

Tammy McCausland:

This is Tammy McCausland. Thank you for joining me for SROA Soundboard, SROA's new podcast series. I'm joined here on conversation today with Molly Patt, radiation oncology department administrator at the Cleveland Clinic. Welcome-

Molly Patt:

Thank you for having me.

Tammy McCausland:

Where did the idea come from to do weekly huddles around the visual management board? (0:26)

Molly Patt:

Well, historically, this team would meet monthly as a group and talk about if there were any challenges to their daily workflow. We would discuss anything that was new or changing with our EMR, any of our processes. We as a team just decided that that was too infrequently to meet, and we needed more touches throughout the month. A lot of pressure was being put on our front desk check-in folks around copay collections and scheduling around registration errors, so we really needed to get a clean process around some of our operational functions. We decided to do this board so that we would have a place to meet, a dedicated place to meet, a dedicated time to meet, and then we had specific metrics on the board. We used to have one person that was in charge of posting all of those metrics and discussing all those metrics while the rest of the team just stood around and watched them do all the work. Then we decided to, as a better way to engage each of the team members... Also, as a side note, if that one person that was in charge of everything wasn't there that one day, then we wouldn't do our huddle .

We decided to assign some of the metrics to individuals, and we decided to assign different metrics to individual caregivers so that they would be responsible for looking at those metrics ahead of time, printing them out, putting them on the board, doing some already thinking about if we met the metric, why did we meet it, if we didn't meet the metric, what are some things that we could do to meet the metric in the future? We let the individual caregivers pick. Some folks were really, on their own, passionate about getting patients in within seven days, and so it naturally it made sense to put that person in charge of that metric. Somebody at the front desk who trained some of our new people really helped develop some scripting about what we're talking to patients about around copay, collection, and it made sense for her to be the one to own that metric at the board. That's how those things evolved.

Tammy McCausland:

When you first approached your staff, you said, "We're going to do a visual management board, and we're going to have weekly team huddles," what was their response? (3:02)

Molly Patt:

Well, I think that their initial response is, "We are so busy during the day, how were we going to get a way to do that? How do you expect me to do that? I don't know very much about Excel. I don't know how to look at data or measure data or print data, and so I'm going to need some help." They're a pretty open, verbal team, and so we made sure that we gave them the resources so they could see how they could get those metrics out of our systems and onto that board with some help. They find the time. Now, it's to the point where I don't even have to be there. If I'm stuck in a meeting or I'm not there that day, that team will huddle without me. We have visitors that come from all across the hospital that want

to look at our process, and they have fun with it. They recognize each other at the board for doing things well if somebody had to stay and work overtime to take care of a patient need. They recognize each other at the board and give appreciation for those types of things.

Tammy McCausland:

How long did it take in terms of time for people to be resistant to becoming having fun with it? (4:24)

Molly Patt:

It probably took a good three months of doing this. Then they realized that they weren't going to go away, that we were actually getting some improvement out of this, and so they started to feel it was worthwhile. I think they liked the opportunity to all be together off of the phones, away from registering patients, away from the front desk, and talk to each other about some of the challenges that they were having either at the front desk or in the back office scheduling patients. They came to really look forward to it, and they just know, "Hey, it's 10:00. Let's get out in the hall, and let's huddle. Let's talk."

Tammy McCausland:

In your poster presentation, you mentioned that you've seen improved operational outcomes. Could you elaborate a little for us on what those improvements have been? (5:19)

Molly Patt:

Sure. One of the biggest things we implemented was around patient access. We started to schedule our patients for their first-day treatment at the time of their simulation, so we didn't wait for authorization. It's a risky thing to do for our department because we are so large, so there's a lot of safety nets around that. We have to make sure that the patient does not start treatment prior to authorization. There's usually a window. It can be anywhere from two days to seven days to 14 days before a patient starts treatment. Our folks that schedule those simulations are constantly watching that to make sure that they don't start treatment before we have authorization, and so that's something that we monitor on the board. That is helped to improve our time-to-treat. We're always trying to reduce the time it takes to start treatment on a patient from the time of their diagnosis to the start of their treatment. This was one way we could really improve that and keep an eye on that and make sure, at the end of the day, we don't want patients to be responsible for our lack of getting the proper authorization for treatments.

