GO GUIDE 2.0
TRANSFORM CARE IN SIX STEPS
THE PATIENT AND FAMILY CENTERED CARE METHODOLOGY AND PRACTICE

Anthony M. DiGioia III, MD • Patricia L. Embree • Eve Shapiro
and a Cast of Thousands of PFCC Champions, Patients and Families
Viewing All Care as an Experience through the Eyes of the Patients and Families
TRANSFORM CARE IN SIX STEPS:
The Patient and Family Centered Care (PFCC) Methodology and Practice
THE PFCC METHOD...AMAZINGLY SIMPLE. SIMPLY AMAZING.

Imagine this scene, with Louis Armstrong’s rendition of “What a Wonderful World” playing softly in the background:

You are a nurse, driving to the hospital for your first day of orientation. You’re a little nervous, but also excited. The first sight you see is a friendly valet helping patients park their cars. “I’ve never seen that before,” you think. Immediately you have a feeling this is going to be a good place to work. This feeling is reinforced when you walk inside and find the area looks warm and welcoming, with plants nicely arranged and art on the walls. Then you see that all the doctors and nurses smile and greet each other whenever they pass. “Wow, a friendly bunch,” you tell yourself, “who seem to genuinely like each other and enjoy being here.” And although the signage is clearer than any you’ve ever seen, your new colleagues promptly ask anyone who looks the least bit lost, “What can I help you find?” As you walk through the units you notice there are no “Waiting Room” signs. Instead, you see “Family Lounge” signs that lead to areas that look like inviting living rooms with fully stocked refrigerators, pool tables, comfortable-looking sofas and chairs, large flat screen TVs, and Internet
accessible computers. In one of these family lounges a celebration is going on—a group of patients and family members are singing “Happy Birthday” and are about to cut into a chocolate cake. As you continue on your journey through the hospital you notice state-of-the-art gyms on some of the units. When you peer into patient rooms you see that the patients and family members inside actually seem happy and at ease. “Wait,” you think, “I must be dreaming. Pinch me...am I actually in a hospital?”

“OK,” you think as you head into orientation, “this looks like a great place for patients and families, but I wonder what it’s like to work here?” As the day goes on, you sense this good feeling everywhere, as though it’s embedded in the culture. By the time the Chief Executive Officer has finished speaking, you begin to understand that this good feeling is real. It stems from the respect with which people view and treat each other, regardless of their title or position in the hospital. “There are many names for the staff who work in the hospital, and their jobs are different” the CEO had said. “But regardless of their title or their job, each is a Care Giver. Each plays a vital role in the care of our patients and families. We could not serve their many needs without the contributions of doctors, nurses, aides, technicians, dieticians, secretaries,
appointment schedulers, parking attendants, housekeepers, and others. Each ‘touches’ the patient and family in some important way. This is true of the parking attendants who greet patients and families with a smile; the kind secretaries who help patients fill out forms; the friendly housekeepers who clean patient rooms; the compassionate and attentive nurses who are always there; and the surgeons who explain procedures clearly so that all patients and families understand. And these are only those who patients and families actually see,” the CEO had said. “In addition,” she continued, “our Care Givers include financial representatives, those who order hospital supplies, medical record clerks, and hospital leaders, all of whom are Care Givers behind the scenes. So although I sit in an office most of the time and don’t usually interact directly with patients and families,” the CEO added, “I am a Care Giver!”

The next day, when you arrive for your first day in your new job, you think your supervisor must have read your mind when she confirms what you already sense—that your experience here will be different from anywhere you have ever worked. “As Care Givers in our PFCC Hospital,” she says, “we look at the care we deliver through the eyes of patients and families and aim to provide them with the ideal Care
Experience. We think about what ideal care looks and feels like to patients and families and then see whether the care we deliver really measures up. And if it doesn’t, we get to work to transform it so it becomes the ideal.”

Sensing your confusion, your supervisor says “Perhaps I should begin at the beginning. Our organization follows the six-step Patient and Family Centered Care Methodology and Practice (PFCC M/P) to evaluate, co-design, and transform care in partnership with patients and families.

“We follow six steps to evaluate and transform care:

**STEP 1** Select a Care Experience

**STEP 2** Establish a PFCC Care Experience Guiding Council

**STEP 3** Evaluate the Current State by Looking at Everything through the Eyes of the Patient and Family, and Develop a Sense of Urgency to Drive Change

**STEP 4** Develop your PFCC Care Experience Working Group based on Touchpoints

**STEP 5** Create a Shared Vision by Writing the Story of the Ideal Patient and Family Care Experience as if You were the Patient and Family Member

**STEP 6** Identify your PFCC Improvement Projects and Form Project Improvement Teams”
Stop the music. No, you wouldn’t be dreaming. You would be in any one of the hospitals that has adopted the PFCC M/P.

This is not your typical Care Experience. Anthony M. DiGioia, III, M.D., with the help of PFCC Partners @ The Innovation Center of University of Pittsburgh Medical Center (UPMC), has set out to transform not only patients’, family members’, and all Care Givers’ typical hospital Care Experiences, but to transform their Care Experiences in any setting—including doctors’ offices, imaging centers, laboratories, long-term care facilities, and elsewhere—into the ideal.

