



Improving patient experience by reducing the average wait time for outpatient chemotherapy treatment from two hours to less than twenty minutes.

Improving Patient Experience

THE CASE

This case illustrates the dramatic change in patient wait time produced by focused collaboration and process improvement efforts of a cross functional healthcare team. Sixty percent of patients undergoing outpatient chemotherapy at a large US healthcare system were waiting longer than one hour to begin treatment. Thirteen percent of these patients were waiting longer than two hours. The patient and employee experience in this chemotherapy unit was dismal.

OUTCOME SUMMARY

Within the first year, patient wait times dropped 61% from between 1 and 2 hours to between 30 minutes and 1 hour. The next year no chemotherapy

patient waited more than 30 minutes past a scheduled appointment time. The year following, no patient waited more than 20 minutes. The relationships forged during the endeavor continue, as do the efforts to improve the unit's delivery of care.

THE PATIENT EXPERIENCE

What all patients (and customers) want is the fulfillment of four psychological elements:

- **Confidence** reflects the belief that patients can always trust the hospital to deliver on its promises.
- **Integrity** reflects the belief that the hospital always treats patients fairly and will satisfactorily resolve any problems that might occur.

Healthcare organizations that can fulfill four emotional needs and meet patients' basic requirements for good service and medical care engage their patients.

Engaged healthcare is better healthcare for everyone.

- **Pride** reflects the degree to which a patient feels good about using the hospital and about how using the hospital reflects on them.
- **Passion** reflects the belief that the hospital is irreplaceable and an integral part of patients' lives.

Healthcare organizations that fulfill these four emotional needs and meet patients' basic requirements for good service and medical care – and there are many that do – engage their patients. They also create optimal patient experiences, ones that are deeply personally gratifying and that promote health. Gallup's research shows that patient engagement consistently predicts hospital performance on an array of crucial business outcomes, including EBITA per adjusted admission and net revenue per adjusted admission.

Engaged patients are better for hospitals, and engaged hospitals are better for patients. Engaged patients have a better experience because it is psychologically and emotionally gratifying, and engaged hospitals can count on engaged patients and a better bottom line. Engaged healthcare is better healthcare for everyone, and that's the best definition of the patient experience.¹

Within a hospital, the cancer patient experience is unique. More than half of all cancer patients receive some form of chemotherapy. The therapy itself is not necessarily an unpleasant experience, however, the therapeutic agents involved are potent and can have

strong side effects, including nausea, vomiting, and fatigue. These side effects are one reason many patients approach the treatment with a certain degree of anxiety. Their anxieties grow to acute and sometimes explosive frustration when they are asked to sit in a waiting room well beyond their scheduled appointment time. Our client did not want this experience for its patients.

CASE BACKGROUND

Our client, a major US health system, treats more than 26,000 men, women, and children in its outpatient cancer treatment facility each year. The flow of these patients required carefully planned treatment schedules in which all aspects of the treatment – blood analysis, physician examination, treatment orders, therapeutics preparation, and treatment site availability – come together at roughly the same time. Any and every interruption of this schedule could result in wait times that grew longer as the day progressed.

As wait times increased, already anxious patients or their families would vent their frustrations to any employee who happened to be nearby. These frequently angry exchanges could infuse the waiting area with a tension waiting to be broken by the next angry eruption of frustration. Patient Service Representatives (PSRs), whose job was to greet and register incoming patients, often became convenient targets for complaints. Patients

¹ Robison, Jennifer (2010) *What is the Patient Experience?* Gallup Business Journal: <http://BusinessJournal.Gallup.com>

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understood the PSRs had no ability or authority to speed the process, but they were the only representatives of our client hospital in sight. On a daily basis, a red-faced family member or worried patient would toss a magazine on a chair and stomp to the desk to inquire for the third time as to when the therapy would begin.

The nurse manager kept no records of the frequency of these exchanges, but could gather a rough idea how badly the process was faring by keeping mental track of the number of times she would be asked by a PSR to please come to the waiting room to reassure a patient or family member.

The tension of the situation touched everyone involved as patients would convey their frustration and anxiety to all with whom they came in touch – from the PSRs to the nurses who would remove the intravenous needles at the end of treatment.

THE CHALLENGE

There was no question as to what the goal should be: reduce wait times to improve the patient experience.

THE TEAM

A substantial number of professionals are involved in chemotherapy. Orion Advisory assembled a client team that drew one or more representatives from each aspect of the process. The team consisted of the following:

- Chemotherapy staff nurses who administered the therapies.
- Registered nurses who represented treating physicians and engaged with

patients as treatment progressed.

