ABSTRACT: 2019 ELAM Institutional Action Project

Project Title: Front Desk of the Future
Name and Institution: Kyla Terhune, MD, MBA, Vanderbilt University Medical Center (VUMC)
Collaborators and Mentors: Paul Sternberg, MD, Traci Nordberg
Topic Category: Clinical

Background, Significance of project: VUMC is in a competitive local market, with Hospital Corporation of America (HCA) and Ascension Health as other major players in Nashville and Middle Tennessee. VUMC also has a long history as a leader of innovation in bioinformatics and technology. Thus the potential is present not just to combine these strengths for data acquisition and research but also for patient experience. Press Ganey surveys showed that 44% of respondents felt that registration staff were courteous. However, there was very little additional background information or primary data.

Purpose/Objectives: The purpose of this project was to create a vision and advise implementation of the “Front Desk of the Future” for VUMC, with the objective of conferring a competitive advantage by improving patient satisfaction and retention.

Methods/Approach/Evaluation Strategy:

A Scan, Focus, and Act delivery framework was utilized with specific milestones.

Scan. Initial stages included meetings with key stakeholders, review of current patient data, creation of patient flow models, and identifying “found pilots.” The Patient Relations team acquired new data on patient experience and opinion. An initial statement of purpose was presented to the leadership group. This was followed by a gathering of approximately 50 staff, faculty, administrators and patients at the Strategy and Innovation Office for a morning of brainstorming activities and focus groups to scan the possibilities.

Focus. A working committee comprising nurse managers, finance, information technology, physicians, trainees, and access was established. The group refined the vision based on the above information and proposed a model for patient flow leveraging technology, human resources, and physical space. Follow up meetings were held with stakeholders for feedback, and potential pilot clinics were sought. The vision and proposal were further refined.

Outcomes/Results:

Act. A formal presentation was given to leadership with a proposal including oversight and succession planning. This included an ideal model, basic cost modeling for pilot projects, and suggestions for the adoption of a customer flow model with operations and information technology leaders as the primary sponsors. Presently, implementation is ongoing.

Discussion/Conclusion with Statement of Impact/Potential Impact: Recommendations were that leadership account not just for “check-in” but instead the entire patient experience, from access through follow-up visits, with a focus on smooth flow and personalized care regarding technology, mobility and communication. This would require restructuring to a customer flow model, with proposed changes in technology interfaces (tablets), customer service interfaces, operational design and future structural alterations to physical plant. A handover plan was created with sponsors in operations and information technology. This has the potential to change the patient experience and expectations at VUMC, leading to increased satisfaction and retention of patients, and also to improved efficiency and experience for employees. There are also opportunities for increasing revenue through changes including but not limited to volume, pre-approval, and charge capture.
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The committee’s recommendations were that leadership restructure to a customer flow model, with proposed changes in technology interfaces (tablets), customer service interfaces, operational design and future alterations to physical plant.

A handover plan was created with sponsors in operations and information technology.

This vision has the potential to create change through:
- increased satisfaction and retention of patients
- improved efficiency and experience for employees
- increased revenue via volumes, patient pre-approval, and charge capture.