We’ve done this using our six-step PFCC M/P. Not only does the PFCC M/P transform the Care Experience of patients and families, it also changes the behavior of all Care Givers, creating a PFCC culture. The PFCC culture transforms the way Care Givers view their roles, the way they relate to each other, and the way all Care Givers define the ideal Care Experience for patients and families. The PFCC culture leads to improved patient outcomes, better quality of care, increased patient safety, and decreased waste. Explaining the PFCC M/P is the subject of this Go Guide. If we can do it, you can do it! This Go Guide will show you what the PFCC M/P involves and how you can use it, too.

Sounds too good to be true? Well, it is true. And if you’re interested in finding out even more about the PFCC M/P, you can search our Web site at: www.pfcc.org.
PATIENT AND FAMILY CENTERED CARE METHODOLOGY AND PRACTICE 101

Chances are you and your colleagues deliver outstanding medical care and aim to do so in a patient and family centered way. But have you ever asked yourselves if the terrific care you are delivering really meets all the needs of patients and families? Have you ever thought and talked about—not only among yourselves but with patients and family members—what their needs really are? Finally, have you ever wanted to improve your delivery of patient and family centered care but didn’t know where to begin or how to sustain the changes you were able to make?

As Care Givers, we asked ourselves these questions and brought patients and families into the conversation. As a result we realized we needed to develop a simple, easy-to-use approach to delivering not only care, but to co-design exceptional Care Experiences, with patients and their families. This approach is the PFCC M/P, a simple performance improvement tool that builds on process improvement to enable Care Givers to redesign the delivery of care in a complex system.

The singular goal of the PFCC M/P is to co-design exceptional Care Experiences for patients and their families by viewing all aspects of care through their eyes.

“I’ve heard a lot about co-designing the ideal Care Experience with patients and families,” you tell another Care Giver, “but when is the right time to engage patients and families in the process? And what are the best ways to do this?” “Two excellent questions,” she replies. “There are many ways to involve patients and families in co-designing the Care Experience. For example, we must ask patients and families if we can Shadow them throughout their Care Experience. We should invite patients and families to serve as members of the Guiding Council or a Working Group. And we can ask patients and families to serve on our Patient and Family Advisory Council. The PFCC M/P provides multiple opportunities for us to work in partnership with patients and families to co-design the Care Experience. There are no set rules. How best to do this is up to us.”

Transforming care from the current to the ideal experience for patients, families, and Care Givers requires us all to work together as partners in change, viewing all aspects of the Care Experience through the eyes of patients and families. Transforming the Care Experience takes leadership and vision, thought and planning, teamwork and commitment, and a drive toward continual improvement.
A sense of urgency is what drives and sustains care transformation—the urgent need not only to change care for the better but continually drive change toward the PFCC ideal.
STEP 1
SELECT A CARE EXPERIENCE

The first step is to decide which Care Experiences you are ready to transform for patients and families. For example, you may want to focus on a broad Care Experience, such as total joint replacement or trauma care. Or, you may want to start by selecting a more narrowly focused Care Experience, such as a visit to any doctor’s office, the inpatient registration process, or the patient’s and family’s experience on the day of surgery.

STEP 2
ESTABLISH THE PFCC CARE EXPERIENCE GUIDING COUNCIL

The Guiding Council is initially a small group of committed and enthusiastic Care Givers who serve as champions to start, guide, and expand your use of the PFCC M/P. As you will see, the Guiding Council starts small but then expands into the larger Care Experience Working Group. The Guiding Council is therefore essential for the launch of any Care Experience Working Group and for creating and helping to sustain the PFCC culture.

Guiding Council members are usually the first to Shadow the Care Experiences of patients and families, which allows them to map the flow of the patient’s and family’s Care Experience by identifying Touchpoints--the places patients and families go during the care process, for how long, and the Care Givers with whom they come into contact. The Guiding Council’s Shadowing sets the stage for the Working Group’s Patient and Family Shadowing and Care
Experience Flow Mapping, which will guide specific improvement projects as explained in Step 3, below.

The Guiding Council also establishes a PFCC Fund to empower Care Givers to make purchasing decisions and implement pilot projects quickly. (Details about forming Working Groups, Project Teams, and requesting funds for improvement projects are presented in Steps 4 and 6.)

**IDENTIFY PFCC CHAMPIONS: INCLUDING CLINICAL CHAMPIONS, ADMINISTRATIVE CHAMPIONS, AND A PFCC COORDINATOR**

The Guiding Council should include different types of PFCC M/P Champions, each with the seal of approval from the top of the organization to lead change:

- Administrative Champions, such as Managers, Directors, a Vice President, Chief Operating Officer, or Chief Executive Officer whose involvement will put the hospital’s stamp of approval on your use of the PFCC M/P.

- Clinical Champions or, for those who prefer to share Guiding Council responsibilities, Co-Champions, who will inspire colleagues to make and sustain needed changes. In the case of non-clinical departments, such as human resources, housekeeping, food services, or valet parking, the people in this role are called, simply, Champions.

- A PFCC Coordinator, who is responsible for scheduling meeting rooms, sending updates, ensuring the prompt flow of information to all involved in PFCC M/P and, most important, maintaining lists of active, completed, and future projects, described in detail in Step 6b.

