

Specialty Department Improves Operations to Boost Patient Experience



A health system’s specialty department was experiencing poor administrative performance, leading to disgruntled patients and caregivers, and frustrated physicians and staff. Patients were spending valuable appointment time relaying their dissatisfaction instead of discussing their health needs.

Problem to Solve

With patient experience increasingly tied to reimbursement and linked to clinician and staff satisfaction, providers have a greater incentive than ever to ensure a positive clinical experience for all. It is far more than simply keeping patients happy. It means understanding what’s most important to patients and incorporating those needs into clinical practice. What’s most important to patients is not just quality, it is also communication, service and access.

A major health system’s renowned specialty department was experiencing poor administrative performance, leading to disgruntled patients and caregivers, and frustrated physicians and staff. Calls to the department were

going unanswered or worse, dropped. Scheduling was difficult. Patients were spending valuable appointment time relaying their dissatisfaction to clinicians instead of discussing their health needs.

Rather than continuing in a dysfunctional state and potentially losing patients to competitors, the department's leaders knew changes were needed. The questions were to what degree, where and how? To gain the objective input needed to document operational issues and identify opportunities for improvement, the department turned to Freed Associates (Freed) for expert analysis and future-state recommendations.

Strategy

From prior experience optimizing clinical operations, Freed knew the multiple advantages of ensuring a positive patient experience. Such patients are more likely to recommend and remain loyal to a provider, follow their care instructions and report positive health outcomes, thus creating a “win/win” for both patients and providers.

Freed interviewed the specialty department's managers, staff members and physicians to get first-hand perspective on what was working well operationally and what needed improvement. The department's leaders noted how operational issues negatively affected patient experience as well as impaired their growth goals for the department, including plans to further develop as a service line.

The initial review also involved analyzing department documentation and observing the general flow of multiple clinical and non-clinical staff member roles. This review and analysis confirmed prior anecdotal assessments of the department's problems and led to several recommendations for improvement.

A future-state organizational structure for the department was established to resolve its operational issues. Led by a core physician team instrumental in championing this initiative, work on this new structure covered three primary areas:

1. **Immediate operational improvements** – This included outsourcing the department's patient access services to other health system divisions better-equipped to handle such services, and centralizing and standardizing non-clinical administrative functions.
2. **Metrics dashboard** – Based on industry best practices and health system-standard metrics, a department-specific standard of metrics was introduced to monitor and track department performance. These metrics included measures of patient volume, productivity and quality assurance.
3. **Implementation roadmap** – To ensure a timely, efficient rollout to the new organizational structure, an implementation roadmap specified the high-level activities that needed to be completed by the department to achieve the desired operational improvements. Specifying the “who, what and by when” of enhancements, this roadmap provided department leaders with a sensible, structured plan for implementation and minimized operational disruption for providers and patients.

Results

The analysis and recommendations for the department's operational improvements were well-received by the department's leaders, who immediately began to put the improvement plans into motion.

The department's receptivity to the recommended operational improvements can be credited to multiple factors, including:

1. A thorough understanding of the department's operational issues and constraints
2. A vision and mandate to transform the department to alleviate operational issues and position the department for future growth
3. A well-vetted process and forum, led by engaged physician leaders to drive change throughout the department
4. A well-thought plan to implement the future state design in a phased, methodical approach to minimize disruption to the department and its operations.

Conclusion

Critical to the long-term success of the department's desired operational improvements will be physician and staff member buy-in and adherence to these improvements. As part of its improvement recommendations, Freed repeatedly emphasized the need for department leaders to ensure that proper staff resources are in place to efficiently and appropriately address the department's operational needs and to proactively engage staff members in the process. This is important to ensure employee buy-in and support and minimize any potential obstacles in the desired improvement process.