Parkview Cancer Institute
8:00 Opening Northeast Lean Network
8:05 Overview Parkview Performance Improvement – Marlon Wardlow
8:20 Vision / Planning Parkview Cancer Institute – Megan Smith
8:40 Target State / Work Groups – Rae Gonterman & Tim McCrady
9:10 Office workflow development – Jennie Rumschlag
9:30 Panel / Questions – Rae, Megan, Jennie, Marlon & Tim
9:50 Plus / Delta
10:00 Close
History of Parkview Health

- Ft. Wayne City Hospital (1879-1891)
- Hope Hospital (1891-1922)
- The Methodist Episcopal Hospital & Deaconess Home (1922-1953)
- Parkview Memorial Hospital (1953-1995)
- Parkview Health (1995- present)
Performance Improvement History

Process Improvement Model Evolution

Parkview Health System Key Initiative Continuous Improvement Roadmap

**Project Selection**
- Steering Team & Organizational Target
- Data Analysis
- Stakeholder Analysis
- Cultural/Behavioral Readiness Assessment
- Project Standard Work
  - Review expectations
  - Gain commitment from stakeholders
  - Project A3

**Project Management**
- Project Core Team
- Project Metrics
- Leader Standard Work
  - Training
  - Implementation
- Baseline Training
  - Skills Lab
  - Tool Training & Implementation
  - A3
  - Huddles
  - RIE
  - Heijunka Boards

**Project Sustainment**
- Sustainment Tools & Training
  - Metrics
  - Standard Work Audits
  - Controls
  - Project Hand-off

Continuous Performance Improvement Team Standard Work
- Gate Reviews*
- Stakeholder Analysis*
- Standard Work*
- Key Initiative Qtrly Review*

Event Focus
Service Line Focus
Key Initiative Focus
Performance Improvement Model

Alignment from system strategies to operational goals

Alignment from PPG strategies to operational goals
A3 thinking – putting strategies to work

<table>
<thead>
<tr>
<th>Project</th>
<th>Milestones</th>
<th>Key Results</th>
<th>Milestones</th>
<th>Key Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project A</td>
<td>Task 1</td>
<td>Goal 1</td>
<td>Task 2</td>
<td>Goal 2</td>
</tr>
<tr>
<td>Project B</td>
<td>Task 3</td>
<td>Goal 3</td>
<td>Task 4</td>
<td>Goal 4</td>
</tr>
</tbody>
</table>

Dashboards – visual management and results

<table>
<thead>
<tr>
<th>Key Success Measures</th>
<th>July 20, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>90%</td>
</tr>
<tr>
<td>Objective 2</td>
<td>85%</td>
</tr>
<tr>
<td>Objective 3</td>
<td>75%</td>
</tr>
</tbody>
</table>

Growth Dashboard

<table>
<thead>
<tr>
<th>Strategic and Tactical Initiatives</th>
<th>Supporting Growth Success Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative 1</td>
<td>Initiative 2</td>
</tr>
<tr>
<td>Initiative 3</td>
<td>Initiative 4</td>
</tr>
</tbody>
</table>

Provider Resource: Recruiting

<table>
<thead>
<tr>
<th>Provider Resource: Recruiting</th>
<th>Initiatives Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative 1</td>
<td>Initiative 2</td>
</tr>
<tr>
<td>Initiative 3</td>
<td>Initiative 4</td>
</tr>
</tbody>
</table>
Theme / Focus

THEME

Team, Team, Team
Communication is key
All areas / departments must be actively involved

FOCUS

Patient First – streamlined, timely care
Concierge level care
White glove service
There must be a consistent feel throughout the building
Eliminate confusion
Vision / Patient Cadence

Doctor’s office – Entrance 3 and 11
Labs – multiple locations
Imaging – Entrance 3
Infusion – Entrance 11
Radiation – Entrance 4
Patient support
Office support

All activities will be provided in one building
• To better serve the patient
• To better support the Physicians and staff
• Add Nurse Navigators
• Improve current processes before the move
# Planning

## Available to Load dates (by floor)

1. Basement                   12/8/17  
2. 2nd floor (areas 1 & 2)    12/21/17  
3. 1st floor                  1/12/18  
4. 3rd floor                  2/9/18  
5. 2nd floor (area 3)         2/16/18  
6. Entry (area 3)             3/12/18  
7. Entry (areas 1 & 2)        3/30/18  
8. 4th floor                  4/27/18  

## Key Dates

9. System ready for all areas 5/28/18  
10. Move Weekend              6/2/18  
11. Grand Opening             6/5/18  

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**PARKVIEW**
Executive Cross Functional Transition Teams

1. **Steering Team** is responsible to oversee all aspects of the Parkview Cancer Institute transition planning and implementation.

