

# **Improving the Patient Experience Through Operations at UPMC Shadyside**

by

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# **Improving the Patient Experience Through Operations at UPMC Shadyside**

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University of Pittsburgh, 2023

## **Abstract**

This essay follows the progress of three projects completed at UPMC Shadyside by Destiny Rain Scaief as an Administrative Resident working in Hospital Operations. Through the consolidation of two job descriptions, the greeting process for the Presbyterian Shadyside campus was optimized and employee salaries were increased. Through managing the Evusheld clinic, a treatment to increase immunity among at-risk people in the Shadyside community was distributed effectively through the duration of the FDA emergency use approval. Finally, this report discusses the creation of a unique, multidisciplinary clinic which provides holistic lymphedema treatment to those suffering with the diagnosis.

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## **1.0 Introduction**

In January of 2022, I began an Administrative Residency at UPMC Shadyside while working to obtain a Master of Health Administration (MHA) degree at the University of Pittsburgh. The focus of my residency would be to impact patient experience through the organization of employee roles, optimizing workflows, and improving access to treatment. While I had the opportunity to work on various projects, this essay will focus on a Human Resources initiative to maximize the patient greeting and wayfinding experience through consolidation of patient-facing hospitality employees, managing an Evusheld treatment clinic to improve health outcomes for members in the Shadyside community with a high-risk to COVID-19, and instituting a Lymphedema Center of Excellence that holistically treats patients in model unique to UPMC. Through these projects, I developed the competencies of Communication, Systems Thinking, Analytical Thinking, Professionalism, Strategic Orientation, Human Resources Management, Accountability, Financial Skills, Leadership, Organizational Awareness, Performance Measurement/Process Improvement, and Community Orientation.

## **1.1 Project One: Improving the Patient Experience Through Job Consolidation: A Human Resources Project**

### **1.1.1 Problem Statement**

At UPMC Presbyterian Shadyside, the main patient-facing customer service positions setting the tone for guest experience were divided into Parking Cashiers and Information Representatives. The resulting segregation led to a disjointed arrival experience and complications pertaining to staffing shortages. This led to difficulties planning shifts, covering all necessary sites, and confusion on behalf of the patients seeking information from two different sources. Parking Cashiers are stationed within the parking garages to assist with physical cash payments but have less familiarity with wayfinding inside the hospital itself. Information Representatives greet visitors, aid in wayfinding, and can help people within the building navigate to the parking garages, but cannot assist with parking payments. As well, many positions in both areas were vacant due to staffing shortages. After assessing the current state, the team concluded having two separate roles with limited scope interacting with patients could be improved to a more efficient process.

### **1.1.2 Purpose Statement**

The purpose of this project was to consolidate the Parking Cashier (PC) and Information Representative (IR) jobs into a single role of a Hospitality Concierge (HC). In this position, the employee would be trained to assist with parking payments and wayfinding to improve patient experience navigating the hospital. As guests enter, they will be greeted by a well-rounded employee that can assist with all needs, in place of having two separate roles with siloed expertise.

Through the job creation and consolidation, the currently unfilled positions can be closed creating an optimized process with a cost-savings benefit.

### **1.1.3 Project Introduction and Background**

At UPMC, the patient experience begins well before patrons walk through the front door. When coming to the hospital with an illness or for the care of a loved one, every interaction-- whether that be scheduling appointments, using the website, or easily understanding wayfinding signage-- makes an incredible impact on a guest's stay. A study done at the University of Texas Southwestern Medical Center showed that, while patient satisfaction was largely determined by the interaction with the provider, 20% of the patient experience is affected by access, personal issues, moving through the visit, and special services/valet (Martinez, 2019). This project emerged from a goal to target that 20% and improve access and special services.

UPMC Presbyterian Shadyside is a dual-campus Academic Medical Center located in Pittsburgh, Pennsylvania with one hospital residing in the Oakland neighborhood and the other in the Shadyside neighborhood. Improving patient experience is a constant priority for the employees at the hospital and every staff member plays a part. The PCs work within eleven parking garages across both campuses, handling cash and assisting with parking payment technology. The IRs are stationed in ten locations between the Presbyterian and Shadyside lobbies. Their primary role is to greet guests as they arrive and help with wayfinding.

UPMC is a matrix-style management organization with various service lines. This means that employees within UPMC can report to multiple managers, as authority over specific services is divided. The UPMC Human Resources department explains it like so:

“In a matrix environment, employees have one direct supervisor relationship and another matrix (indirect) supervisor relationship. This is commonly seen in service lines or shared services that work locally but report to a centralized leadership team in a separate division” (UPMC, 2022) (Figure 1).

Under this format, the PCs, formally referred to as the Cashier I role in the UPMC job description (Figure 2), directly report up to the Assistant Vice President for Parking Operations. The IRs, formally referred to as Information Representatives (Figure 3), directly report to the Director of Volunteer and Community Services. Due to the matrix structure, the two service lines had previous experience working together which greatly contributed to the ease of starting the planning team.

For the purposes of this executive summary, estimates will be used that reflect general expected salaries of these positions to ultimately project a cost savings. This review does not include exact UPMC salaries. A search for Parking Attendant and hospital Information Desk Representative jobs found that, on average, the salary pays between \$17-\$26 in Pittsburgh, PA (Indeed, 2023; LinkedIn, 2023).

#### **1.1.4 Methods**

To begin the process, I brought together a team that included Human Resources, Parking Operations, Volunteer and Community Services, and myself to discuss the current job functions and logistics, with guidance from the Vice President of Operations. My role was to initiate discussion, learn current state operations for each of the positions, and create “Next Steps” that were sent in meeting follow emails to keep the team on track. The Director of Volunteer and Community Services found an existing job, Destination Coordinator, that appeared to be like the

HC and informed me about the position. I then completed an observational review at another UPMC facility to compare the functionalities to that of the potential Hospitality Coordinator.

