

**Enhancing Oncology Delivery: The Intersection of Telemedicine and Employee
Engagement on Patient Experience**

by

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Abstract

Employee engagement and patient experience in cancer care are two sides of the same coin, with the former driving the latter, and both working to enhance oncology care delivery. Considering the emotional and physical burden that cancer treatment can have on patients, a positive patient experience is essential to their overall well-being and recovery. The level of employee engagement can be the determining factor between patients feeling supported and receiving exceptional care or feeling unsupported and struggling to navigate the complexities of their disease. Unfortunately, engaging healthcare workers is challenging, given the pressure, long hours, and high job stakes. Despite these challenges, UPMC Hillman Cancer Center prioritizes employee engagement initiatives, recognizing their role in establishing a positive patient experience.

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Preface

I want to express my sincerest gratitude to my essay advisor Dr. Justin Swearingen for his unwavering support and insightful feedback throughout the essay process. Dr. Swearingen's expertise and guidance have been instrumental in shaping my ideas and improving the quality of this essay. I am fortunate to have had such a strong leader and supportive professor involved in my journey as a master's student.

As my administrative residency ends, I would like to express my deep gratitude to Maureen Hatch and the executive team at UPMC Hillman Cancer Center for their exceptional guidance, support, and mentorship. Throughout my residency, Maureen has challenged me to think strategically and critically, helping me develop the necessary skills to succeed in healthcare administration. I would also like to thank Dr. Vincent Reyes for his willingness to share his clinical expertise and encouragement. Dr. Reyes' dedication to improving oncology patient care is truly inspiring, and he has shown me the impact of a strong leader.

1.0 Introduction: Background

Hillman Cancer Center, a highly successful service line within the University of Pittsburgh Medical Center (UPMC), is a leading cancer treatment and research center. The National Cancer Institute (NCI) has classified Hillman as a comprehensive cancer center, a designation that is given exclusively to exceptional cancer centers. As one of the largest and most renowned oncology centers in the United States, Hillman provides cutting-edge cancer treatment and research services to 70+ outpatient network locations throughout Western PA, surrounding states, and international locations in Italy and Ireland (UPMC, 2023). Hillman offers a wide range of services, including medical and radiation oncology, surgery, diagnostic imaging, and support services for patients with cancer. Hillman is committed to innovation and advancement, where they conduct cutting-edge research in cancer prevention, diagnosis, and treatment, to improve patient outcomes and quality of life. Additionally, Hillman is dedicated to providing patients with a supportive and compassionate environment. It offers various patient-centered services and programs to enhance the overall experience of those undergoing cancer treatment. During my experience as an Administrative Resident at Hillman, I have learned the importance of patient experience in oncology. This paper aims to provide an overview of three of my projects and how all three of these projects impacted the patient experience by boosting employee engagement.

1.1 Employee Engagement and Patient Experience

At Hillman, I have learned that the power of employee engagement and patient experience in healthcare cannot be overstated. According to Gallup, an analytics consulting organization that provides data insights to aid in organizational decision-making, only 32% of employees in the United States were actively engaged at work in 2022, the lowest engagement has been in a decade. Gallup also concluded that between 2019 and 2022, healthcare worker engagement declined the most compared to all job types (Harter, 2023). The growing trend of disengaged employees will ultimately impact patient care. Therefore, in today's ever-changing work environment, employee engagement is more critical than ever before.

According to Press Ganey's national data, a highly engaged workforce is intrinsically linked to better patient experience, safety, and quality outcomes (Daniels, 2022). This is because engaged employees are more likely and motivated to provide compassionate care, go above and beyond their job duties, and have a positive attitude toward their work. Cancer treatment is complex and emotionally demanding, where patients will have multiple, sometimes daily, encounters with staff during their treatment regimen. Engaged and committed healthcare workers will likely build strong relationships with their patients, helping employees better understand the needs of each patient. Also, when employees are engaged and feel a sense of purpose, they are more likely to stay, reducing the costs associated with high turnover rates (Harter, 2022). Healthcare organizations can create a positive and effective care environment that improves patient experience, outcomes, and employee morale by prioritizing employee engagement.

1.2 Patient Experience and Satisfaction

Recognizing the importance of patient experience and satisfaction, I was actively involved at Hillman in creating ways to improve these areas. Patient experience and satisfaction are related concepts and are often used interchangeably, but they are not synonymous. Patient experience encompasses a patient's overall perception of the care they receive during their entire healthcare journey. It includes tangible factors, such as the physical environment and healthcare quality, and intangible factors, such as the patient's interactions with staff and the providers' level of empathy and compassion (AHRQ, 2022). On the other hand, patient satisfaction is a more specific evaluation of how well the patient's needs were met during their interaction. Patient satisfaction is used as a performance and quality indicator and measured through surveys asking patients to rate different aspects of their experience. At Hillman, we use Press Ganey, a patient satisfaction survey reporting system, to measure our performance in these areas.

1.3 The Business Case for Improving Patient Experience and Satisfaction Improving

From a business standpoint, the patient experience directly impacts a healthcare organization's reputation, revenue, and sustainability. The Agency for Healthcare Research and Quality (AHRQ) says that a positive patient experience is an important goal in its own right but can also be correlated with key performance and financial indicators that impact healthcare organizations (AHRQ, 2020). In recent years, insurance companies have started recognizing patient experience as an important quality indicator. As a result, they can link payment to healthcare organizations that score well on patient experience surveys. Furthermore, a

comprehensive review examining the relationship between patient experience and business outcomes found a consistent association between positive patient experiences and improved business outcomes. They concluded that there was a strong likelihood of a patient returning to the same healthcare organization in the future, retaining their health plan, and voicing fewer complaints (Quigley, 2021). This study shows that patients with a positive experience are more likely to return to the same healthcare provider and recommend the provider to their family and friends, thus increasing patient loyalty.

2.0 In-Office Telemedicine Visits

2.1 Problem Statement

In traditional telemedicine models, it is the patient's responsibility to have the proper equipment and utilize technology effectively. Hillman serves an aged patient population, and older adults commonly experience a lack of technological literacy which is necessary when participating in a telemedicine visit. When technical issues prevent a patient from properly connecting with the provider, it can delay patient care, disrupt the provider's schedule, and impact the patient experience. Furthermore, cancer patients may present with concerning symptoms during their telemedicine visit. Suppose the doctor decides the patient needs bloodwork, labs, additional medication, or needs to be physically seen by someone in the office. If the patient is virtual and not physically at the office, they do not have quick access to the facility's services or the care team. Prior to this project, the current state of telemedicine fell under the traditional model where both the patient and provider are virtual.

2.2 Purpose Statement

Dr. Vincent E. Reyes, Assistant Medical Director for the UPMC Hillman Cancer Center Medical Oncology Network, and I worked closely on implementing a new telemedicine program at Hillman. This project aims to implement telemedicine services at hospital-based clinics in Pennsylvania for existing patients who will receive care via telemedicine on-site. In-office

telemedicine services are when the physician performs a telemedicine visit off-site virtually, and the patient comes into a different office for their visit, usually one closer to home.

This project aims to operationalize and improve our current workflows at our offices by providing additional physician consultations and increasing access to cancer care for our patients. Ensuring a consistent physician presence in rural markets can be a challenge; additional physician consultations from specialized hematologist-oncologists allow us to maintain our goal of wanting patients to be seen closer to home and offers flexible work arrangements for providers. This will help strengthen our current efforts surrounding physician recruitment and retention, patient time to appointment, patient experience, and clinical quality metrics. Due to legal and regulatory requirements, we kept the project narrow in scope for the early stages. If successful, this telemedicine project will eventually be implemented across the Hillman network. Success for the pilot will be measured through telemedicine-focused patient satisfaction surveys, clinical measures, and staff feedback.

