





Expediting Oncology Care Through Nurse Navigation to Alleviate Patient Challenges

Many oncology and cancer programs can be fragmented due to the length of time between patients' appointments and the number of healthcare professionals they need to see before a consensus can be reached about treatment plans. This may cause patients to become anxious and frustrated with their overall experience with oncology care. To help alleviate these negative care experiences, some health systems have expedited the cancer treatment process with nurse navigators.

Greenville Health System (GHS) Cancer Institute—which has the largest cancer program in South Carolina and provides services to five counties in the state—implemented the use of nurse navigators to act as liaisons between patients and treatment providers. Moreover, GHS employs a multidisciplinary clinic to address the individual needs of patients with different diagnoses. To learn more about nurse

**GREENVILLE HEALTH SYSTEM**



**Greenville Health System
South Carolina**

- Number of Licensed Beds: 1,662
- Hospital Discharges: 51,895
- Number of Cancer Institute Offices: 8

navigators' role in bridging gaps in oncology care, The Academy spoke with Julia Yates, MSN, RN, OCN, Clinical Nurse Manager for the multidisciplinary clinic and oncology support services, which include nurse navigation services.

Identifying Patient Needs

"The patient may become very anxious, especially when they are newly diagnosed and awaiting a treatment plan," Yates says. "So seeing patients at a multidisciplinary clinic, with two to three physician specialists at once, is extremely efficient and can

calm those fears. The nurse navigator is critical for a successful visit for the patient and families because they're procuring records, including pathology and imaging studies, and being available to the patient for education and support."

The initial workup for a suspected malignancy can involve numerous exams and tests. Waiting for a final diagnosis plan of care can be a very high-anxiety time for patients, especially with the process sometimes extending over weeks. The oncology

SEE ONCOLOGY ON PAGE 2

Improving Departmental Efficiency Through Value Stream Analysis and Other Lean Methodologies

Safe and efficient delivery of care in the surgical department is an ongoing ambition for many hospitals and healthcare systems. However, operational inefficiencies

such as redundancies in physical actions, disorganized unit navigation, and a lack of comprehension of staff responsibilities undermine the timeliness and quality of surgical care. As a result, it is important for organizations to identify operational inefficiencies and develop targeted and sustainable changes to achieve high-quality surgical care.

Jacobi Medical Center of NYC Health + Hospitals—a 457-bed trauma and tertiary care center in the Bronx, New York—has utilized Lean methods to improve efficiency in its surgical department. In particular, Jacobi's value stream analyses identified key areas for improvement and initiated focused changes. To learn more about the efforts of the facility and its targeted surgical department improvements, The Academy spoke with Dr. John McNelis, Chair of the Department of Surgery.

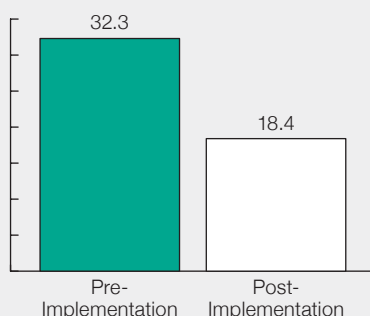
"Our Senior Vice President at the time Lean was initiated said our numbers were down, we were losing patients, and we needed to look at our processes," Dr. McNelis says. "So we took that message and identified surgery as one of the areas that needed a value stream analysis."

Identifying Improvement Needs

Value stream analysis is a Lean methodology that identifies and assesses steps needed to bring a project from its current state to the ideal state. Jacobi hired external Lean assistance personnel who were heavily involved in the initial assessment and development of its perioperative value streams before implementing the necessary efficiency changes on its own. The surgery department framed this value stream initiative around the current state of its

SEE VALUE STREAM ON PAGE 4

Turnaround Time in the Orthopedic Unit at Jacobi Medical Center (in Minutes)



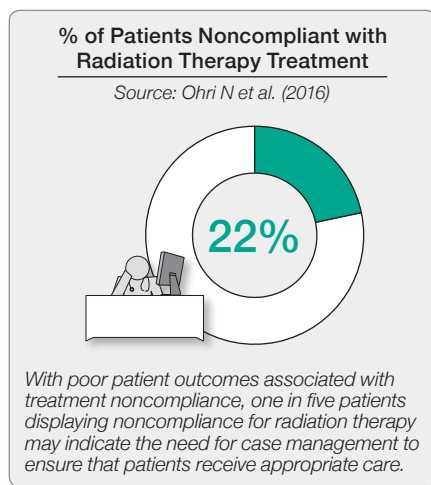
By utilizing Lean methods to improve inefficiencies in surgical care processes, Jacobi Medical Center reduced patient turnaround time in its orthopedic unit by nearly 50%.