Following this, we reviewed the current job descriptions as a team, and the HC job description proposal was initiated. The team completed a walkthrough of all the current information desk sites to determine proximity to parking payment machines. Once the job description was approved and the pay increase was determined, the set a rollout date goal was set for early April. The team is now working on the initiation plan for cross training employees and onboarding new hires as of March, 2023. The parking garages will be staffed with lane attendants to assist with working pay machines and those employees will be supplied by an external company called AmGard, already contracted to work with the hospital. The cost savings branch of the project was determined following the position's salary increase approval. From the team's first meeting, the time for discussion, job creation, salary increase, and position approval elapsed over the course of nine months. The roll out process will begin in late February.

### **1.1.5 Results and Discussion**

This project pertains to the creation and approval of a new, consolidated job description within the UPMC structure. Success was completed with the official role approval and open job posting. Rollout implementation is discussed in the recommendations section of this essay.

Through the collaborative steering meetings, the team assessed the at-time current functions of the Cashier 1 and Information Representatives, see Figure 2 and Figure 3 for full job descriptions. This allowed for a wholistic assessment for the needs for the new position and allowed for the removal of unnecessary responsibilities for the proposal. The HR representative

was able to take the revised and consolidated of Hospitality Concierge job description and submit it for approval (Figure 4).

Before submitting for the new position, it was imperative to research current positions within the UPMC structure to determine if a similar role was already in place. A Destination Coordinator (DC) position was found at a nearby UPMC facility and, through connecting with the manager of Parking Operations, I set up a time to shadow the current DCs employed at that facility. Following the staff, I found that the DC position differed from the needs for the HC, as they had different hours, more cash handling and parking responsibilities than anticipated for the HCs, delivered items to patient rooms, and monitored the use of electronic wheelchairs.

Once we determined that no like positions were previously established, the job description for HC was submitted and pay increases were discussed. With a percent increase determined and posted positions closed, the cost savings came out to be an estimate of \$86,000 (See Table 1 for calculations).

The team then conducted a walkthrough of all sites where IR are stationed within the hospital. It was determined that two pay stations currently positioned in a Presbyterian campus lobby should be moved for efficiency and ease for both the customer and HC. Follow up walkthroughs with pay station representatives and UPMC IT were conducted to discuss placement and logistics. The pay stations were moved to be located within the Biomedical Science Tower to more convenient locations in December of 2022.

### **1.1.6 Recommendations**

The rollout for the new employees will continue through the essay approval process and extend beyond the scope of my residency, therefore I am recommending a seven-part process for implementation.

The first step will involve meetings with the team HR representative to develop a cross training schedule. The majority of education scheduling logistics will be sorted by the HR team with the supervision of the Director of Volunteer and Community Services. During this time, decisions to adjust former hours of the PCs and IRs should be made to create the new hours of operation for the HCs. Once this is decided, the Director of Volunteer and Community Services, Assistant Vice President for Parking Operations, and the Human Resources Representative should pull together all current employees in a town hall discussion to announce evolutions in the position and answer any questions. A town hall meeting via Teams will be a great way to open the floor to discussion while being able to field comments and publish helpful inquires that the staff posit.

Once the changes are announced, the cross training should begin and take place over the course of two weeks. By week four, employees will start at the information desks, with training completed. During this week, presence of upper-level management will be crucial. I am recommending rounding every two hours by the Director of Volunteer and Community Services to ensure that the transfer is going smoothly. Following the start date of the HCs, the next three weeks should be dedicated to observation. During this time, it will be important assess:

1. Do the HCs feel prepared for their role?
2. Do patients feel the assistance they are receiving is cohesive? Does the role provide ease and clarity to the arrival experience?
3. Do the employees feel that their cross training was adequate?



4. Where could training improve?

5. Are there any more resources needed to ensure that the employees can successfully complete their responsibilities?

6. Is the created job description accurate to the responsibilities of the HCs?

7. Are there any improvements that could be made to benefit customer service?

### **1.1.7 Competency Development**

Through this project, I gained proficiency in Human Resources Management, Communication, Accountability, Financial Skills, Leadership, and Organizational Awareness. Working alongside the Hospitality, Parking, and Human Resources departments, I realized the crucial steps in creating a job description and intricacies of determining salary increases with finance. My understanding of the matrix organization structure expanded as many different people collaborated to create a new position. Envisioning this new role called for complex organizational awareness and leadership. I learned the importance of considering different stakeholder perspectives to ensure an intentional, well-structured, and holistic plan is developed.

## **1.2 Project Two: Improving the Patient Experience Through Evusheld Clinic Management**

### **1.2.1 Problem Statement**

The COVID-19 pandemic disproportionately affected the elder population and those in the community with auto-immune disorders. As a result, various therapies were created to propagate

the viral resistance within these populations. When AstraZeneca released an effective monoclonal antibody infusion treatment known as “Evusheld,” the Shadyside area needed a clinic to support the infusion treatment.

### **1.2.2 Purpose Statement**

This project pertains to the management of the UPMC Shadyside Evusheld Clinic. The goal was to provide the community with an efficient, well-run clinic to give patients access to Evusheld infusion treatment. The success of this clinic is determined ability to see patients and give all rounds of treatment.

### **1.2.3 Project Introduction and Background**

The COVID-19 pandemic had an incredible impact across the globe. As of January 26th, 2023, it was recorded that 6.82 million deaths were caused by virus (Mathieu, 2023). The 2020 outbreak arrested all societal function as the world waited for public health officials and governing bodies to dictate the next steps for getting back to “normal.” Masks were mandated, shelter in place orders were called, and in the U.S. civilian tension grew through media, riots, and mass disagreement about how America should handle the health crisis. The infection patterns and mortality rates quickly made it evident that the elderly and immunocompromised retained the highest risk. According to the CDC, age remains the greatest risk factor in severe outcomes, with those being 50–64 years of age having a 25 times higher chance of death, 65–74 having 60 times higher chance of death, 75-84 having 140 times higher chance of death, and those above the age of 85 have 340 times higher chance of death (CDC, 2022).