2.3 Introduction and Background

2.3.1 Telemedicine Issues and Challenges

Over the past couple of years, telemedicine has transformed care delivery. Telemedicine allows patients to receive remote medical consultations through digital health technologies. In recent years, telemedicine has become widely utilized due to the need to social distance to reduce the spread of COVID-19, and it aligns with the growing demand for convenient and accessible healthcare services. In response to COVID-19, on January 31st, 2020, a National Public Health

Emergency (PHE) was declared and extended until 2023 (HHS, 2023). The Public Health Emergency allowed for many flexibilities in the telemedicine landscape. However, our team needed to understand what would happen after the PHE ended so that our telemedicine model could be viable in the future. Therefore, a lot of time and research was dedicated in the first phase of this project to understanding the risk involved when providing these services. Most recently, on December 23, 2022, President Biden signed into law, and Congress approved the Omnibus Appropriations Bill. This bill passed a two-year extension of all Centers for Medicare and Medicaid Services (CMS) telehealth reimbursement waivers through December 31, 2024, that were previously set to expire 151 days after the end of the PHE (AHA, 2022).

CMS reimburses telemedicine visits at the same rate as an in-person patient visit, and most commercial insurers currently honor this reciprocity. Nevertheless, insurance reimbursement policies for telemedicine services may change after the PHE. This could be a barrier in the future because insurance policies will vary by state, leading to inconsistent coverage. Also, at Hillman, we have locations outside Pennsylvania in Ohio, New York, and Maryland. Implementing the program in these states can be difficult because telemedicine providers must be licensed in the patient's state. Therefore, because our Pittsburgh-based physicians are primarily licensed in Pennsylvania, these states must utilize physicians already licensed in Ohio, New York, and Maryland. Also, data privacy and security needed to be reviewed for the telemedicine model to maintain Health Insurance Portability and Accountability Act (HIPAA) compliance and assure patient Protected Health Information (PHI) remains secure during telemedicine interactions.

From a clinical perspective, we needed to ensure that telemedicine services met the same clinical standards as in-person care. The American Society of Clinical Oncology (ASCO)

has identified several standards and practice recommendations in oncology designed to ensure patients receive high-quality, safe, and effective care via telemedicine. They believe telemedicine can be a reasonable option for treatment or long-term care management for new patients, medication prescribing and management, pre-treatment evaluation, acute care issues, test-result discussions, routine follow-up visits, and advanced care planning. Alternatively, they explained that telemedicine might not be a good option for initial consultations and treatment, delivery of key information such as a new diagnosis or relapse, complex cancer needs, physical examination, and patients with hearing, vision, or cognition limitations (ASCO, 2021). Therefore, based on this information, while considering varying regulatory requirements, it is ultimately up to the provider to select which patients are good candidates for telemedicine.

2.3.2 Significance for Providers and Patients

We selected our Altoona location as our telemedicine pilot site due to the rural location of the patient population and the low availability of oncology providers in the area. For patients, there are several reasons why telemedicine improves their experience. The telemedicine option will provide patients access to specialized Pittsburgh-based hematologist-oncologists and eliminate unnecessary wait times by providing additional appointment slots for consultations, which increases the availability to see an oncologist. The telemedicine visit allows the provider to begin ordering testing and prescribing medication sooner than would normally occur had the patient waited for a traditional office visit, thus eliminating any delay of care. Timely medication is vital for cancer patients because it helps to effectively manage their symptoms, prevent further disease progression, and improve their day-to-day life. In addition, the patient will have access to other supportive services offered at the office during their visit, including the pharmacy, lab, treatment

as well as the care team consisting of medical assistants, treatment nurses, the pharmacist, advanced practice providers, and the physicians located on site should there be any issues during the telemedicine visit where additional medical care is needed.

The dedicated telemedicine patient specialist coordinates the patient visit and can address any technical issues in real-time. Most patients receiving treatment will have their blood drawn before the visit to allow providers to monitor the patient's health and adjust treatment plans if needed. Therefore, these results help monitor disease progression, can be used to assess the patient's fitness for treatment, and can ensure that patients are healthy enough to undergo their treatment regimen. Therefore, most patients are already in the office if scheduled for supportive services such as a blood draw and laboratory testing.

Our physicians will have the opportunity to have flexible work arrangements that include either working from home or at their Pittsburgh-based office, which helps improve physician job satisfaction. Also, if we are experiencing a shortage at a site or need additional coverage, a telemedicine provider can help address these issues. Once a physician is comfortable with the telemedicine process, they will have the opportunity to provide 15-20 patient visits per telemedicine day. Also, for this program, we will utilize our own Hillman physicians and not any locum tenens physicians. By using our physicians, we focus on our employees and reduce spending for locum tenens providers.

2.4 Methods

The project was split into the following five phases – Phase I: Exploratory, Phase II: Model Preparation, Phase III: Go-Live, Phase IV: Review the Process & Measure Success, and Phase V:

Widen the Scope: Implement Across Network. To keep the project organized and on task, I created a project grid including all five phases, related tasks with start and end times, and progress regarding the project. In addition, we set up a Telemedicine Steering Committee, which consisted of leaders from multiple teams to provide strategic direction and oversight for the project. This steering committee aided in our project decision-making process and ensured alignment with Hillman's organizational goals.

2.4.1 Phase I: Exploratory

The project's first phase included informing our Telemedicine Steering Committee on the current state of telemedicine. I gathered the current state information from reputable sources and internally at UPMC. The current state information I presented included regulatory and policy changes, licensing requirements, legal considerations, billing and coding principles, and potential barriers and benefits. Following this meeting, I had several one-on-one sessions with different leadership teams at Hillman, including billing and insurance, finance, regulatory and compliance, legal, and our IT team.

2.4.2 Phase II: Model Preparation

Once we obtained all necessary approvals from our steering committee, we needed to operationally map out this project from scheduling the appointment to the end of the visit. We had to build a sustainable workflow for the pilot site to prepare the model. This involved working closely with site leadership at our Altoona location and selecting telemedicine champions to be experts in this new process. The primary deliverable I was responsible for was our In-Office

Telemedicine Training Packet. This packet included a detailed workflow for staff to follow (Figure 6.1), a telemedicine scripting document for scheduling a patient, Telemedicine Talking Points (Figure 6.2), and both provider and front office manuals that explain how to conduct the telemedicine visit within our Electronic Medical Record.

A large part of preparing this model was working with our IT team. Hillman uses Vidyo as a telemedicine platform for visits which is HIPAA compliant. However, we had to identify an appropriate device for these visits. We decided that an iPad was the best option rather than the computer already in the room. We came to this conclusion because a computer would require a staff member in the room for the entirety of the visit since there was no mechanism to lock down the browser after the patient was roomed. If there was no staff member present, it would pose a significant privacy risk of the patient accessing the computer and viewing medical records, thus violating HIPAA. Having a staff member in the room the entire time posed would've been a considerable waste of resources, considering sites are already overwhelmed by their staffing levels due to shortages. The iPad solved this problem as the IT team created service accounts that only included the Vidyo platform. The iPad also had a stand attached and was large enough for the patient and provider to see and hear each other clearly.

2.4.3 Phase III: Go-Live

On January 24th, 2023, the Altoona In-Office Telemedicine Visit program was piloted. The telemedicine physician saw seven patients via telemedicine successfully on the first day. This saved the oncologist a two-hour commute to the Altoona office that he was previously driving. Although I wasn't at the Altoona location for the first day, I was available virtually and helped address questions to ensure a smooth go-live.