- A laboratory technician who acquired blood samples to monitor the treatments.
- Two pharmacists who prepared treatment prescriptions and delivered them to the outpatient treatment area.
- Three PSRs who scheduled appointments, greeted patients and directed them to the check-in area.
- The Cancer Institute’s administrative director.
- The chemotherapy unit nurse manager.
- A physician whose role was to support the team, assess recommendations, and interface with physicians whose work routines might be influence by the proposed solutions.

SOLUTIONS

Several process improvement tools were employed during meetings devoted to analyzing the problem and discussing proposed solutions, eventually paring them down to 15 Most Wanted Improvements (MWIs), which were implemented during the remaining 15 weeks assigned to the project. The four that produced the greatest results were as follows:

Solution 1

The treatment schedule was redesigned to be driven by the nature of the treatment. Chemotherapy treatments can be complex, with some requiring extensive time and others being relatively brief. The treatment schedule more accurately

reflected the activities of the unit, made timing more reliable, and gave it flexibility in dealing with unscheduled events when built around the anticipated length of each treatment.

Solution 2

Patients requiring longer treatments were spread evenly across the daily and weekly schedule. They served as anchors around which patients requiring shorter treatment periods were scheduled. This gave the process a rhythm and enhanced flexibility.

Solution 3

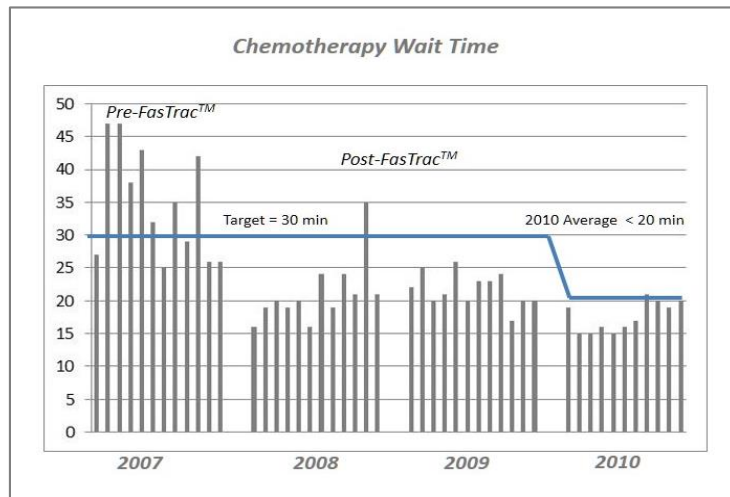
added just prior to the initiation of a patient’s treatment. The protocol contained criteria for initiating therapy or changes in therapeutic regimens in critical patients and urgent care, the two categories of patients most likely to present unscheduled treatments and treatment alterations. Resources and caregiver hours were set aside to accommodate these events and reduce their impact on the work of the unit.

RESULTS

The impact of these MWIs was felt

ORION ADVISORY, LLC

Orion Advisory LLC has extensive experience working on cross-departmental processes to enable great transformation, while also solving immediate problems. We specialize in partnering with healthcare administrative and clinical leaders and their teams to create local ownership and accountability that empowers them to get things done. We equip our clients with the tools and capability to deliver on their goals and align the culture of the organization around common purpose.



When possible, the patient’s laboratory work was to be prepared the day before the patient’s scheduled treatment appointment. This allowed the patient’s physician, the pharmacists, nurses, and others associated with providing care to anticipate the patient’s needs and substantially reduced over-sights that often appeared at the last minute to delay treatment.

Solution 4

A treatment protocol was designed to give structure to procedures that were

immediately. Within the first year, patient wait times dropped 61% from between 1 and 2 hours to between 30 minutes and 1 hour. The next year, no patient waited more than 30 minutes past a scheduled appointment time, and the year following, no patient waited more than 20 minutes. The relationships and endeavors to continue to improve the unit’s delivery of care are ongoing within the team.

TEAM IMPACT

"I was the front desk coordinator and most of my day was spent apologizing and calming patient's family members down before Julie [Nurse Manager, Sponsor] went out." ...Patient Service Representative-Front Desk

"I measured that [impact of wait time] by the number of times I would be called out to the lobby on a daily basis. I was called out [to the lobby] at least two, three times a day to speak to an irate patient and family member about how long they had waited." ...Nurse Manager, Sponsor

"How is life now?... Oh, so much better. Our chemotherapy wait times are down to 22 min, less than half an hour. And we have a system where if physician's orders or consents are missing, we are actually putting them on a board, and they [the physician] is actually dinged for not having their orders completed and that is taken up with the department chair." ...Chemo Treatment RN

"So that is another benefit to this whole process. They [chemo nurses] watch us like hawks, and rightfully so because we are kind of the bottleneck sometimes to getting their job done. So, it's an important metric that we try to maintain for them." ...Pharmacist