Pharmaceutical companies rushed to produce a treatment to slow the growing infection rates and the U.S. public was urged to go doctor's offices, drug stores, and pop-up clinics everywhere to get the vaccine produced by Moderna, Pfizer, Johnson and Johnson, along with others. As the infection rate began a decline, further interventions were studied to help the populations that were disproportionately at risk. In December of 2021, the U.S. Department of Food and Drug Administration approved the emergency use of Evusheld by AstraZeneca. Evusheld is a monoclonal antibody (mAb) treatment that combines the medications Tixagevimab and Cilgavimab. The mAb treatment works via infusing the patient with lab-synthesized, antibody-like proteins. Meant to be a preventative treatment, Evusheld helps to reduce the viral load and lessen the severity of COVID-19 for a select group meeting eligibility criteria. Initial efficacy trials found that Evusheld reduced the risk of COVID-19 by 77% and by 83% in a six-month follow up visit (Antrim, 2022). See **Figure 6** for the full list of treatment criteria (McCallum, 2021).

In response to the accessible Evusheld treatment, UPMC Shadyside developed a clinic to serve the local at-risk community. The clinic operated Tuesdays and Wednesdays from 1:00pm-5:00pm on the Shadyside Campus.

#### **1.2.4 Methods**

For this project, I was tasked with managing daily operations of the Shadyside Evusheld clinic, overseeing three nurses and communicating scheduling, orders, allergies, and treatment updates to the UPMC Shadyside Pharmacy. I ensured that the clinic was staffed weekly and placed orders for snacks and drinks to give to patients post infusion.

When initially assuming the clinic manager role, I built a workflow to assess efficiency of patient scheduling process. I found that the process for scheduling a patient started with a referral

from their Primary Care Physician (PCP) during a regularly scheduled appointment. At the time of the assessment, the order for treatment was documented, then faxed to an off-site clinic where it would be placed in a folder. This process was due to the original manager's responsibilities in the pain clinic and frequent visits to the office. Once weekly, I would be responsible for obtaining the orders from the clinic, uploading them to a file, and sending the orders to the central scheduling office. On unique occasions, the clinic supervisor would collect the documents in my place and either upload the files or deliver them to me. Through the workflow assessment, I found that this delayed patient scheduling by an average of three days, some cases delaying patient scheduling five days. Through connecting with central scheduling, physician offices, and having the employee website updated, I was able to direct faxed orders directly to my office and upload orders as they came in. See Figure 7 and Figure 8 for contrasting the original and updated Evusheld clinic scheduling workflows, respectively.

On average, the clinic would have nine patients a day and 18 patients weekly. Up to four patients could be seen at a time and depending on patient scheduling, two or three nurses would staff the clinic. If an Evusheld nurse needed to be absent, there were four nurses working at different UPMC facilities I would contact to fill the service gap.

In order to get patient feedback on the clinic, I created a survey to assess how patients felt about the treatment, scheduling process, and if they had any feedback for the clinic. The full survey can be seen in Figure 9. Due to the nature of the survey, receiving patient feedback was exempt from IRB review.

### **1.2.5 Results and Discussion**

The results of efficiency assessment led to a decreased scheduling time by an average of two days leading to an increase in efficiency by 48%. When ordering food and beverages for the clinic, I added in gluten-free options that resulted in positive patient feedback. The survey showed that of 25 patients polled two weeks prior to the clinic's cessation, 90% of the patients reported feeling some concern with 55% of the population feeling "Very Concerned." Of the total polled population, 75% of the patients felt more protected from

COVID-19 after receiving the Evusheld treatment. Over the course of the year, the clinic saw approximately 700 unique patients successfully through Evusheld treatments. Clinic success was seen through increasing number of immune-assisted patients through treatment and reducing patient concern for COVID.

The main complication in clinic oversight was the frequent treatment updates for Evusheld. When initially assuming responsibility for the clinic, each patient was recommended to be seen for two doses of 150ml of treatment. By May 2022, the recommended dosage was one treatment of 300ml. By the clinic's conclusion, most patients were again on the two-dose regimen. Changing patient dosages and scheduling involved me communicating updates to staff, pharmacy, and central scheduling, with central scheduling handling the majority of the patient schedule shifting. Until all the dual injection patients were seen for their second treatment, I was responsible for denoting past treatment dosage received when the patient schedule with Pharmacy.

On January 27th, 2023 the FDA announced that it would no longer continue the Emergency Use Authorization (EUA) for the Evusheld treatment. Research shows that as of that Friday, the Evusheld treatment was only effective in preventing 10% of COVID variants currently circulating

within the population and unlikely effective in preventing SARS-CoV-2. For this reason, the Shadyside Evusheld clinic will cease functionality (CDC, 2023).

### **1.2.6 Recommendations**

With the recent cessation of clinic operations, my recommendation is to utilize the space for other infusions needs. UPMC Shadyside currently sees infusion patients within the Emergency Department (ED), Short Stay Unit (SSU), and within Hillman Cancer Center (HCC). In the ED, there is a select, low-acuity patient population that requires infusions of methylprednisolone. While this treatment is currently being done in the ED, many of these patients could benefit from this treatment over the weekend. This would allow stable patients to spend a shorter amount of time in the hospital as well as improve ED room turn over to help more patients. The SSU at UPMC Shadyside currently sees patients from the EP Lab, Cath Lab, Radiology, Respiratory, and Gastrointestinal units, as well as seeing a variety of infusion patients. Moving the infusion patient population to the former Evusheld space would allow for more time working with the other patients and a central area for meeting this population's needs. Additionally, many of the infusion sites within the UPMC HCC close on the weekends. Having a strategically operating infusion center could provide more focused, consolidated, and accessible treatment for multiple patient populations within UPMC. Expanding this further, investigation into the Presbyterian campus infusion needs could be done to increase the demand for an infusion clinic even more.