2.4.4 Phase IV: Review the Process and Measure Success

Another project deliverable I managed was the creation of a Patient Experience Survey for Telemedicine Visits (Figure 6.3). To accomplish this, I utilized questions from our existing Press Ganey Survey and constructed a few custom questions specific to the telemedicine program that would help us improve in the future. We embedded a process in our workflow that enables the patient to fill out this survey before check-out. This ensured that we captured every patient's voice and feedback so that we can make real-time improvements rather than in the future. I am responsible for collecting these surveys from the Altoona staff each week.

2.5 Results and Discussion

On our first day, January 24th, 2023, we received survey results from all seven patients seen via telemedicine. All of the patients rated the services as Very Good (5), Good (4), and Neutral (3), which indicated that no patients rated the services as Poor (2) or Very Poor (1). These results showed that the patients were generally satisfied with this new care delivery model. The following day the provider was expected to see patients in person; however, due to poor weather conditions and the long commute, the physician had the opportunity to switch his patients to telemedicine. Without this program, the physician would have had to either risk his safety in his commute or cancel the patient's scheduled that day.

Over a 13-week period, our telemedicine provider has successfully provided care to 73 patients via telemedicine. Based on our telemedicine satisfaction surveys, this program has continued to receive extremely positive patient feedback at our Altoona location. Specifically,

89.58% of patients rated the telemedicine pilot as Very Good (5) (Figure 6.4). This positive feedback has shown an improvement in the overall patient experience as the Press Ganey scores at Altoona improved in the first month of our pilot. While telemedicine isn't the only factor causing improvement in the patient experience for the Altoona office, it could have influenced a few of the survey responses.

2.6 Competency Development

Communication and strategic orientation were the MHA competencies enhanced through this project. The telemedicine training manual required preparing and documenting an operational workflow which enhanced the communication competency. A large part of this project included understanding telemedicine's regulatory and business principles. Through this research, I enhanced the strategic orientation competency because I was actively involved in the decision-making process regarding the sustainability of the telemedicine model.

2.7 Recommendations

Our next steps will be to continue measuring success in Phase IV. Once we feel confident in our model, Phase V will begin, where we widen our scope and implement this service across our network. Implementing this at other sites will take time due to some of the barriers we encountered during our Altoona Pilot, such as the time-consuming process of contracting and credentialing providers for alignment with the site they are serving. However, it is possible, and

now that we have started our pilot, we can learn from this process and begin to offer these services across the network. Once the program is more robust, I recommend each telemedicine site have a designated room. This would help boost patient experience because staff can creatively design the room. They could paint the walls, add a comfy chair, or add plants to aid in patient comfort.

3.0 Employee Suggestions Box

3.1 Problem Statement

UPMC Hillman Cancer Center is one of the largest community cancer networks in the United States, with over 70 network locations and over 2,000 employees (UPMC, 2023). With many employees not physically located together, engaging staff and building a sense of team cohesion is challenging. Based on Hillman's MyVoice Surveys, an employee satisfaction survey tool utilized by UPMC, there was a common theme that employees felt disconnected from leadership. This can lead to feelings of isolation and disconnection, negatively impacting employee engagement and motivation.

3.2 Purpose Statement

In response to Hillman's MyVoice surveys, I created an employee suggestions box for staff. The purpose of this project was to offer employees a direct connection to executive leadership at Hillman. This connection allows staff members to voice their opinions, suggestions, and concerns. Therefore, an employee suggestion box is a valuable tool that encourages employee feedback which can drive employee engagement, innovation, and continuous improvement. This is primarily because employees can provide valuable insights into the organization's daily operations and help identify improvement areas that leadership would not have known about. Implementing this platform can also show staff their contributions are valued and appreciated,

increasing job satisfaction and potentially reducing turnover. Additionally, an employee suggestion box can help create a culture of collaboration and trust where all employees feel heard and involved in the organization's success, as staff can see that their ideas are being considered and acted upon.

3.3 Introduction and Background

3.3.1 Employee Engagement Driver: Listening and Caring for Staff

Listening and caring for staff in healthcare is crucial for many reasons. Employees feel valued and heard when involved in decision-making, improving morale and job satisfaction. This is especially true for healthcare workers on the front lines of patient care because they have a unique understanding of the challenges and needs of the patients they serve and can provide valuable insights to help identify areas for improvement. Their insights are not exclusive to only patients; they also have firsthand experience with the organizational processes, systems, and policies that affect their work and can offer insights into what changes would significantly impact the employee experience (Oracle, 2022). As a result, these insights can shape future leadership decisions in making the healthcare system more effective. Furthermore, involving staff in decision-making can lead to better buy-in of new processes, as they feel invested in the success of proposed changes. Expecting employees to provide high-quality patient care can be challenging if they do not feel cared for and listened to in the workplace. A workplace culture that prioritizes listening and caring for staff increases employee engagement and leads to higher job satisfaction levels and better employee morale, retention, and productivity (Oracle, 2022).

3.3.2 Enhanced Employee Engagement

The Toyota Lean Suggestions Scheme is a program created by Toyota that has contributed to decades of improvement by encouraging employees to submit suggestions for improving processes. At Toyota, suggestion schemes are essential to team member and people engagement, making the work “a little bit easier” (Quibell, 2022). When implementing the suggestions box, we followed this model and recognized the positive correlation between listening to our staff and engagement. Employees who feel valued and supported are more likely to be engaged and motivated in their work. This, in turn, can translate to better patient care and a more positive patient experience (Daniels, 2022). Consequently, when staff feel unsupported, this can negatively impact their engagement.

3.4 Methods

3.4.1 Research

After being asked to pull individualized MyVoice Survey reports for our medical oncology network sites, I noticed a common theme among the survey response data: employees felt they needed to be listened to more. I noticed that hospitals in the UPMC network had a mechanism where employees could submit responses to hospital leadership. I then connected with one of the owners of the suggestions box at UPMC Presbyterian Shadyside to gather more information on how they collect and respond to feedback.

3.4.2 Suggestions Box Creation

Creating a Microsoft form for the suggestions box was the best option for our employees, who are already familiar with this software (Figure 6.5). When drafting the form questions, I thought about the best way to facilitate a meaningful suggestion. I decided not to make the box anonymous, and leadership agreed because we wanted to open that line of communication between staff and leadership. If the responses were anonymous, there would be no way of following up with that employee and obtaining more information about their response if needed.

The two questions asked on the survey are the following:

1. What is your suggestion/comment?
2. Where is your primary work location?

Both questions were intentionally short and straightforward, to ensure this survey took only a little time out of their day.

3.4.3 Suggestion Box Implementation and Creativity

When I introduced the suggestions box, I first had to gain approval from our Executive Management Group (EMG). Once they approved the idea, I had to think of ways to promote the box to employees and identify who would monitor and respond to the suggestions. The three ways I created for employees to access the form were through the link directly, the employee intranet, and in email signatures. I published the link to the Employee Intranet and then began to share the link with all site leaders at our weekly update, service line, and combined regional managers meetings. I created an email signature guide that showed managers and leaders how to place an icon in their signature with the direct link (Figure 6.6).

Once the project was presented, the process had to be mapped out for who was responsible for monitoring and responding to suggestions. I collect and share responses with the designated EMG member weekly. Once shared, the answers are discussed with leadership at the weekly executive management group or service line meeting based on relevance. After this, a leader directly follows up with the employee regarding their response. My responsibility is to archive all suggestions to monitor if an employee has received a response.

3.5 Results and Discussion

So far, we have had a total of 24 responses from employees. We are continuing to work on ways to generate more suggestions. This box has primarily addressed questions regarding current processes and policies. When an EMG member responds, it helps inform the staff member why that is our current process. For example, a concern was raised regarding some patients receiving a cancer diagnosis or an update on their results before meeting with their oncologist at their follow-up appointment. Patients would often call the clinic regarding their results which put the nurses in an uncomfortable position. When an EMG member connected with this nurse, they had to inform the employee that this is a legal requirement and not a part of UPMC policy; instead, it is part of the 21st Century CURES Act. This law requires Hillman to make medical information available to a patient as soon as the test results are released. Without this suggestions box, this employee may have continued not to understand why this process was in place, which could've led to more frustration during work. Now, this employee can inform their fellow staff members and better answer patient phone calls concerning this issue.

