Improving the Culture of Your Cancer Center, One Idea at a Time

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The Cancer Centers of Colorado at SCL Health St. Mary's Medical Center is the largest cancer center between Denver, Colo., and Salt Lake City, Utah. The cancer center delivers comprehensive care to the people of western Colorado and eastern Utah. It employs seven physicians, three advanced practice providers, and a staff of more than 80 people. St. Mary's Medical Center is the only level II trauma center between Denver and Salt Lake City. Together, the medical center and cancer center serve a catchment area greater than 150-miles. The cancer center has been accredited by the Commission on Cancer since 1992 and by the American Society for Radiation Oncology's Accreditation Program for Excellence® since 2018. It provides a full complement of oncology services, including medical oncology and hematology via a 25-chair infusion center, radiation oncology and radiation therapy services via two linear accelerators, an American College of Radiology-accredited breast care center, gynecologic oncology, and survivorship and palliative care services. Despite the current accolades, several years ago, the Cancer Centers of Colorado at SCL Health St. Mary's Medical Center experienced years of physician and staff turnover. To combat the low morale produced from this turnover, we needed to build a culture of continuous improvement.

How do you improve the culture of your cancer center? For the Cancer Centers of Colorado at SCL Health St. Mary's Medical Center, it was accomplished one idea at a time through our new Daily Improvement Program.

The culture at St. Mary's needed a transformation, a reinvigoration of life. Cancer center leadership found themselves putting out fires every day. Staff did not have a clear direction about the center's operations from one day to another because our operational system was mainly tailored to fit each physician's needs—not the needs of the cancer center as a whole. This system led to fragmented processes and unreliable workflows. As staff's work moved between the physicians, operational expectations changed dramatically. It was tough to meet the needs of patients, and it was even more challenging to meet the needs of our physicians. Our incredible staff were resilient and did the best they could with regards to evolving expectations, but it was taking a toll. On top of that, our cancer center recently lost three medical oncologists and a member of the leadership team. The cancer center needed a way to redefine itself and to ensure that day-to-day operations were consistent, reliable, and safe for patients and staff.

Getting Started

The constant adversity fractured the cohesiveness of our staff, and the stress wore down our leadership team. We needed a way to bring the staff together and engage with them to solve a myriad of issues that were creating friction throughout all ranks. One thing in our favor: our incredibly hardworking and experienced oncology team regularly brought concerns and ideas for change to our leadership team. We quickly realized that we needed to

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find a structured way to capture these ideas and channel them into staff engagement and positive change.

As cancer center leadership searched for inspiration, we found it within our own organization. Other hospital departments had recently implemented associate-driven ideas board programs aimed at engaging front-line staff in continuous improvement initiatives. This program was still in its infancy and had yet to be adapted to the clinic setting. Our cancer center leadership team felt the time was right to make a change and implemented a new model for continuous improvement. We did not re-create the wheel but re-created the cancer center one idea at a time. In short, our cancer center wanted to use an ideas board to accelerate our rate of improvement and, more important, build a sense of community and ownership among staff. We needed to build an organizational and operational structure that would support this change and encourage its adoption and growth. The answer: our Daily Improvement Program.

The Huddle Approach

Some daily operational huddles were already occurring, but they existed in silos. To rebuild the culture and create a stronger community among our staff, those silos needed to be broken down. It felt simple at the time, but holding structured daily huddles with our staff had an immediate positive impact on the cancer center's day-to-day operations and the staff's sense of community. Staff looked forward to attending each morning's huddle where they could touch base with colleagues they did not see often. Leadership established a well-defined structure to the daily report out of operational and safety concerns (Figure 1, right). Additionally, they ensured that there was also unstructured time to give kudos and recognize others for going above and beyond as well as time to laugh and joke with one another, leading to new friendships and bringing existing ones closer together.