### **1.2.7 Competency Development**

The University of Pittsburgh MHA competencies developed in this project were Leadership, Performance Measurement/Process Improvement, Analytical Thinking, Professionalism, Accountability, and Community Orientation. Through navigating the clinic operations, I advanced my leadership skill as I managed three direct reports, accountability while collecting, compiling, and communicating important patient information, and professionalism when dealing with various hospital departments. Through assessing the patient scheduling flow, I was able to strengthen my analytical skills and work on improving processes within the clinic setting. As the clinic was setup to benefit a disadvantage population in the Shadyside area, I had the opportunity to enhance my community orientation when looking into treatment updates, Evusheld efficacy, and the number patients we were able to treat weekly.

## **1.3 Project Three: Improving the Patient Experience Through Wholistic Treatment Clinic:**

### **Creation of a Multidisciplinary Lymphedema Clinic**

#### **1.3.1 Problem Statement**

Lymphedema is a debilitating diagnosis in which the blockage or removal of lymph nodes causes extreme swelling. Without treatment, the affected area—most commonly the extremities—swells, causing physical impairment and infection. Often the affected area is painful, while the extreme swelling additionally prevents the patient from completing daily functions. The at-risk population mostly consists of post-surgery cancer and obese patients.

Treatment for lymphedema is an intensive process consisting of preoperative therapy, “prehab,” and plastic surgery. According to Johns Hopkins studies, an average of 30% of breast cancer patients develop lymphedema (Manahan, 2022). Other causes include radiation treatment for cancer, surgery, and parasites. The prehab period takes place in the six months prior to surgery, containing a two-week period in which a certified therapist must wrap the patient’s extremity daily as well as diet monitoring. At the initiation of the project, there was no treatment facility in Pittsburgh, Pennsylvania that provided Lymphedema patients access to all relevant specialties in one clinic.

### **1.3.2 Purpose Statement**

The purpose of this project was to initiate and assess the viability of a multidisciplinary clinic, eventually to become the UPMC Lymphedema Center of Excellence, to meet the care gap currently impacting the Pittsburgh Lymphedema population. This clinic would meet the need of providing an in-depth, comprehensive experience to patients, giving them access to a plastic surgeon, nutritionist, and a certified lymphedema therapist.

### **1.3.3 Project Introduction and Background**

In February of 2022, plastic surgeon Dr. Carolyn De La Cruz presented an issue to the UPMC Shadyside Administration team. She reported multiple patients coming to her office struggling with the effects of Lymphedema. As surgery requires an intensive six-month prehab process, Dr. De La Cruz often had to refer patients out to a Certified Lymphedema Therapist (CLT), who provide specialized physical therapy treatment, or to Dieticians with a



recommendation to come back after six months of treatment. This led to many patients being frustrated or feeling hopeless.

Patients often experience Lymphedema as an unanticipated side effect of breast cancer. After recovering from a life-altering diagnosis like breast cancer, patients reported feeling exhausted by the idea of embarking on yet other extensive and confusing treatment journey. After having many patients present to her office that needed care beyond plastic surgery, Dr. De Le Cruz asked to start a project to develop a Center of Excellence that could ease their pain and treat their diagnoses holistically.

Lymphedema is a condition of severe swelling due to the inability for the body to move protein-rich fluid through the lymphatic system. This commonly leads to swelling of arms or legs, but can affect the chest wall, abdomen, neck, and genitals (Mayo Clinic Staff, 2022). As stated by the Mayo Clinic, the most common causes of Lymphedema are:

“Cancer. If cancer cells block lymph vessels, lymphedema may result. For instance, a tumor growing near a lymph node or lymph vessel could enlarge enough to block the flow of the lymph fluid. Radiation treatment for cancer. Radiation can cause scarring and inflammation of lymph nodes or lymph vessels. Surgery. In cancer surgery, lymph nodes are often removed to see if the disease has spread. However, this doesn't always result in lymphedema. Parasites. In developing countries in the tropics, the most common cause of lymphedema is infection with threadlike worms that clog the lymph nodes” (Mayo Clinic Staff, 2022).

There are four identified stages of Lymphedema where side effects vary depending on the degree of condition severity. See Figure 10. for a depiction of the Lymphedema stages created by the University of Washington in 2021. Apart from being painful and impairing function, patients

often experience psychological side effects like dissatisfaction with their body image or embarrassment because of swollen limbs. Further, untreated Lymphedema can be dangerous. As the lymph fluid that generally aids in preventing infection is blocked, the affected area is at a heightened risk of experience proliferation of bad bacteria. In later stage of Lymphedema, the skin can get hard, develop cracks, leak fluid through those openings, and become necrotic. Patients with severe Lymphedema may develop Lymphangiosarcoma, which is a rare soft tissue cancer (Megan, 2021). They are also at risk of Cellulitis which is an infection of the skin (Hardy, 2019).

In response to the patient's needs and the request of Dr. De La Cruz, the plan for the Lymphedema Center of Excellence began to form. The intention of the project was to meet the patient need by bringing together a CLT, nutritionist, and plastic surgeon, Dr. De La Cruz, in a clinic once a month to see patients. Early in the planning process a representative with the ability to fit patients for medical CLT wrapping was added to the multidisciplinary structure of the clinic. Through this monthly clinic, patient reception of treatment, patient flow, and community need were assessed. The project began in February of 2022, and the first clinic with all three disciplines took place on October 27th, 2022.

#### **1.3.4 Methods**

To initiate the clinic, I pulled together the Executive Administrator from the Plastic Surgery office, Dr. De La Cruz, and the Vice President of Operations for Shadyside hospital. Following the initial meeting, I would meet with Dr. De La Cruz and her Administrative Assistant to discuss clinic logistics. I would also speak with the UPMC Shadyside's Nutrition and Dietetics team along with the CLTs. Through meetings with the Comprehensive Rehabilitation

Services team and finance, we determined how to allow other specialties into the clinic and compensation.

To assess community need, potential growth, and market share, I connected with UPMC's finance division and health plan. As well, I researched competitors in the Pittsburgh area initially and the types of services provided. I then expanded my search my looking for some treatment option similar to that being presented by the future Lymphedema Center of Excellence.