FROM ONCOLOGY ON PAGE 1

team at GHS Cancer Institute aims to alleviate some of the stress that patients and family members experience by providing advanced support, education, and focusing on their individual needs.

During monthly leadership rounds, navigators meet with their manager for one-on-one visits to discuss their observations regarding patient needs and available resources. These visits present an opportunity for staff members to discuss challenges, barriers, and ideas to address these issues, which may lead to new program developments. These continual discussions can help transform and adapt navigation to meet patients' specific healthcare needs.

GHS Cancer Institute has also expedited the care process for its patients by offering a unique approach to cancer treatment through its Multidisciplinary Center (MDC). The MDC allows a patient to accomplish in a single visit what previously may have taken several weeks of visiting different sites. Under the collaborative format of the MDC, a group of specialists including a surgeon, medical oncologist, radiation oncologist, nurse navigator, radiologist, and pathologist meet to review records, discuss treatment options, and develop a treatment plan proposal. The patient then meets with each practitioner of the proposed plan following this collaborative conference. The nurse navigator is available throughout this visit and remains available to the patient and the patient's family through



the entire course of treatment, recovery, and survivorship.

Guiding Patient Care

Oncology nurse navigators at the GHS Cancer Institute serve as clinicians, care coordinators, educators, and counselors for patients and families. They remain available and in contact with the patient and caregivers throughout the treatment process. Patients may call nurse navigators at any time, day or night, with questions about medication, lifestyle changes, and other concerns. Caseloads for these navigators are not limited and are based on the number of patients seen in the multidisciplinary clinic, which is set by physicians. These numbers are tracked by the GHS Cancer Institute and assessed for trends to provide insight into utilization needs, such as using the same staff at multiple clinic sites or opening an additional day for areas trending upward.

As part of their dual nursing and case management responsibilities, the nurse navigators track and prepare patient records with the cancer type, test results, genetics, reports, and eligibility for clinical trials. All of the information collected for a patient's records are documented and ready prior to the patient's first visit with their oncologist. Additionally, the nurse navigators contact patients to make sure they know how to get to appointments, what to bring, and what to expect when they come to the clinic.

Nurse navigators are also responsible for education within the oncology department and the creation of educational resources, such as booklets and toolkits for the patients and families. The patients are given booklets that reiterate

preoperative and postoperative education and instructions specific to the program to provide them with additional support when they return home. The GHS Cancer Institute has also developed a caregiver toolkit to assist family members after a patient's cancer diagnosis.

To further guide patients through their care, navigators assist them and their families in overcoming external barriers. Two main areas of nonclinical case management assistance that navigators provide are for inability to pay for services or lack of support at home. Navigators provide patients with additional community resources and service contacts to assist them with billing, treatment payment plans, in-home care services, and transportation for appointments.

Providing Reliable Care

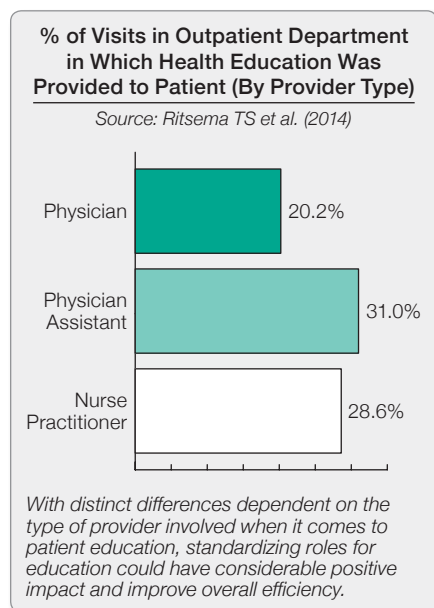
The MDC at the GHS Cancer Institute has reduced and consolidated the number of appointments each cancer patient requires. Patients are able to see multiple medical disciplines in one visit, leading to an increase in patient satisfaction.

"It is important to know whether or not the patient felt heard, understood, prepared, and valued," Yates says. "Patient comments and suggestions guide our next steps."

Due to the success of its program, patients from other hospitals and healthcare centers are referred to and seek second opinions regarding their cancer diagnosis and treatment. GHS Cancer Institute collaborates with facilities outside of its system via its electronic health record to procure outside records for these second opinion patients and ease their overall oncology care experience.

For other organizations looking to implement a nurse navigation program for oncology, the practices of Greenville Health System Cancer Institute can provide valuable insight. By providing nurse navigators in multiple disciplines, facilitating better diagnostic education, and sustaining support to patients, hospitals and health systems can experience an increase in patient satisfaction and improved management of oncology care.