"The daily huddle keeps me up to date on the goings-on in the whole clinic and gives me insight as to how busy other areas are, helping guide my work and allowing for compassion, empathy, and grace since I know what the other areas are up against," shared JoJo Cowan, RN, oncology nurse navigator at Cancer Centers of Colorado at SCL Health St. Mary's Medical Center.

One major piece of the huddle was leadership—not from the formal cancer center leadership team but from our front-line staff themselves. Each day, different areas of the cancer center are asked to lead the huddle discussion, allowing them to take on leadership roles and facilitate conversations with their colleagues. These informal leadership opportunities helped break down communication silos and encouraged staff to communicate consistently, giving them opportunities to improve their ability to communicate with each other effectively. We want to build and foster leadership abilities in all of our staff, not just our leadership team. Giving staff structured time to lead daily huddles was the first step to building this capacity within our entire team. It was the first step in building continuous improvement leaders in every staff member of the cancer center.

The daily huddles built the foundation for the core tenets of our ideas board: open communication, front-line leadership, and continuous improvement.

Improving Patient and Provider Satisfaction

Our cancer center has always held itself to a high standard of quality care and patient satisfaction, as evidenced by its almost 30 years of Commission on Cancer accreditation. It has also seen its fair share of evolutionary changes with staff and provider groups throughout the years. We have always been able to weather the storms of adversity because of the incredible resiliency of our staff. However, in 2017, our cancer center experienced more leadership turnover. The administrative director was replaced by the hospital's director of process improvement, who took inventory of the current operating model, quality and operational metrics, and patient and staff satisfaction metrics. He found that the cancer service line's quality remained high and that patients received excellent clinical care. But we were missing high levels of satisfaction and engagement among our patients and staff.

Our cancer center had spent the past few years focusing on improving the quality of its patient care; however, it was apparent that we needed to adjust our focus to encompass the non-clinical aspects of patient care as well. Simply put: we wanted to achieve excellence in *all* areas of patient care.

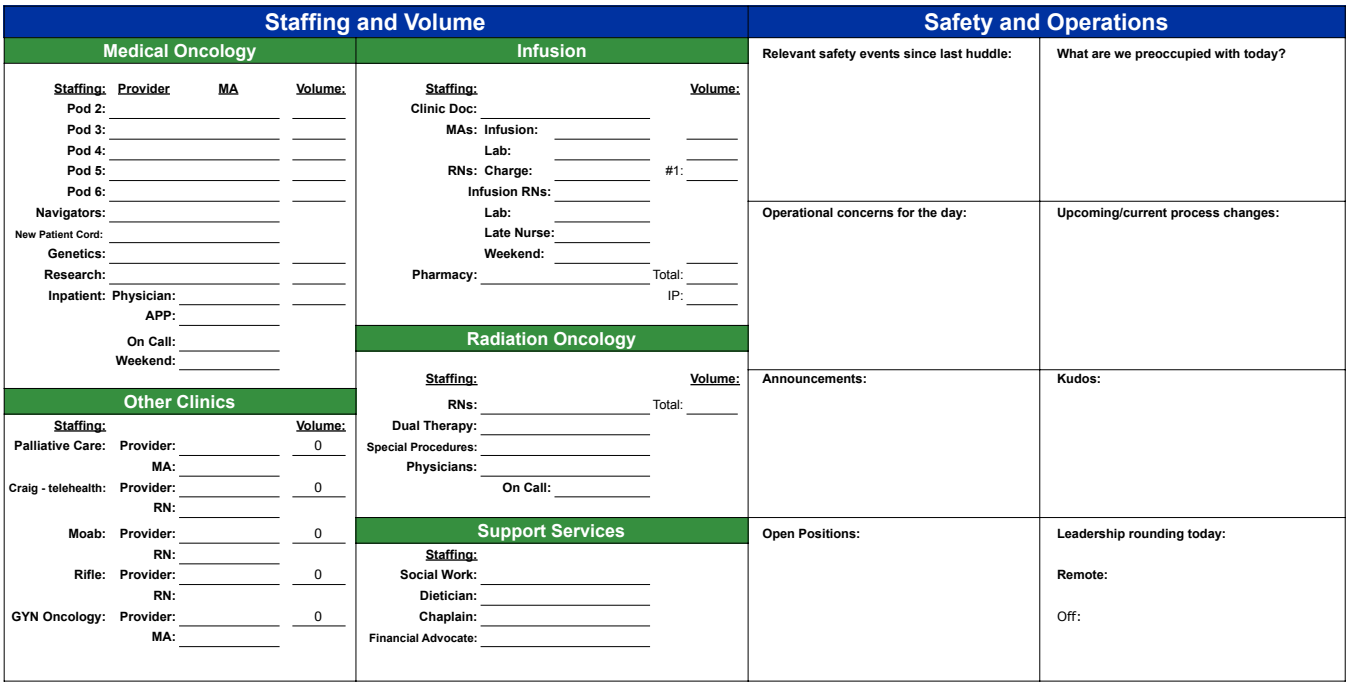
Our patient satisfaction levels were at an all-time low, and our staff satisfaction scores left quite a bit to be desired. Press Ganey patient satisfaction top box scores were 47 percent and there were opportunities to improve in nearly every domain. Press Ganey staff engagement scores were nearing the bottom of the scale (tier 2). Something had to be done to dramatically make improvements in both areas.