### **1.3.5 Results and Discussion**

Through collaborative discussion with the different administrators and Dr. De La Cruz, we determined that the vision of the clinic would be to start small and operate one day a month, with all three specialties, during Dr. De la Cruz's currently existing Lymphedema patients. Patients would begin the clinic by seeing the plastic surgeon, move on to the nutritionist who would investigate their nutritional history and create a pan based on their condition/diet/severity, then meet with the CLT who would explain the wrapping process plan wrap scheduling with the patient, and finally, they have the option to meet with a sales representative that could fit them for a wrap the patient could order.

I then connected the nutrition and CLT teams to gauge interest in participating in the clinic. Both departments were eager to help as they had familiarity with this population and saw the need. Through these discussions and conversations with the plastic surgery office, I developed a clinic flow checklist to ease with moving patients through the different providers, see Figure 11.

When meeting with the plastic surgery Administrative Assistant, we determined that the current clinic space was not conducive to the addition of team members working in the office. By going to the UPMC warehouse, I was able to coordinate the installation of a table and chairs to the

plastic surgery suite to house traveling providers. Assessing viability of the clinic and market potential, I investigated the current clinic growth rates. Before implementation of the multidisciplinary practice, Dr. De La Cruz's Lymphedema patient population had already increased by 38% between the years 2021 and 2022, showing that the need for Lymphedema care is rising, regardless of a holistic discipline. There are currently 398 UPMC Health Plan users diagnosed with Lymphedema. This represents a specific population that:

1. is already associated with a UPMC accepted insurance
2. has been previously diagnosed with Lymphedema

While these users represent the immediate market the clinic could benefit, unrealized potential of the clinic is represented by those users who have not yet been diagnosed, have not sought medical attention, or participate in other health plans. A study in 2018 found that 20% of breast cancer survivors are diagnosed with Lymphedema within five years of their breast cancer diagnoses (Gillespie, 2018). Given that the American Cancer Society estimates that there are 12,830 individuals living with breast cancer in Pennsylvania as of 2023, the estimation for potential Lymphedema patients in the state of PA is over 2,500 patients (American Cancer Society, 2023).

Evaluating the current market for Lymphedema treatment, I began by looking the Pittsburgh area. Through google searches, I found the existing treatment options for Lymphedema care are provided by UPMC Magee, the Greater Pittsburgh Vascular Associates, and Allegheny Hospital. All three options utilize Complete Decongestive Therapy (CDT) which consists of manual draining, compression bandaging, exercise, and self-management (UPMC, 2023). Shadyside neighborhood is currently not listed as a treatment site for Lymphedema care on the UPMC website. When looking for plastic surgery for Lymphedema care, there are over 25 options

for locations and physicians around Pennsylvania. However, when looking for a treatment center that combines the surgery, CDT/CLT, and nutrition component, no facility in Pennsylvania advertised offering such a service.

### **1.3.6 Recommendations**

My recommendation is to build on this clinic by increasing volumes, obtaining official Center of Excellence (COE) status, and setting a new UPMC standard in Lymphedema care. The credentialing requirements and official certification for the COE will be through the UPMC Health Plan. The Health Plan defines a COE as site that...

“Include interdisciplinary teams with extensive experience in specific specialties. The members of these teams have the necessary expertise to coordinate follow-up care and education, as needed. The goal of these Centers of Excellence is to help members receive the best possible care, in the safest of environments” (UPMC, 2023).

The immediate next steps are advertising UPMC Shadyside as an option for Lymphedema treatment on all UPMC resources aimed toward that patient population. Simultaneously, the administrative resident taking over responsibilities for the clinic will look into requirements for a COE designation. Next, the new resident should aim to complete the requirements to obtain this title and aim clinic goals at meeting those requisites. As that process progressed, branding for the COE should be developed with marketing for the Center of Excellence specifically, and a “soft launch” of the clinic should be posted on the UPMC website. With the current clinic operating one day a month and the generally full schedule of involved practitioners, immediately scaling this up would present obstacles in providing quality care. The growth of this multidisciplinary clinic should be steady and intentional. As popularity increases and volumes rise, the clinic should open

to multiple days a month to meet the demand. Once a volume is stable, the plastic surgery department should consider hiring a full-time nutritionist and CLT to focus on the patients seen in the clinic and follow up with them. With robust infrastructure in place, the Center of Excellence should be advertised to attract as many patients as possible struggling with their Lymphedema diagnoses so that UPMC can use the unique and holistic care model to deliver life-changing medicine.

### **1.3.7 Competency Development**

Through this project I developed the competencies of Communication, Systems Thinking, Analytical Thinking, Professionalism, Strategic Orientation, Financial Skills, and Community Orientation. Over the course of this project, I connected with Health Plan employees, Finance, physicians, administrators, nutritionists, rehabilitation specialists, and more. I had the opportunity to sharpen my ability to communicate clearly, professionally, and with enthusiasm. Through analyzing the current market, I got to learn about the current patient population in the community as well as enhance my ability to develop a mindset assessing of strategic market entry plans and competition. Setting up the financial operations of the clinic taught me the intricacies of CMS, insurance, and patient billing/coding. With the patient data I received, I was able to break down complex data into numbers that could help our team analyze the success of the clinic.

## **1.4 Conclusion**

During my Administrative Residency at UPMC Shadyside, I have had the opportunity to apply the competencies developed through the Master of Health Administration program at the University of Pittsburgh to impact patients and employees through my involvement in hospital operations projects. I have collaborated with great leaders to focus on different facets of the patient experience, whether that is providing the community with a unique treatment for Lymphedema, managing a clinic that will help protect vulnerable populations from contracting COVID-19, or optimizing the patient experience starting the minute they walk through the front doors of the hospital. I have learned that from parking to discharge, there are many processes, people, and technologies devoted to making the hospital run efficiently for guests. I am excited to continue my journey in the healthcare profession with the proficiencies my curriculum and work at UPMC Shadyside has instilled in me.

