Era 1 – Ascendancy of Profession

“A profession is a work group that reserves to itself the right to judge its own quality.”

Eliot L. Freidson

The goal of this report is to break the cycle of inaction. . . . Despite the cost pressures, liability constraints, resistance to change and other seemingly insurmountable barriers, it is simply not acceptable for patients to be harmed by the same health care system that is supposed to offer healing and comfort.

Report of the Institute of Medicine (IOM) Committee on Quality of Health Care in America
November, 1999
Patient safety was the tip of the iceberg . . .

This is the rest of the iceberg.”

“The delivery of health care has proceeded for decades with a blind spot: Diagnostic errors — inaccurate or delayed diagnoses — persist throughout all settings of care and continue to harm an unacceptable number of patients.”

“These became the go-to tools for trying to get the apple cart righted.”

“Era 2 got the trilogy wrong. In most organizations it feels like this.”

“Between the health care we have and the care we could have lies not just a gap, but a chasm . . .”


“The machinery of era 2 is the manipulation of contingencies . . . to illicit the care that we dream of.”

Don Berwick, 2015 IHI Keynote address

Don Berwick, 2015 IHI Keynote address
“We cannot possibly inspect our way to excellence.”

Era 3 – Nine Steps

1. Stop excessive measurement
2. Abandon complex incentives
3. Decrease focus on finance
4. Avoid professional prerogative at the expense of the whole
5. Recommit to improvement science
6. Embrace transparency
7. Protect civility
9. Reject greed

Era 3

Michigan Innovative Personalized Patient-centered Pathology

MiP3

Patients & Families
Patient- and Family-Centered [Pathology] Care

Patient access to understandable information on their diagnosis
Pathology as part of multidisciplinary team
Continuously improve current state operations

Timeliness of information

Technology optimization
Continuously improve current state operations

Patients & Families

Patients & Families

Pathology

Technology optimization

Continuously improve current state operations

Timeliness of Information

Patients & Families

What is PFCC?

Patient & Family Centered Care (PFCC)

• Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in *mutually beneficial partnerships* among health care providers, patients, and families.

• It redefines the relationships in health care by placing an emphasis on *collaborating* with people of all ages, at all levels of care, and in all health care settings.

• In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making.

“Patient- and Family-Centered [Pathology] Care

Patient & Family Centered Care (PFCC)

• This perspective is based on the recognition that patients and families are *essential allies* for quality and safety — not only in direct care interactions, but also in quality improvement, safety initiatives, *education*, research, facility design, and policy development.

• Patient- and family-centered care leads to *better health outcomes*, improved patient and family experience of care, better clinician and staff satisfaction, and wiser allocation of resources.

"The most direct route to the *Triple Aim* is via patient- and family-centered care in its fullest form."

Don Berwick, June 5, 2012

The IHI Triple Aim

Population Health

Experience of Care

Per Capita Cost
Patient and family-centered care (PFCC) is about working with patients and families, rather than just doing to or for them.

Patient & Families Advisory Council (PFAC)

Patient & Family Advisors (PFAs)

“The gift...is a profound sense of true engagement for positive change.”

Juliette Schluter
from Words of Advice: A Guide for Patient, Resident, and Family Advisors

Engaged Patient & Family Advisors are fundamental to our collective successes in PFCC.

(THANK YOU Robyn, Anita, Michele, Kelli, Dale, & Dennis!).
Patient and Family-Centered [Pathology] Care

Patient & Families Advisory Council (PFAC)

You cannot do this alone!
Partner with institutional programs and resources.

Supporting large PFACs in a way that works for staff as well as PFAs is challenging.

Patient & Family Centered Care (PFCC) Principles

We listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

Patient & Families Advisory Council (PFAC)

Supporting large PFACs in a way that works for staff as well as PFAs is challenging.

Patient & Family Centered Care (PFCC) Principles

Planning, delivery, and evaluation of health care grounded in mutually beneficial partnerships between patients, families, and providers.
Patient- and Family-Centered [Pathology] Care

Asking not only, “What is the matter with you?”

... but also asking, “What matters to you?”

Patient & Family Centered Care (PFCC) Principles

We share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making at the level they choose.