**TIP**

*Members of the Guiding Council should complete Steps 1 through 4 as a team.*

To get started, the Guiding Council needs to meet for only 30 minutes each week, at the same time every week.
“Why is a Guiding Council important?” you ask. “Well” explains your supervisor, “As you’ll see, the Guiding Council plays a number of essential roles, including setting the stage for Working Group formation and membership. The Guiding Council is responsible for team building—both in terms of establishing Working Groups and serving as resources for Working Group and Project Team members. The Guiding Council also begins to develop the Shadowing and Care Flow Mapping programs to see which segments of entire Care Experiences are in greatest need of transformation from the patient’s and family’s perspective. In addition, a pivotal role of the Guiding Council is to establish a PFCC Fund and an approval process to guide care transformation efforts and test pilot projects.” “I understand,” you say, “the Guiding Council is the hub of the care transformation process.”

**TIP**

*It is essential for your Champions to be good leaders, good listeners, and be well respected by colleagues.*

**STEP 3**

**EVALUATE THE CURRENT STATE BY LOOKING AT ALL CARE AS AN EXPERIENCE THROUGH THE EYES OF THE PATIENT AND FAMILY, AND DEVELOP A SENSE OF URGENCY TO DRIVE CHANGE**

An essential step in the process of care transformation is to *view all Care as an Experience through the eyes of patients and families*. Step 3 uses tools to help
you gather information about the way patients and families actually experience their care during every crucial “Touchpoint” and to help you learn how they feel about it. A Touchpoint is any key moment or place in the health care setting where patient and family Care Experiences are directly affected by any Care Giver. The information-gathering tools used at each Touchpoint include Patient and Family Shadowing, Care Experience Flow Mapping, Patient and Family Storytelling, Patient and Family Surveys (including but not limited to the Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS]), and other reports of patient satisfaction. Of these tools, Patient and Family Shadowing and Care Experience Flow Mapping are requirements of the PFCC M/P. Using these and the other low-tech, low-cost tools that are part of the PFCC M/P will yield information that will keep you on the path to care transformation.

“The word ‘Touchpoint’ is so evocative,” you tell a colleague. “On one level it refers to any Care Giver, in any department, who comes into contact, or ‘touches,’ a patient or family member. But on another level,” you continue, “it encapsulates what the PFCC M/P is all about—a true and meaningful connection with patients and families that comes from seeing care through their eyes.”

A. PATIENT AND FAMILY SHADOWING AND CARE EXPERIENCE FLOW MAPPING

Patient and Family Shadowing is the direct, real-time observation of patients and families as they move through each step of a Care Experience. The Shadower is the person who conducts the Shadowing. The Shadower is charged with seeing the Care Experience through the eyes of the patient and family, recording every step of the Care Experience, and constructing the Care Experience Flow Map. The Care Experience Flow Map details the Touchpoints, showing where patients and families go during the care process and the Care Givers with whom they come into contact. (Identifying Touchpoints through Care Experience Flow Mapping will also help you decide which Care Givers
should participate in PFCC M/P Working Groups and Project Teams.) Care Experience Flow Mapping can be eye-opening, causing you to ask, “How can we improve every step of the Care Experience?” After Shadowing and constructing the Care Experience Flow Map, the Shadower reports his or her observations back to the Working Group as explained in the Shadowing Go Guide (www.pfcc.org).

Patient and Family Shadowing will allow you to:

1. Observe the steps in the care process as they happen, including how long each step takes

2. Record and understand the patient’s and family’s reactions to what happens at each step

3. Map the flow of care for patients and families, creating the Care Experience Flow Map

To Shadow patients and families, define where the Care Experience you want to observe begins and ends, and follow patients and families along this defined pathway throughout the care process. (Shadowing to define where the Care Experience begins and ends is also a responsibility of the Guiding Council.) You can Shadow either an entire Care Experience at one time, or Shadow segments of a Care Experience at different times to build a complete story. Note where patients and families go and for how long, observe their experiences, and record their reactions. For example, you may choose to start from the time the patient and family arrive to park their car until the time they drive away after discharge.

Consider establishing a Shadowing Club--a pool of people to call on to Shadow patients and families as needed, starting with members of the Guiding Council. Other members of the Shadowing Club may include other Care Givers, Care Givers assigned to light duty, new employees, volunteers, or students in college and schools of the health professions. Such observers have “fresh eyes” and few preconceptions or biases. Plus, using interns, students, or volunteers can be inexpensive or free.

Together, Shadowing and Care Experience Flow Mapping make it possible to co-design the Care Experience in partnership with patients, families, and Care Givers—think of it as having the input of a real-time Patient and Family Advisory Council. These tools create a sense of urgency—and a sense of direction--for Care Givers to drive change and to continue involving patients and families in co-designing the Care Experience.
Patient and Family Shadowing will help you see both what is good and what is not so good about the Care Experience. Most importantly, Patient and Family Shadowing will reveal opportunities for improvement. Did a nurse explain a procedure clearly and completely, easing a patient’s anxiety? Or did a patient wait too long for care or information in one department? If patients and families are satisfied with their care, of course you want to know about it. But if they are dissatisfied or anxious about any aspect of their care, knowing about it quickly becomes a matter of urgency—because you and your colleagues will want to do something about it, and fast!

“Now I get it,” you realize. “I’ve just had that ‘Aha!’ moment. Shadowing patients and families points us to specific areas where we can improve, such as places where breakdowns in communication and transitions of care between services occur. Shadowing also highlights inefficiencies and redundancies in the system, reduces waste, and allows us to hear and observe the effects these have on patients and families. It’s so simple and makes so much sense, why doesn’t every hospital do this?” you wonder.

When you take a hard look at where patients and families go and with whom they come into contact, you realize that some of what you’ve been doing may be unnecessary. You may realize there is some redundancy you can eliminate or process you can streamline. You may also find there are things patients and families say you are doing well—in which case, keep on doing what you’re doing!

“The Same-Day Surgery unit uses two different operating rooms,” says Suzanne Rocks, R.N. “One is across the pedestrian bridge in a different building,” she continues, “and the other is right below my unit. We also send patients to bronchoscopy suites and to interventional radiology for procedures.” The first thing Suzanne did was to write down and put into flow charts the way patients scheduled for Same Day Surgery flowed through the system—where they stopped, and with whom they came into contact. She put all of these flow charts into a folder. “I was amazed to see,” she says, “not only was patient flow complicated, but I couldn’t believe the different steps, the multiple steps, and the number of steps we marched our patients through.”
B. PFCC PATIENT AND FAMILY STORYTELLING

Another way to help us understand the Care Experience from the patient’s and family member’s point of view is to ask them to tell us about it as completely as they can. Patient stories, whether written down—or, even more powerfully, captured on audio or video recorders—can supplement surveys by allowing patients to explain why they feel the way they do about the care they’ve received, how it can be improved, what went well and what didn’t go so well, what is most important to them, and so on. Patient stories can provide you with information that surveys alone cannot easily capture. There is no better way to find out how a patient or family member really feels.

In addition to asking patients and families to tell us about their Care Experiences directly, there are other ways to capture the Care Experience as seen through their eyes. Ask former patients who can...
serve as volunteers and “mentors” to new patients. Ask members of your hospital’s Patient and Family Advisory Council to talk about their Care Experiences and the stories others have shared with them (anonymously, of course).

“I was just thinking back to the time, two years ago, when I was a patient,” you tell a co-worker, “and what I would have told the doctors and nurses if only they had asked me. It wasn’t that my medical care wasn’t good—it was. But I would have given anything for the chance to just take a shower or brush my teeth! Given everything else they were dealing with, I understand why my personal hygiene didn’t seem to be their top priority—but it certainly was one of mine. Having been a patient has made me aware that patients and families often have needs we Care Givers don’t realize. So we definitely need to ask them, listen, and respond accordingly. What I really mean,” you add, “is that in addition to being Care Givers, we are also patients ourselves, or the family members of patients. We know what being a patient or the family member of a patient feels like. Drawing on those experiences helps us to see the Care Experience from the patient’s and family’s point of view.”

C. INFORMAL PATIENT AND FAMILY SURVEYS

One of the best ways to learn how patients and families really feel about their care is to ask them to complete short, simple, focused surveys about every aspect of their Care Experience, including parking, wayfinding, waiting for care and information, nursing care, the friendliness of the Care Givers, the cleanliness of the hospital, the communicativeness of the surgeon and anesthesiologist, the noise level—and don’t forget to ask their opinion about the food. Their answers will help you see all of the Touchpoints through their eyes. What you learn will help guide you on your care transformation journey.

**TIP**

*Customize focused patient surveys based on specific Care Experiences.* *Re-use these surveys to gauge change.* *Always evaluate and re-evaluate your progress—using all tools in the PFCC M/P—over and over again.*
“You think,” says Suzanne Rocks, R.N., “I’ve been a nurse for 25 years. I know what patients and families want and what they don’t want. You believe this,” she continues, “because you live it and work it every day. But I found out from tallying the results of these surveys that there are some things that are more important to the patients than I thought. For example, I didn’t realize how many people were having a hard time just finding my unit. Or that parking was such a big issue.”

D. GATHER EXISTING REPORTS, SUCH AS THOSE ON PATIENT SATISFACTION, AND HCAHPS SURVEYS

Gathering existing reports on patient satisfaction will tell you what patients think about their Care Experience as a whole, as well as what they think about specific aspects of their Care Experience. Patient satisfaction surveys and HCAHPS surveys (HCAHPS surveys are available free of charge at http://www.hospitalcompare.hhs.gov) ask patients questions about their perceptions of the care they received while in the hospital. The HCAHPS survey will tell you how patients rated such things as getting through to the office, ease of making appointments and finding their way, waiting times, cleanliness, courtesy of all the Care Givers, teamwork of health care providers, explanations of procedures, and more. Reviewing HCAHPS survey scores for your hospital, along with focused reports of patient satisfaction, will help you to see which patient experiences are in greatest need of transformation. Reviewing these surveys will also allow you to compare patients’ ratings of your hospital with their ratings of other hospitals nationwide.