2. **Administrative Team** is responsible for all aspects of Administrative initiatives and all other actions assigned by the Leadership Steering Team.

3. **Communication Team** is responsible for all aspects of communication initiatives and all other actions assigned by the Leadership Steering Team.

4. **Staging and Logistics Team** is responsible for all aspects of staging and delivery for supplies, equipment and furniture for the PCI.

5. **IT Team** is responsible for all aspects of PCI Information Services/Technology initiatives and all other actions assigned by the Leadership Steering Team.

6. **Art Team** is responsible for all aspects of PCI Art initiatives and all other actions assigned by the Leadership Steering Team.

7. **Operations Team** is responsible for all aspects of Department Operations initiatives and other actions assigned by the Leadership Steering Team.
Value Stream Map

Green = New Process
Yellow = No Change
Red = Stop Process
<table>
<thead>
<tr>
<th>PROCESS</th>
<th>LEADERS</th>
<th>FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Scheduling Team</td>
<td>Lois Wilson &amp; Rae Gonterman</td>
<td>One imaging scheduling process</td>
</tr>
<tr>
<td>2. Pre-Authorization Team</td>
<td>Kristy Luetzelschwab</td>
<td>Review &amp; streamline the process</td>
</tr>
<tr>
<td>3. Pre-Arrival / Check-in Team</td>
<td>Megan Smith &amp; Rae Gonterman</td>
<td>Front desk patient experience</td>
</tr>
<tr>
<td>4. Pre-Registration Team</td>
<td>Lindsey Daniel</td>
<td>Increase % Pre-Registration</td>
</tr>
<tr>
<td>5. RN Port Access Team</td>
<td>Amy Poole</td>
<td>Resource Nurse process</td>
</tr>
<tr>
<td>6. Pharmacy / Orders Team</td>
<td>Heather Kountouris</td>
<td>Delays due to unsigned orders</td>
</tr>
<tr>
<td>7. Infusion Patient Flow Team</td>
<td>Amy Poole</td>
<td>Develop target state for 48 chairs</td>
</tr>
<tr>
<td>8. Radiation Communication Team</td>
<td>Jill Richey</td>
<td>Investigate overhead pager replacement</td>
</tr>
<tr>
<td>9. Out Patient Discharge Team</td>
<td>Susan Huglin</td>
<td>Improve AVS process - reduce patient confusion and paperwork</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------</td>
<td>---------------------------------------</td>
</tr>
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<td>Scheduling Team</td>
<td>Lois Wilson</td>
<td>One imaging scheduling process</td>
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<td>Improve AVS process - reduce patient confusion and paperwork</td>
</tr>
</tbody>
</table>

1. Current State Map
2. Target State Map
3. Gap Analysis
4. Solutions
Target State Team – Pharmacy Orders

Pharmacy / Orders Team – Process review focused on “Signed Orders” delays
Leader: Heather Kountouris Pharmacy
Co-Lead: Amy Poole Infusion
Team: Gail Place - Infusion, Gail Webster IT, Dr. Ellen Szwed Oncology, Heather Tepper IT, Tabatha Krider Office, Mica Ayres Pharmacy, Ed Strubel Pharmacy, Rachel Hammond IT, Sara Groves IT, Kip Kyburz Pharmacy
Focus: Review process include signed orders, lag time and physician education. Also review med process to release orders in stages to reduce patient wait time
Plan due: December 30th
# Pharmacy Orders