As a result of this suggestions box, Hillman's EMG has decided to reintroduce stoplight reports, which use a red, yellow, and green color-coding system to indicate the status of different aspects of a project where red is something that cannot be completed, yellow is in progress, and green represents items that are completed (Huron, 2021). To maintain consistency, I created a stoplight report that resembles other templates within the UPMC system. I am responsible for updating the report with the responses received from the suggestions box and the current status of each suggestion (Figure 6.7).

3.6 Competency Development

Human Resources Management and Accountability were the MHA competencies enhanced through this project. The MyVoice Surveys are an important tool that our Human Resources (HR) team actively utilizes to set organizational goals. This box helped HR with action planning initiatives and enhanced the human resources management competency. Additionally, I monitor the suggestions box and stoplight report to ensure that leaders are held accountable. The accountability competency is enhanced through this because if employees aren't receiving responses, this will lead to frustration, so I act as the liaison between the employees and leadership to avoid this issue.

3.7 Recommendations

The suggestion box has been a useful tool so far at Hillman, but we still need to work on accumulating more employee responses. This can be done by increasing our efforts to promote the suggestions box by reminding all staff that this form is a helpful tool for them. Offering incentives could be another option to encourage participation and motivate employees to contribute more ideas. Currently, we don't require leaders and managers to include the suggestion box icon in their email signatures. In the future, there could be an opportunity for Hillman to strongly encourage leaders to do this because we get the most responses from email signatures.

4.0 Patient Experience Week

4.1 Problem Statement

At Hillman, our patient experience committee is committed to finding new ways to improve our overall patient satisfaction as measured by Press Ganey. Patient experience is crucial in oncology as it directly impacts the well-being and satisfaction of patients who are likely experiencing one of the most vulnerable and difficult times in their life. Most of our sites in the network have Continuous Quality Improvement (CQI) projects that site leaders work on throughout the year to help support patient experience efforts. However, there is always room for improvement regarding patient satisfaction and experience.

4.2 Purpose Statement

When working with our patient experience committee, we identified areas on the survey where we needed the most improvement based on the Press Ganey Priority Index. The priority index ranks survey questions by score and correlation, where questions with lower performance and strong correlation appear at the top, which helps bring focus to specific improvement efforts. Most of the questions we consistently scored lowest in were surrounding employee behaviors. From there, we decided that the best way to engage employees and improve patient experience was to plan a patient experience week. The purpose of the week was to highlight the importance of patient experience, including ideas and events to engage employees, patients, and their families.

During this week, we aimed to raise awareness about the significance of putting patients at the center of care and how it can lead to better outcomes and increased satisfaction.

4.3 Introduction and Background

4.3.1 Press Ganey Impact

Press Ganey is a powerful tool at Hillman that should be leveraged because it provides valuable insights into the patient experience and measures patient satisfaction. Through collecting and analyzing patient satisfaction data, Press Ganey identifies areas of strength and areas that need improvement which makes it possible to drive positive changes to enhance oncology care. The data collected through Press Ganey also allows us to benchmark our performance against other cancer centers similar to ours. Ultimately, the insights provided by Press Ganey play a crucial role in continuous quality improvement and enable Hillman to deliver the highest level of care to their patients (Press Ganey, 2023).

4.3.2 Challenges

There are many challenges when it comes to improving Press Ganey scores. Multiple aspects of a patient visit can contribute to the patient experience, including communication, wait times, and staffing, all of which are influenced by employee behaviors or organizational design. However, it isn't limited to only the physician visit; the patient experience can be defined as the sum of all interactions across the care continuum (HBR, 2019). Changing employee behaviors in

healthcare can be challenging due to several factors. Healthcare workers typically have heavy workloads and limited time, making it difficult to incorporate new behaviors into their work routines. Additionally, the complexity of Hillman, with multiple network locations, makes it challenging to effect change on a larger scale. Employees may also resist change, which can be true if they have been performing their jobs in a certain way for a long time. Therefore, having a patient experience week for staff will show that we appreciate the hard work they do every day for our patients.

4.3.3 Patient Experience Week Importance

The Beryl Institute, an organization dedicated to improving patient experience, is the leading organization for patient experience week initiatives. The institute emphasizes the importance of this event because it celebrates accomplishments, re-energizes efforts, and honors all staff who impact the patient experience daily (Beryl Institute, 2022). The institute provides healthcare organizations with a multitude of resources, including patient experience templates, activities, and celebrations from healthcare organizations around the country. With this being Hillman's first patient experience week, we used this website as an extra resource to plan out the week.

4.4 Methods

4.4.1 UPMC Key Behaviors

Once we identified that a patient experience week could be a unique way to improve Press Ganey Scores, we had to start building a framework. A good starting point was to focus on UPMC's key behaviors. I was responsible for compiling all materials provided by UPMC regarding our key behaviors and sharing those materials with leaders and, eventually, staff as a refresher. Most of the questions on our priority index are influenced by employee behaviors. For example, one of our Press Ganey questions, "How well you were kept informed about delays", was consistently at the top of our priority index. One of our key behaviors at UPMC called 'negate the wait,' directly impacts this question. When employees understand the importance of explaining delays through setting realistic expectations, giving the "why," providing updates, and taking the time to sit with a frustrated patient, they can positively influence the patient experience. For patient experience week, I created an "ABCs of Patient Experience" flyer where each day, we focused on a different key behavior (Figure 6.8). The behaviors on the flyer include 'starting with a win, escort don't direct, AIDET plus the promise, 5/10 rule, and Negate the wait.'

Each of these key behaviors has a different meaning. For example, starting with a win encourages staff to start each meeting with something to celebrate, 'Escort, don't direct' encourages staff to help if someone looks lost, 'AIDET (Acknowledge, Introduce, Duration, Explanation, Thank)' is UPMC's communication framework for staff to use when talking to patients and families, and the '10/5 rule' encourages employees to make eye contact and smile when you are 10 feet away from someone or say hello if you are 5 feet away.

4.4.2 Patient Experience Week Planning

Once we laid out a framework, I was responsible for brainstorming fun activities our sites could do during the week. We decided that the best way to come up with these was to ask our site leaders what they think their staff would enjoy most. After coming up with my own ideas and incorporating ideas from our site leaders, I worked with a smaller working group to finalize the plans for the week. Throughout the week, we had a different theme related to the key behavior chosen for that specific day. Each day included an activity and a theme for staff and patients to participate in. We also provided site leaders with specific resources related to the key behavior for each day.

On Monday, the key behavior was to “*Always start with a win,*” where we told employees to represent a winning team, and each site created its activities around the theme for patients and staff. One of my ideas for this day included creating positive Press Ganey comment cards for all sites. The practice managers then shared these “winning” Press Ganey comment cards with their employees by hanging them around the office. Also, most sites created a board where patients could fill out cards to share with staff throughout the week. On Tuesday, the behavior was “Be their guide: *Escort don’t direct,*” The theme was “Fall-O Me Flannel Day,” where staff wore flannels and placed staff greetings in the waiting areas. On Wednesday, the behavior was “Communicate with Consistency: *AIDET plus the Promise,*” where the theme was twin day, and staff members dressed the same as someone in their unit. On Thursday, the behavior was “Don’t wait to greet: *5/10 Rule.*” Staff wore tourist attire from their favorite travel destination, and the activity was to display a map in the unit where patients and staff pinned places they had traveled to. On Friday, the behavior was “Explain the delays: *Negate the Wait,*” where there were activities in the waiting area, and staff wore a ribbon color to support different cancers.