**TIP**

*Focus on transforming the Care Experience for patients and families using the PFCC M/P, not just on improving survey scores. Patient satisfaction and HCAHPS scores will rise as a natural result of focusing on improving the patient and family Care Experience.*
STEP 4 DEVELOP YOUR PFCC CARE EXPERIENCE WORKING GROUP BASED ON TOUCHPOINTS

A. USE THE CARE EXPERIENCE FLOW MAP TO IDENTIFY YOUR WORKING GROUP MEMBERS

When you have completed Step 3—mapping the flow of care to clarify Touchpoints and Care Givers, your Guiding Council will be ready to invite Care Givers to serve on a Working Group to transform the selected Care Experience.

To serve on the Working Group, the Guiding Council selects Care Givers who represent each Touchpoint, or each department with which patients and families come into contact. Working Group members include physicians, nurses, aides, those who work in the operating room, therapists, social service providers, dieticians, parking attendants, those who work in information technology, pharmacists, and others as needed.

Being part of a PFCC Working Group leads to a culture of ownership among all Care Givers involved in the PFCC M/P. The key to a culture of ownership is the power of Care Givers—from all levels and all areas of the organization—to make decisions and co-design change in partnership with patients and families.

“The people meeting in these groups can make things happen and make them happen quickly,” says Suzanne Rocks, R.N. “You will have people from multiple departments all over the hospital meeting together, including the IT department, housekeeping, and more,” she continues. “If something comes up that is a problem in one department, the person representing that department can take it back and say, ‘This is a high-level group...everyone is looking at everything they’re doing...we have to get this fixed.’

CONTINUED →
B. PLAN AND SCHEDULE THE KICK-OFF MEETING FOLLOWED BY WEEKLY MEETINGS

The Guiding Council should invite those who have been chosen to serve on the Working Group to a kick-off meeting. Send an invitation in the form of a letter from the CEO, Vice President, or the Chief Nursing Officer. The letter should briefly explain what the PFCC M/P is, invite them to participate in a Working Group, and invite them to attend the kick-off meeting.

Prepare a packet of information for kick-off meeting participants. The packet should include information about what the PFCC M/P is all about, along with the results of your Patient and Family Shadowing, Care Experience Flow Mapping, and any other evaluations your Guiding Council has conducted to help you understand the current state of patient care. Presenting the results of Patient and Family Shadowing at your first Working Group meeting is especially important to create a sense of urgency to drive change, since the Shadowing report will clearly show how patients and families see, and what they feel about, every aspect of their Care Experience. At the kick-off meeting, the Administrative and Clinical Champion welcome attendees and make brief opening remarks. Guiding Council members then explain the six steps and the goals of the PFCC M/P.

Hold the kick-off meeting the same day and time of the week you plan to hold weekly Working Group meetings. Have your first full and follow-up Working Group meeting dates scheduled at the time of the kick-off meeting, if possible. Setting meeting dates and times for a year in advance helps to create a sense of urgency and sends the message that this is an important commitment your Guiding Council is determined to sustain.

“This is amazing,” you think. “I’ve never sat in one room with so many people from so many different areas of one hospital. On my left is a physician and on my right, a housekeeper. And no matter how different our backgrounds are,” you tell yourself, “we are here with a single purpose: to brainstorm how to deliver care that really meets the needs of patients and families.”

C. EXPLAIN THE PFCC FUND AND APPROVAL PROCESS GIVING THE WORKING GROUP AUTHORITY TO INVEST IN PFCC PILOT PROJECTS...QUICKLY.

Empowerment is a key concept of the PFCC M/P, and this includes fiscal empowerment. The Guiding Council, having established the PFCC Fund, should present the details of this Fund to the Working Group at the kick-off meeting.
Project Teams will have the authority to spend up to a certain amount of money on care transformation projects, which allows them to start and complete pilot projects quickly. To spend more, they need administrative permission. (See Step 6.5 for details on the budget approval process for Project Teams)

**STEP 5**

CREATE A SHARED VISION BY WRITING THE STORY OF THE IDEAL PATIENT AND FAMILY CARE EXPERIENCE AS IF YOU WERE THE PATIENT AND FAMILY MEMBER

Using the PFCC M/P means patients aren’t the only ones who get to tell stories. Storytelling is at the core of the PFCC M/P and is used by everyone involved in transforming the patient’s and family’s Care Experience, including Care Givers. Writing the ideal patient and family Care Experience enables you to put yourself in the shoes of patients and families. This should be easy to do if you remember that you are not only a Care Giver, but at some point you have also been a patient or the family member of a patient. What did your Care Experience at that time feel like? Remembering your own Care Experience will help you to imagine and write the ideal experience from the patient’s and family’s point of view.

Picture John Lennon’s song “Imagine” playing in the background as you read about and prepare to take Step 5:

Imagine what ideal care would look like in the perfect hospital, in a perfect world. Then write it down in the form of a story. Don’t be constrained by costs or by other considerations—after all, this is your dream! It doesn’t matter what your role or position is in the hospital. If you are a parking attendant, a surgeon, a housekeeper, a dietician, or a nurse, what does the ideal Care Experience mean to you? Through discussion and sharing of individual stories, “your story” becomes “our story,” the collective story and shared vision of the Working Group.
Writing the story of the ideal Care Experience helps you visualize the details of ideal care and sets the stage for your PFCC Care Experience improvement projects.

Writing the story of the ideal care experience also contributes to team building and knocks down artificial silos. For example: Imagine you get a call from the hospital telling you your mother just arrived in an ambulance after having been in a car crash. You drive right over, panicked and frightened. How should your mother be cared for? How should you be cared for? Write a story in which you both experience ideal care. Think about each Touchpoint and Care Giver, every person with whom your mother and you would come into contact. Think about every process each of you would have to go through. What should the ideal Care Experience look and feel like to both of you, every step of the way?

Now, compare your ideal with what currently happens: How closely does your ideal Care Experience match the current Care Experience of patients and families in your hospital? If current care and the ideal are not the same, what can you do about it? The steps you can take to bring the ideal Care Experience into alignment with what currently takes place will define your Care Experience improvement projects.

Making and maintaining lists of Care Experience improvement ideas is an essential part of transforming the Care Experience for patients and families.
**STEP 6**
IDENTIFY YOUR PFCC IMPROVEMENT PROJECTS 
AND FORM PROJECT IMPROVEMENT TEAMS

**A. IDENTIFY POTENTIAL PROJECTS BY COMPARING THE CURRENT STATE TO THE IDEAL PATIENT CARE EXPERIENCE AS PRIORITIZED BY PATIENTS AND FAMILIES**

At your Working Group meeting, members should use feedback from patients and families collected during Patient and Family Shadowing, Care Experience Flow Mapping, Patient and Family Storytelling, and from patient and family surveys--to identify, list, and prioritize the Working Group’s projects. Based on the frequency with which patients and families cite problematic areas, common themes may emerge. For example, if patients and families say they get lost trying to find their way around the hospital or that they have to wait too long in particular areas, their comments will tell you where your priorities for improvement projects need to be. When you determine where improvement projects fit within particular Care Experiences, you will be ready to form Project Improvement Teams to address them.

**TIP**

*Step 6 is the road map that will help you gain and sustain momentum to transform the current into the ideal Care Experience for patients and families.*

“During your first Working Group meeting, a skeptical colleague leans over and whispers, ‘If it ain’t broke, why fix it?’ To which you respond, ‘If you think it ain’t broke, you haven’t looked at it closely enough through the eyes of patients and families.’”

**B. FORM PFCC PROJECT IMPROVEMENT TEAMS TO BEGIN THE “CYCLE-WITHIN-A-CYCLE” AND CHANGE THE CULTURE.**

When your Working Group has made a list of projects, Working Group members can volunteer to
serve as Project Improvement Team Co-Leaders to begin the work of care transformation. Project Improvement Team Co-Leaders can then recruit team members from either inside or outside of the Working Group to develop, test, implement, and evaluate the results of pilot projects. Project Improvement Team members should include Care Givers who can help to transform the Care Experience for patients and families based on the Care Experience Flow Map for their project.

Project Improvement Teams follow the same six steps of the PFCC M/P, making the work of Project Improvement Teams a “cycle within a cycle”:

**STEP 1.** Select a Project based on the perspectives of patients and their families

**STEP 2.** Assign Project Team Co-Leaders

**STEP 3.** Evaluate the Current State by Using Care Flow Mapping, Patient and Family Shadowing, Patient Storytelling, and Patient and Family Surveys—Viewing Everything through the Eyes of the Patient and Family

**STEP 4.** Recruit Members for the Project Team Based on Care Giver Touchpoints Identified Through Care Flow Mapping

**STEP 5.** Create a Shared Vision by Writing the Story of the Ideal Patient and Family Care Experience for the Project as if You were the Patient and Family Member

**STEP 6.** Get to Work….

As noted above, one of the tasks of new Project Improvement Team members is to write their story of the ideal patient and family Care Experience, focusing on a specific segment of care. Just as the Working Group identified gaps in the current, compared with the ideal, Care Experience of patients and families using the techniques of storytelling as described in Step 5, the Project Improvement Team will do the same within the scope of their focused project. The gaps that emerge between the current and the ideal state will reveal where the Project Improvement Team should begin their improvement efforts. Project Improvement Team members then create a “To Do” list for each project and roll up their sleeves to get the work done.

At the weekly Working Group meeting, Project Improvement Team Co-Leaders report on the status of their active projects. Project Improvement Team Co-Leaders keep the momentum of the Project Improvement Team going by ensuring the Team meets at least weekly and reports on its progress each week to the Working Group.
Pull in Project Improvement Team members from anywhere in your organization as needed, even if they are not Working Group members. For example, involve graphic artists to be part of your Project Improvement Team if your goal is to improve signage.

The following “Rules to Play by” will help Project Improvement Team members stay focused and sustain momentum for care transformation.

**PROJECT TEAM RULES TO PLAY BY…**

1. **PROJECT IMPROVEMENT TEAMS MEET EACH WEEK (OUTSIDE OF THE WORKING GROUP) AND REPORT TO THE WORKING GROUP AT WEEKLY MEETINGS**

Weekly meetings of Project Improvement Teams are essential for creating and sustaining the sense of urgency and the momentum necessary to transform the Care Experience for patients and families. By facilitating continual dialogue, weekly meetings help Project Improvement Team and Working Group members cross the communication chasm and work closely together to become “high performance” care teams.

2. **FOCUS ON EASY-TO-DO, LOW-TECH SOLUTIONS TO START**

To help you prioritize your pilot projects, begin by focusing on improvements involving easy-to-do, low-tech, low-cost solutions. The positive results will generate excitement for the transformation process and keep the momentum of your Project Improvement Team and Working Group going.

The Guiding Council should encourage the Working Group and Project Teams to start with easy-to-do projects that will have a high impact at low cost.
“Do you know what our Guiding Council first suggested to our Working Group as a low-cost, high-impact project?” you ask. “It was creating a few temporary signs letting patients and families know where information sessions they needed to attend were taking place. We noticed immediately,” you continue, “that people were not confused; they knew where they had to go. Such a little, inexpensive change made such a big difference. The success of this project made us want to see what else we could improve!”

3. **PROPOSE PILOT PROJECTS AND CREATIVE SOLUTIONS...AND DON’T BE AFRAID TO FAIL, BECAUSE YOU WILL LEARN A LOT!**

The Working Group generates ideas for pilot projects and a timeframe for their completion. The timeframe for completion varies—sometimes members of a Project Improvement Team think a week will be enough time to make a change and evaluate its effects; other times they think it might take a month. When your evaluation shows your pilot project is working, you can bring it to the Working Group to discuss spreading it to other areas of the hospital.

“Someone on one of the Project Improvement Teams had the creative idea of putting white boards across from the patient beds in one unit so patients and families would know what their care plan is for the day,” you recall. “It seemed easy to do, inexpensive, and we could start it right away! The Working Group thought it was a great idea and said, ‘Go for it!’ After one week so many patients and families told us they were relieved to know what was going on,” you continue, “that we bought white boards for every patient room in the hospital.”

**TIP**

Use “Spotlighting,” in which Project Improvement Teams give presentations of their pilot projects to the Working Group. **Spotlighting allows Project Improvement Teams to receive advice and input from Working Group members.**
4. SEND WEEKLY UPDATES TO THE PFCC COORDINATOR, WHO WILL MAINTAIN LISTS OF ACTIVE, COMPLETED, AND FUTURE PROJECTS FOR PROJECT IMPROVEMENT TEAMS AND THE WORKING GROUP

The Project Improvement Team Co-Leaders send weekly updates to the PFCC Coordinator, who maintains three lists of projects, as explained below:

- A list of Current Projects.
- A list of Completed Projects.
- A list of Future Projects.

The list of Current Projects, which is discussed at weekly Working Group meetings, shows which projects are being actively worked on by Project Improvement Teams. The list of Current Projects briefly states the current status of each project and what the Project Improvement Teams have accomplished so far.

When a Project Improvement Team completes a project, the PFCC Coordinator moves the completed project to the list of Completed Projects. Tracking Completed Projects will remind you of all your achievements, help to build and sustain momentum, serve as a measure of the Working Group’s performance, and motivate you to keep going to overcome new challenges. In addition, lists of Completed Projects come in handy for passing on to other Care Experience Working Groups in the future.

Always capture ideas for projects on a master list of Future Projects. Keeping track of Future Project ideas will generate new projects as current projects are completed. This is a continual opportunity for improvement, since we will always be striving to reach the ideal in any Care Experience.

Because projects are fluid, one of the PFCC Coordinator’s essential roles is to keep these lists up-to-date.

5. IF FUNDING IS NEEDED, PRESENT PROPOSALS TO THE WORKING GROUP FOR APPROVAL USING THE PFCC FUND

As mentioned in Step 2, the Guiding Council establishes a PFCC Fund and an approval process for care transformation efforts. The Guiding Council gives Project Improvement Teams the authority to
spend up to a certain amount of money on care transformation pilot projects, which allows them to start and test projects efficiently. When Project Improvement Teams need funds for proposed projects, the Project Improvement Team Co-leaders present a one-page proposal at the weekly PFCC Working Group meeting, explaining:

1. What the project is
2. What the funds will be used for
3. How much the project will cost
4. How the project will measure its effectiveness after implementation
5. The timeframe for the pilot project (usually three to six months)

If the cost of the proposed project is lower than the ceiling the Guiding Council has set, the Working Group can approve it. If the cost is higher, the Administrative Champion takes the Project Improvement Team’s proposal to the CEO or Executive Management Group for approval or disapproval. If the project is denied initially, the CEO or a representative of the Executive Management Group explains the reasons for the denial. The Working Group and Project Teams then brainstorm ways to address concerns. If the pilot project is implemented successfully, future costs should be supported by normal operations.

**TIP**

*It is important to create an account where funds spent on PFCC M/P transformation efforts can be tracked and reported easily.*

“Working Group and Project Improvement Team members try to push people to do the best they can with the resources they have,” you observe. “We are good about being fiscally responsible,” you think, “which often leads to our finding creative, low-cost, low-tech solutions that we can test right away.”
6. MEASURE AND EVALUATE YOUR CHANGES

You can’t change what you don’t measure. So when you make changes—both in the pilot stage and after operationalizing changes more widely—evaluate, evaluate, evaluate the Care Experience by using all tools that are part of the PFCC M/P—Patient and Family Shadowing, Care Experience Flow Mapping, Patient and Family Storytelling and Patient and Family Surveys. You can also evaluate the effectiveness of your projects by tracking changes in costs, patient survey responses, wait times for patients and families, length of stay, and other measures.