## Action Items

<table>
<thead>
<tr>
<th>Description</th>
<th>Responsibility</th>
<th>Due Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop process for pre-signing plans for cycle or multiple cycles - schedule physician meeting</td>
<td>Heather / Amy</td>
<td>30-Dec</td>
<td></td>
</tr>
<tr>
<td>Current State Meeting 10/4/17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Build Target State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present to MDs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regiment Study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Therapy (default) - CBC, CMP within 72 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beacon Protocol discussion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deviation documentation - add to notes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy review meeting / approval Process - sign off based on parameters</td>
<td>Heather / Amy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One weight method (actual or ideal)</td>
<td>Heather / Amy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy dose based on Creatinin</td>
<td>Heather / Amy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes signed off by MD/APP</td>
<td>Heather / Amy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Build into Beacon - parameters for Renal and Hepatic impairments specific to disease state and agents used</td>
<td>Heather / Amy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Send entire treatment plan (Lab, Infusion &amp; MD appointments)</td>
<td>Heather / Amy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How are we alerted to sign the next cycle?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Patient signing 7+3 not being signed</td>
<td>Heather / Amy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop protocol for default AUC calculation</td>
<td>Heather / Amy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule RIE Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop coordinator position to review plans, answer questions, verify changes, review labs…</td>
<td>Amy</td>
<td>31-Oct</td>
<td></td>
</tr>
<tr>
<td>Work with current staff / Infusion Mgr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epic In Patient: Develop Pharmacy Tech Delivery notebook - include Patient ID, Therapy Agent / Drug, Pharmacy initial final check, Pharmacy delivery name, Nurse receive name</td>
<td>Heather</td>
<td>15-Nov</td>
<td></td>
</tr>
<tr>
<td>Tag in Pyxis with bin #?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check regulations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tracker dots - Out patient only Complete Infusion Schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin using &quot;Schedule Orders&quot; button in Epic - develop Physician education</td>
<td>Gail Webster</td>
<td>31-Oct</td>
<td></td>
</tr>
<tr>
<td>Tips and Tricks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educate and roll out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemo education in one location - Separate day / Patient choice (Out of towners)</td>
<td>Amy</td>
<td>31-Oct</td>
<td></td>
</tr>
<tr>
<td>In Patient advance notice for Chemo education</td>
<td>Sarah Groves</td>
<td>30-Nov</td>
<td></td>
</tr>
<tr>
<td>Add Pre-Med education</td>
<td>Amy</td>
<td>31-Oct</td>
<td></td>
</tr>
<tr>
<td>Chemo education - 2nd cycle by Pharmacist?</td>
<td>Heather</td>
<td>Tbd</td>
<td>Future state</td>
</tr>
<tr>
<td>In Patient rounding issues - the Physician schedule varies and orders not signed</td>
<td>Sarah Groves</td>
<td>30-Dec</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Infusion checks are the same for In Patient</td>
<td>Amy</td>
<td>Tbd</td>
<td></td>
</tr>
<tr>
<td>Therapy plan discontinued - release unsigned orders</td>
<td>Amy</td>
<td>Tbd</td>
<td></td>
</tr>
<tr>
<td>Med Room</td>
<td>Gail Webster</td>
<td>30-Dec</td>
<td></td>
</tr>
<tr>
<td>Develop In Patient delivery process</td>
<td>Sarah Groves</td>
<td>30-Nov</td>
<td></td>
</tr>
<tr>
<td>Develop two-way communication process for revisions and questions</td>
<td>Heather / Jennie</td>
<td>31-Oct</td>
<td></td>
</tr>
<tr>
<td>Office contact list for Pharmacy questions and issues</td>
<td>Jennie</td>
<td>31-Oct</td>
<td></td>
</tr>
</tbody>
</table>

## Root Cause – Treatment Plan Entry

- Schedule
- Education
- Labs

## Target State Map

| Description          | Schedule
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Plan Entry</td>
<td>Schedule Education</td>
</tr>
<tr>
<td></td>
<td>Labs</td>
</tr>
</tbody>
</table>

## Gap Analysis

### Case Plans / Notes

- Coordinators
- Plan review: plans, questions, changes

### Infusion Schedule

- *Education issues*
  - Lab, infusions
  - Pharmacy: chemo education (2nd cycle education)

### Education

- Chemo education in one location?
  - Separate day
  - Patient choice
- IP canes: what is the preferred method for lab work?
- Pre and radiation - add?
- Pharmacy - chemo education (2nd cycle education)