Developing the Ideas Board

With the help of our Process Improvement Department, cancer center leadership began to develop the next step of the Daily Improvement Program—the ideas board. We set the framework for how this program would work. Much like the PDSA (Plan, Do, Study, Act) model, we spent a lot of time and paid attention to details when planning the ideas board. Building the framework right the first time was vital to the initial success of the Daily Improvement Program. Our guiding principles were:

- Ideas should be action-oriented and solution-driven. Each idea must identify a problem and a meaningful way to solve that problem.

Figure 1. Daily Huddle Template



Staffing and Volume

Medical Oncology

Staffing:	Provider	MA	Volume:
Pod 2:			
Pod 3:			
Pod 4:			
Pod 5:			
Pod 6:			
Navigators:			
New Patient Cord:			
Genetics:			
Research:			
Inpatient:	Physician:		
	APP:		
	On Call:		
	Weekend:		

Other Clinics

Staffing:		Volume:
Palliative Care:	Provider:	0
	MA:	
Craig - telehealth:	Provider:	0
	RN:	
Moab:	Provider:	0
	RN:	
Rifle:	Provider:	0
	RN:	
GYN Oncology:	Provider:	0
	MA:	

Infusion

Staffing:			Volume:
Clinic Doc:			
MAs:	Infusion:		
	Lab:		
RNs:	Charge:	#1:	
	Infusion RNs:		
	Lab:		
	Late Nurse:		
	Weekend:		
Pharmacy:		Total:	
		IP:	

Radiation Oncology

Staffing:		Volume:
RNs:	Total:	
Dual Therapy:		
Special Procedures:		
Physicians:		
On Call:		

Support Services

Staffing:	
Social Work:	
Dietician:	
Chaplain:	
Financial Advocate:	

Safety and Operations

Relevant safety events since last huddle:	What are we preoccupied with today?
Operational concerns for the day:	Upcoming/current process changes:
Announcements:	Kudos:
Open Positions:	Leadership rounding today: Remote: Off:

- Focus should be on the process, not people. We set out to improve the system and its processes, knowing that our staff are great people who need more support and a way to improve their work lives.
- Focus should also be on processes that staff are directly involved in or that they own. We wanted to be able to act quickly to solve problems, implementing new ideas in a matter of days or weeks, not months or years.
- All entry fields on the submission form must be completed, including the submitter's name. We wanted staff to take ownership of the identified problem(s) and solution(s); we did not want the ideas board to become a dumping ground for problems for others to solve.
- The person submitting the problem/solution should lead or be part of the identified improvement process. This principle put subject matter experts and individuals who know the issues at the forefront of solving the problem. It also created skills among staff to lead continuous improvement initiatives, which may not have previously existed.
- All ideas are welcome, both big *and* small. We wanted to focus on minor problems that our leadership team did not always see that often caused a significant amount of waste and re-work within our current operating model.
- Managers should review ideas daily. Our leadership team's role was to first review ideas for feasibility and then support staff as they navigate the improvement process, removing barriers and ensuring that staff had the tools they needed to solve a problem.
- Staff should be encouraged to participate. In fact, submissions of new idea(s) for improvement were built into our annual staff goals.
- Successes should be celebrated. Each person who submitted an idea was thanked by their direct leader, and staff were initially incentivized by a points system. Staff could use their earned points to purchase a wide range of items if they implemented the identified improvement idea.

At the same time, cancer center leadership developed the process for the ideas board. We wanted something visual, a place where staff could gather and see what ideas their colleagues had submitted in hopes of encouraging others to participate. There was thought given to the idea of making the ideas board electronic. Our organization was making the transition to the Google Workspace at the time, so this could have been done. However, it would not have been possible to create a water-cooler effect if all submissions were made electronically. Instead, we decided to create a physical ideas board with paper submission slips made available in the huddle meeting room. This created a gathering place and a mini think-tank for staff to share ideas and collaborate.

The submission form is simple. It has a section for demographic information: name of the person submitting the idea, the submission date for tracking purposes, and the department(s) affected by the problem. It also includes a section to tie back to our four major organizational goals: associate/patient safety, associate/patient satisfaction, clinical excellence, and throughput. We want staff to think about the bigger picture and how their improvements

would impact the cancer center and overall healthcare organization. The "meat" of the submission form is where staff clearly define the problem they wanted to solve. Staff are encouraged to write freely about the issue at hand and share a problem statement from their perspective. Next is space for their solution and/or idea. This is where staff share how they would like to solve the problem, describing their idea in detail, often painting a picture of their ideal future state. The form also asks staff to describe what they think the expected benefit from implementation of their idea should be. It could be anything related to the organization's goals; however, the focus was more so on clearly defining how much improvement or savings would occur. Finally, the back of the submission form has space for staff to document updates on their process using the PDSA model of improvement.

Our ideas board has a tracking system. It was built like a kanban board with sections for:

- Submitted ideas (Ideas)
- Ideas that are approved (To-Do)
- Ideas that are in progress (Doing)
- Ideas that are completed (Done)
- Ideas that need to be pushed back due to additional resource(s) or time requirements (Parking Lot).

The ideas board also measures the volume (number) of submissions. Staff can see how many total ideas are submitted and how many ideas are completed. This allows us to track our internal goal of reaching 50 percent completed ideas by the end of each calendar year.

Ownership and Accountability

Our ideas board is a way of empowering front-line staff to improve the work they do every day by introducing them to the PDSA model of continuous improvement. Our leadership found that the ideas board not only improved staff satisfaction but it also aligned with the throughput, cost savings, efficiency, and safety efforts of the organization.

Ownership and accountability from staff were simple, well-defined, and easy to understand: staff submitted the ideas, owned the ideas, and led implementation efforts. Ownership and accountability for our cancer center leadership team were equally simple: we were the owners of the ideas board itself and supported our staff with idea submission and implementation. Our number one standard is to allow and support the experimentation of implementation for every idea possible. We review the ideas board daily with an initial focus on feasibility. For example, a submitted idea for "margarita Mondays" was not feasible, but the idea for an infused water and coffee bar for patients was considered entirely feasible.

"The leadership team allowed us to categorize ideas quickly and determine priority and feasibility of ideas. We were then able to support the associate [staff member] with whatever was needed to complete the idea," said Crystal Tucker, RN, OCN, infusion registered nurse (RN) supervisor at Cancer Centers of Colorado at SCL Health St. Mary's Medical Center.