Ask patients to respond to surveys, continue to Shadow patients’ and families’ Care Experiences, and ask them to write comments and their stories about how they feel about their care. The changes you make are only as good as patients and families believe they are. Ask them every so often to tell you what they think about different aspects of their care. Something that seemed to work well for patients and families one year may not work as well the next.

“One year,” you explain, “our Project Improvement Team had the idea of using coaster pagers—you know, the kind some restaurants use—to let patients know when it was their turn to be seen. Patients and families loved them because they no longer needed to sit in one area and wait their turn. The coaster pagers gave them a little more freedom to move around. When we asked how they liked the coaster pagers the next year, they hated them! Why? Because by this time we had installed video monitors that told patients and families exactly where patients were and where they would be going at any given time. This meant they had even more freedom now than they did before. Patients and families told us the pagers were now unnecessary, kind of a nuisance, and were a good way to spread germs. But we would not have known this if we hadn’t asked.”

7. PROJECT IMPROVEMENT TEAMS CAN DISBAND IF THEIR WORK HAS BEEN COMPLETED OR TEAMS CAN RE-FORM TO ADDRESS NEW PROJECTS. BUT PFCC WORKING GROUPS ARE FOREVER…

Project Improvement Teams can be disbanded when projects are completed and new Project Improvement Teams can be formed when the Working Group decides to make future projects active ones. The PFCC M/P relies on the continual gathering of information from patients and families, and making the needed changes in response, including changes in Project Improvement Teams.
PFCC M/P is the performance improvement tool that not only will transform the Care Experience of patients and families, it will also change the behavior of all Care Givers, creating a PFCC culture. Changing the culture will, in turn, lead to improved patient outcomes, better quality of care, increased patient safety, and decreased waste. In such a culture, it is second nature to continually seek ways to improve the Care Experience for patients and families. PFCC is no longer what you do, it is who you are.

“Co-Design is about making things good (and then better) and right (and fantastic) for the people who use and encounter them” - Matt Beale
Think of PFCC as a circle that never ends, as opposed to a straight line that goes from start to finish. Think of Project Improvement Teams as mini “tornados” of change.
Imagine the theme from the movie “Rocky” streaming in the background: Does all this sound too good to be true? Well, according to our Care Givers, it is true.

Ask Jennifer, a nurse, who says, “The PFCC M/P reminds me of why I became a nurse in the first place.” Or Dan, a physician, who says, “I was skeptical at first. But our PFCC M/P Working Group has achieved results beyond all my expectations!”

Tom, a pharmacist, says, “Because of the PFCC M/P I now work more closely not only with my colleagues, but with patients and families. This personal contact is professionally satisfying for me.”

According to Kevin, a valet parking attendant, “As the first person patients and families see when they drive up and the last person they see when they leave, I take pride in knowing I am important in making them feel comfortable and welcome.”

Rhonda, a CEO, says, “We’re all in this together—Care Givers, patients, and family members. Each of us has been or will be a patient or family member at one time or another. The PFCC M/P shows us how to deliver ideal Care Experiences as patients and families define them.”

And Tina, a dietician, exclaims, “Taking care of patients and families is the PFCC M/P; we are obligated to listen and to act!”

And how do our patients and families feel? Here is what just a few of our ‘raving fans’ have to say:

“My experience at Magee-Womens Hospital met every expectation, and then some. Each person involved in my care was exceptional. Thank you for my care and congratulations on attaining perfection.”

“The compassion, kindness, and understanding of the office staff and nurses were extremely impressive. During my hospital stay the nurses didn’t seem rushed. They took the time to talk to me and I really felt taken care of. Thank you.”

“My family and pastor were welcomed with open arms and were treated with the same compassion as I was.”

“Dr. DiGioia and his team performed with skill, care, and diligence. They each did their best to fulfill a commitment to excellence.”

“If you must be in a hospital, then this is the one you want to be in!”

Don’t stop the music—keep it going, knowing that care transformation is within your reach. All it takes is focused commitment, a drive toward excellence, and the six-step PFCC M/P!
ABOUT THE AUTHORS

Anthony M. DiGioia III, M.D.
Renaissance Orthopaedics, PC
Medical Director, The Bone and Joint Center at Magee Womens Hospital, University of Pittsburgh Medical Center and PFCC Partners @ The Innovation Center of UPMC (www.pfcc.org)
Director, AMD3 Foundation (www.amd3.org)
tony@pfcusa.org

Patricia Embree
Senior Director, Patient and Family Centered Care
PFCC Partners @ The Innovation Center of UPMC
www.pfcc.org

Eve Shapiro
Principal
Eve Shapiro Medical Writing, Inc.
Bethesda, Maryland
www.shapiromedicalwriting.com
eveshapiro@aol.com

And a Cast of Thousands of PFCC Champions, Patients and Families at the University of Pittsburgh Medical Center!