### Other Team

- Med Room
- Many inconsistencies
- In the future

### Tips and Tricks

- Educate and roll out

### Education

- Chemo education in one location
  - Separate day
  - Patient choice
- IP canes: what is the preferred method for lab work?
- Pre and radiation - add?
- Pharmacy - chemo education (2nd cycle education)

### Other Team

- Med Room
- Many inconsistencies
- In the future

### Tips and Tricks

- Educate and roll out
Target State Team – One Imaging Scheduling

Teams

Scheduling Team – One Imaging scheduling process

Leader: Lois Wilson
Co-Lead: Rae Gonterman

Team: Jeanette Plemmons IT, Marita Dwight-Smith Breast Diagnostic Center, Olivia Egts IT, Kristy Luetzelschwab Registration, Mary Smierciak Imaging, Anita Neuhaus Imaging, Brittany Schreiber Breast Diagnostic Center, Tina Walborn Registration

Focus:
Breast Imaging process, Prompt scheduling, One call resolution, Office vs HOD processes

Timing: Start now – Epic build required for multiple plans
Plan due – October 31st
One Imaging Scheduling

**Current State**

1. Physician signs order
2. Schedule in office
3. Patient scheduled
4. Prep / Education
5. Patient arrives
6. Scheduling calls patient
7. Patient pre-registration
8. Registration / Check-in
9. Exam
10. Follow-up instructions
11. Results: Mamo 10-60 min. All other 24-48 hrs
12. Epic
13. Phone: Dedicated people Cancer specialists with Radiology knowledge Dedicated phone number Review order for accuracy
14. Central location Scheduling template access
15. Machine availability – No delays 48 hours maximum
16. Scheduling Navigator Registrar – combine scheduling & radiology calls
17. Pre-Authorization delays / timing education

**Target State**

1. Physician signs order – dictation day of appt enter correct test
2. Schedule in office with patient – First available 3 days out
3. Pre-Authorization – delays based on payor 3-14 days
4. Scheduling Navigator / Registrar Education, Pre-reg, forms complete, Chart review / Prep & My Chart pre-reg
5. Patient arrives Check-in
6. Or patient call scheduling
7. Exam
8. Instructions – paper instructions add to binder
9. Results: Mamo 10-60 minutes Other 24-48 hours
10. Enter results in Epic
11. Results to In basket or fax

**Gap Analysis**

- Central location
- Schedulingtemplate access
- Machine availability – No delays 48 hours maximum
- Scheduling Navigator Registrar – combine scheduling & radiology calls
- Pre-Authorization delays / timing education
## One Imaging Scheduling

### Action Items

<table>
<thead>
<tr>
<th>Action items</th>
<th>Responsibility</th>
<th>Due Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Plan cycle /series to pre-auth</td>
<td>Rae</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dedicated blocks for scheduling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Template model</td>
<td>Lois &amp; Rae</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer patient &quot;Yes or No&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor 3 days of cancer patients - what is average?</td>
<td>Kristy &amp; Tina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician dictation - same day</td>
<td>Rae</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduling Navigator Registrar - develop process and build model</td>
<td>Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add instructions for patient binder</td>
<td>Mary &amp; Lois</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximize equipment time by template management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work in cancer patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Template build test and ready</td>
<td>23-May</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule follow-ups in new building</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add Tabatha Krider to team</td>
<td>Lois &amp; Rae</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*PCI Target State - One Imaging Schedule*

*Treatment Plan is a root cause on multiple teams*
Office – Daily Work

Daily huddles to review
• Staffing for the day
• Providers and what their schedules are for the day
• Updates/Important information
• Staff feedback

Communication Board

Tracker Board
• Patient / Room
• Provider
• Navigator
• Orders
• Misc.
Office – Daily Work

5S – first time through
5S - second time through
Spreadsheet for supplies

Standardized exam rooms for all offices

2 bin system for supplies

Office EMR work flow discussions
  • Four offices
  • Four different processes
  • Standardization
Conclusion

TEAMS
Oversight Teams 7 x 10 members = 70
• Work Groups 9 x 10 members = 90

Improvement Activities = 52
• Projects = 18
• Just Do Its = 34

THEME
Team, Team, Team
All areas / departments must be actively involved
Communication is key

FOCUS
Patient First – streamlined, timely care
Concierge level care
White glove service
There must be a consistent feel throughout the building
Eliminate confusion