When cancer center leaders determine that an idea is feasible, they move it to "To-Do." If it is determined that an idea needs more time or resources, the team moves it to the "Parking Lot." Most ideas that end up in the parking lot are due to the immediate feasibility of the idea. In other words, the idea is determined to be feasible but it is not doable at that moment. For example, the submitted idea that we needed 10 more RNs was just not feasible, but an idea proposing to reorganize the patient check-out process was feasible and needed further review with the Patient Access Department. Feasibility is leadership's initial concern. Even if we have doubts about a solution, we are dedicated to trying as many new solutions as possible. At the very least, we will learn something new that will allow us to improve in other ways. Sometimes a solution that is determined to not be the right fit for an issue ends up being a perfect fit for a different problem—sometimes for a problem we did not realize we had. When a feasible idea is submitted by staff in a leader's area of responsibility, we follow up directly with the staff member, thank them for submitting the idea, ask any clarifying questions about the problem and solution, and walk them through the next steps in the improvement process.

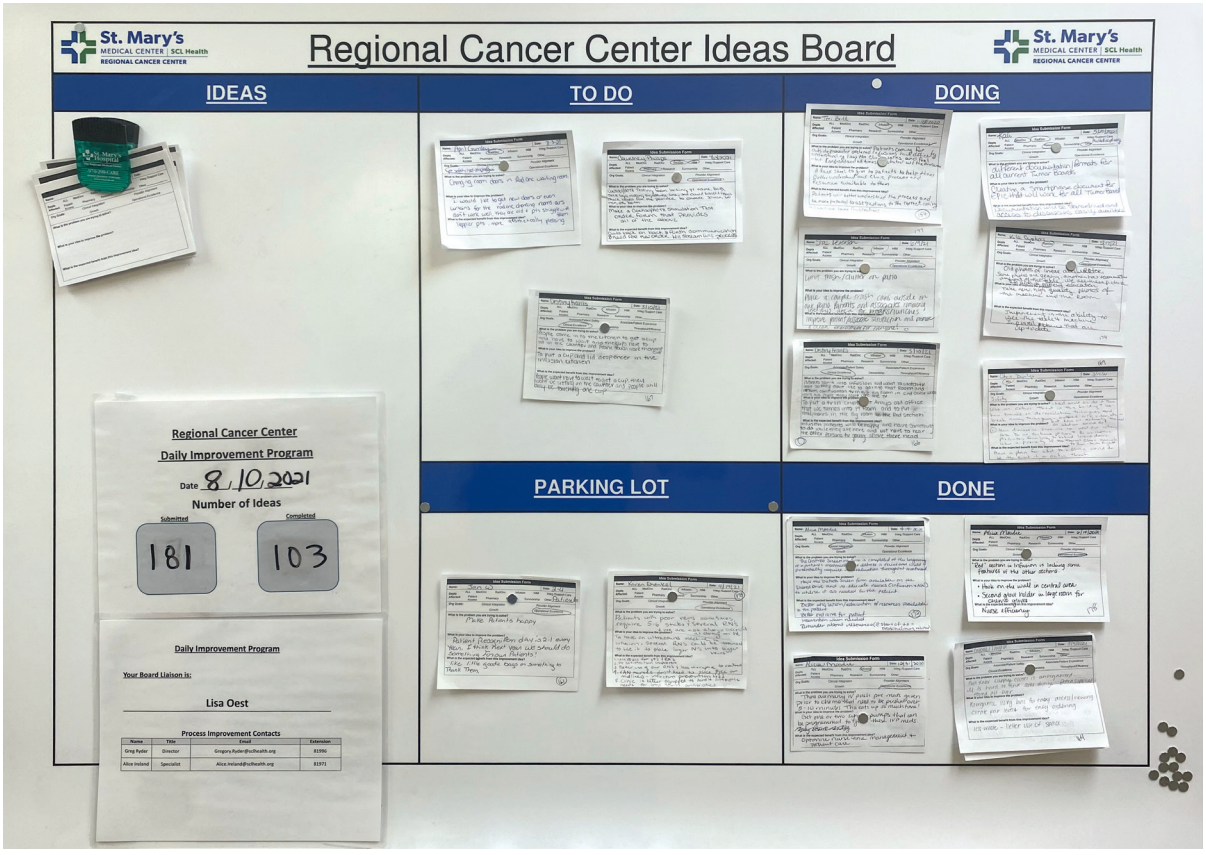
Our leadership serves as guides for staff, ensuring that they understand the ramification(s) of a change and how best to navigate the improvement process, while also removing barriers to ensure successful implementation. As ideas move through this process, leadership is responsible for moving the submission forms to the appropriate section on the ideas board. When ideas are completed, both the submitter and the successful implementation are celebrated at the next daily huddle. This is a way to recognize the staff member(s) who put in the work to improve an area of the cancer center and to remind others to submit their ideas.