4.5 Results and Discussion

Overall, the patient experience week was a success for both staff and patients. This week created a way to celebrate and generate excitement around the patient experience. It provided a focused time for our cancer centers to enhance patient and staff relationships, boosting overall morale and engagement. When I pulled the Press Ganey data after the Patient Experience week, our Top-Box Score was the highest we had all year (Figure 6.9). The higher top-box indicates that patient satisfaction improved this week, with more patients rating Hillman a 5/5. We boosted engagement for both our staff and patients with educational resources on our key behaviors, themes, and activities. For example, when the sites handed out the comment cards for patients to fill out, this engaged the patients while they were in the waiting room and allowed them to provide real-time feedback on their experiences. When staff saw these cards with specific shoutouts, they felt appreciated and valued. As a result of higher patient satisfaction and employee engagement, Hillman Cancer Center will now host a patient experience week annually.

4.6 Recommendations

Now that this celebration will occur annually, I strongly recommend giving practice managers more time to plan because the timing of this week felt rushed for many managers. Although many came up with creative ideas, it would be beneficial to include them more in the planning process for next year. We recently created a celebrations calendar at Hillman, and if we include the patient experience week on this calendar, the site leaders will have more time to plan.

Most patients were involved in the activities at each location; however, if patients had more notice of the theme days, they could also plan accordingly.

4.7 Competency Development

Performance Measurement and Process Management, and Leadership were the MHA competencies enhanced through this project. I was actively involved as a member of the patient experience committee. I helped gather Press Ganey data to support this committee's goals, enhancing the Performance Measurement and Process Management competency. The questions identified on the priority index led to the patient experience week idea. Leadership was enhanced throughout this week because it inspired employees to focus on a shared goal each day. The patient experience week inspired many site leaders to develop additional site activities, enabling employees to go above and beyond their duties.

5.0 Conclusion

Throughout this paper, I have summarized three projects during my time as an administrative resident at UPMC Hillman Cancer Center. All three projects have played a role in improving the patient experience for cancer patients. I have learned that a positive patient experience can lead to better health outcomes and increased patient satisfaction. At Hillman, we recognized that a highly engaged workforce could help drive our patient experience efforts. Therefore, while all three projects are different, they share common goals.

The telemedicine project provided more appointments to patients. Appointment availability can have a significant impact on the patient experience. For example, increased availability allows patients greater control over their healthcare, as they can schedule appointments at times that are most convenient for them. Also, having the patient in the office instead of their home left to connect themselves, removes the potential barrier if they lack comfort with technology or access to reliable internet and devices. When a patient comes into the office, any technical issues are addressed in real-time, removing the patient from the need to troubleshoot any connectivity problems.

To achieve a positive patient experience, employee engagement is key. The suggestions box empowered employees to identify opportunities for improvement which helped them feel that they are making a meaningful contribution to the organization and their patients. The stoplight report engaged employees because they recognized that their suggestions could lead to positive change. The patient experience week led to an overall improvement in Press Ganey Scores through staff and patient engagement activities. Overall, cancer care is a complex and emotionally challenging field, and the care provided by staff can significantly impact the patient experience.

All three projects lead to improvement at Hillman by prioritizing employee engagement and patient experience.

6.0 Figures

Figure 1. In-Office Telemedicine Workflow

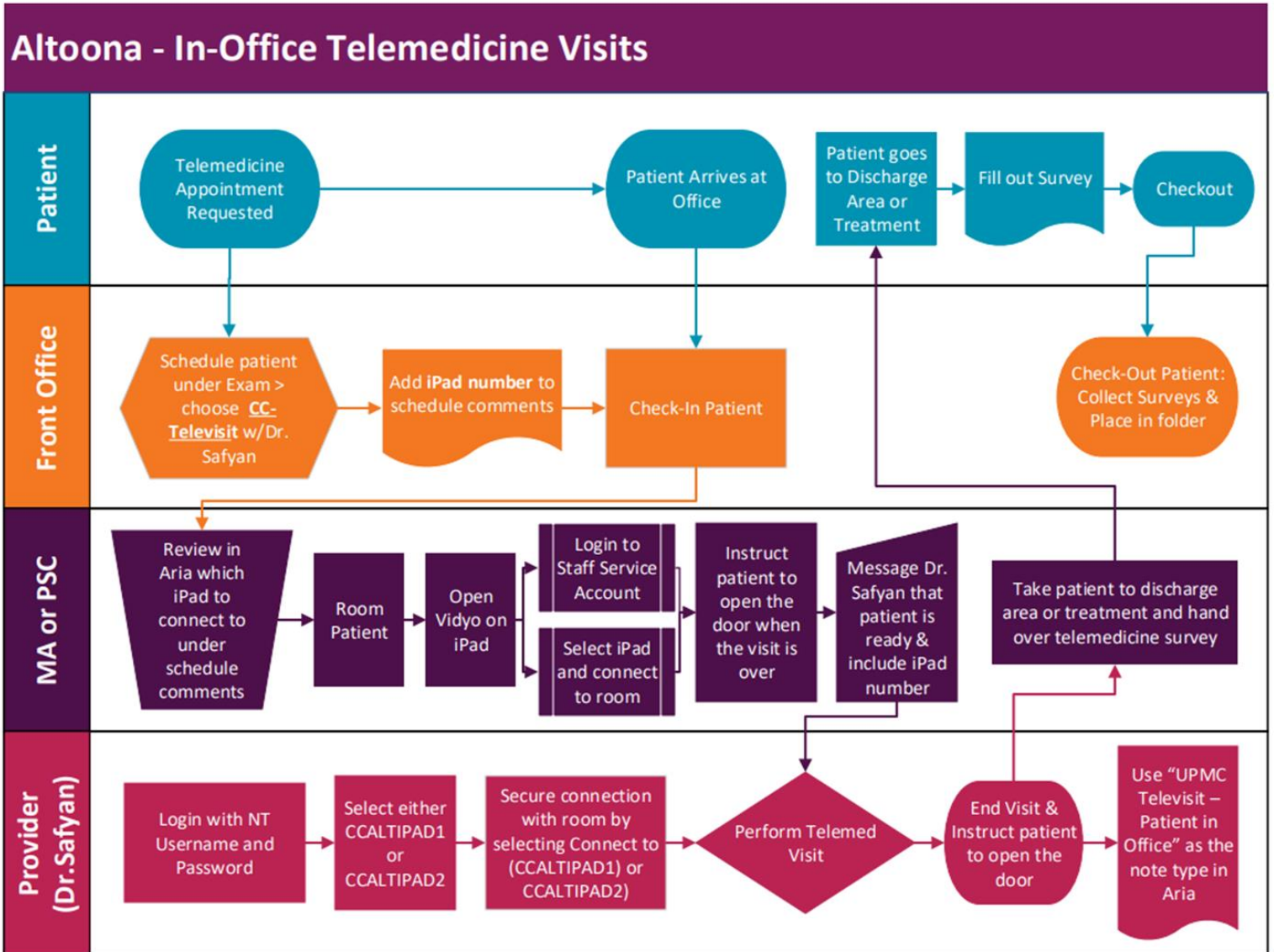


Figure 2 Telemedicine Talking Points

TELEMEDICINE TALKING POINTS

Positive Reasons

- Availability to see an oncologist
 - Seeing a provider via telemedicine, can eliminate any issues with delaying care
- Start the process of ordering testing
- Can see the physician and receive treatment in one visit to the office
- We coordinate the entire visit and address any technology issues
- Build a connection to the care team

Potential Patient Questions

“Why do I need to come onsite when my doctor is in Pittsburgh?”

