



Co-Design for Better Care

Orientation Webinar #2
February 26, 2015

Agenda



- 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?**

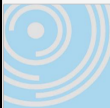
Contact us:


info@pfcc.org

anzeloneml@upmc.edu



PFCC Preliminary Planning Worksheet

 PFCC		PFCC Working Group
		Date
		Time
I. <u>Introductions</u>		
II. <u>PFCC Methodology and Practice Overview</u>		
III. <u>Review Steps</u>		
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.)		

 **PFCC**
PROVIDER AND FAMILY CENTERED CARE

- **Step One: Choose a Care Experience**
 - **Beginning and End**
- **Step Two: Identify your PFCC Champions**
 - **Administrative Champion**
 - **Clinical Champion**
 - **PFCC Coordinator**

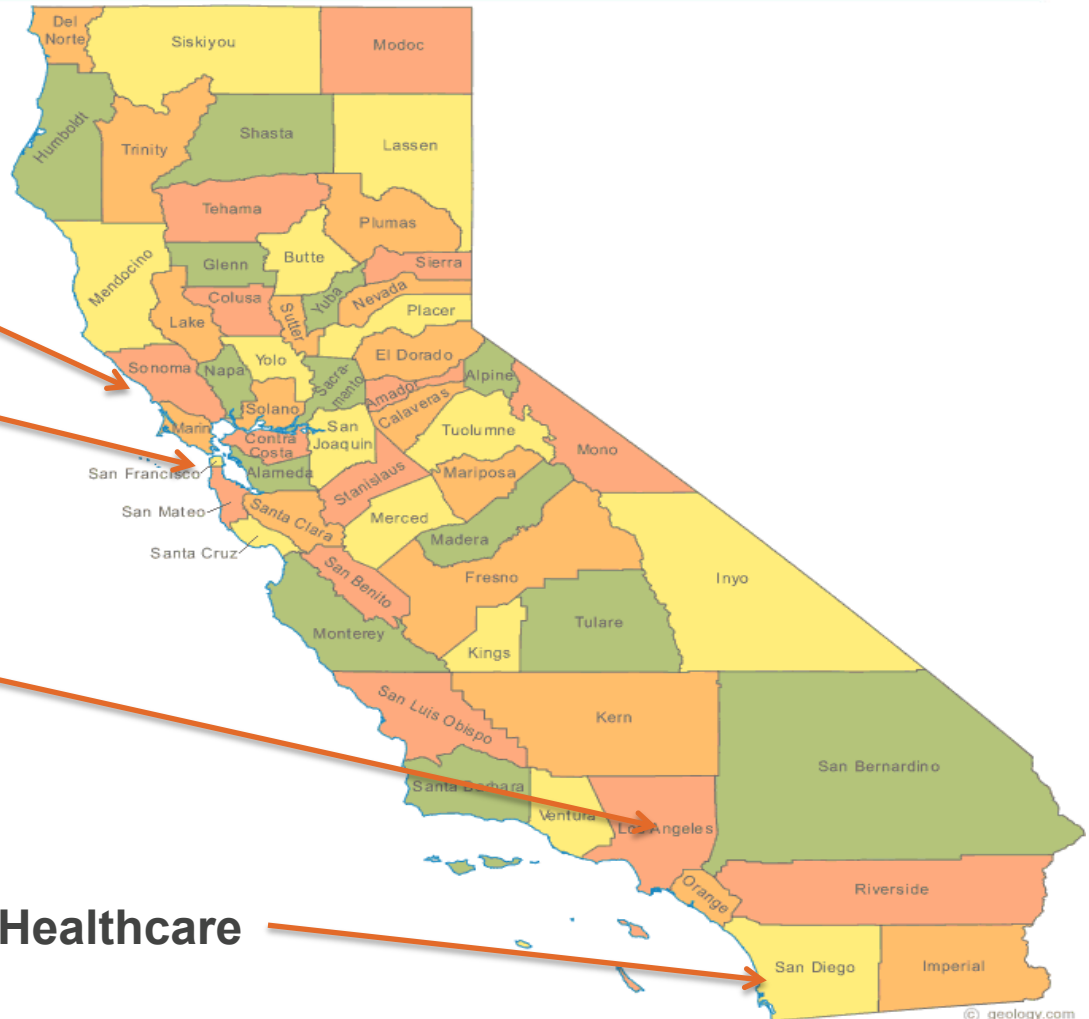
Episodes of care- updates from project teams

**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?



SHADOWING



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.



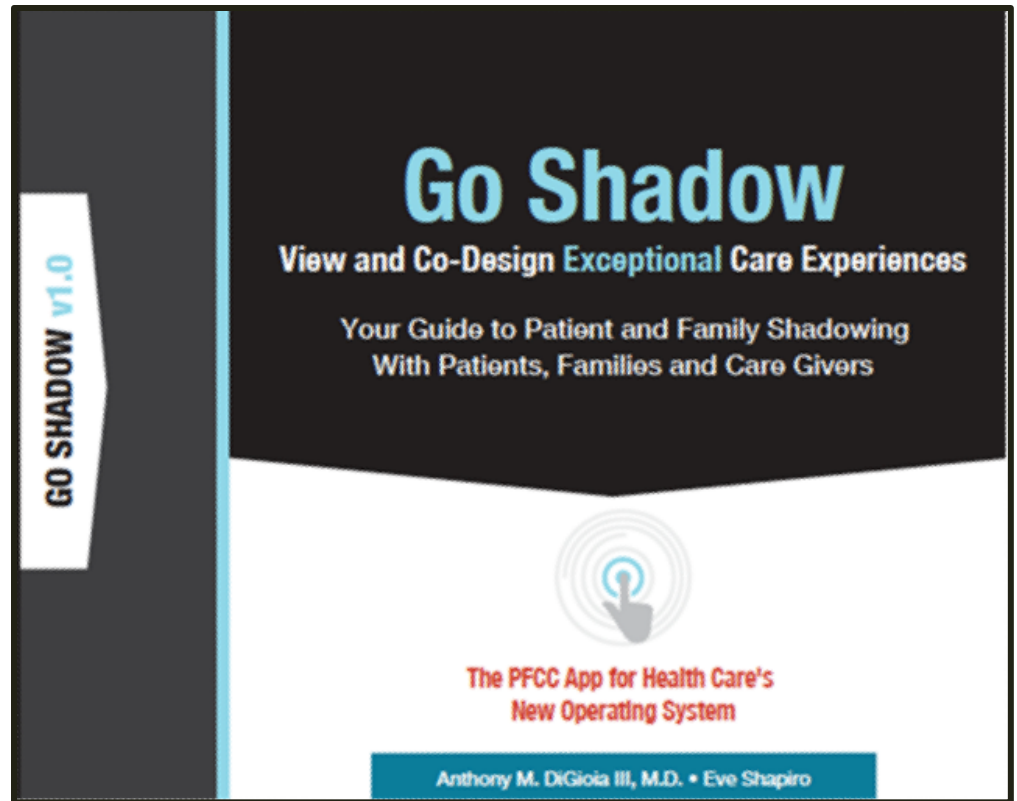
Go Shadow

The
Before,
During
and
After



Get Ready...!

Start here ...



www.pfcc.org/go-shadow



Get Set....!

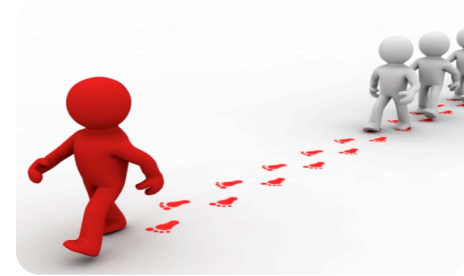
What to Know Before You Go

- ☐ What will you Shadow?
(Where will it begin/end?)
- ☐ Who will Shadow?
(Anyone can!)
- ☐ Not a Secret Shopper
- ☐ How many Shadows?
- ☐ 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

