

ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

Project Title: Strategic Plan for Reorganization and Expansion of the Division of Surgical Oncology

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Background, Challenge or Opportunity: By the spring of 2016, two new facilities (the Jennie Sealy Hospital at the Galveston Campus and the Hospital at the UTMB Health League City Campus) will open. To meet the increased demand, the Department of Surgery is planning major expansion of clinical programs. Currently, there is lack of standardization of many patient care-related processes including triage/routing of patient calls, access for new patients referrals, patient scheduling, and clinic flow. In addition, clinic space is limited, roles for various team members are ill-defined, and the efficiency of use of current resources is unclear.

Purpose/Objectives:

The goal of this project is to prepare for this expansion by optimizing patient flow, clinical efficiency, and resource allocation within one division (Surgical Oncology) within the Department of Surgery.

Methods/Approach

Faculty within the Division of Surgical Oncology were asked about current practices and preferences with regard to routing of patient phone calls, clinic access (scheduling of new and follow-up patients), forms processing, and clinic support. A task force including division members, clinic and scheduling staff, the UTMB Access Center, and administrators will be developed to standardize the above procedures across the Division. In addition, the Division evaluated the role of our current mid-level providers and nursing staff in the clinic. As a group, we are working to function more efficiently and clarify team member roles. We assessed both current clinic space and staffing assignments. To improve clinic flow, we will be implementing a Patient Flow Analysis (PFA) to identify gaps in the distribution and utilization of personnel, time, and skills. Results from the PFA will guide process improvement and workflow.

Outcomes and Evaluation Strategy:

In interviewing/meeting with Division members, we identified key areas for improvements that guided our efforts. Specifically, the group identified the following major problems: 1) Routing of patient phone calls, 2) Ease of access for scheduling newly referred patients, 3) Lack of a "team" culture across physicians, mid-level providers within the division, and the Health System clinic staff, and 4) Potential inefficient distribution/utilization of current staffing resources. A team approach to standardizing procedures and clarifying team member roles will increase buy-in and participation (nurses, mid-level providers, clinic staff, physicians, etc.) as process improvements are made. The long-term goal is to empower all team members to work at the "top of their license." A clearer understanding of current distribution and utilization of personnel, time, and skills, will allow us to optimize our efficiency within our current capacity constraints and help guide resourcing of new faculty as they are recruited into the Division of Surgical Oncology. We plan to expand this methodology to other divisions within the Department of Surgery and potentially across the Academic Enterprise and Health System.

Strategic Plan for Reorganization and Expansion of the Division of Surgical Oncology

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BACKGROUND AND CHALLENGE

- Two new facilities opening at UTMB:
 - Hospital at the UTMB Health League City Campus (October 2015)
 - Jennie Sealy Hospital at the Galveston Campus (Spring 2016)
- To meet the increased demand, the Department of Surgery is planning major expansion of clinical programs
- Currently challenged by:
 - Lack of standardization of many patient care-related processes
 - Limited clinic space
 - Victory Lakes
 - University Health Clinics
 - Roles for various team members are ill-defined
 - Efficiency of use of current resources is unclear

OBJECTIVE

The goal of this project is to prepare for this expansion by optimizing patient flow, clinical efficiency, and resource allocation within the Division of Surgical Oncology (Department of Surgery).

METHODS/APPROACH

- Assessed current practices and preferences with regard to routing of patient phone calls, clinic access (scheduling of new and follow-up patients), forms processing, and clinic support
- Standardize the above procedures across the Division
- Clarify team-member roles
- Assess current clinic space, staffing assignments, and clinic flow

OUTCOMES/EVALUATION

- In interviewing/meeting with Division members, we identified key areas for improvements: 1) Routing of patient phone calls, 2) Ease of access for scheduling newly referred patients, 3) Lack of a "team" culture across physicians, mid-level providers within the division, and the Health System clinic staff, and 4) Potential inefficient distribution/utilization of current staffing resources
- Clinic space reallocation; surgical oncology clinics at Victory Lakes will move to Breast Health and Cancer Center when Pelvic Health space is no longer available
- Implementation of a Patient Flow Analysis (PFA) to identify gaps in the distribution and utilization of personnel, time, and skills; observation of Faculty, NP/PAs, MAs, RNs, LVNs, Residents, and PSSs
- Created heat maps of third next available clinic appointments