"We focus consistently on empowering both the patient and caregiver," Yates says. "Empowerment is the goal for all patients by enabling them to thrive while they survive." ■



Facilitating Intra-Health System Patient Transfers by Utilizing a Centralized Transfer Center

Remaining prepared for patients presenting to the emergency department or inpatient hospital is key to delivering high-quality care to a large and diverse patient population. According to a 2014 American College of Emergency Physicians survey, 77% of responding ED physicians believed they were not prepared for a significant patient volume increase on their unit. One way that hospitals can address this issue is by ensuring patients get necessary treatment through the utilization of transfers to other capable hospitals within the health system.

HARRISHEALTH SYSTEM

Harris Health System—a three-hospital health system located in Houston, Texas—leverages an always-open Transfer Center at its 486-bed facility, Ben Taub Hospital, to facilitate intra-health system and external patient transfers. To learn more about best practices for intra-health system transfers and the Transfer Center at Harris Health, The Academy spoke to Charlie McMurray-Horton, Administrative Director of Utilization Management, who oversees the entire Transfer Center.

“The Transfer Center works 24 hours a day, seven days a week,” McMurray-Horton explains. “We have a team of 14 staff members, which includes registered nurses, clinical case managers, and nonlicensed but highly skilled transfer center coordinators.”

Employing the Transfer Process

Intrasystem patient transfers occur between Ben Taub Hospital and the 235-bed Lyndon B. Johnson Hospital of Harris Health. If one of the facilities is unable to provide care for an emergent or nonemergent patient due to the hospital operating at capacity or the hospital staff not having the capability to appropriately care for the patient, the hospital staff will call the Transfer Center and submit to them a transfer request.

The Transfer Center staff will then check with the receiving location's capacity management team to gauge the receiving hospital's capacity and ability to accept the patient. This team is dedicated to streamlining patient throughput by quickly assigning

beds and coordinating direct patient admissions to the appropriate care areas which include inpatient hospital units, the ED, and procedural areas such as the catheterization lab or the operating room. If the receiving hospital has available beds, adequate staffing, and appropriate specialists and providers to meet a particular patient's care needs, physicians from both locations talk over the phone to review the patient's status and other pertinent information.

“We have to make sure that we have capacity and capability at the receiving facility,” McMurray-Horton says. “Those are the two main pieces that make this process work—the capacity information from our hospital supervisors as well as the capability from our medical team.”

If both criteria are met, the Transfer Center team contacts Harris Health System's transportation department that manages EMS services to facilitate appropriate transportation to the receiving hospital. All patients are transported via an ambulance in order to remain under necessary medical care while mobile. An electronic health record is utilized to streamline communication between system hospitals and also to ensure clinical information is readily accessible upon arrival.

In the event that both Harris Health sites are unable to accept an intrahospital patient transfer, the Transfer Center staff will contact external healthcare facilities to potentially care for that patient. A Memorandum of Transfer form for a particular patient—which includes information such as patient condition, reason for transfer, and mode of transport—must be completed by external facilities to ensure compliance with EMTALA guidelines.

“If the medical staff feels a patient needs to be transferred, and there's not capacity or capability at either facility, we will look to external hospitals,” McMurray-Horton explains. “The overall main focus is the clinical needs of the patient.”

Managing Volume and Transportation

Every month, the Transfer Center inside Ben Taub Hospital facilitates approximately 100 patient transfers between Harris Health hospitals. In addition, the center coordinates upward of 700 transfers

to and from external organizations within that 30-day span.

With a high volume of patients changing locations, some unique challenges can arise. Each month, Harris Health's Transport Committee meets to discuss cases of quality or process issues and any concerns regarding intrahospital transfers that may have arisen. This committee consists of the chief medical officer, vice president of medical affairs, and administrative vice presidents and chiefs of staff at both Ben Taub and Lyndon B. Johnson Hospital.

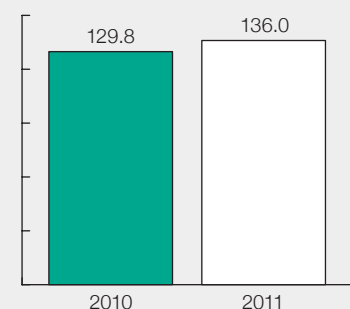
“Issues such as any potential delays and appropriateness of transfer are examined,” McMurray-Horton says. “For example, maybe the transferring hospital initially requested the wrong service, so by the time we determine the correct service, it took two hours instead of one hour.”

To help address those challenges, the health system created transfer guidelines for trauma, stroke, and heart attack patients and is currently evaluating the need for additional hospital guidelines. Thus, over the past year, Harris Health has successfully transferred approximately 1,200 patients between its hospitals.