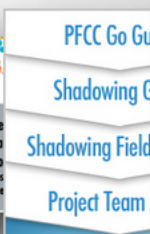
Assumed Touchpoints

- 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

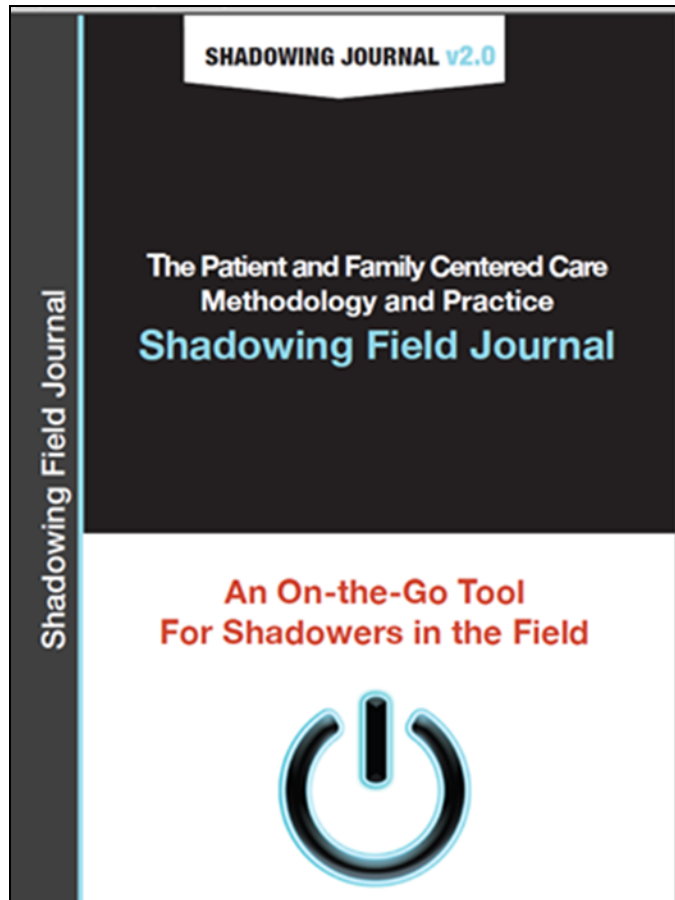




Shadowing Resources

- [Shadowing Go Guide](#)
- [Shadowing Field Journal](#)
- [Shadowing Video](#)
- [Glossary of Terms](#)
- [Shadowing Preparation Checklist](#)
- [Requesting to Shadow a Patient](#)
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- [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**

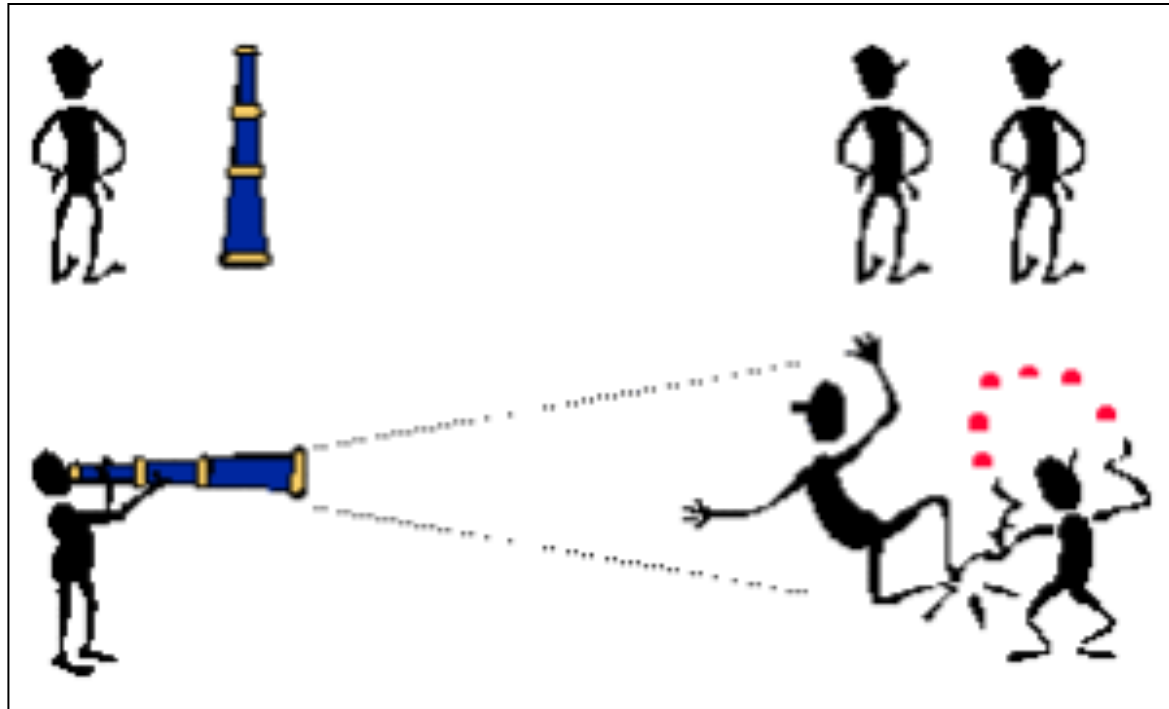


**Ask the patient and family
what would make
the care experience ideal**



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

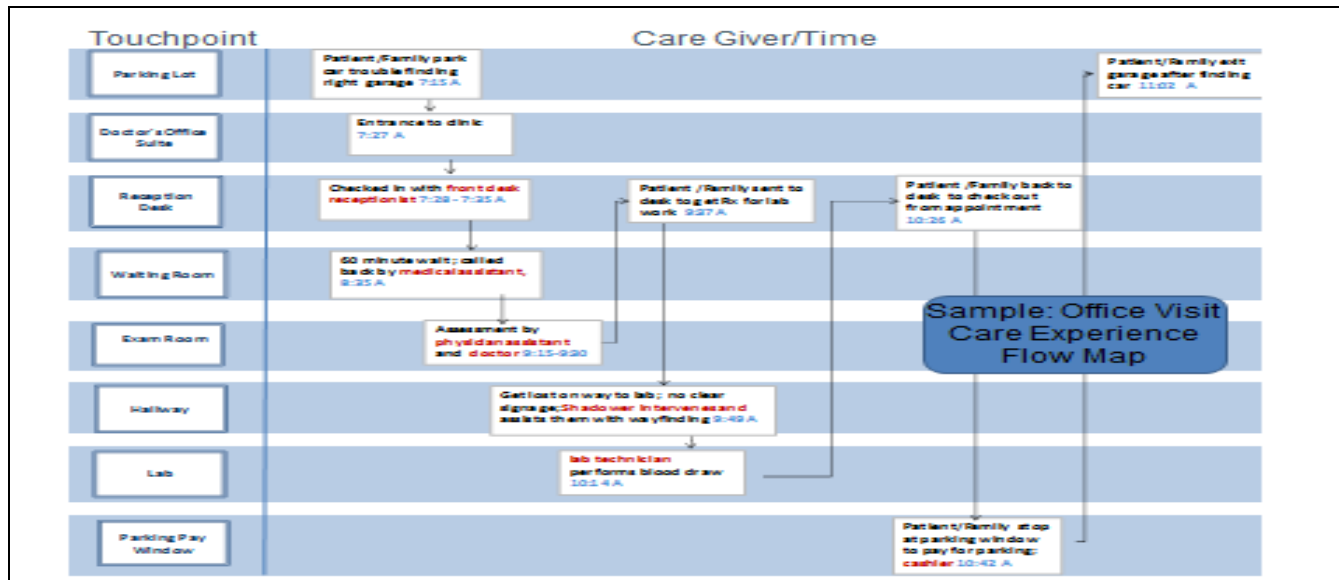


Tact is the art of making a point without making an enemy.
- *Sir Isaac Newton*



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

Shadower: 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



The Shadowing Report

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



The Shadowing Report

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

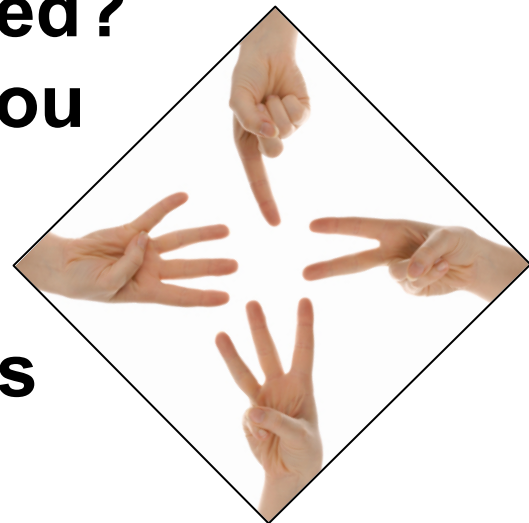
How Many Times Should I Shadow?

Trends will reveal themselves within 3 or 4 Shadowings