Tammy McCausland:

You mentioned that different people have different responsibilities when it comes to the board. How do you decide who does what to create what you put on the board, and do you alternate the staff doing it? (6:50)

Molly Patt:

We, originally, when we first decide folks... and we have had some turnover, and we've had some other people step up and take over that particular metric. We do rotate it in effect that if somebody is not there that day, someone else can take over. The nice part about it is they can all speak to each other's metrics because they're all doing the work. It's basically just the one person that's responsible for making sure that they gather the data ahead of time prior to us huddling, making sure that it's visually on the board so we can monitor it, but they're doing all the work so it's easy for them to step in and cover each other when they're not there.

We have asked the question to them if they wanted to split things up and move things around. I think that they feel really comfortable with the metrics, and it doesn't take them very long to pull the data. They just want to keep what they are currently doing.

Tammy McCausland:

What would you like administrators to know about weekly huddles around a visual management board? (8:17)

Molly Patt:

I think the organization of the weekly huddles and having a visual management board where everybody can look at the work that they do every day is really impactful in helping these frontline caregivers to tie back to the overall goals of the organization around patient access, around affordability, around time to treat, how their little jobs become huge to them when they see the impact to the overall organization.

I think doing this in an organized fashion and doing it every single week and not missing a huddle is really, important and has really helped drive these metrics. It's nice to get the whole group together because if there's an issue around scheduling, the appointment requests are starting to back up, and we can't keep up, and we might be missing patients' follow up appointments, that team brainstorms around what we can we do to improve this? Do we take somebody off the phones and just have them strictly scheduling and other people can manage the phones so they can focus and really get caught up? These are some of the ideas that that team has come up with on their own about how to improve specific metrics.

Tammy McCausland:

What does the board look like? Is it a whiteboard, or is it a TV screen that you put stuff on? (9:46)

Molly Patt:

It's actually a giant dry erase board. It's probably three feet by four feet up on the wall. Our metrics are, we print them, and then we put them in just a plastic holder that has a magnet on the back, so it's a dry erase board that has some magnet ability to it. Each category has its own set of metrics that fall underneath the different, the individual headings.

Tammy McCausland:

How many staff huddle around the board? (10:26)

Molly Patt:

It's usually four of our front desk folks, and then seven of our back-office schedulers, and we have a department work leader that will also huddle. We usually do, we talk about the front desk metrics first for about 15 minutes while the back office schedulers cover the front desk. Then we swap 15 minutes later. Then the back office schedulers come out to the board and the front desk people will cover the phones for the back office schedulers.

Tammy McCausland:

Have you had positive feedback from staff saying, "Hey, I think this is great. I like this. Thanks for putting this up." (11:01)

Molly Patt:

Actually, I have. We had... One of our directors for revenue cycle came to observe one of our huddles, and the team is very engaged. It doesn't matter who is there. I was... Sometimes when we have people that are in higher authority or leadership position, I have seen other teams not speak, they get really shy, they're really timid, they're really nervous. This team is not like that. This team is very... because they're so used to doing this, and they have fun with it no matter who's there, and it's really obvious to anyone that's visiting our board that they really are engaged around the whole process. They know their metrics. They know why it's important to the organization. They know why it's important to our patients. That theme just resounds.

Tammy McCausland:

Is there anything that hasn't worked or that you would like to see work better? (12:05)

Molly Patt:

I think one of the things that haven't worked that I think could work better is just some of the technology around getting the metrics that we want to see. For example, we utilize MyChart so patients can... It's an Epic function... so patients can basically email our schedulers if they want to cancel an appointment or reschedule an appointment, and our schedulers have eight hours to respond to that. When they go and try to pull those metrics out on the system, sometimes it doesn't always work the way they want it to work, so if we're huddling at the board, and their metrics aren't up there, they get really frustrated about that. I try to get the resources for them so that they're able to make sure that they have their metrics there so they feel successful when we do get together and huddle.

Tammy McCausland:

It's been a pleasure to speak to you today, Molly. Thank you for your insights.

Molly Patt:

Thank you.

Tammy McCausland:

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