Patient & Family Centered Care (PFCC) Principles

Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

Patient & Family Centered Care (PFCC) Principles

Patients, families, providers, and health care leaders collaborate in policy and program development, implementation, and evaluation in health care facility design, education, and delivery of care.

Patient & Families Advisory Council (PFAC) Strategic Goals

September 22, 2016
Patient & Families Advisory Council (PFAC) Strategic Goals

- Share information generated in our laboratories with patients and families in ways that are affirming and useful.
- Help patients and families understand pathology’s role in supporting and influencing their health care journeys.
- Build mutually beneficial partnerships with patients and families to narrow the gap between the care that they receive and the care to which they are entitled.

Taking advantage of networking opportunities outside of your organization will make you stronger and better.

IPFCC Training Seminar Action Plan

- Use cloud solution to make all intensive training materials available to PFAC members
- Collect and share “aha” moments with all PFAC members
- Emulate scenario exercise to walk through differences between system centered (SC), patient focused (PF), family focused (FF), and patient and family centered (PFC)
- Show video used at training seminar

IPFCC Training Seminar

Overall Goal: To share lessons learned at IPFCC intensive training seminar in a manner that enables all PFAC members to participate equally in building mutually beneficial partnerships with the patients and families who look to us for care.

Engage PFAC in “gut check” regarding our current state, including
- composition of PFAC,
- cadence of our work,
- gap between the things we’re doing and the things we should be doing, and
- our strategic goals.
Patient- and Family-Centered [Pathology] Care

**Patient- and Family-Centered Care**

*Just do it!*

not in another place, but this place

*Just do it!*

not in another place, but this place

... not on another day, but on this day!

**Bridge the gap, taking one baby step after another.**

Develop consistent message regarding role (vision & mission) of our PFAC that can be consistently and clearly articulated to others.

**The Golden Circle**

Start with *Why?*
Patient- and Family-Centered [Pathology] Care

Factors Associated with High Performance in Quality and Safety in Academic Medical Centers†

- Shared sense of purpose
- Collaboration
- Leadership style
- Accountability system for service, quality & safety
- Focus on results

Factors Associated with High Performance in Quality and Safety in Academic Medical Centers†

- Service excellence is added to the focus on quality & safety
- Service, quality, & safety are seen as a source of competitive advantage
- Leaders articulate that patient care comes first
- Leaders are dissatisfied with the current state of quality & safety

Factors Associated with High Performance in Quality and Safety in Academic Medical Centers†

- "Leaders used a focus on service excellence to unify their institutions behind the patients first mission."
- "Leaders either found this patients first point of view not to be in conflict with excellence in other missions or expressed the opinion that the enterprise had achieved a balance among the missions."

A patient and family centered culture of diagnostic medicine and personalized pathology.

Department of Pathology
Patients and Families Advisory Council

By building mutually beneficial partnerships with patients, families and providers, and embracing the tenets of patient and family centered care, we will change the culture of diagnostic medicine and personalize Pathology.

Patient stories added to PFAC meetings (goal to roll out to other departmental meetings).
... departments of pathology traditionally have too few stories to tell. But I know that they are out there and we need them. How might we partner with you to collect and archive patient and family stories here at UMHS, if possible with a focus on those that touch pathology?

**Patient & Families Advisory Council (PFAC) Working With Patients & Families**

1. PFA added to design team for apheresis renovation
2. PFA added to ASCP Diagnostic Task Force and National Pathology Quality Registry Steering Committee
3. PFA added to departmental DEI committee
4. PFAC working with project team to keep patients present in new pathology buildings remote from main medical campus

Pathology staff, trainees and faculty struggle to resist *leaping to solutions* without first understanding problems and opportunities from the perspective of patients and families.

Working directly with a patient to produce a video illustrating connections between health care journey and the laboratory.

**Patient & family panels** at selected departmental meetings.
A patient and family centered culture of diagnostic medicine and personalized pathology.

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Don Berwick, 2015 IHI Keynote address

By building mutually beneficial partnerships with patients, families and providers, and embracing the tenets of patient and family centered care, we will change the culture of diagnostic medicine and personalize Pathology.
Patient- and Family-Centered [Pathology] Care

Bridge the gap, taking one baby step after another.

Why

How

What

Thank you!!

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN