Optimizing Healthcare Efficiency: A Comprehensive Approach to Enhancing Clinical and Administrative Operations

by

Brandon Dylan Biju

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This essay is submitted

by

Brandon Dylan Biju

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and approved by

Essay Advisor: Daniel Fisher, MHA, Assistant Vice Chancellor Facilities Operations at
University of Pittsburgh, Assistant Professor

Essay Reader: Taylor Abel, MD, Associate Professor Chief, Pediatric Epilepsy Surgery Surgical
Director, Pediatric Epilepsy Surgery Program

Essay Reader: Swati Bhosale, MHA, HSCE, PMP, MD, Assistant Administrator, University of
Pittsburgh Medical Center - Department of Medicine

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Abstract

Improvement of organizational efficiency in healthcare is paramount to providing patient-centered care. In the current healthcare landscape, the imperative to enhance operational efficiency has become increasingly pronounced amidst growing complexities and demands. Removing inefficiencies and waste is paramount to ensuring optimal resource utilization and delivering high-quality, cost-effective care to patients. In January of 2023, I joined the UPMC Department of Medicine and have since participated in three important projects that were significant in addressing these inefficiencies. The projects involve creating organizational charts for hospital-based clinics (HBCs) and non-HBCs, carrying out the Pitt Operations Survey, and implementing workflow analysis. This study illustrates through these initiatives how effective it is to use tools like organizational charts, workflows, and surveys to improve organizational efficiency in healthcare settings. The results highlight the importance of using technology and data-driven strategies in today's changing healthcare environment to solve operational issues and enhance patient care outcomes.

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1.0 Introduction: Optimizing Healthcare Efficiency: A Comprehensive Approach to Enhancing Clinical and Administrative Operation

The purpose of operational efficiency has become a crucial undertaking, propelled by the demands of providing high-quality patient care, improving resource distribution, and guaranteeing financial stability. With the ever-changing healthcare landscape brought about by demographic shifts, technology breakthroughs, and regulatory changes, healthcare organizations are under increasing pressure to optimize efficiency and streamline operations while maintaining patient safety and outcomes.

This study aims to investigate the complex field of organizational efficiency in healthcare environments, thanks to projects done within the UPMC Department of Medicine. This research explores the approaches, difficulties, and results of three key initiatives that attempt to improve operational efficacy and efficiency. The first project focuses on creating organizational charts for hospital-based clinics (HBCs) and non-HBCs. Roles, duties, and communication channels are made clear with the help of these charts, which offer visual representations of reporting connections and hierarchical structures. The project's importance in promoting transparency and operational clarity underscores how the absence of such frameworks can lead to uncertainty, inefficiencies, and less-than-ideal decision-making.

The Pitt Operations Survey, intended to pinpoint operational inefficiencies and opportunities for improvement within the academic medicine division of the UPMC Department of Medicine, is a valuable addition to the organizational chart project. This survey seeks to identify systemic problems with recruiting, promotions, clinical trials, and endowments by gathering

stakeholder opinion. The survey results will open the door for more focused interventions and improved support systems.

Additionally, this thesis looks at workflow analysis' application in healthcare settings to optimize operational procedures. Healthcare organizations can reduce waste, optimize resource use, and boost overall efficiency by methodically analyzing workflows, locating bottlenecks, and simplifying processes. This initiative serves as a reminder of how crucial it is to use technology-enabled solutions and data-driven strategies to promote innovation and operational excellence. This study emphasizes how important it is for healthcare organizations to promote teamwork and a continuous improvement culture in light of these activities. Healthcare organizations can effectively traverse the complicated modern healthcare landscape, overcome operational problems, and ultimately advance their purpose of providing patient-centered care by embracing a comprehensive approach to organizational efficiency.

1.1 Project One: Creation and Implementation of Clinical Workflows

1.1.1 Problem Statement

UPMC (University of Pittsburgh Medical Center) Outpatient Renal Clinic at University Center has faced challenges in its overall scheduling processes. University Center had two patient service representatives (PSRs) in charge of scheduling new patients and rescheduling patients whose appointments were unavailable for various reasons. There needs to be an outlined process or streamlined procedure for the PSRs to follow to avoid variation in scheduling and an increased volume of patients sitting in the inbox. A standardized workflow map illustrating detailed steps

would create a guide on how patients should be scheduled and rescheduled. This outlined workflow map would also serve as a training tool for new and existing staff to learn the scheduling process and could help when the patient inbox becomes too large.

1.1.2 Purpose Statement

The goal of implementing these workflows within the University Center Renal Clinic is to improve the efficiency of the PSRs so they can complete the daily scheduling while also completing their other job duties. The workflows will be detailed and include screenshots of each step to schedule a patient successfully. Each workflow is reviewed by both the practice manager of University Center and the Director of Operations of the Renal Division, opening the possibility of creating and implementing similar workflows at other practices within the division.

1.1.3 Introduction and Background

Minimizing patient scheduling lag times is paramount in healthcare systems as it directly impacts the overall patient experience and contributes to the efficiency of healthcare delivery. Reduced scheduling lag times enhance patient satisfaction by providing timely access to healthcare services, minimizing waiting periods, and optimizing healthcare resources. Access is a fundamental pillar of healthcare, alongside quality and cost. Ensuring widespread and equitable access to healthcare services is crucial for promoting and maintaining the overall well-being of a population. Timely access to medical care allows individuals to receive necessary preventive measures, diagnostic evaluations, and treatment interventions, contributing to better health outcomes. Without adequate access, there is a risk of delayed or insufficient care, leading to the

exacerbation of health issues and increased healthcare disparities. Access encompasses various dimensions, including geographical proximity to healthcare facilities, affordability, availability of services, and removing barriers based on socio-economic factors. As an integral part of the triad that includes quality and cost, access is a cornerstone in establishing comprehensive and effective healthcare systems, ensuring that individuals can receive the care they need when they needed. This improves patient outcomes and promotes a positive environment within the healthcare facility.

Additionally, swift scheduling contributes to the effective utilization of medical staff and resources, leading to increased operational efficiency. Timely appointments and reduced lag times also facilitate better staff and exam room management, and ultimately fostering a more proactive and patient-centered healthcare environment. In a broader context, minimizing patient scheduling lag times aligns with the broader goals of healthcare organizations to provide high-quality, accessible, and patient-centric care.

Achieving operational efficiency in healthcare systems is contingent on the implementation of standardized processes. In the case of scheduling, reducing variation in methods, streamlining workflows, and establishing explicit protocols minimize errors and inefficiencies. Standardized patient scheduling systems are enhanced by consistency and dependability, which guarantees that every stage of the procedure adheres to a predetermined and optimized course. This improves care quality and makes it easier to allocate and manage resources more effectively. Standardization also facilitates interoperability and the smooth integration of scheduling systems with other clinical and administrative tasks, which promotes a more integrated and unified system.

When work began on the workflow map, over 400 patients were in the inbox who needed to be scheduled or rescheduled (due to provider availability changes). The goal was to get all these

patients scheduled in a timely manner, but first, I needed to become familiar with and understand the scheduling process. Once I had mastered this process, I could then collaborate with the PSRs at the clinic to create a well-defined workflow.

1.1.4 Methods

During the summer of my role as an administrative resident for the Department of Medicine, my primary assignment revolved around the initiation of a comprehensive research and information compilation effort, laying the foundation for a new workflow within a clinic. Recognizing the significance of engaging key stakeholders, I embarked on a series of meetings to garner insights and perspectives from those the impending changes would most directly influence. Central to these strategic discussions were exchanges with pivotal figures, including Kayleigh Gentille, the Director of Operations for Renal, and Michelle Vita, the Practice Manager of University Center. The conversations with Ms. Gentille and Ms. Vita went beyond merely exchanging ideas; they served as platforms for them to articulate their collective vision for the workflow and delineate the overarching goals that should guide the project. Their insights were invaluable, offering not only a comprehensive view of the current operational challenges but also providing a roadmap for the desired improvements. The multifaceted nature of these engagements required careful consideration of diverse perspectives, ranging from the intricacies of Renal operations overseen by Ms. Gentille to the broader practice management aspects handled by Ms. Vita. By immersing myself in these preliminary discussions, I gained a nuanced understanding of the diverse needs and expectations of the stakeholders. Following these discussions, I was well-positioned to transition into the subsequent phases of workflow development. The collaboration with Ms. Gentille and Ms. Vita not only laid the groundwork for a cohesive and tailored approach

but also underscored the importance of stakeholder engagement in the successful evolution of healthcare workflows. This initial phase set the stage for a dynamic and responsive workflow to enhance operational efficiency while addressing the unique challenges of the Department of Medicine.

I also needed to understand the scheduling process and become familiar with the Epic EHR platform. I received formal training in Epic when I first began onboarding in February of 2023. I was shown the basic steps finding a patient on the electronic health record (EHR) and how to schedule them. At the clinic, they provided me with more specific and thorough training on scheduling a patient. I was first trained by the Practice Manager for the first two days at the clinic, familiarizing myself with her procedures and the providers' templates. Following the next two days, I met with both PSRs to shadow and receive training from them. One of the PSRs had been working at the clinic for over ten years and had excellent knowledge of Epic and navigating the system. The other PSR was not as experienced. This is when I recognized the variation in their scheduling process and realized that with standardization, there would be an opportunity to reduce the scheduling lag observed at the clinic significantly.

Following the training, I began scheduling and rescheduling patients myself. By engaging in firsthand scheduling, I comprehend and optimize the processes within the EHR. Thanks to the training and participating in the scheduling process myself, I understood the challenges faced by the staff, identified potential bottlenecks, and understood the nuances that impact efficiency. My firsthand perspective fostered a deeper appreciation for the importance of standardized processes, as it became apparent that clarity within protocols and streamlined workflows can alleviate the burden on both support staff and providers. Moreover, the direct involvement in scheduling provided allowed me to witness the real-time consequences of delays, cancellations, and

inefficiencies, highlighting the critical need for systematic improvements. During this time, the two PSRs were able to schedule 400+ patients from the inbox.

Considering my training and scheduling experiences, I began working on the workflow. It took multiple collaborative meetings with the PSRs and check-ins with the Practice Manager to brainstorm the necessary procedural steps that needed to be included within the workflow. I utilized the Visio app within Microsoft to build the workflow, using multiple diagrams and arrows to help guide whoever would be using it.

The workflow would start with the overall purpose, a guide on rescheduling patients from the unavailable appointment inbox. Then, we began the step-by-step process of successfully scheduling a patient. This began with the initial step of opening and navigating Epic. I received great feedback from adding "*Tips*" into the workflow, which shares some insight on shortcuts to speed up the scheduling process (Fig 1). Detailed screenshots and texts were added in each step to help navigate the scheduler through the provider's template (Fig 2), patient information, and appointment desk.

One of the most critical steps and aspects to scheduling is interaction and communication with the patient. Patients are generally unaware of how much clinician time is available to address their concerns when making an appointment. In order to properly inform and address each patient, when it came to scheduling, I created a template script that the scheduler could use to guide the conversation (Figure 3). The standardized script would decrease the variable information passed on to the patient, which could create confusion. The script also aimed to minimize the time the PSRs would spend on the phone and could efficiently move from one patient to the other. After communicating with the patient and following the last steps of the workflow, the patient should be successfully scheduled and would no longer exist within the inbox.

1.1.5 Results and Discussion

The Director of Operations of Renal reviewed the finalized workflow map and shared the resource with the entire team at University Center. The workflow was implemented at the front desk and has served as a good resource for both PSRs. The Director of Operations also recognized the value of standardizing these processes as a workflow map and tasked me with creating others. Preceding the scheduling workflow, I created an e-consult scheduling workflow, and a patient check out/in workflow. These three workflows and other vital resources have been compiled into a binder and stored at the clinic's front desk. The purpose is to serve as a standardized onboarding tool for new PSRs. The workflow allowed for a more standardized approach that created an efficient process to schedule patients. Since implementation, the inbox of patients has been consistently under 30 patients at any time. These also rescheduled also multiple months in the future versus prior implementation patients needed rescheduled appointments the next week.

The Practice Manager wanted this binder to be utilized to train one of the clinic's Medical Assistants (MAs). The goal is to continue greater collaboration and support within the clinic to increase efficiency. If PSRs are busy with other duties, the MA could seamlessly schedule and reschedule patients. This division of tasks fosters a synergy that minimizes bottlenecks, reduces waiting times, and enhances overall operational efficiency. Cross-functional training would empower staff to seamlessly step into each other's roles when necessary, creating a versatile workforce that adapts to the dynamic demands of healthcare delivery.

1.1.6 Recommendations

With the success of the implemented workflow at the University Center Renal Clinic, I suggest a need for its replication across other clinics within and outside the division. Standardizing workflows would streamline processes, reduce errors, and enhance operational efficiency. Therefore, similar workflows should be developed and implemented in other clinics and departments, tailoring them to each unit's specific needs and nuances.

In order to continue with the workflow's success, there must be continuous stakeholder involvement. The buy-in of critical stakeholders, including the Director of Operations, Practice

Manager, and frontline staff, was crucial in shaping the workflow map. To ensure ongoing relevance and effectiveness, I recommend establishing a system of continuous stakeholder involvement. To address evolving changes, incorporate technological (EHR) updates, and adapt workflows to changing healthcare dynamics, regular meetings and feedback sessions should be organized.

Operational efficiency is an ongoing pursuit, and it is crucial to instill a culture of continuous improvement within healthcare organizations. Establishing a formalized process improvement team or committee can facilitate the regular review and enhancement of existing workflows. Encouraging staff to provide feedback, report inefficiencies, and propose refinements will contribute to the sustainability of improved operational processes.

Another piece of the workflow needed was to promote cross-functional training. Between the Patient Service Representatives (PSRs) and Medical Assistants (MAs), this was seen. Creating opportunities for staff from different roles to gain insight into each other's responsibilities fosters a more collaborative and adaptable workforce. Developing formalized cross-functional training

programs that extend beyond scheduling could enable staff to seamlessly cover various roles as needed.

These recommendations aim to build upon the achievements of the standardized workflow implementation seen at the University Center Renal Clinic, fostering a culture of continuous improvement, collaboration, and adaptability within the broader healthcare organization.

1.1.7 Competency Development

From this project, I was able to develop and refine multiple high-level competencies. I further strengthened my project management competency by meeting the needs of multiple stakeholders and meeting different deadlines along the way. I had to recognize this project's immediate need and balance it with other compounding tasks. Engaging in this project served as a transformative journey, allowing me to cultivate a diverse skill set through the intricate process of observing, strategizing, and assessing the effectiveness of a newly implemented workflow. One of the critical dimensions that emerged from this experience was the profound development of my communication skills. Crafting a well-defined workflow demanded technical proficiency and the ability to articulate complex ideas with clarity and precision. During each training session, I had to be direct and attentive, ensuring that every stakeholder understood the nuances of the implemented strategy. This constant refinement of communication was a dynamic learning curve, honing my ability to convey ideas effectively, foster collaboration, and establish a shared understanding among diverse team members.

Equally crucial was the project's iterative nature, which facilitated a continuous cycle of observation and adjustment. Implementing a strategy, closely monitoring its impact, and refining it based on real-time feedback enhanced my analytical skills. It instilled in me a mindset of

adaptability and continuous improvement, essential in navigating the dynamic landscape of healthcare operations. The ability to assess and adjust strategies based on their effectiveness became a cornerstone of my problem-solving approach, providing a valuable framework for success in various professional capacities.

In essence, this project equipped me with a well-defined workflow and fostered the development of two indispensable competencies. Firstly, the heightened communication skills acquired through direct and attentive interactions have become instrumental in conveying intricate information, fostering collaboration, and ensuring alignment with organizational objectives. Secondly, my proficiency in observing, strategizing, and assessing effectiveness has instilled in me a resilient and adaptable problem-solving approach, proving to be a guiding force in navigating diverse professional challenges beyond the confines of the initial project. The amalgamation of these competencies has been pivotal in my continued success and growth in various capacities within the ever-evolving landscape of healthcare administration.

1.2 Project Two: Hospital Based Clinic (HBC) and Non-HBC Organizational Charts

1.2.1 Problem Statement

The absence of organizational charts within the UPMC Department of Medicine (DOM) outpatient space has led to challenges that multiple stakeholders observe. The lack of a visual representation of the hierarchical structure and reporting relationships have confused roles, responsibilities, and communication channels. The absence of a clear organizational framework hinders effective decision-making, coordination, and collaboration among team members,

ultimately impacting operational efficiency and potentially leading to a decline in overall departmental performance. With the recent addition of new leadership introduced at the Department of Medicine within the clinical operations team and within the finance team, these inefficiencies were only compounded. Better clarity and visibility were needed for senior leadership to understand the flow of responsibility and management.

1.2.2 Purpose Statement

This problem necessitates urgently developing and implementing a comprehensive organizational chart to clarify on reporting structures and financial cost centers and foster a more transparent and well-defined working environment. The Department of Medicine, led by Executive Administrator Nichole Radulovich and Senior Director of Outpatient Clinical Operations Evan Fraundorfer, had requested an HBC Org chart to better visualize which clinics fall under the Department of Medicine's extensive reach. The immediate development and implementation of a comprehensive organizational chart within the Department of Medicine would address the pressing issues related to reporting structures and financial oversight. Without a clear organizational chart, the department could face numerous challenges. Without a visual representation of reporting relationships and delineation of cost centers, the potential for confusion and ambiguity among staff members increases significantly. Team members may find identifying their direct reporting lines challenging, leading to communication breakdowns, inefficiencies, and a lack of accountability.

1.2.3 Introduction and Background

Given the complexity of the Department of Medicine structure, the absence of a clear organizational chart can result in operational challenges and inefficiencies. The Department of Medicine encompasses nine distinct divisions (Endocrinology, Renal, General Internal Medicine, Geriatrics, Rheumatology, Pulmonary, Infectious Disease, Gastroenterology, and Benign Hematology) and oversees three institutes (Aging, Family Medicine, and Dermatology). The lack of a visual representation detailing reporting relationships, departmental hierarchy, and interactions within the outpatient space creates ambiguity and impedes effective communication and collaboration. This organizational gap hinders the efficient allocation of resources, impedes decision-making processes, and may lead to a lack of clarity in roles and responsibilities. Addressing this issue by developing and implementing a comprehensive organizational chart is crucial for enhancing transparency, promoting efficient workflow, and optimizing the overall functioning of the Department of Medicine and its constituent divisions and institutes.

Implementing an organizational chart for outpatient clinics within the Department of Medicine is pivotal role in enhancing administrative and clinical efficiency. A clear and well-structured organizational chart visually represents reporting relationships, delineates roles and responsibilities, and establishes a defined hierarchy. This clarity facilitates streamlined communication, ensuring that administrative and clinical staff understand their roles and reporting channels. When I first joined the department, I was confused about the reporting structure and how to contact leaders for resources and information. It was also daunting because the Department of Medicine has so much oversight over various divisions, and the partnership with the University of Pittsburgh. It improves decision-making processes and enhances coordination among different clinics, in the administrative realm.

On the clinical front, the organizational chart helps optimize patient care workflows and ensure smooth collaboration between various specialties. Overall, the organizational chart serves as a guiding framework, fostering a more organized and efficient environment within outpatient clinics, which directly contributes to elevated standards of patient care and operational excellence within the Department of Medicine.

1.2.4 Methods

Creating an organizational chart for the DOM HBC clinics at PUH/SHY involved several carefully planned steps directed by changing instructions from essential parties. The senior director of clinical operation initiated thee project, offering strategic insights that underscored the significance of distinguishing between HBC and non-HBC clinics. This first stage prepared the framework for our next steps and allowed us to investigate the Department of Medicine's operational environment thoroughly. We then had to understand the distinctions between HBC and non-HBC clinics. Together with David Singh, the other executive administrative resident, we thoroughly examined the specifics of each clinic's operating framework and reporting hierarchy. This first exploration phase gave us a basic understanding of what was necessary for the next steps.

We moved into the data gathering and verification phase with a clear idea of the project's goals and scope. We used variousof analytical tools, such as Excel, Visio, and Qliksense, to carefully record and check our findings. We kept account of each clinic's location, reporting format, and HBC categorization. This methodical methodology laid the foundation for further validation by guaranteeing the organizational chart's accuracy and integrity. Engaging divisional executives was a critical next step in validating our findings and gaining further insights. Using cooperative discourse and information-sharing gatherings, we enhanced our comprehension of

every clinic's function inside the broader organizational structure. These exchanges gave us essential background information and clarification, strengthening our organizational chart's accuracy even more.

After completing the data collection and validation phase, we transitioned to the documentation and sharing stage. Armed with a comprehensive organizational chart, we disseminated the tool among stakeholders. This transparent approach facilitated feedback and collaboration, enabling us to refine the tool further based on valuable insights and suggestions. As the project progressed, we remained responsive to evolving needs and feedback from stakeholders, incorporating enhancements such as including cost centers and expanding coverage beyond PUH/SHY. Each iteration of the organizational chart represented a testament to our commitment to operational excellence and continuous improvement within the Department of Medicine at Pitt.

1.2.5 Results and Discussion

The organizational chart implemented within our department has proven to be a valuable asset for existing team members and newcomers. With the recent influx of interns and residents joining our team, the utilization of these org charts has facilitated smooth onboarding processes. As emphasized earlier, organizational transparency and well-defined reporting structures are fundamental for the success of any organization. Implementing these charts has enhanced transparency and contributed to the creation of a cohesive and efficient work environment.

In addition to aiding in onboarding new team members, the organizational chart has provided significant benefits in various operational aspects. The finance team, for instance, has utilized the identification of cost centers within the chart to enhance the accuracy of financial data

capture and presentation. This tool has resulted in improved financial reporting and decision-making processes within the department.

Moreover, the organizational chart's success has inspired the creation of additional charts tailored to specific reporting structures within the Department of Medicine These charts serve as valuable tools for project management and further our overarching goal of operational efficiency. By delineating reporting lines and responsibilities, these charts contribute to a clearer understanding of roles and facilitate effective communication and collaboration among team members.

In summary, the implementation of the organizational chart has positively impacted various aspects of our department's operations. From facilitating onboarding to enhancing financial reporting and project management, the chart has proven invaluable for promoting transparency, clarity, and efficiency within our team.

1.2.6 Recommendations

To ensure the chart's accuracy and continued relevance throughout time, it is first, and foremost, essential to maintain and update it regularly to reflect changes in the department's staff, operational procedures, and structure. Establishing a responsible team or individual to manage the chart's upkeep will help ensure they make changes on time and prevent the chart from being compromised by out-of-date information. Organizational chart creation, updating, and sharing can also be made more efficient by incorporating some sort of automation. The procedure could become more effective and user-friendly by utilizing specialized organizational chart software that offers capabilities like real-time collaboration, automated changes, and customized templates.

Training sessions or materials on how to understand and use it successfully should be made available to optimize the chart's utility throughout the department. Team members can ensure the chart's utility in daily operations and encourage its wider adoption by receiving training on its purpose, structure, and navigation. Provided that staff members are equipped with the knowledge and abilities to use it properly, the chart can positively impact cooperation, communication, and decision-making. Moreover, we can extend the scope of the chart to incorporate other UPMC system departments, clinics, or linked institutions. It can also be tailored to address certain departmental needs or specializations. By drawing a more comprehensive picture of the company and customizing the diagram to satisfy demands.

1.2.7 Competency Development

In the dynamic and ever-evolving landscape of healthcare organizations, navigating discussions about organizational and hierarchical structures emerges as a delicate and nuanced endeavor, especially when it comes to addressing individual authority within the framework. The intricacies inherent in power dynamics within these systems necessitate a subtle and diplomatic approach at every turn. It becomes imperative to recognize and honor the authority vested in various roles within the organization, as doing so lays the groundwork for fostering a collaborative and constructive environment where all stakeholders feel valued and respected.

Throughout this project, I witnessed the delicate balance between tact and diplomacy to navigate the complexities inherent in organizational structures. Starting conversations about reporting lines, leadership echelons, and interdepartmental relationships required a thorough comprehension of these dynamics and a high level of awareness regarding their possible influence on the roles and responsibilities of individuals within the company. Establishing open and

transparent communication channels with senior leadership and management was made more accessible by approaching these discussions with empathy and regard for the human element present within the organizational ladder.

Furthermore, this skill set was crucial for both project success and creating the foundation for long-lasting, fruitful partnerships inside the organizational structure. Through exhibiting an authentic comprehension of the complexities of power dynamics and a readiness to interact with stakeholders courteously and comprehensively, I fostered an atmosphere where cooperation flourished, and people felt encouraged to offer their viewpoints and insights. In the end, this strategy helped the organization create a culture of respect, trust, and unity among its members, making it easier to achieve the project's goals.

1.3 Project Three: Pitt Operations Survey

1.3.1 Problem Statement

The variability in support and processes of the University of Pittsburgh with UPMC has led to many delays in the operations of the academic medicine branch of UPMC and the Department of Medicine. The Division Administrators who oversee both the clinical operations and the academic research and learning portions of their respective divisions have been unsatisfied with the delays in processes. Many of them stated this has caused operational concerns and inefficiencies with processes that include hiring, promotions, clinical trials, and endowments. Utilizing a survey to understand the frequency of these issues enables implementation of strategies to resolve and improve the current processes.

1.3.2 Purpose Statement

The Pitt Operations survey serves as an anonymous way for UPMC and Pitt Administrators to report on negative experiences they have had. There are multiple sections within the survey with varying questions. All on a four-point scale from "Strongly Agree" to "Strongly Disagree". The questions aim to grasp if each division or individual feels Pitt's offices support them and, if not, in which areas. There will also be free response texts to gain additional comments and thoughts from those taking the survey. Utilizing the data and information collected, follow-up discussions will occur on supporting each division better and streamlining the Pitt processes.

1.3.3 Introduction and Background

Fostering seamless collaboration between an academic medical center's academic and clinical sides is crucial to reaching operational efficiency. Administrative processes encompass resource management, budget allocation, staffing, and overall institutional governance. Clear communication channels are essential for relaying the academic side's needs, such as faculty requirements, research funding, and educational materials, to the administrative teams responsible for resource allocation. Effective administration ensures that both sides of the medical center operate in sync, aligning institutional goals and priorities. For instance, when introducing new academic programs or research initiatives, administrative coordination plays a vital role in allocating the required budget, securing funding sources, and ensuring that the hospital is adequately equipped to support these endeavors.

Streamlined administrative processes contribute to compliance with regulatory standards, accreditation requirements, and financial sustainability. Robust communication and collaboration

between administrative teams on both sides foster a shared understanding of institutional objectives, creating an environment conducive to innovation, quality improvement, and overall excellence across academic and clinical domains. In essence, the administrative backbone serves as the connective tissue that facilitates the alignment of academic and hospital operations, ensuring the holistic success of the academic medical center.

1.3.4 Methods

The Pitt Operations Survey is an ongoing project that has yet to reach completion. However, there are multiple milestones it has hit, as well as future aspirations for the tool. The ongoing nature of the project underscores the importance of continued collaboration and data-driven decision-making. A crucial step involved initiating a level-set conversation with two departmental leaders with extensive HR operations experiences. We developed a structured document to capture various questions and issues encountered within different categories of Pitt HR operations. This document served as a foundational template for the subsequent survey, carefully crafted to ensure neutrality in question-wording and avoid any potential biases that could influence survey responses.

Then, academic leaders and executive administrators in the department provided input through an anonymous survey created using Qualtrics. The survey functioned as a crucial instrument in gathering insightful viewpoints into HR operations, facilitating a thorough comprehension of current obstacles and opportunities for enhancement. Presenting the survey and project goals at a sizeable departmental meeting further enhanced stakeholder engagement and buy-in, guaranteeing widespread participation in the feedback-gathering procedure. After collecting 13 responses, thus far, the project is ready to proceed to the next stage of analysis and

implementation. By carefully analyzing survey data—which includes evaluating the frequency and pinpointing important areas for development—the project team will be prepared to develop a winning plan.

1.3.5 Results and Discussion

In order to close gaps and improve HR operations inside the department, this strategy may include focused interventions, process enhancements, or policy modifications. Maintaining open lines of communication and transparency will be crucial to this process to keep stakeholders updated and involved at every turn during implementation. Through the implementation of a cooperative and data-centric methodology, the project team can optimize their endeavors and propel substantial enhancements in HR operations. The project highlights the department's dedication to excellence and continual improvement, aiming to raise employee satisfaction and organizational efficiency.

Surveys serve as invaluable tools for gauging overall feedback and identifying pressure points within an organization. The Pitt survey has provided us with invaluable insights into areas where operational enhancements are needed. The anonymity of the survey ensures that respondents can share their feedback truthfully, without fear of discomfort or resistance. Moreover, the survey has played a pivotal role in fostering collaboration among leaders within the DOM, facilitating open dialogue and shared problem-solving.

This tool serves as a powerful catalyst for organizational improvement, driving data-driven decision-making and cultivating a culture of continuous enhancement within UPMC and Pitt Administrations. By harnessing the insights derived from this survey, we can strategically allocate resources, implement targeted interventions, and ultimately provide enhanced support for all

divisions and individuals involved. This proactive approach addresses current challenges and lays the groundwork for future success and sustainability. Through ongoing feedback mechanisms and proactive initiatives, we can continue to elevate operational efficiency and effectiveness across the organization, driving positive outcomes and fostering a culture of excellence.

2.0 Figures

UPMC Renal - University Center Patient Appointment Reschedule Workflow

<u>Purpose</u>: Guide on how to reschedule appointments when scheduled time slots have been become unavailable

1. To view appointments that need to be rescheduled go to the Epic drop down in the top left hand corner. Select **"Scheduling" > "Work Lists" > "Resched"**, as shown in the image on the right.

Tip: pin **"Resched"** so when you need to access this later it will be at the top of the Epic dropwdown. To do this, **"Resched"** will be in your recent searches, hover your cursor on the right of **"Resched"** and then click the pin icon that pops up.
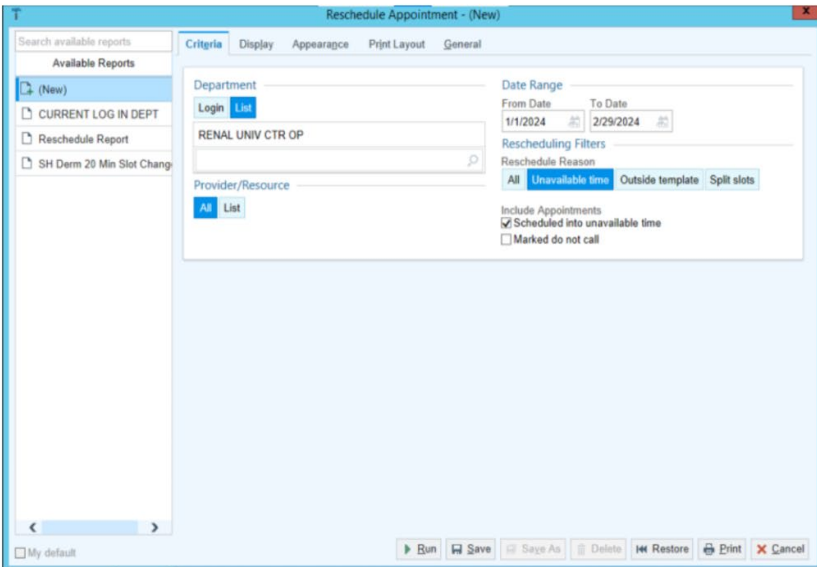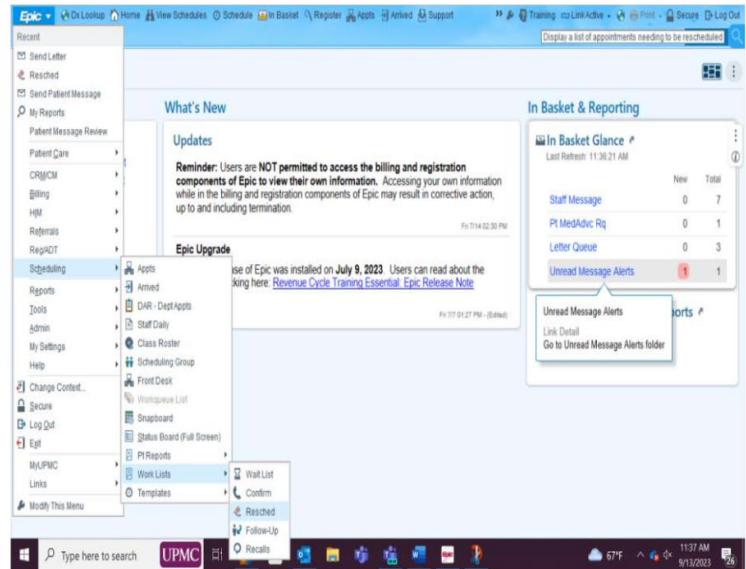
2. Fill in necessary information within Criteria. Department is **RENAL UNIV CTR OP, All Providers** selected, and then the specific Date Range you are looking for.

*Tip: selecting **Unavailable Time** as *"Reschedule Reason"* will only populate appointments that are scheduled during unavailable times.

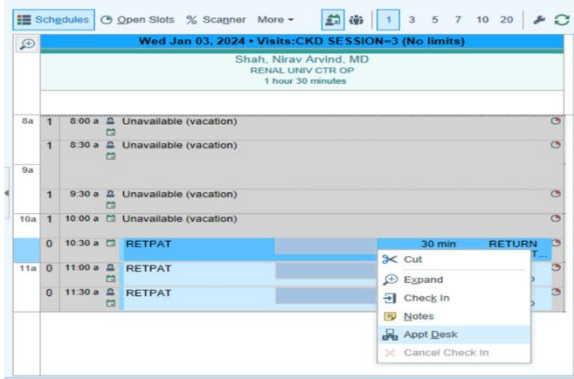**Figure 1: Accessing Patient Inbox**
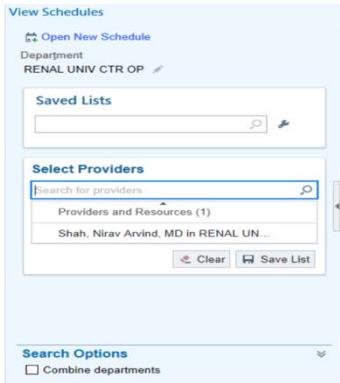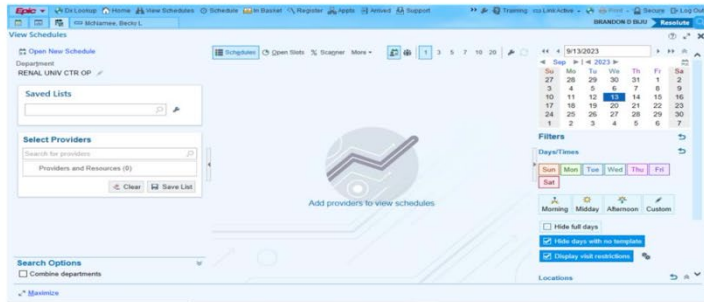
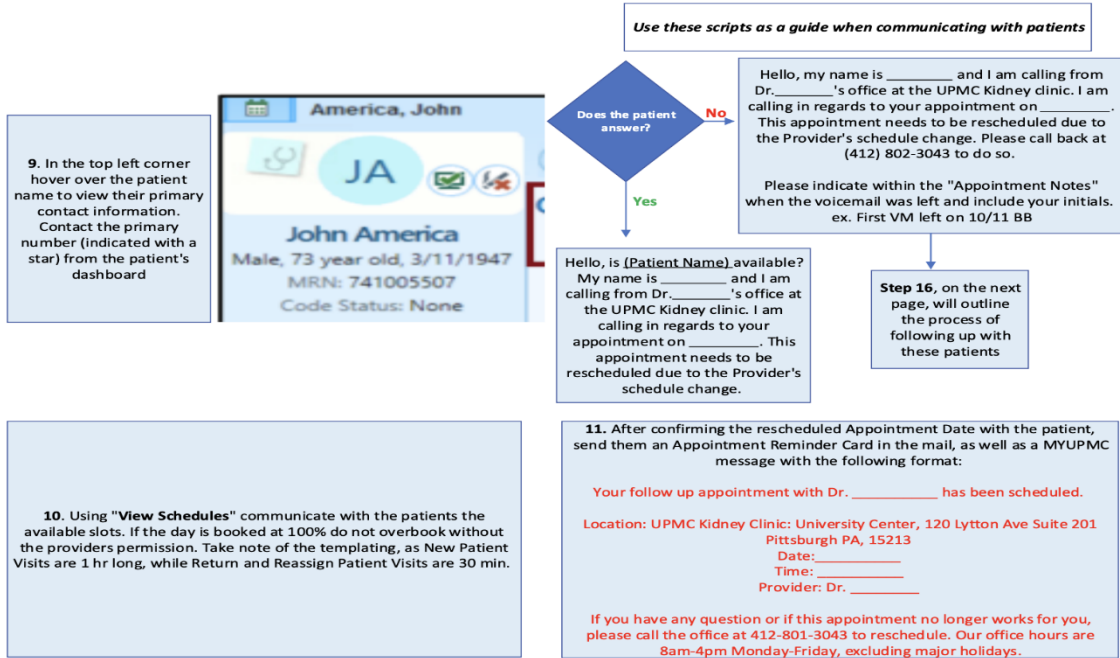**Figure 2: Provider Schedule**

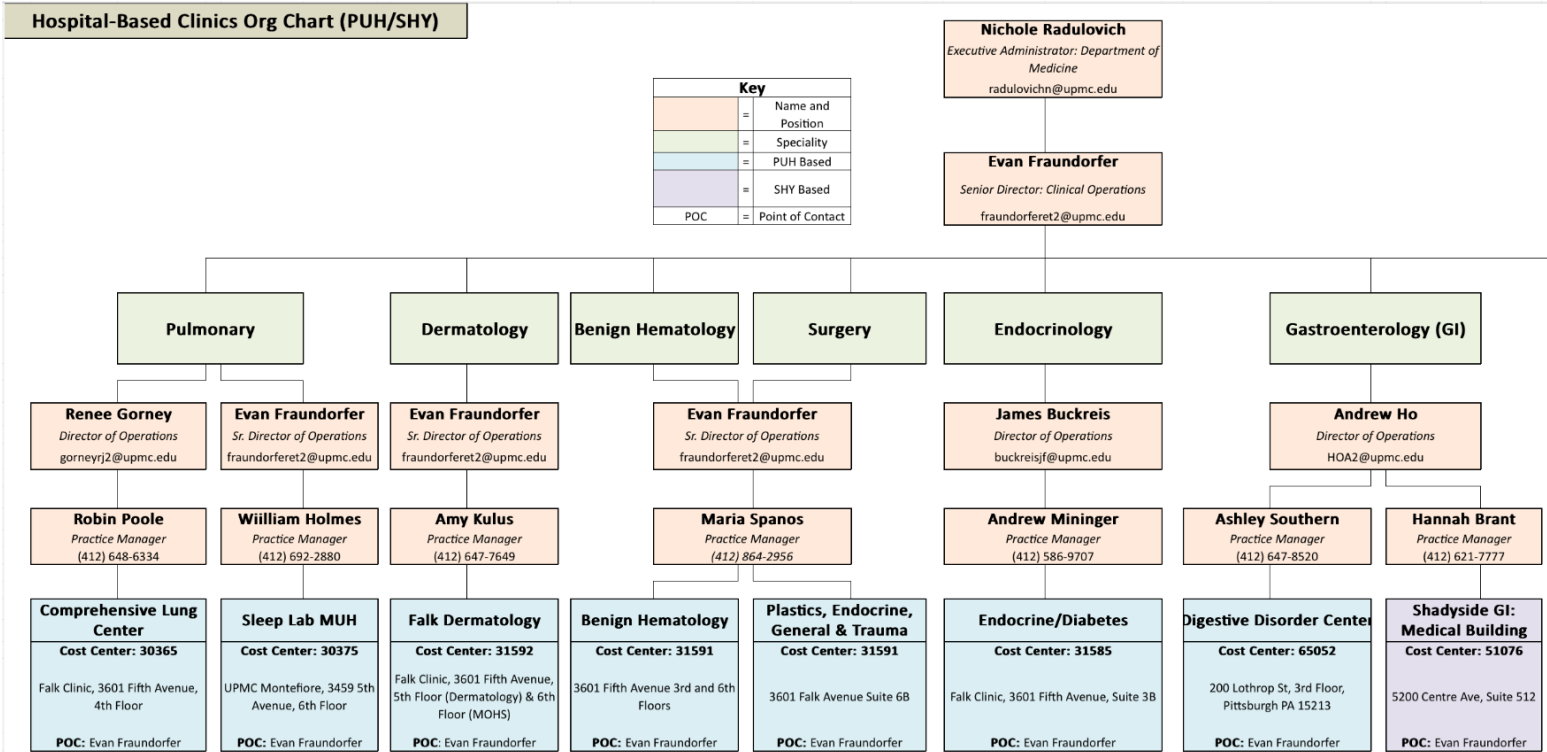

Figure 3: Patient Communication Script

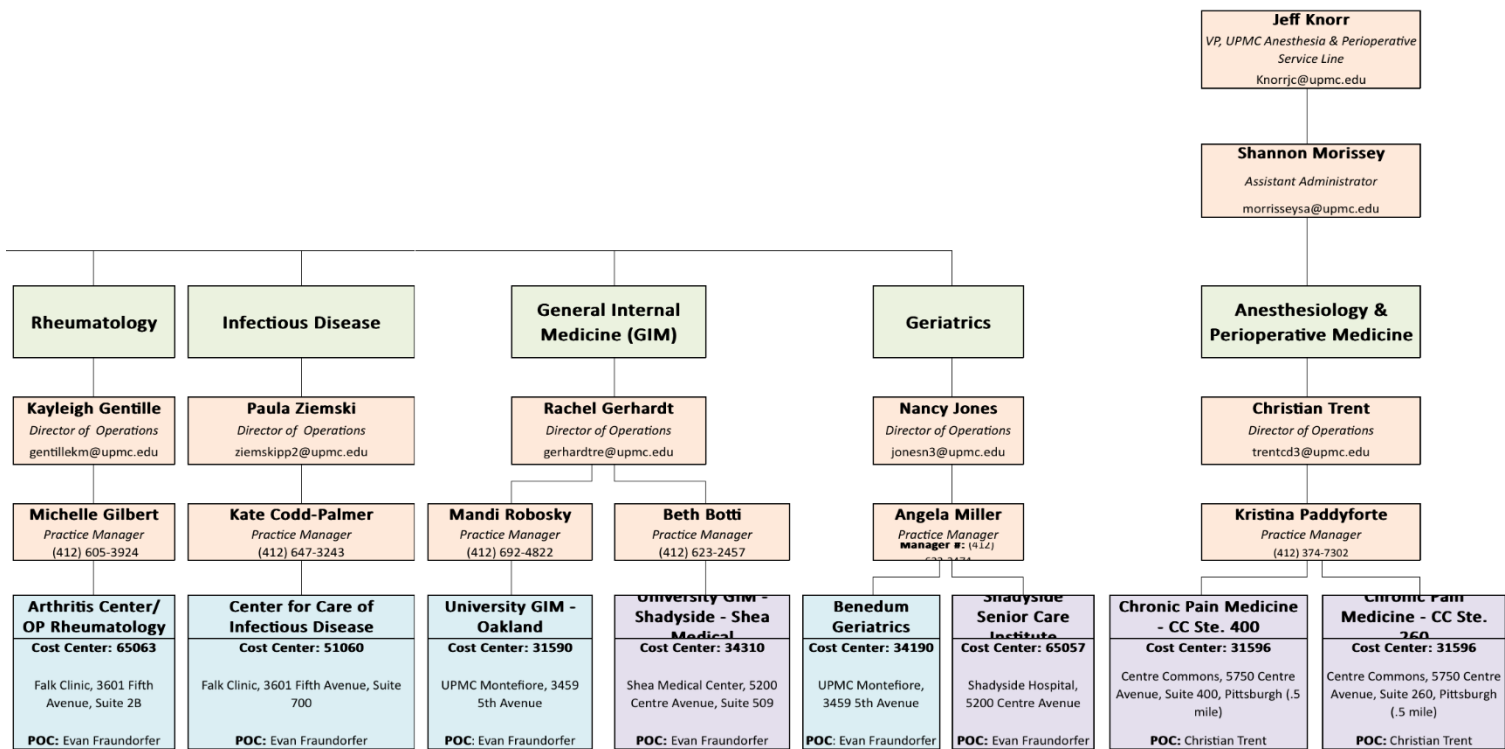**Figure 4: Hospital-Based Clinic Organizational Chart (PUH/SHY)**

Figure 4: Hospital-Based Clinic Organizational Chart (PUH/SHY) (cont.)

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