Ellen Giarelli, EdD, RN, CS, CRNP
Terry A. Throckmorton, RN, PhD
Associate Editors

A "Perfect Day" Work Redesign in a Chemotherapy and Infusion Center

Marcia Gruber, MS, MSN, RN, Kelli Kane, BS, Lisa Flack, RN, Joanne Abbotoy, BS, RN, Janice Recchio, BPS, Kathie Williamson, BS, Kerry Horan, MS, OTR, and Philip McCarthy, MD

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

Marcia Gruber, MS, MSN, RN, is vice president of ambulatory services, Kelli Kane, BS, is a department administrator, Lisa Flack, RN, is a nurse leader in the Chemotherapy and Infusion Center, Joanne Abbotoy, BS, RN, is a nursing supervisor of ambulatory care, Janice Recchio, BPS, is a clinical systems analyst, Kathie Williamson, BS, is a business administrator of ambulatory services, Kerry Horan, MS, OTR, is a patient advocate, and Philip McCarthy, MD, is a physician leader in the Chemotherapy and Infusion Center, all at Roswell Park Cancer Institute in Buffalo, NY.

Digital Object Identifier: 10.1188/03.ONF.567-568

awareness of the importance of their roles to the overall mission of the Roswell Park Cancer Institute. Thus, the leadership decided to use the Perfect Day process to create a shared vision and goal that would set the stage for the performance improvement plan.

The Method

The Perfect Day is a constituent-based (i.e., patients, families, providers, and administrators) work redesign process that constructs a shared vision of the Perfect Day for a patient. This shared vision of a Perfect Day becomes the foundation for change. As the need to make data-driven decisions becomes more critical, the Perfect Day provides direction so that appropriate data are gathered to address the desired vision. The Perfect Day exercise provides the circumstances for constituents to make the right decisions and be fully invested in the success of an improvement plan. Hospital and clinic administrators, executive leadership, faculty, nurses, patients, and families all can agree on the importance and need to create a Perfect Day for a patient. This process complements and can be used concurrently with other performance improvement techniques.

The Perfect Day for the Patient

A facilitator held a one-hour meeting with the staff (i.e., RNs, aides, and secretaries) and the medical director. She introduced the Perfect Day concept by explaining that goals must be determined so that improvement efforts could be directed appropriately. Because the ultimate goal is a Perfect Day for a patient, the group's task was to describe what a patient's Perfect Day should look like. The facilitator hung poster paper in full view and asked staff members to describe, down to the smallest detail, what needed to happen for a patient to feel that he or she had a perfect appointment. The facilitator encouraged them and asked that they help her understand what would be a good day for a patient.

To focus the group, the facilitator provided a starting point: "The patient just walked into your clinic." The first to speak said that the patient actually would have a scheduled appointment. Another added that the appointment would be for the correct number of hours. The next person thought that the patient's laboratory test results should be available when the patient arrived. Another added that the temperature of the waiting room would be warm. One RN commented that, on a Perfect Day, no one would be sitting in the waiting room.

At times, individuals attempted to criticize the ideas and proclaimed, "That will never happen here." The facilitator reminded them that this was the time for ideas, not the time to evaluate them. The facilitator persuaded all reluctant staff members to participate by asking what they would want if this patient was someone they loved. "I'd want the doctors' orders here and ready," one said. Another added that enough nurses and chairs should be available. Someone else said, "I'd want the nurses to smile and tell me their names." The staff members finally understood the concept and took their "perfect" patient all the way to discharge.

The Perfect Day for the Staff

The staff members were praised for a job well done. They were centered on patient needs but still needed insight into their roles and the importance of their jobs to the institute. The next step, the facilitator explained, was to describe a Perfect Day for the staff. What needs to happen for you to go home and say, "Today was a good day"?

The poster outlining the Perfect Day for a patient was moved to the side, and a new poster was hung. The facilitator said, "You just walked into the center. What's the first thing that has to happen for your Perfect Day to begin?"

"Someone already made the coffee" was the first response. "All the patients' charts are here" was the second. "The patients check in on time" and "No one called in sick" were the next responses. The discussion continued until the last "perfect" patient was seen and the "perfect" nurse went home at the "perfect" time.

The Shared Vision

Having identified the components of a Perfect Day for both patients and staff, the group then had to determine one common goal or theme. After only about 10 minutes, the group discovered that the goal they both shared was to start treatments on time.

The Barriers

Having achieved a shared vision, the group began to address the obstacles. Another poster paper was hung, and the facilitator wrote "start on time" at the top. The facilitator then asked the group to describe the obstacles to starting on time. The participants required no prodding, prompting, or encouragement to provide answers. They were eager to describe the challenges to having a Perfect Day. When they were satisfied that every barrier was listed, staff members were asked to choose the three or four of the most important causes of delay. After a few minutes of discussion, no consensus had been reached. The entire group agreed that more information was necessary to complete this part of the process.

The Data

The department administrator assisting with the exercise designed a data-collection tool. Using the list of obstacles described, she prepared a spreadsheet. For two weeks, the staff quantified all causes of delays. The data were analyzed for high-volume and high-risk causes. The data collected were particularly important because they demonstrated that the staff's perceptions of the most frequent causes were largely anecdotal and did not account for the majority of the delays.

The data revealed that the most frequent causes of delay were appointment schedules that did not reflect available resources, scheduling errors resulting in many patients with no appointments or incorrect appointment types, and problems with physicians' ordering practices. Accurate data allowed the group to select and prioritize the performance improvement projects that addressed the most frequent and high-risk causes of delay.

Implementation of the Plan

CIC staff members have made steady progress as they have implemented their improvement plan in four steps. The process was not simple because the plan included eliminating 10-hour shifts, changing staff start times, cross-training RNs to administer chemotherapy and infusion treatments, establishing scheduling procedures, altering hospital aide assignments to include non-nurse tasks, planning work zones and patient care assignments, revising the patient appointment schedule, and working with physicians to change prescribing practices. The steps in the plan were implemented in a sequence intended to build on the changes made during the previous steps.

Results

Staff members repeated data collection to determine whether the planned actions had any effect on the causes of delays. The data revealed a dramatic improvement in patient wait times, from only 11% of patients starting treatments on time to 94% starting on time. Revisions to the patient appointment schedule and the RN duty schedule ensured that resources were available for patients' appointments. The standard-operating procedure for scheduling dramatically decreased the number of unscheduled patients and scheduling errors by 90%. Improved physician-ordering practices reduced the frequency of calls to physicians and nurse practitioners for orders by more than 50%. Patient visit volume increased more than 20%, yet staff members were able to maintain 80%–94% on-time starts with no additional staff or increased overtime.

Conclusion

The results of the staff members' efforts were outstanding. They significantly decreased patient wait times while improving productivity. The staff members again are focused on patient care and have a clear understanding of their roles and their importance to accomplishing the mission of the institution. They have regained perspective, are committed to improvement, and are proud of their accomplishments. By using this patient-centered method, they learned that a Perfect Day truly is an attainable goal.