFCC enables value added innovations inspired and driven by engaging patients/families in the development of current and future care delivery systems....radical idea?
So what is our story for the future?

• By viewing care through the eyes of patients and families can we provide the basis for urgent and sustainable performance improvement in the delivery of care.

• The problem has been providing Care Givers the tools to go from the current state to the ideal and the PFCC Culture……

• None of us knows the final answers …. but PFCC M/P is one way to get us heading in the right direction and adapt to our ever changing environment.
Every Journey Begins By Taking One Step at a Time.....

We Can Deliver Exceptional Care Experiences and The Triple Aim by viewing all Care Experience thru the Eyes of Patients and Families

Thank you!
Tony DiGioia, tony@pfcusa.org
Appendix:

The Orthopaedic Program Outcomes Report
The Orthopaedic Program at Magee-Womens Hospital of UPMC

Patient and Family Centered Care: The Patient Journey to Exceptional Outcomes

Tony DiGioia, MD
The Orthopaedic Program at Magee-Womens Hospital of UPMC is committed to providing a pathway to wellness while delivering exceptional care experiences for patients and families that need the evaluation and treatment of hip and knee pain due to arthritis.

Your Home for Your Hip and Knee Care!
The Orthopaedic Program at Magee Womens Hospital is established.

Spine services added to The Orthopaedic Program. *Journey to Wellness* theme adopted.

Looking to the future… Volunteer Programs and Voice of Experience.

- **2006**
  - The Orthopaedic Program introduced to Magee

- **2007**
  - Pre-Op Testing Center introduced to Magee

- **2008**
  - Introduction of the region’s first *Patient & Family Advisory Council* (PFAC) Orthopaedic Unit

- **2009**
  - Journey to Wellness theme adopted

- **2010**
  - Looking to the future… Volunteer Programs and Voice of Experience
Pre-operative Testing and Teaching Program

- One stop pre-operative visit and all in only 2 hours!
- Incorporates all medical testing and education into one visit
- Pre-op testing and Post-op appointments made in tandem with surgery date
- Provides all surgical clearances and any special tests required
Pre-operative Education

- Patient Pathway to Recovery
- Details every step along patient journey from pre-op visit to home life after leaving the hospital
- Decreases anxiety of “unknown”
- Sets the stage for hospitalization
- Encourages patients to return to a normal active lifestyle as soon as possible following surgery
Orthopaedic Wellness Unit

- State-of-the-Art Inpatient Unit
- Designed to provide Patient and Family Centered Care
- A Home away from Home…
  - Family lounge
  - Wireless Internet Access
  - Full café style room service
  - Valet parking
Gym

- State-of-the-Art gym located on the Orthopaedic Unit
- Rapid Recovery protocol used to achieve faster recovery and enhanced outcomes
- Therapy sessions beginning on the day of surgery
- Group therapy sessions promotes teamwork
- Use of interactive gaming (WiiHab)
Pain and Nausea Management

- Innovative protocols used to control pain and nausea
- Pre-operative pain expectation education
- Post-operative complimentary therapies
  - Music therapy
  - Massage therapy
  - Cryo-therapy
  - CPM machines
Discharge Home

- Streamlined discharge process reduces wait times
- Community education session reviews medications required at home
- Arrangements made for home physical therapy visits
- Flexible discharge times accommodates individual transportation needs
- Designated patient pick-up zone for families, includes free parking voucher
PFCC Metrics

Quantitative Measurements:

- Patient Demographics
- Surgical Volume
- Patient Satisfaction (HCAHPS, etc.)
- Average Length of Stay
- Transfusion Rates
- Infection Rates
- SCIP Initiative
- Discharge Destination
- Mortality Rates
- Readmission Rates
Patient Demographics

2009 Age Distribution of our Patients

- Total Hip
- Total Knee

Data for Jan 1 – Dec 31, 2009
Surgical Volume

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>Total Hip Replacement</td>
<td>143</td>
<td>132</td>
</tr>
<tr>
<td>Total Knee Replacement</td>
<td>378</td>
<td>182</td>
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</table>

Data for Jan 1 – Dec 31, 2009
“Would you recommend The Orthopaedic Program at Magee-Womens Hospital to family and friends?”

![Chart showing the percentage of patients who would refer the Orthopaedic Program to others.]
“How would you rate the overall care you received while you were a patient at Magee-Womens Hospital?”

Rating of Overall Care (% responding 'Excellent/Very Good')

- 2007 (n=794): 97.7%
- 2008 (n=782): 98.3%
- 2009 (n=784): 95.4%
HCAHPS Domains of Care National Percentile Rankings

Discharge Information
Doctor Communication
Nurse Communication
Pain Management
Room Clean
Communication New Medications
Responsiveness to Needs
Room Quiet at Night

2007 (n = 217)
2008 (n = 225)
2009 (n = 230)
## HCAHPS

<table>
<thead>
<tr>
<th>Orthopaedic Program – HCAHPS</th>
<th>Magee-Womens Hospital of UPMC</th>
<th>CMS Average</th>
<th>Orthopaedic Program Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>RATE HOSPITAL - % 9&amp;10</td>
<td>66%</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>RECOMMEND THIS HOSPITAL - % Definitely Yes</td>
<td>69%</td>
<td>81%</td>
<td></td>
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<tr>
<td>ROOM AND BATHROOM KEPT CLEAN</td>
<td>70%</td>
<td>72%</td>
<td></td>
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<tr>
<td>AREA AROUND ROOM QUIET AT NIGHT</td>
<td>57%</td>
<td>57%</td>
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<tr>
<td>COMMUNICATION W/ NURSES</td>
<td>75%</td>
<td>78%</td>
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<tr>
<td>RESPONSE OF HOSP STAFF</td>
<td>63%</td>
<td>67%</td>
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<tr>
<td>COMMUNICATION W/ DOCTORS</td>
<td>80%</td>
<td>85%</td>
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<tr>
<td>PAIN CONTROLED</td>
<td>69%</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION RE MEDICATION</td>
<td>60%</td>
<td>64%</td>
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</tr>
<tr>
<td>DISCHARGE</td>
<td>81%</td>
<td>93%</td>
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Data for Jan 1 – Dec 31, 2009
Average Length of Stay

Average Hospital Length of Stay

Data for Jan 1 – Dec 31, 2009
Transfusion Rates

Orthopaedic Program Blood Transfusion Rates

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Total Hip</th>
<th>Total Knee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfusion Rate</td>
<td>8%</td>
<td>6%</td>
<td>9%</td>
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</table>

Data for Jan 1 – Dec 31, 2009
SCIP Initiative

Surgical Care Improvement Project

- Antibiotics D/C within 24 hr of Surg (% Yes)
- Antibiotics Given within 1 hr prior to surgery (% Yes)
- Appropriate Antibiotic Selection (% Yes)

Data for Jan 1 – Dec 31, 2009
Infection Rates

Infection Rates Following Surgery

Orthopaedic Program
National Avg

Data for Jan 1 – Dec 31, 2009
Discharge Destination

Discharge Destination

Data for Jan 1 – Dec 31, 2009
Mortality Rates

Mortality Rate Following Surgery

Data for Jan 1 – Dec 31, 2009

Orthopaedic Program
National Avg
Readmission Rates

Orthopaedic Program Readmission Rates

- within 90 days
- within 60 days
- within 30 days

% of all Patients (n=872)

Data for Jan 1 – Dec 31, 2009
Patient Engagement Programs

Patient and Family Advisory Council

- Includes former patients that have had a total joint replacement
- Plays a prominent role to ensure delivery of high-quality care
- Enhances communication among patients, families, caregivers and staff
- Reinforces the culture of Patient and Family Centered Care
Patient Engagement Programs

Patient Volunteer Program

- Former patients give their time back to the program
- Greet patients and their family members to share experiences and what to expect during their visit
- Great resource for everything from answering questions to passing out dinner trays
- No cost program with high impact and increased patient satisfaction!
Patient Engagement Programs

Bone and Joint Health Series

- Educational series highlighting bone and joint health to the general public
- Provides opportunity for having questions answered directly by experts in the field
- Improves communication and knowledge allowing people to make informed decisions about their health and treatment options
Patient Engagement Programs

Patient Reunion

- Held annually to celebrate our patients’ journey to wellness
- Opportunity for patients to share experiences
- Attended by over 1000 patients each year!
Operation Walk Pittsburgh

- Non-profit volunteer medical service organization
- Provides free surgical treatment for patients in developing countries around the world (and occasionally in the US)
- Educates host country healthcare professionals on the most advanced disease treatments of the hip and knee joints

www.operationwalkpgh.org