Surgical Specialty		Color Key		Gen Surg		Urology		NEURO SURG		CARDIOLOG		CT SURGERY	
CARE CLINIC		Code:		Plastic Surg		Vascular		AS NEEDED		GI		VACANT	
Room #	3/1/15	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY							
		A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.							
		SONSTEIN (1,2,3,5) TARRY (1,2,4,5)	BROWN PATTERSON	FUJISE (METHACHITIPHAN) FUJISE (CELIS)	RIALL	ORIHUELA BROWNLEE							
		SONSTEIN (1,2,3,5) TARRY (1,2,4,5)	BROWN PATTERSON	FUJISE (METHACHITIPHAN) FUJISE (CELIS)	RIALL	ORIHUELA BROWNLEE							
		SONSTEIN (1,2,3,5) EKHAESE	PHILLIPS (eff 3/10) MURPHY (eff 3/10)	FUJISE (CENA) FUJISE (CENA)	MURPHY	ORIHUELA ELLIOTT							
		KIMBROUGH EKHAESE	PHILLIPS MURPHY (eff 3/10)	PHILLIPS FUJISE (CENA)	MURPHY	BAUER GAJJAR							
		KIMBROUGH EKHAESE	PHILLIPS MURPHY (eff 3/10)	PHILLIPS FUJISE (CENA)	MURPHY	BAUER GAJJAR							
		ZHANG	PHILLIPS PHILLIPS	MOHANTY COLE	MURPHY	BAUER GAJJAR							
		ZHANG	PHILLIPS PHILLIPS	MOHANTY COLE	PATTERSON	BAUER GAJJAR							
		ZHANG	REEP (LUTHRA PHILLIPS)	ZHANG (2&4) COLE	PATTERSON	AMULRAJ Tyler (1,3,5)							
		ZHANG	REEP (LUTHRA PHILLIPS)	ZHANG (2&4) VASCULAR FACULTY	PATTERSON	AMULRAJ Tyler (1,3,5)							
		ORTEGA	ORTEGA	BABINEAUX (LUTHRA) LUTHRA	ZHANG (2&4) VASCULAR FACULTY	MERWAT (1,3,5) LARSON (2&4) WELCH (LARSON)							
		ORTEGA	ORTEGA	BABINEAUX (LUTHRA) LUTHRA	ZHANG (2&4) VASCULAR FACULTY	MERWAT (1,3,5) LARSON (2&4) WELCH (LARSON)							
		Basra (Basra) Basra (Basra)	UROLOG Y TARRY	Basra SONSTEIN	LARSON (EFF 3/26) SIMIEN (LARSON)	LUTHRA							
		Basra (Basra) Basra (Basra)	UROLOG Y TARRY	Basra SONSTEIN	LARSON (EFF 3/26) SIMIEN (LARSON)	LUTHRA							
CFTE		0.375 0.375	0.4 0.4	0.25 0.3	0.4 0.4	0.25 0.3							

Victory Lakes Clinic Space Grid

BREAST HEALTH & CANCER CENTER		Color Key Code:		HEM/MED ONC		RAD ONC		VACANT		GYN-ONC		OT		Integrative Oncology	
3/1/15		Code:		BREAST		PALLIATIVE				AS NEEDED		HEMATOLOGY			
Room #	3/1/15	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY									
		A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.									
		2.117F OT	OT	SILVA (1:00-1:40)	MARKOWITZ										
		2.117J WILLIS	MARKOWITZ	SILVA GRUMBLESS	MARKOWITZ										
		2.117K WILLIS	MARKOWITZ	SILVA GRUMBLESS	MARKOWITZ										
		2.117L JANA	POWERS	WILLIS JANA	JANA										
		2.117M JANA	POWERS	WILLIS JANA	JANA										
		2.117N SWANSON	SWANSON	POWERS	Nguyen WIEDERHOLD	WIEDERHOLD									
		2.117P		ELLIOTT	Nguyen										
		2.117R		WASHINGTON											
		2.117S		WASHINGTON											
		2.117T													
		2.117U		SWANSON	SWANSON										
		2.117V PROC		AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED
		RM		AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED
		Consul													
		in Infusi													
		on													
CFTE		0.2 0.3	0.5 0.45	0.3 0.1	0.2 0.3	0.5 0.3									

DISCUSSION/SUMMARY

A clearer understanding of current distribution and utilization of personnel, time, and skills, will allow us to optimize our efficiency within our current capacity constraints and help guide resourcing of new faculty as they are recruited into the Division of Surgical Oncology. A team approach to standardizing procedures and clarifying team member roles will increase buy-in and participation (nurses, mid-level providers, clinic staff, physicians, etc.) as process improvements are made. The long-term goal is to improve efficiency and empower all team members to work at the "top of their license."

NEXT STEPS

- Evaluation of patient flow analysis data
- Reallocation of resources and clarification of team member roles
- Focus groups/team approach to standardization of patient care processes
- Expansion of this methodology to other divisions within the Department of Surgery and potentially across the Academic Enterprise and Health System

Presented at the 2015 ELAM® Leaders Forum



Third Next Available Heat Map by Provider

Patient Flow Analysis Design

Direct Patient Care = Value Added Activity (VA)
Any activity that directly involves the care of the patient

Indirect Patient Care = Non-Value-Added But Essential Activity (NVA(E))
Activities that add no value from the patient's perspective but must be completed

Waste = Non-Value-Added Activity (NVA)
All other actions and unwanted features are by definition waste