- Review demographics and sign documents related to care such as the TPO or Personal Representative forms
- Bloodwork, vitals, and the pharmacy is available on site
- You can utilize services within the cancer center when you come in person including the pharmacist, clinical research nurse, and financial counselor
- Treatment, injections, and other supportive services are only provided in the office

“I can wait to be seen in person.”

- A Blood Disorder or Cancer diagnosis isn't taken lightly. We expedite the process of testing by seeing a patient virtually.
- You are seen in person. Our medical care team is onsite even if Dr. Safyan is at his Pittsburgh office.

“It's a video call, this is not a real medical appointment.”

- Medicare and insurance companies recognize telemedicine as a physician appointment
- Telemedicine can improve access to timely cancer care. You are receiving the same knowledge as if the doctor is in person.

“Is telemedicine safe and secure? Will someone be able to access my information?”

- Telehealth is a safe and secure way of connecting with your health care provider. Your telehealth appointments, messages, and information are protected by privacy rules.

Figure 3 Telemedicine Survey

Patient Satisfaction Survey for a Telemedicine Visit

Please rate the telemedicine services you received from our facility. We want to provide you with the best care possible, and your answers will help us improve. When filling out your survey, you may include your name and phone number, or skip this option if you wish for your response to be kept confidential. You may also skip any question if it does not apply to your visit.

Please rate how well we did in the following areas:	Very Good 5	Good 4	Neutral 3	Poor 2	Very Poor 1	N/A
TECHNICAL QUALITY						
1. How well did the video and audio connection work during your video visit*						
SATISFACTION						
2. Ease of arranging your video visit*						
3. Extent to which appointments began on time						
4. Ease of talking with the care provider over the video connection*						
CARE PROVIDERS						
5. How well the video visit staff (including the care provider) worked together to care for you?*						
6. Waiting time to see the care provider after the medical assistant (MA) has left the exam room						
7. Courtesy of the Care Provider						
8. Likelihood of your recommending this care provider to others with similar healthcare needs						
OVERALL						
9. Likelihood of your recommending our video visit service to others*						
10. How likely are you to choose telemedicine for your next appointment?						
11. Overall, I was satisfied with this telehealth visit.						

COMMENTS

Do you believe you would have received better quality care if you had seen the provider in person?

Please write any other comments or improvements for the telemedicine visit.

Who is filling out this survey? (please circle one)

- I. Patient
- II. Family
- III. Friend

Patient Name (optional):

Telephone Number (optional):

Figure 4 Telemedicine Survey Results

Altoona Telemedicine Survey Results

3.28.23
43 Surveys Completed

DOMAIN	5 Very Good	4 Good	3 Neutral	2 Poor	1 Very Poor	N/A	Domain Total (% rating 5/5)
TECHNICAL QUALITY							83.72%
1. How well did the video and audio connection work during your video visit	36	7					83.72%
SATISFACTION							87.60%
2. Ease of arranging your video visit	38	2	1			2	88.37%
3. Extent to which appointments began on time	37	2	1	1		2	86.05%
4. Ease of talking with the care provider over the video connection*	38	3				2	88.37%
CARE PROVIDERS							90.70%
5. How well the video visit staff (including the care provider) worked together to care for you?	39	3				1	90.70%
6. Waiting time to see the care provider after the medical assistant (MA) has left the exam room	35	5	1			2	81.40%
7. Courtesy of the Care Provider	40	1				2	93.02%
8. Likelihood of your recommending this care provider to others with similar healthcare needs	42	1					97.67%
OVERALL							83.72%
9. Likelihood of your recommending our video visit service to others	40	2	1				93.02%
10. How likely are you to choose telemedicine for your next appointment?	28	9	5			1	65.12%
11. Overall, I was satisfied with this telehealth visit.	40	3					93.02%
Overall Survey Results Total	89.59%	8.24%	1.95%	0.22%	0.00%	N/A	

*Excludes N/A Results in Overall Total

Figure 4. Telemedicine Survey Results (cont.)

Altoona Telemedicine Survey Comments

3.28.23

43 Surveys Completed

Do you believe you would have received better quality care if you had seen the provider in person?
No
No, but definitely prefer face-to-face. This is an excellent alternative, however, to accommodate schedules!
No
Yes
No
No, he answered all my questions + took the time to listen + explain! :)
No
No
Nope, it was a good appt. to have virtual.
No
No, Dr. explains in detail, everything I need to know.
No.
No
No, wonderful dr. Best I've seen in a long time :) <3
No
No
Always excellent staff - caring, kind, efficient!
No
No.
Not really I still heard him the same.
No
I feel that it is good

Figure 5 HCC Suggestions Microsoft Form

Turning Feedback into Action at UPMC Hillman Cancer Center

Please utilize this form to leave any suggestions or feedback you may have for improvement at Hillman. Your response will be presented to HCC Leadership where the team will discuss your feedback.

Afterwards, you will receive a follow-up email regarding the result of your response. Your suggestion/feedback will be posted on Infonet, however, your name and contact information will not be published.

Hi, Ysabella. When you submit this form, the owner will see your name and email address.

* Required

1. What is your suggestion/comment? *

Enter your answer

2. Where is your primary work location? *

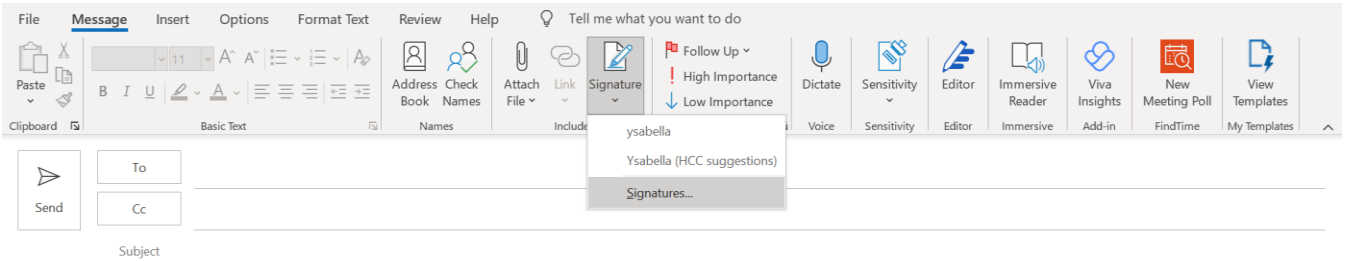
Enter your answer

Send me an email receipt of my responses

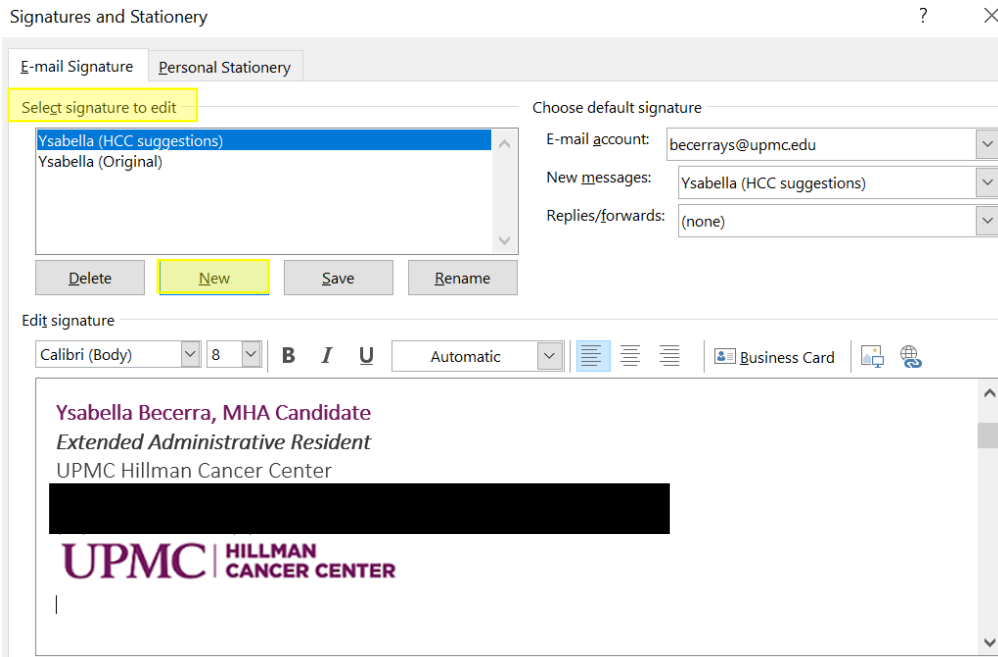
Submit

Figure 6 Email Signature Guide

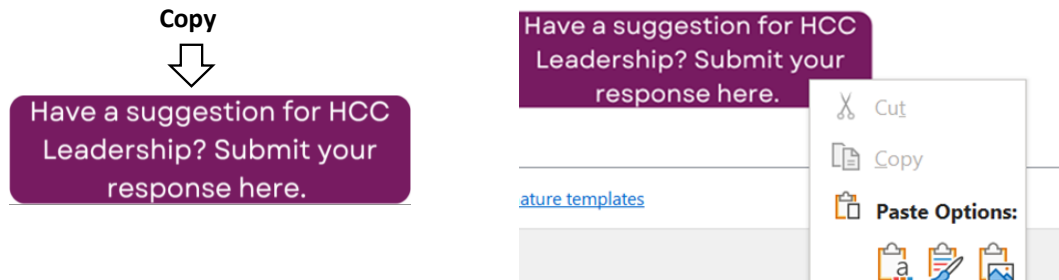
Step 1: Open Outlook > New Email > Go to top Ribbon > Hover over Signature and select Signatures at the bottom



Step 2: Create a new signature or select a signature you have already created

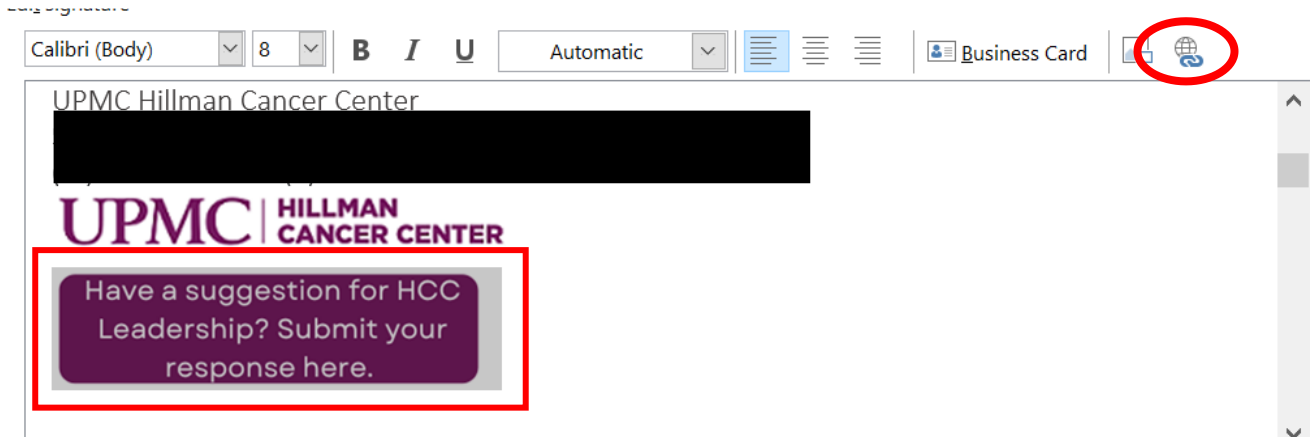


Step 3: Place cursor where you would like to paste the Suggestions Link > Copy the Image below and make sure to right click and paste as a **picture**

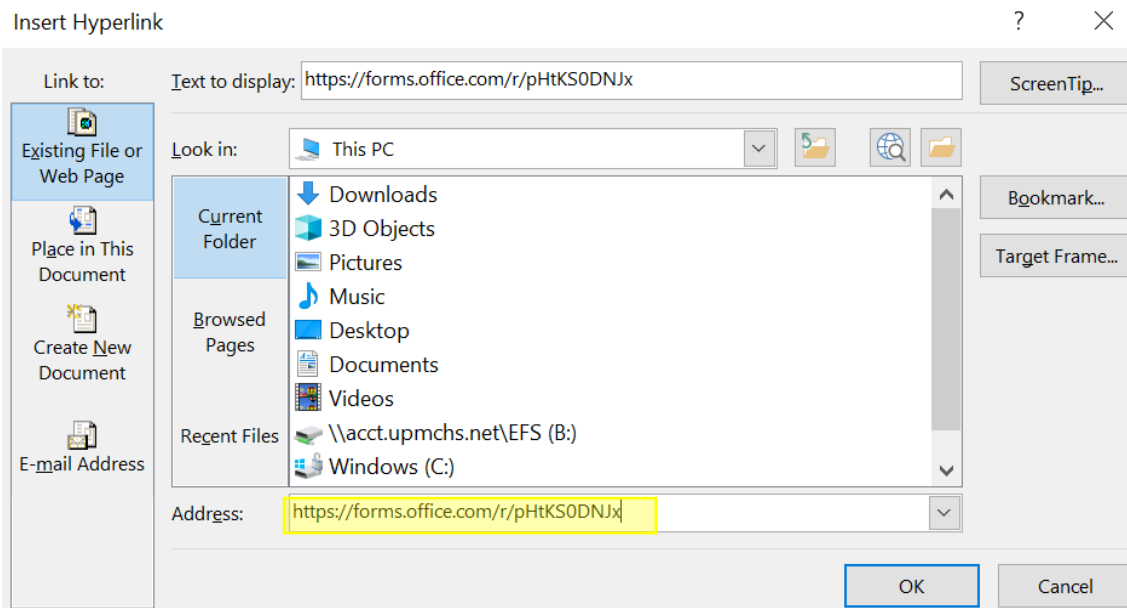


Note: If you want to adjust the size come back to this document and adjust the size of the image to your preference, then re-paste.

Step 4: Highlight the image so that only the image is selected > Click on the circled icon below



Step 5: Copy and Paste this link - <https://forms.office.com/r/pHtKS0DNjx> into the box highlighted below > Click OK



Step 6: Test it out by sending yourself an email. If you click the picture and it does not take you to the form, review the steps or please feel free to email me at becerrays@upmc.edu.