## 2.0 Figures and Tables

### 2.1 Figures

#### 2.1.1 Figure 1

##### Matrix Reporting Structure

It's important that our employees receive feedback on their strengths and development opportunities from multiple people with whom they work. This guide discusses how to leverage a matrix reporting relationship to collect feedback on your staff's performance. This process is **optional** but **strongly encouraged** for those that manage in a matrix reporting structure.

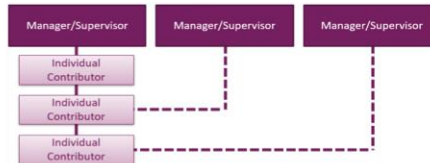
##### Defining Matrix Reporting

- A **matrix reporting relationship** is often referred to as a "dotted-line" supervisor-direct report relationship. This is different from the typical chain of command or organizational chart that is reflected in HR Direct. In a matrix environment, employees have one direct supervisor relationship and another matrix (indirect) supervisor relationship. This is commonly seen in service lines or shared services that work locally but report to a centralized leadership team in a separate division.

##### Traditional Reporting Structure



##### Matrix Reporting Structure



##### Ways to Request Feedback in a Matrix Reporting Relationship

- You or your employee can request feedback at any time throughout the year using the Anytime Feedback tool in HR Direct. A [guide](#) explains how to access and use this tool.
- A great time to request feedback from a matrix leader is during the performance-evaluation cycle, which begins December 15. You can request feedback from others through a "peer evaluation" in HR Direct. A helpful [guide](#) explains how to navigate the performance management process (reference Step 2A for details on the feedback process). You may also choose to provide this [tips sheet](#) to ensure that peer evaluators provide meaningful feedback.
- If you are a senior leader or a "leader of leaders," another opportunity to engage with a matrix leader is prior to a Talent Review discussion. In this instance, consider scheduling time with your employee's matrix reporting leader for their feedback on the employee's performance and potential for growth. The topics listed below may help to guide this discussion:
  - Strengths:** Demonstrated results, knowledge, skills, traits, or experience that significantly contributes to this person's success.
  - Weaknesses:** Important areas where the person has development gaps, is less skilled, or is inexperienced, and this is negatively affecting performance or ability to expand scope.
  - Opportunities:** Suggested activities and opportunities to promote growth and development (e.g., specialized training, special assignment, coaching, mentorship, etc.).
  - Threats:** Significant areas that are hurting the person's performance; could derail, stall, or stop their career; and/or be a potential threat to the team, unit, or organization.

Figure 1 UPMC Human Resources Explanation of a Matrix Organization



## 2.1.2 Figure 2

### Cashier I

#### Job Summary

Manage the computation and collection of parking fees in the hospital parking garages.

#### Responsibilities

Perform duties and responsibility according to the philosophy and standards of Presbyterian University Hospital, including conveying courtesy, respect, enthusiasm, and positive attitudes in working situations with patients, peers, medical staff, and visitors.

Compute and collect all parking fees due as identified by utilizing appropriate equipment.

Balance receipts and prepare the appropriate daily activity report at the end of each shift.

\*Performs in accordance with system-wide competencies/behaviors.

\*Performs other duties as assigned.

#### Educational and Knowledge Requirements

High School Diploma or GED or 1 year previous job experience required in lieu of High school diploma/GED. Prior job experience preferred.

#### Criticality

#### Environmental Conditions

Sedentary

#### Physical Demands

Sedentary

**Figure 2 Job Description for Cashier I**

### 2.1.3 Figure 3

## Information Representative

### Job Summary

Greet and provide accurate and useful information to visitors and patients relative to patients, hospital facilities, services, and activities in a manner consistent with good customer relations.

### Responsibilities

Provide pleasant greeting and information and assistance to the public regarding patients, the hospital, and medical offices in compliance with hospital guidelines.

Answer and transfer calls in accordance with hospital guidelines for customer service.

Ensure that workstations are adequately stocked with necessary materials to provide customers with current and accurate information.

Demonstrate competence with the computer and attend all necessary training programs to remain current with skills.

Attend regular staff meetings, and participate in the implementation of activities within the hospital when requested by supervision.

Dress appropriately for a business setting and give attention to personal grooming.

Comply with the hospital's policy regarding punctuality and regular attendance.

\*Performs in accordance with system-wide competencies/behaviors.

\*Performs other duties as assigned.

### Educational and Knowledge Requirements

Completion of High School graduation. 1 year of minimum experience in a similar position. Experience working in a health care environment helpful. Excellent communication and customer service skills essential. Basic knowledge of Windows software needed.

### Criticality

### Environmental Conditions

Sedentary

**Figure 3 Job Description for Information Representative**

## 2.1.4 Figure 4

### Hospitality Concierge

#### Job Summary

Provide directions, information and assistance to Hospital visitors, patients, and guests. Answer or refer incoming calls appropriately. Assist guests as needed with paying for parking at pay stations. Serve as the Hospital's Patient and Guest Relations representative.

#### Responsibilities

Greet Hospital guests, and provide appropriate verbal assistance, guidance and direction to visitors and patients as needed. Serve as a reference source regarding visiting hours, directions, package delivery, general admitting, and Hospital policies.

Provide a positive impression of the Hospital by practicing good guest relations skills and treating all individuals with respect and dignity.

Assist with parking cashier functions and validates patient parking.

When parking pay stations are offline, compute and collect all parking fees due as identified by utilizing appropriate equipment.

Balance receipts and prepare the appropriate daily activity report at the end of each shift.

Monitor visitor controls and complies with the service-related visitation policy. Issue courtesy parking discounts and free passes when appropriate. Use the personal computer and CRT for dissemination of patient information.

Respect patient confidentiality and withholds restrictive information.

Use departmental guidelines in the handling of medical and security emergencies.

Responsible for following the mandatory reporting procedures for any incident or serious event that did affect or potentially could have affected the clinical care of any patient.