For other health systems looking to improve their intrasystem patient transfers, the strategies of Harris Health System's Transfer Center may act as a prime example. By using a specially staffed, always-open Transfer Center, other hospitals may also experience improved care coordination. ■

Number of Patients Presenting to the Emergency Department (in Millions)

Source: CDC (2014)



The number of patients presenting to emergency departments in the United States rose by nearly seven million from 2010 to 2011, highlighting the need for effective patient transfers.

FROM VALUE STREAM ON PAGE 1

processes and then homed in on key areas for improvement.

Each value stream focused on a different facet of achieving the goal of making the surgery department more efficient. These key components were categorized into three perioperative value streams: perioperative processing, physician-related issues in the operating room, and non-physician-related issues in the OR.

To resolve inefficiencies within each perioperative value stream, Jacobi organized various rapid improvement events (RIE), which are heavily monitored experiments analyzed by a team to determine how particular processes can be improved and implemented. Department leaders at Jacobi initially completed 11 RIEs based on issues they identified, including scheduling practices, block scheduling, turnover time, and the actual movement of the patient through the process from presentation to clinic to discharge from recovery room.



Jacobi

Decreasing Waste and Non-Value-Added Work

After assessing inefficiencies within surgical processes through the value stream analyses, physical redundancies were found to be the largest source of waste and non-value-added work within the surgical department. One such inefficiency was redundancy and confusion in staff responsibilities. For example, through observational analysis, multiple staff members were found to be seeking medical clearance for a patient who was to receive services from an anesthesiologist.

"In a hospital, there is a certain value placed to time," Dr. McNelis says. "If you have three people doing the same thing, that's wasted value. Minimizing redundancy in peoples' time and services helps increase productivity. And the end result of increased productivity is increased value."

The act of maneuvering patients throughout the facility was also discovered to be

inefficient because the surgical units were located on several separate floors in the hospital. To streamline patients' routes during surgery appointments, the three-floor surgical department was remodeled and consolidated to one floor. This change decreased patient confusion in navigating the facility and limited the amount of time and exertion required to walk between parts of the department.

"When you make changes as simple as the geographic layout or route the patient walks, you put yourself in the patient's shoes," Dr. McNelis says. "It does make a difference and improves system throughput."

Additionally, Jacobi streamlined its scheduling process to make appointments and reminders more efficient. The change included improving block scheduling and adjusting staff schedules so that certain appointments could be booked for the same day to minimize multiple visits. This consolidation also allowed the hospital to decrease the amount of forms patients were required to fill out, which helped to reduce patient confusion and stress.

Sustaining Improvement Initiatives

Throughout Jacobi's use of Lean methods, one of its largest challenges was sustaining efforts due to staff turnover. In particular, the hospital's residents proved especially difficult to involve in the RIEs because these individuals were onsite for only a very specific period of time, necessitating the continuous education of new residents. To resolve these issues, Jacobi found it beneficial to include physician assistants in surgical RIEs and designate them as champions to assist the appointed staff members on the Lean team.

"Everyone's opinion is valuable, so make sure to get everyone involved," Dr. McNelis says. "Don't be afraid to fail, especially during the rapid experiment phase. Learn from your lessons and keep moving forward."

During the initial RIEs, Jacobi was able to decrease wait times by streamlining the patients' throughput, turnaround time, scheduling processes, and maneuvering

Outcomes of Applying Lean Methodologies in Surgical Services at Jacobi Medical Center

Source: Castaldi M et al. (2016)



22%

Increased OR Utilization



11%

Improved Turnaround Time

After one fiscal year of conducting RIEs, Jacobi Medical Center saw improved outcomes in several processes, indicating the importance of identifying inefficiencies and targeting improvement opportunities.

on the surgical floor. With built-in support from its physician assistant champions to overcome the staff turnover setback, Jacobi was able to sustain positive outcomes after one fiscal year with the integrated RIEs and quality changes.

These change outcomes included a 50% improvement in patient flow times, a 25% increase in OR utilization, and an 82% patient processing form completion rate. Furthermore, the hospital decreased turnaround times in the OR. By integrating simulation tactics with its current Lean RIE principles, Jacobi decreased turnaround time in its orthopedics unit from 32.3 minutes to 18.4 minutes and decreased overall surgery department turnaround times by 11%.

For other organizations attempting to implement Lean methodologies and efficiency projects in the surgical setting, the practices of Jacobi Medical Center of NYC Health + Hospitals can provide valuable insight. By conducting value stream analyses, initiating changes in targeted areas, and decreasing waste, hospitals and health systems may improve department efficiency and the overall quality in surgical care services.

"Stick with the process and do not lose sight of the importance of it," Dr. McNelis says. "Sometimes you make great strides and sometimes you backslide, so you always have to be on top of it." ■



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