MCG’s Journey Toward Patient- and Family-Centered Ambulatory Care

Changing organizational culture to embrace the concepts of patient- and family-centered care (PFCC) offers unique challenges for ambulatory care. Unlike inpatient service providers, ambulatory care providers see a large number of patients for very short, intermittent periods. Also, each practice site is a unique organization with a distinctive history and culture.

Despite these obstacles, 2 years ago MCG Health, Inc., set out to become “the provider of choice for ambulatory care” in the greater Augusta, Ga, area through the implementation of PFCC practices. MCG has already made tremendous progress toward this goal and is beginning to enjoy the outcomes of its initiatives, including a gradual, steady increase in patient satisfaction scores. In October 2008, MCG received top honors in the southeast ADVANCE for Nurses Readers’ Choice survey for all 5 categories: quality of care, organizational culture, professional development, communication, and efforts to retain nurses.

MCG’s acute care services were already strongly committed to providing patient- and family-centered inpatient care when leaders decided to incorporate PFCC concepts into ambulatory care. The PFCC movement at MCG began 15 years ago with the design and construction of a new Children’s Medical Center. Several adult inpatient services noticed the excellent patient satisfaction scores of the children’s hospital and began to adopt some of its practices. Four years ago, PFCC implementation became a central focus of the university hospital’s mission and goals. Today, MCG is recognized worldwide as a leading PFCC organization and was the subject of the recent PBS documentary “Hand in Hand,” part 4 of the award-winning series Remaking American Medicine: Health Care for the 21st Century.

Learning About PFCC

Extensive staff education is essential for any organizational culture change. In January 2007, MCG’s ambulatory care managers and directors participated in a learning lab to explore PFCC’s core concepts:

• People are treated with respect and dignity.
• Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.
• Individuals and families build on their strengths through participation in experiences that enhance control and independence.
• Collaboration among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.
Learning lab participants toured the Children’s Medical Center, as well as the Breast Health Services and Neurosciences centers in the university hospital, to see PFCC in action. Patient and family advisers spoke to the group about their experiences at MCG, and learning lab participants were amazed to hear patient/family perceptions of their care and the effect of those perceptions on decisions to continue coming to MCG.

In February 2007, several senior MCG leaders attended the UHC Ambulatory Care Council meeting in Orlando, Fla: Rich Bias, senior vice president of ambulatory and network services; Sandy Hobbs, director of network partnerships and outreach; and Glenn Bedell, administrative director of surgery and musculoskeletal practice sites. At the meeting, these leaders learned about the findings of the UHC Patient- and Family-Centered Care Benchmarking Project and discovered that many opportunities exist to incorporate PFCC concepts in ambulatory care. They were also inspired by presentations from colleagues, such as University of Colorado Hospital leaders, who shared information about their PFCC-related ambulatory care initiatives.

Convinced that they were on the right track, the team returned to MCG and continued PFCC educational programs for all ambulatory staff. Randy Murphy, director of ambulatory patient care services; Sandy Hobbs; and patients and family members facilitated 4-hour off-site retreats. More than 30 retreats were held to ensure that all ambulatory employees had an opportunity to participate, and quarterly retreats are offered to new employees. These retreats were funded by the Ambulatory Services Administration. Many doctors supported the PFCC initiative because they had seen the PFCC cultural change in inpatient services and were eager to make it happen in nonacute care.

Working With Patient and Family Advisers

Family medicine was the first group to recruit patients and family participants for an outpatient advisory panel on identifying, designing, and implementing improvements. Soon patient and family advisory teams were in place for many other nonacute practices, including cardiology, dermatology, emergency department, musculoskeletal, neurosciences, pediatrics, medicine, pain management, sports medicine, surgical specialties, women’s health, eye care, otolaryngology, behavioral health, and multiple groups within the oncology service.

Recruiting patient and family advisers has not been difficult; potential advisers are suggested by doctors, managers, and staff. Advisers receive volunteer training that addresses issue such as HIPAA and confidentiality. Currently, more than 230 patient and family advisers are working with MCG staff to improve care across the enterprise. Ambulatory initiatives include collaborating with advisers to improve scheduling and billing practices. In addition, more than 40 advisers are helping design a new cancer treatment center.

Engaging Leaders

MCG’s leaders are strongly committed to achieving a PFCC culture. After the initial ambulatory PFCC educational programs were concluded, Rich Bias asked managers to develop PFCC action
plans, which are updated monthly. Each week at his management meetings, the managers of 2 practice sites provide updates on their PFCC action plans and progress.

The presence of administrators and providers plays an important role in convincing patient and family advisers that they are being heard and that changes will be made. Many MCG physicians participate in advisory panel meetings. For example, after attending an otolaryngology advisory panel meeting, the service chief committed to attending all of the meetings himself or sending a representative when he cannot participate.

Empowering Staff

Most MCG staff have been very receptive to PFCC initiatives, but each practice site has a distinctive “personality” and a unique approach to PFCC implementation. Implementing PFCC concepts in MCG’s ambulatory care facilities has not required any changes in staffing levels. Staff have learned that making the effort up front to introduce themselves, explain their role, encourage questions, offer assistance, and listen to people saves time by reducing the number of phone calls and problems. Staff are encouraged to work with each patient to set a goal for the visit and ask if the patient “got what he or she wanted out of the visit.” Staff have also discovered that wait times are not such a big issue as long as they keep patients informed.

In all cases, both staff and patients/families are empowered by simple communication. For example, everyone who participates in the Outpatient Neurosciences Council—front-desk staff, assistants, nurses, and physicians—problem-solves with patients and families. After one patient spoke about “the way time stops when you are left alone in an exam room,” staff began asking patients if they prefer to have the door open or closed. This simple act demonstrates respect for the patient’s right to choose and exert control.

Dealing With Challenges

Even though MCG’s ambulatory PFCC implementation has been very successful, some challenges remain. According to Sandy Hobbs and Randy Murphy, “not everybody gets it” or “they think that they get it and they don’t.” Some staff find it difficult to share ownership and give up control. Others dismiss PFCC as something “warm, fuzzy, and the latest trend” and do not understand that the goal is to ensure the quality, safety, and efficiency of care and enhance patient satisfaction. The 2 leaders have found it most effective not to focus on how PFCC is different but to ask staff to provide the kind of care that they would want the person they love most in the world to receive.

Providing patient- and family-centered nonacute care is not easy, and not all efforts are successful. But MCG’s ambulatory leaders are determined to continue with the journey, stating simply that “we are learning as we go and it is a privilege!”

To learn more about MCG’s ambulatory PFCC implementation efforts, contact Randy Murphy at (706) 721-7875 or Sandy Hobbs at (706) 721-4716. For more information about UHC’s patient- and family-centered care initiatives and resources, contact Kathy Vermoch at (630) 954-1030.