Demonstrate teamwork by interacting with others to achieve goals while respecting individual's differences, sharing credit and accountability for outcomes, and encouraging, supporting, and actively participating in work activities. (Concierge Job Description)

Answer and transfer calls in accordance with hospital guidelines for customer service. (Info Rep Job Description)

Ensure that workstations are stocked with necessary materials to provide customers with current and accurate information. (Info Rep Job Description)

Demonstrate competence with the computer and attend all necessary training programs to remain current with skills. (Info Rep Job Description)

Provide physical assistance to customers to facilitate movement within our facility. May include transport via wheelchair.

Actively cares for presentation of lobby areas. Keeps areas neat and tidy. Initiates response from support departments to keep areas clean.

**Figure 4 Job Description for Hospitality Concierge**

### 2.1.5 Figure 5



**Figure 5 Gantt Chart for Implementation Timeline**

## 2.1.6 Figure 6

### Who is eligible to receive monoclonal antibody therapy?

Monoclonal antibody treatment is available to individuals who:

- Are high risk\*\* for developing severe COVID-19 **AND**
- Have a positive COVID-19 test and have not yet been admitted to the hospital **AND**
- Are 12 years of age or older (and at least 88 pounds)

Post-exposure preventive monoclonal antibodies are available to those who have been exposed (consistent with the CDC's close contact criteria)\* **AND** who are:

- High risk\*\* for developing severe COVID-19 **AND**
- Not fully vaccinated **OR** vaccinated but immunocompromised **AND**
- 12 years of age or older (and at least 88 pounds)

Figure 6 Eligibility Requirements for Evusheld Treatment

## 2.1.7 Figure 7

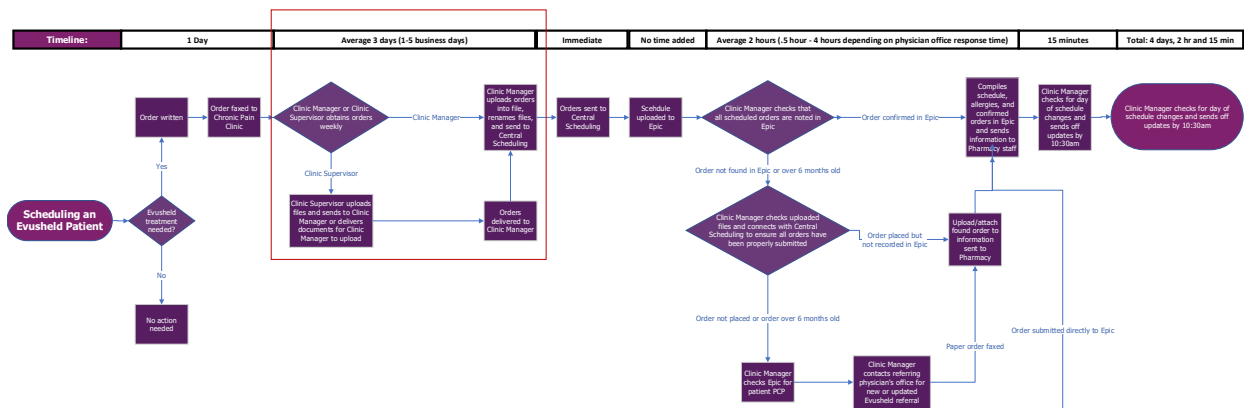
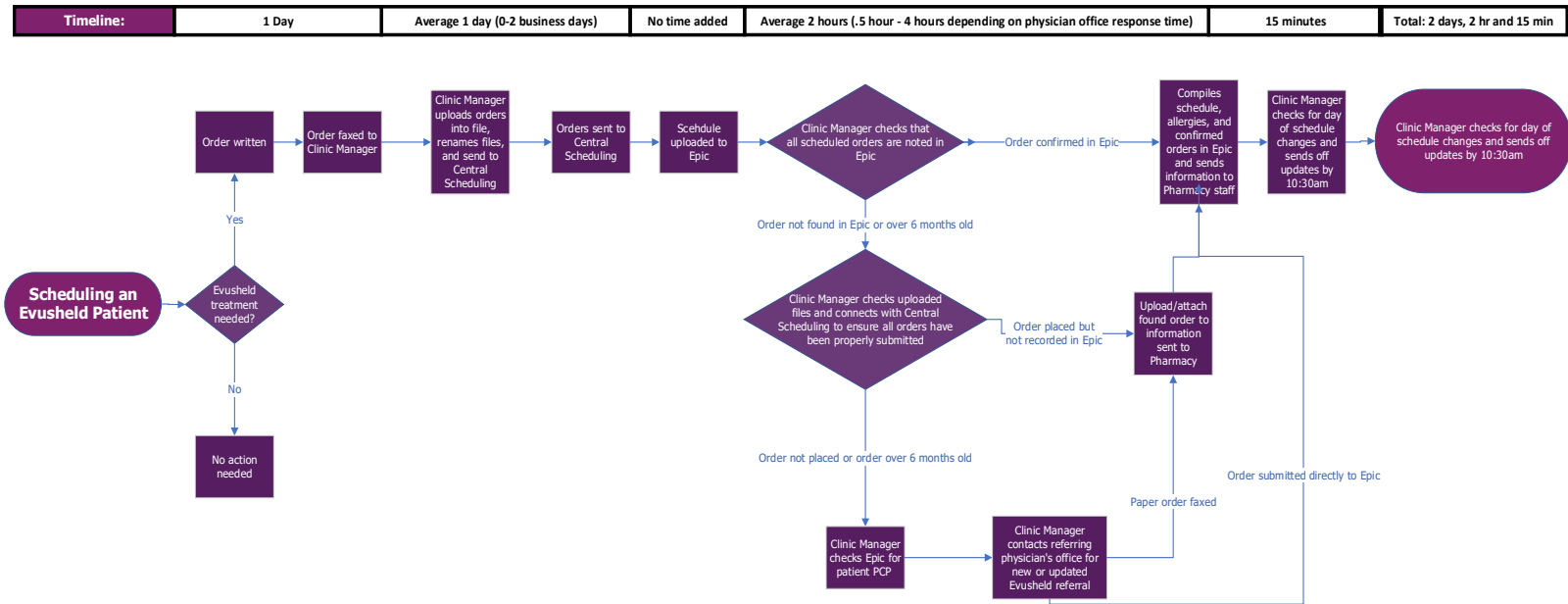


