Program Updates

Patient and Family Centered Care Methodology & Practice, cont. - Michelle Bulger, PFCC

Selected episodes of care - updates from project teams
Go Shadow

Action Steps

Questions
Program Updates

- TA support team updates - coaching and evaluation components
- Register for March 13 workshop by tomorrow
- Send Susannah contact info for any new project team members
Go Shadow: Viewing Care through the Eyes of Patients and Families

Presented by: The PFCC Innovation Center of UPMC
Contact Us!

Questions or comments about GoShadow? Contact us:

info@pfcc.org
anzeloneml@upmc.edu
PFCC Preliminary Planning Worksheet

**Step One:** Choose a Care Experience
- Beginning and End

**Step Two:** Identify your PFCC Champions
- Administrative Champion
- Clinical Champion
- PFCC Coordinator

I. Introductions
II. PFCC Methodology and Practice Overview
III. Review Steps
  1) Define Care Experience
     Name: ____________________________
     Begins: __________________________
     Ends: ____________________________
  2) Guiding Council
     Co-Administrative Champions: ________________
     Co-Clinical Champions: ________________
     PFCC Coordinator: ________________
  3) Evaluate the Current State
     - Shadowing and Care Experience Flow Map Training Shadower: ________________
     - Collect other Metrics (Survey Results, Patient Comments, Letters, etc.)
Episodes of care-updates from project teams

Santa Rosa Community Health Centers

Silver Avenue Family Health Center

Northeast Valley Health Corporation

Neighborhood Healthcare
Learning Objectives: Shadowing

• Go Shadow: View care through the eyes of patients and families

• Create the empathy and urgency needed to drive change

• Identify opportunities to improve experiences and outcomes while reducing costs
What is PFCC?
What is **Shadowing**?

Shadowing is repeated *real-time* observation of patients and families as they move through each step of their health care journey.
Observation vs. Shadowing
What Do Our Patients and Families Want and Need?
PFCC Vocabulary

Care Giver

Any person within a care setting whose work touches a patient’s or family’s experience (it’s the entire team!)

Touchpoints

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

The
Before, During and After
Get Ready…!

Start here …

www.pfcc.org/go-shadow
Get Set…!
What to Know Before You Go

- What will you Shadow? (Where will it begin/end?)
- Who will Shadow? (Anyone can!)
- **Not** a Secret Shopper
- How many Shadowers?
- Map CURRENT flow
- Approaching the patient and family
Who Can Shadow?

- Guiding Council members
- Any care givers
- New hire light duty staff
- Students, volunteers, interns patient advocates

open-minded • unbiased • good listener
• attentive to detail •
Assumed vs. True Example

Assumed Touchpoints
- Counter 1
- Counter 2
- Main Waiting Area
- Patient Room
- Small Waiting Area

True Touchpoints
- Parking Garage
- Counter 1
- Counter 2
- Main Waiting Area
- Vitals Room
- Patient Room
- Small Waiting Area
- Discharge Desk
- Pay Station
Shadowing Resources

- Shadowing Go Guide
- Shadowing Field Journal
- Shadowing Video
- Glossary of Terms
- Shadowing Preparation Checklist
- Requesting to Shadow a Patient
- Care Experience Flow Map
- Sample Observational Report
- Sample Time Study
- Sample Final Shadowing Report
- Shadowing FAQs
- Shadowing Thank You Card
And GO…! Time to Shadow

- Your on the go resource for Shadowing
- Available online www.pfcc.org
And...GO!
During Shadowing in the Field

• Capture the details of what you observe:
  – Care givers
  – Touchpoints
  – Comments by patient, family and care givers
  – Observations
  – Timing
  – Interactions

– ANXIETY/Emotion

Ask the patient and family what would make the care experience ideal
FAQ:

• Won’t Care Givers change their behavior if they know they are being Shadowed?
FAQ:

• Should a Shadower ever intervene on behalf of the patient or family?
After Shadowing: Sharing Findings

- Tell the Patient’s Story
- Report in Order of Experience
- Deliver with Tact

Tact is the art of making a point without making an enemy.
- Sir Isaac Newton
After Shadowing: Sharing Findings

- Share Observations and Recommendations
- Include Care Experience Flow Map
- Note Anxiety (Priority Projects)
- Photos are Worth 1000 Words
Sample Care Experience Flow Map

Touchpoints:
- Parking Lot
- Clinic Suite
- Reception Desk
- Waiting Room
- Exam Room
- Reception Desk
- Main Hallway
- Lab
- Clinic Suite/Desk
- Pay Station
- Parking Lot

Care Givers:
- Parking Attendant
- Housekeeper
- Registrar
- Medical Assistant
- Nurse
- Physician Asst./Dr.
- Greeter
- Phlebotomist
- Lab Tech
Sharing Findings – Care Experience Flow Map

What it will reveal:

• Transitions in care issues
• Communication gaps
• Bottlenecks
• Inefficiencies in process
• Amount of time spent
• Will determine the members of your PFCC Working Group
QUITE PLEASE

EXAMS IN PROGRESS
The Shadowing Report

Shadowing Summary Report

Care Experience: ED Care Experience

Date: December 7th, 2014

Shadoower: Your Name

Request: To Shadow an ED patient from Arrival thru Discharge

Patient and Family Bio

- "Jodi"
- High School Cheerleader
- Arrived alone
- Unsure of what has happened
- Frightened
- Concerned mom anxious to see her
The Shadowing Report

ED Care Experience Flow Map

**Touchpoints:**
- Ambulance
- Triage
- (Waiting Area)
- Testing
- Exam Room
- Transport
- Hospital Room

**Care Givers:**
- EMT, Radio Doc
- Physician, Nurse
- Registrar
- Technologist
- Radiologist
- Orthopaedist
- Neurologist
- Transporter
- Housekeeper
- Dietary

Accident Scene/Transport

- “Jodi” sustained threatening fall
- Paramedics reported to scene to stabilize her
- Paramedic gave update enroute to receiving hospital
- Patient sounded frightened; asked questions which were eventually answered
- Patient traveling unaccompanied
Waiting Area

- Registrar performed as per policy re HIPPA and visitor identification
- Lack of expressed empathy for mom’s situation
- Spoke about operational challenges
  - “There’s no one here to cover for me.”
- Did not proactively unite family member with patient

Exam Room

- Compliments patient on getting through testing
- Tells patient mom would be there soon
- Uses medical jargon (anxiety)
- Makes comment about cheerleaders needing helmets
- Jodi comments, “lights are bright”
- Hand hygiene
- Acknowledges neck braces are uncomfortable

- 3 hour wait for patient/family reunion
Testing

- Jodi needed multiple tests; we did not see each one
- Clinical jargon used to describe tests
- Sounded like physician couldn’t be reached to clear cervical spine collar
- Could radiologist clear?

Inpatient Room: Day of Discharge

- Mom and Jodi heard conflicting reports from ortho/PT and neuro about recovery time
- Large packet of info given to mom; not reviewed
- Could not go home with medication because pharmacy was closed
- Nurse offered list of local pharmacies
The Shadowing Report

Opportunities/Suggestions

- Clearer handoffs b/w Care Givers
  - B/W Attending and Radiologist
  - Conflicting reports b/w Ortho and Neuro (same patient)
- Patient/Family Reunion protocol needs clarification
- Could radiologist read scan to expedite removal of collar?
- Possibility of weekend pharmacy hours or starter dose medications

Opportunities/Suggestions

- Continue but enhance educational materials
  IE: re concussion
- Establish comforting environment and responses to concerned family members
- Anticipate Mom’s arrival
- Reduce jargon to reduce anxiety
FAQ

How Many Times Should I Shadow?

Trends will reveal themselves within 3 or 4 Shadowings

• Even just one Shadowing will reveal opportunity

Remember: Shadow at regular intervals:

• Have your changes been sustained?
• Have improvements done what you expected?
• The current state is always changing, and new opportunities will be revealed
I want to Shadow...Where do I Start?

- Right here...
Shadowing Resources

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- Shadowing FAQs
- Shadowing Thank You Card
What if we had one tool…

- Engage patients, families and care givers
- Generate empathy and urgency (to change)
- Improve workflow
- Lead to cost reductions
- Capture live feedback from the end user
- Provide great onboarding opportunities

…and more!
What’s Next?
Project Team Action Steps

➢ By Friday, Feb 27:
  ➢ Register all team members for March 13 workshop

➢ By Wednesday, March 11:
  ➢ Go Shadow! Email Michelle and Susannah with your follow-up materials:
    ➢ Completed Crosswalk worksheet (first two columns only- “Touchpoint” and “Care Giver”)
    ➢ Shadowing notes
The PFCC Methodology and Practice

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

Current State
Achieve the PFCC Trifecta

- Great Care Experiences
- Better Outcomes
- Reduced Cost
We want to hear from you!

– We are here to answer questions!
– See you on March 13th!

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anzeloneml@upmc.edu

www.pfcc.org
Thank You!

pfcc.org

PFCC INNOVATION CENTER
PATIENT AND FAMILY CENTERED CARE