Deliver Value by Design with PFCC: Improve Experiences and Outcomes While Decreasing Costs

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Key #1

View All Care as an Experience
And Through the Eyes of Patients and Families
Key #2: Engagement

- Consulting and Advising
- Listening and Responding
- Giving Information
- Complaining

Experience-Based Co-Design
Key #3:
Simple, Replicable, Sustainable
The PFCC Methodology

**Six Steps to Ideal Care**

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
Define the Care Experience
Example: Total Joint Replacement

**Step 1**

**Begins:**
The initial phone call for an appointment

**Ends:**
When the patient returns to the MD office for 1 month follow-up visit
Define the PFCC Guiding Council
Example: Diabetes Clinic

Step 2

Administrative Champion = Vice President, Ambulatory Services

Clinical Champion = Program Director

PFCC Coordinator = Practice Manager
Step 3

Establish the Current State: Shadow!
## Ambulatory Surgery Care Experience Flow Map Pre - PFCC

<table>
<thead>
<tr>
<th>Touchpoints</th>
<th>Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parking</strong></td>
<td>Patient and Family arrive through 6th Ave. Parking</td>
</tr>
<tr>
<td><strong>Front Desk</strong></td>
<td>checked in with front desk <strong>Receptionist</strong></td>
</tr>
<tr>
<td><strong>Family Lounge</strong></td>
<td>Family and Pt. complete paperwork in Family Lounge <em>(14 minutes)</em></td>
</tr>
<tr>
<td><strong>Transport</strong></td>
<td>Pt. is transported to the Holding Area for assessments by <strong>Transporter</strong> <em>(12 minutes)</em></td>
</tr>
<tr>
<td><strong>Pre-Op Holding Area</strong></td>
<td>Patient is checked into Holding Area by <strong>RN - multiple assessments by Anesthesia Team and Surgeon</strong> <em>(in holding area for 48 minutes)</em></td>
</tr>
</tbody>
</table>
Ambulatory Surgery Care
Experience Flow Map Post - PFCC

- Parking
  - Patient and Family arrive through 6th Ave. Parking

- Front Desk
  - Checks in with front desk Receptionist, sit down and completes paperwork.

- Family Lounge
  - Pt. and Family sit down in Family Lounge until Transport greets them and takes Pt. to Pre-Op (17 minutes wait)

- Transport
  - Pt. is transported to the Holding Area by Transporter (12 minutes)

- Pre-Op Holding Area
  - Patient is checked into Holding Area by RN - multiple assessments by Anesthesia Team and Surgeon (in holding area for 48 minutes)
Step 4

Expand the Guiding Council into PFCC Working Group

Cross-Functional High Performance Care Team

Breaks Down Silos
Step 5
Write the Story of the Ideal Patient and Family Experience
Form Project Teams to close gaps

Who Shadowed: Clinical Champion, Ambulatory Surgery Unit Director
(3 days, 3 hours/day – Shadower arrived to hospital lobby at 4:45am)

18 “first” cases
- Patients and families told to arrive before 5AM
- No Unit access; 11 patients held in lobby until 4:45
- No employees in Valet or Greeter Desk
- Patients felt deserted
- Information desk opened 5:30am (first smiling face)

Arrive on 1st Floor, Temporary Patient Access
- All chairs full, people standing
- Sliding door broken
- Patients seemed lost
- Elevator not working

Surgical Family Lounge
- Friendly, smiling staff
- Quiet, clean environment
- Lined up in hallway (patient comments about it)
- Lined up in holding, appeared disorganized/short-handed

Holding Area
- Cluttered, tight bed spaces
- Quiet, calm, staff busy, friendly
- List of inpatient names public (not private)
- One restroom – 18 patients and 18 family members

NEW PROJECT TEAMS
1. Pre-Arrival Experience
2. Arrival Experience
3. Post-Op Experience

Project ideas:
- Concierge
- Website
- Way-finding
- Dedicated entrance
- Valet
- PACU stay
- Inpatient unit flow PEC
- Flight arrangements
- Family House
- Parking
- First impressions

GAPShave been turned into PROJECT TEAMS and project ideas!

Shadowing Results: GAPS
Step 6
Form Project Teams to close the gaps

“Patients complained that they didn’t know who their doctors were, and they didn’t know the plan of care because it changed depending on which doctors they saw.”

Dr. Louis Alarcon, MD
PFCCWorking Group
Champion: Trauma
PFCC Impact Project Restructure of Level I Trauma Teams

Created Three “Primary Care” Trauma Teams

Results showed:
- Improved continuity of care
- Improved communication
- Improved safety
- Improved patient & family satisfaction

Trauma Discharge Comparison Aug/Sep 2009

The Trauma Restructure was associated with improvement in time of discharge.
Behavioral Health
Rapid Admission Process

Better Experiences
Condensed 3 appointments to 1
Condensed phone tree
Improved transit system to and from appointment

Improved Outcomes
Rapid implementation of plan of care

Decrease Costs
Condensed appointments savings $11,648/patient
Women’s Cancer Care Readmission Project

**Better Experience**
- Improved discharge process
- Follow-up phone call
- New educational materials
- Facilitates IP and OP physician office communication

**Improved Outcomes**
- Eliminates unnecessary re-admissions

**Decrease Cost**
- New model of IP reallocated job duties
- Reduced discharge education
- Readmissions decreased 4.1% in 1 year
PFCC Impact
Project: Medication Card

• Improve Safety
• Improve Experience and Satisfaction
• Reduce Re-Admission Rates