- Even just **one** Shadowing will reveal opportunity

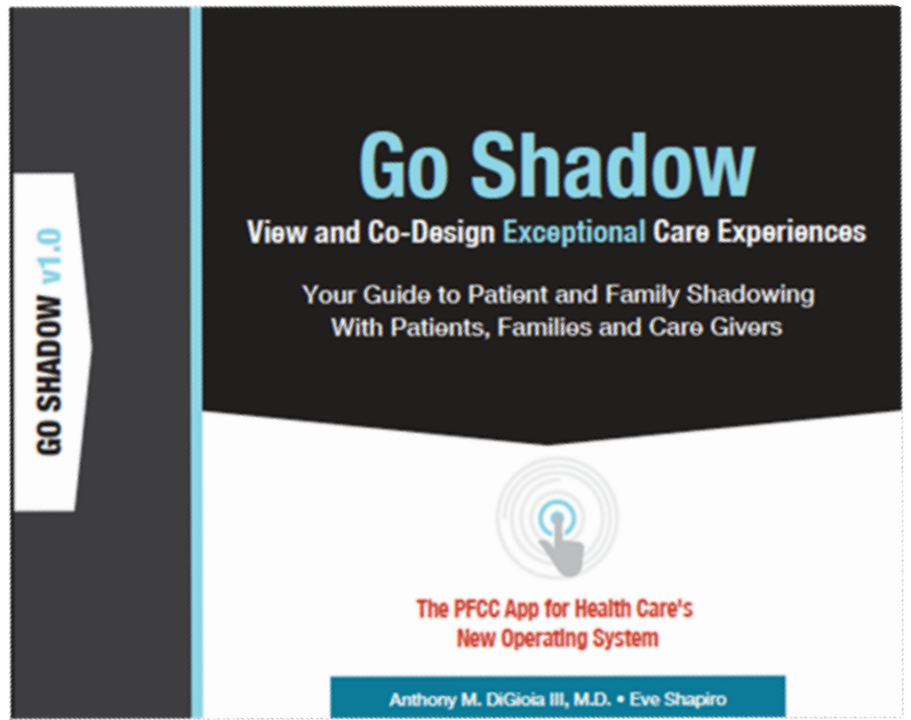
Remember: Shadow at regular intervals:

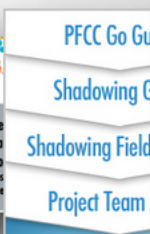
- Have your changes been sustained?
- Have improvements done what you expected?
- The current state is always changing, and new opportunities will be revealed



I want to Shadow...Where do I Start?

- Right here...





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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**

Ideal Experience

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!

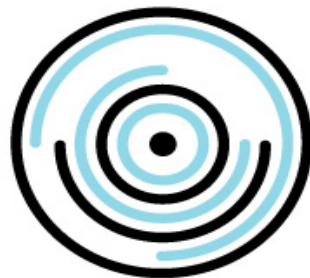
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Thank You!



PFCC INNOVATION
CENTER =
PATIENT AND FAMILY CENTERED CARE