

A “Perfect Day” Work Redesign in a Chemotherapy and Infusion Center

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Every industry is interested in improving efficiency, enhancing customer satisfaction and employee morale, and decreasing costs. Often, quality and performance improvement techniques are engaged to achieve these goals. The hospital and patient care industries are integrally involved in performance improvement. Although different approaches to quality improvement are used, the method(s) selected ideally will lead to improvement in the performance of an organization as a total system. Performance improvement begins with the desire to close the gap between an existing performance level and a desired performance level.

Almost every healthcare-related topic has a variety of stakeholders or constituents with different levels of interest or involvement. The major constituents in health care are patients, their families or significant others, providers, and administrators. For the purpose of this discussion, the term “provider” is defined broadly to include all people who provide healthcare-related services (e.g., physicians who provide medical care, nurses who provide nursing care, dietitians who provide nutritional care, housekeepers who provide clean environments). Any successful effort to effect change requires acceptance by all constituents. This article describes a constituent-based visualization method that uses a “Perfect Day” for a patient as the foundation for change. The ambulatory services leadership team at Roswell Park Cancer Institute in Buffalo, NY, developed the Perfect Day process.

Background

Roswell Park Cancer Institute underwent considerable change, transitioning from a state-run facility to a public benefit corporation. As part of this process, new leaders were appointed and new leadership positions created. A new care model was introduced, and an ambulatory services department was

started. Although this evolution was beneficial and practical, it was, at times, difficult for the workforce. As governance and procedures were changed, ambulatory service employees struggled to envision what these changes ultimately would mean for them as work teams and individuals.

After the new leaders and governance structure were established, planning for the development of ambulatory services using a disease-site multidisciplinary model (MDM) became the priority. The introduction of the MDM had been discussed for several years; therefore, everyone expected modifications associated with its implementation. Using the opportunities presented by the MDM, work redesign concepts and priorities were introduced to the staff.

Work Redesign Strategy: Chemotherapy and Infusion Center

As the ambulatory services assessment and planning progressed, the new leadership team recognized important opportunities for improvement in the Chemotherapy and Infusion Center (CIC). Because patients from all seven centers required the services of the CIC, that department’s challenges were apparent throughout Roswell Park Cancer Institute.

Subjective and objective information was available that illustrated the complex nature of the current predicament. Data about wait times, overtime, and patient complaints were collected. Complaints from patients and families about wait times and from physicians about appointment availability were frequent. Senior leadership was frustrated by an inability to effect change in these areas. CIC staff members were aware of these opinions and felt powerless to manage the problems.

A staff meeting was held to discuss CIC staff members’ perceptions of their daily work lives. They firmly believed that more

patients were being seen than in the previous year, the department did not have enough nurses or chairs, patients were delayed by other centers and departments, patients did not respect their appointment times, and staff members had no ability to fix these problems. The facts, however, showed an increased amount of RN overtime with a decreased number of patients. Seven percent fewer patients had been treated this fiscal year than the prior year, yet RN overtime more than doubled in six months. Preliminary data from a 2001 Chemotherapy Wait-Time Pilot Study indicated that 93% of chemotherapy treatments started late. From March 2001 through March 2002, the patient advocate received 35 formal written complaints from patients or families about wait times in the CIC. Although objective data were limited, the overwhelming subjective concerns were enough to move the CIC to the top of the performance improvement priority list.

Two things were obvious to the new leadership. Staff members had lost their focus; they no longer were patient centered but problem focused. Additionally, they had lost

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