

Picker Institute Recognizes UPMC for Advances in Patient-Centered Care

PITTSBURGH, April 8 – By looking at every aspect of health care through the eyes of patients and their families, the University of Pittsburgh Medical Center (UPMC) is transforming the way it delivers care and providing a model for others in the industry, according to the Picker Institute, a nonprofit leader in advancing patient- and family-centered care (PFCC).

In a new UPMC case study, one of six featuring academic medical centers on the Picker Institute Web site <http://www.pickerinstitute.org/Research/univpen.pdf>, the authors of the profile note that UPMC's "culture of innovation and entrepreneurial activity has provided a fertile environment for the development and spread of PFCC at multiple levels throughout the system." The featured centers were selected based on criteria that included experts' opinions on high-performing hospitals and actual performance on patient-satisfaction surveys, according to the report.

The PFCC methodology was first piloted in the orthopaedic program at Magee-Womens Hospital of UPMC by Anthony M. DiGioia III, M.D., who in 2006 created an innovative "hospital within a hospital" to serve his orthopaedic patients. Drawing from his background in engineering, Dr. DiGioia, collaborating with Magee's leadership, designed a system that organizes hospital resources and processes around the needs of patients, not health care professionals.

The result was development of a program that treats patients through a full cycle of care, from the doctor's office to the hospital and back to the doctor's office. Patients enjoy the convenience of one-stop, pre-operative visits at satellite centers, which include all necessary clinical testing, discharge planning with a social worker and the opportunity to meet other patients who will be having surgery at the same time. The physical environment for the orthopaedics program at Magee likewise reflects the patient-friendly philosophy, incorporating a home-like atmosphere in patient rooms and state-of-the-art fitness facilities.

"PFCC is focused on producing an exceptional care experience," says Dr. DiGioia. "At the same time, we have shown that putting patients first results in higher levels of safety, quality and efficiency." The Innovation Center at Magee-Womens Hospital of UPMC, working in concert with the Donald D. Wolff Jr. Center for Quality Improvement and Innovation, aims to raise the awareness and accelerate the spread of PFCC approaches throughout the U.S. and the world. The Innovation Center offers tools to help all caregivers implement patient-centered practices.

"Our methodology can be used for any care experience, from the hospital to the physician's office to outpatient surgery centers," notes Dr. DiGioia. As proof, PFCC practices are now being exported to numerous settings at UPMC, including the day-of-surgery and trauma units at UPMC Presbyterian and even the health system's new-employee orientation. The result has been dramatic improvements in patient and family satisfaction, based on pre- and post-surveys of patients, and increased organizational efficiencies, such as reduced hospital length-of-stay and lower staff turnover.

"The Picker Institute has rightly noted that PFCC is an important tool in our broader strategy of driving innovation and culture change throughout the system. This case study demonstrates to other providers how and when PFCC might be successfully applied," says Tami Minnier, UPMC's chief quality officer.

The PFCC methodology includes detailed mapping of the patient and family experience, with student interns or staff "shadowing" patients through every step of their care. All aspects of the patient's encounter are documented, including parking, signage and staff interactions. Patient

surveys, staff interviews and family focus groups also are part of the assessment. A PFCC working group with representatives from every service area that affects the care experience is then engaged to solve the problems that are identified, with an emphasis on rapidly testing solutions, revising them and testing again. “Staff at the grass-roots level must be empowered to make change happen,” notes Dr. DiGioia.

In UPMC Presbyterian’s day-of-surgery department, the PFCC working group created a new patient information packet with consistent and up-to-date information on what patients could expect on the day of surgery. They redesigned hospital signage and directed patients to a dedicated parking garage—replacing five scattered sites—with extended hours and valet parking. The entryway and waiting rooms were transformed with warm colors and inviting artwork to create a more comfortable, family friendly environment.

Likewise, in the trauma unit at UPMC Presbyterian, a PFCC group created a new process for decreasing the amount of time that a patient must wear an uncomfortable cervical collar. More than 90 percent of trauma patients are automatically placed in a collar to prevent possible neck and spine injuries. The PFCC mapping showed that the clearance process for approving removal of the collar could take up to 40 hours. After involving the trauma team and radiologists in the PFCC approach, the clearance time was reduced to an average of 12 hours.

The authors of Picker’s UPMC case study are Dale Shaller, principal of Shaller Consulting, a health policy analysis and management consulting practice based in Stillwater, Minn., and Charles Darby, now deceased, who was an independent consultant based in Baltimore and a former project officer at the Agency for Healthcare Research and Quality. The Picker Institute sponsors research and education to foster the continued improvement in health care from the patient’s perspective. For more information on the institute, visit www.pickerinstitute.org.

UPMC is an integrated global health enterprise headquartered in Pittsburgh, Pennsylvania, and one of the leading nonprofit health systems in the United States. As western Pennsylvania’s largest employer, with 50,000 employees and \$7 billion in revenue, UPMC is transforming the economy of the region into one based on medicine, research and technology. By integrating 20 hospitals, 400 doctors’ offices and outpatient sites, long-term care facilities and a major health insurance services division, and in collaboration with its academic partner, the University of Pittsburgh Schools of the Health Sciences, UPMC has advanced the quality and efficiency of health care and developed internationally renowned programs in transplantation, cancer, neurosurgery, psychiatry, orthopaedics and sports medicine, among others. UPMC is commercializing its medical and technological expertise by nurturing new companies, developing strategic business relationships with some of the world’s leading multinational corporations and expanding into international markets, including Italy, Ireland, the United Kingdom, Cyprus and Qatar. For more information about UPMC, visit our website at www.upmc.com.