Figure 7 Original Evusheld Patient Scheduling Workflow (Red Box Indicating Efficiency Opportunity Area)

## 2.1.8 Figure 8



**Figure 8 Updated Evusheld Patient Scheduling Workflow**

### 2.1.9 Figure 9

1. Before receiving the Evusheld treatment, how concerned were you with getting COVID-19?
  - Very concerned
  - Not very concerned
  - No concern at all
2. When advised to receive Evusheld treatment by your doctor, were you comfortable with the idea of being treated?
  - I was comfortable, the Evusheld treatment makes me feel more protected
  - I felt neutral to the idea of receiving treatment
  - I was uncomfortable with the idea of receiving treatment
3. How many doses of the treatment were you scheduled for?
  - One dose
  - Two doses
  - Three or more doses
4. Were you happy with the experience you had in the clinic today?
  - Yes, I am satisfied with my experience
  - I am neutral about the experience
  - No, I am not satisfied with the treatment I received today
5. Was it easy to schedule your appointment?
  - Yes, scheduling was easy
  - I feel neutral about the scheduling experience
  - No, scheduling was difficult
6. Do you feel more protected from COVID after receiving the treatment?
  - Yes
  - I feel neutral about the treatment
  - No, I do not feel that it will make a difference
7. Is there anything that you would change about your experience today?
8. Is there anything that you enjoyed about your experience today?

Thank you for filling out this anonymous survey!

**Figure 9 Copy of Survey Given to Evusheld Patients**

## 2.1.10 Figure 10

# Stages of Lymphedema

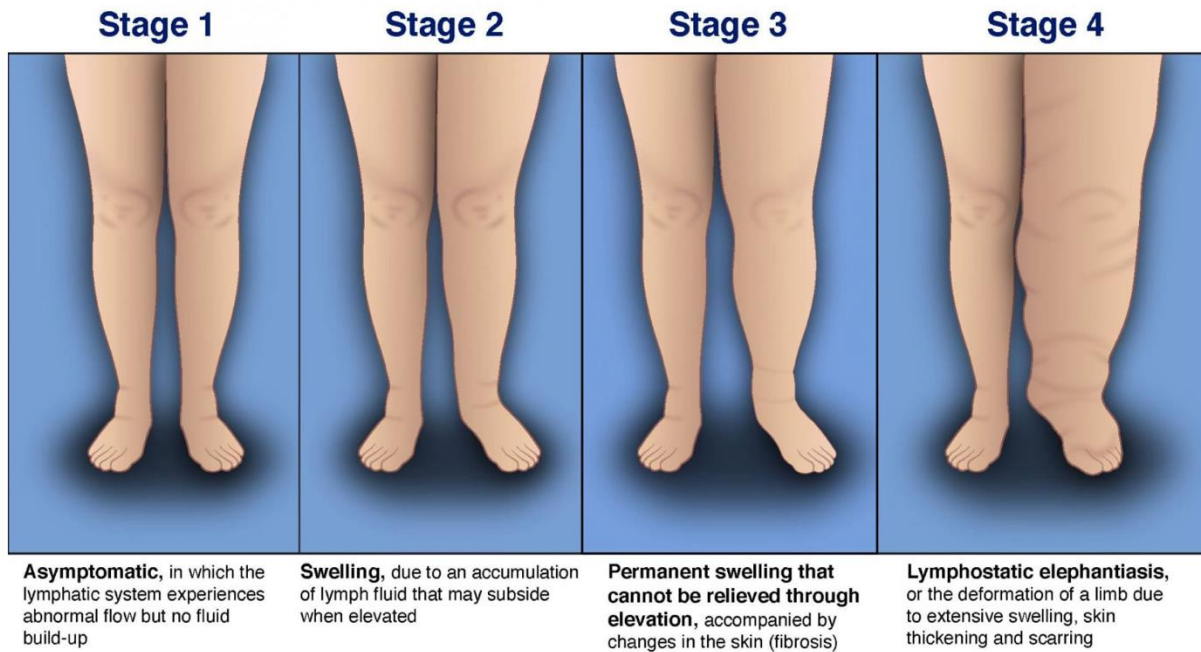


Illustration: Chrystie Tyler



**Figure 10 Stages of Lymphedema (University of Washington, 2021)**



### 2.1.11 Figure 11

Patient Name:

Date:

Procedure:

Need	Completed	
<input type="checkbox"/>	<input type="checkbox"/>	<u>Sozo</u>
<input type="checkbox"/>	<input type="checkbox"/>	LLIS
<input type="checkbox"/>	<input type="checkbox"/>	Pictures
<input type="checkbox"/>	<input type="checkbox"/>	Nutrition
<input type="checkbox"/>	<input type="checkbox"/>	CLT
<input type="checkbox"/>	<input type="checkbox"/>	Pump
<input type="checkbox"/>	<input type="checkbox"/>	Garment
<input type="checkbox"/>	<input type="checkbox"/>	PDE
<input type="checkbox"/>	<input type="checkbox"/>	Schedule Surgery:

Notes:

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Figure 11 Clinic Patient Flow Checklist

## 2.2 Tables

### 2.2.1 Table 1

**Table 1 Cost Savings Calculations with Assumed Salaries from LinkedIn and Indeed**

<b>Cost Savings Assumption</b>	
Average Hourly (PC)	\$ 21.50
Average Hourly (IDR)	\$ 21.50
Assumed Annual Hours	2000
Weeks per Year	50
Hours per Week	40
Average Salary	\$ 43,000.00
Closed IDR Positions	2
<b>Savings from Closed Positions</b>	<b>\$ 86,000.00</b>

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