Implementing the Ideas Board

The initial kick-off of the ideas board was met with great anticipation. An all-staff meeting was held where the board was introduced, and everyone received a brief overview of continuous improvement tools and tactics. Cancer center leadership and the Process Improvement Department trained staff in lean thinking and gave tools (e.g., root cause analysis, error-proofing, the PDSA model for improvement, and change management) for support. The team laid out the program's ground rules and principles in detail.

The rollout of the ideas board, in conjunction with the structured daily huddle, went off exceptionally well. Attendance at the daily huddle was tremendous. The small room in which huddles are held typically overflows with staff members who want to provide input on operational concerns and safety preoccupations. We received 50 submissions to the ideas board for improvement within the first six months of implementation, and nearly all submissions have been completed, surpassing our initial goal of a 50 percent completion rate.

The ideas board placed additional work on the plates of our leadership team—there was no doubt about that. It took more work to review the ideas board daily and to guide staff through their improvement project while managing one's own daily work activities and projects. As ideas kept rolling in, adding to the management tasks of the leadership team, there was light at the



Ideas Board in the huddle meeting room.

end of the tunnel. It did not take long for our leadership to see the benefits of the ideas board. The buzz around the ideas board itself was enough to lift the morale of the staff. Staff could see that leadership wanted and needed their input and engagement for improving the cancer center.

"The ideas board allowed our team to bring really valuable ideas to the table and have ownership of changes by helping implement them. Seeing ideas completed so quickly encouraged other associates [staff] to add ideas to the board," shared Tucker.

Staff were excited to have a more prominent and influential voice in our continuous improvement efforts. The leadership team reinforced this way of thinking. When staff come to us to discuss or complain about a problem, our standard response is, "Put it on the ideas board." This mantra is an easy way to get staff engaged in fixing the problem rather than venting about their frustration.

"The ideas board gives us ownership of change, which creates a sense of personal investment," said Alicia Moodie, infusion RN at Cancer Centers of Colorado at SCL Health St. Mary's Medical Center.

The ideas board puts words into action and allows leadership to gauge how true an identified problem really is. Instead of putting out several fires every day, cancer center leadership can identify fires before they start. The entire culture of the cancer center shifted in a positive direction.

It is difficult, if not nearly impossible, to change an institution's culture overnight. Our story is no different. Though buy-in to the daily huddles and ideas board was swift for most staff members, these types of transformations take time to prove that it is more than concept or design. Our leadership team needed to prove to staff that the ideas board was not just a "flavor of the month." Leadership follow-through was the most crucial factor in proving this to staff.

The phrase, "Put it on the ideas board" became commonplace. Staff know that if their ideas are on the board, their issue will be addressed. If something needs to get done, the fastest way to do so is to submit it to the ideas board. Leadership began leaving submission forms all over the cancer center to make it easy for staff to document their ideas in real time. The concept of tying annual performance goals to the ideas board further incentivized staff to submit ideas for improvement. Though ideas are continuously highlighted throughout the cancer center via the daily huddle, during the COVID-19 pandemic, leadership began a monthly newsletter in lieu of monthly staff meetings.