Figure 7 Executive Stoplight Report

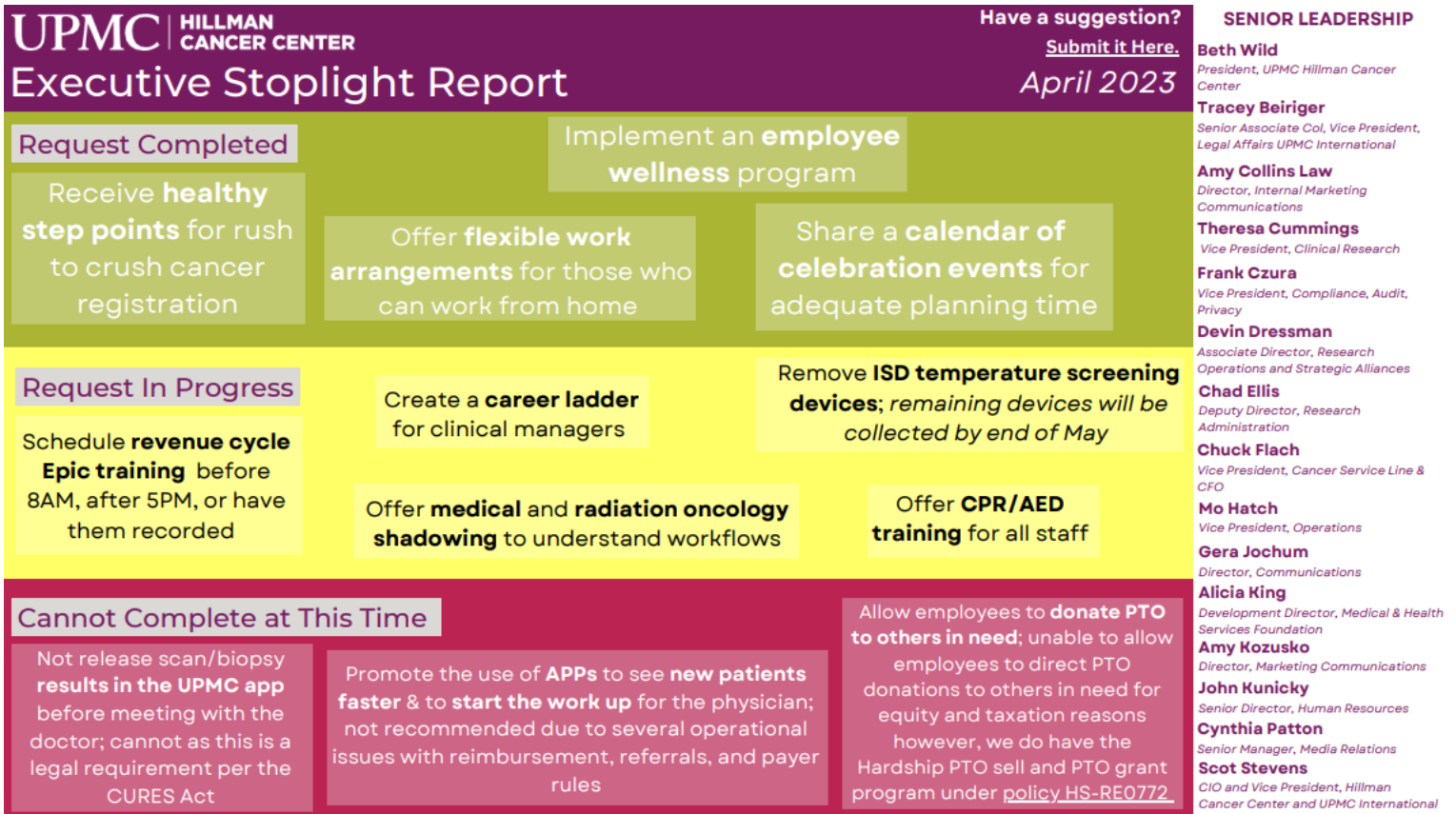


Figure 8 Patient Experience Week Flyer

A flyer for Patient Experience Week with a purple background and a yellow border. The title 'The ABC's of Patient Experience' is at the top. Below are five yellow sticky notes, each with a date and a lettered tip. The tips are: 'Always Start with a WIN!' (A), 'Be Their Guide: Escort, Don't Direct' (B), 'Communicate with Consistency: AIDET' (C), 'Don't Wait to Greet Them: 10/5 Rule' (D), and 'Explain the Delays: Negate the Wait' (E). A closing statement at the bottom celebrates staff impact.

The **ABC's** of Patient Experience

October 10th **A**lways Start with a WIN!

October 11th **B**e Their Guide: Escort, Don't Direct

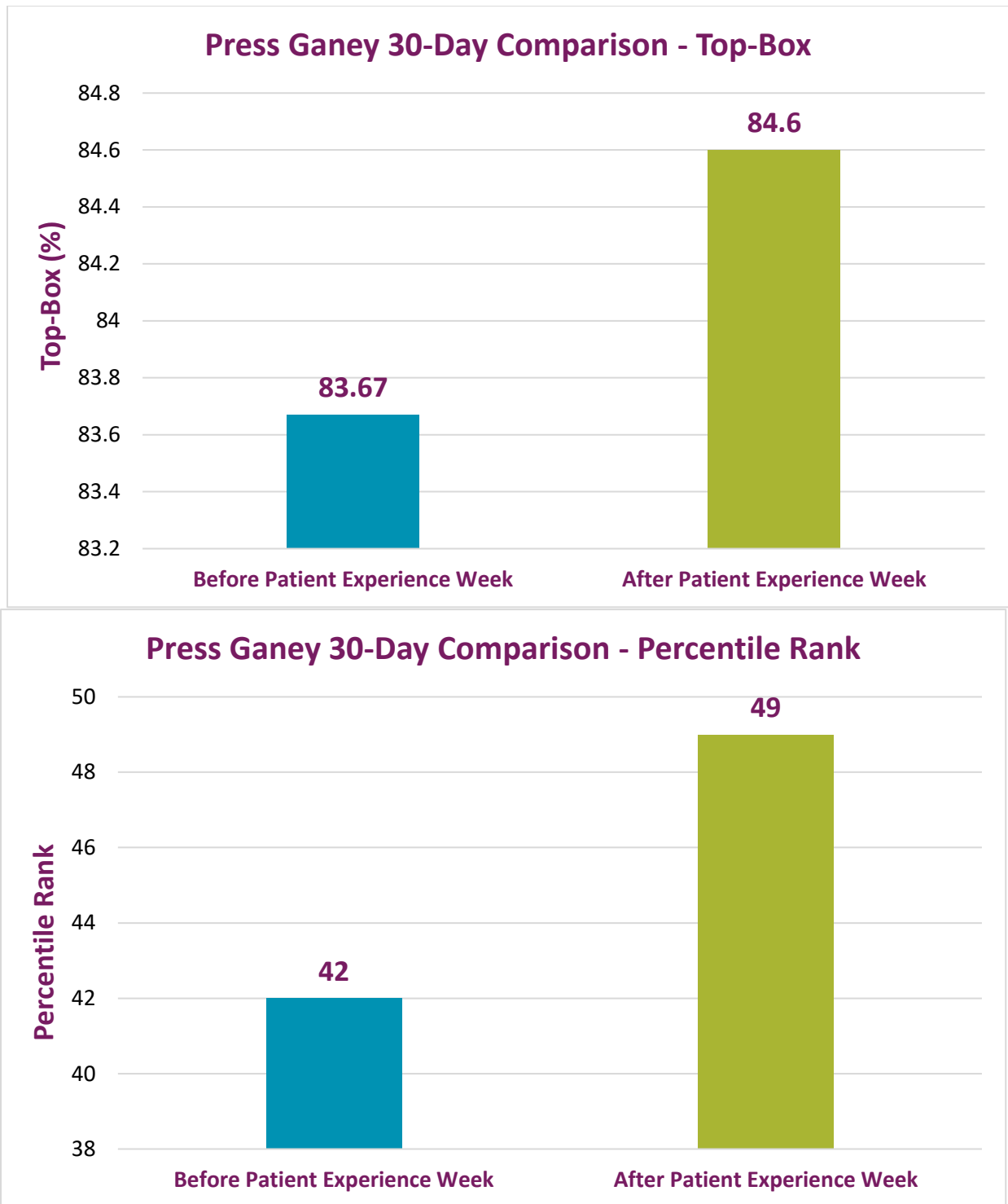
October 12th **C**ommunicate with Consistency:
AIDET

October 13th **D**on't Wait to Greet Them: 10/5
Rule

October 14th **E**xplain the Delays: Negate the Wait

We want to celebrate the impact our staff has on the patient experience every day!

Figure 9 Press Ganey Scores



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