Measuring Success

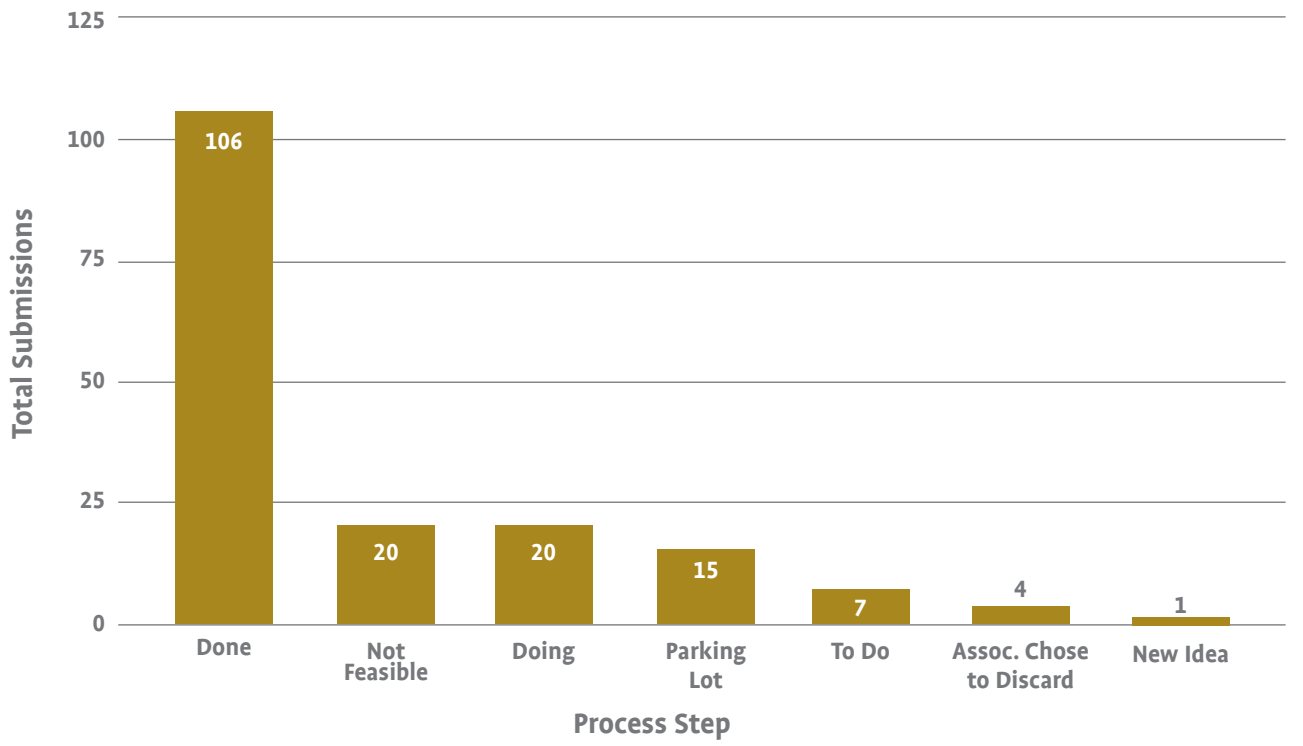
It is leadership's responsibility to track all ideas electronically. Even though the staff-facing portion of the ideas board is manually done via pieces of paper, leadership needed a way to track submissions and improvements over time. Therefore, each idea is entered into a tracking spreadsheet. Leadership tracks ideas over time and keeps metrics to measure the ideas board's outcomes as a whole. Primary metrics include the volume of ideas submitted, the volume of ideas completed, and the lead time from submission to completion. Our initial goals were to complete at least 50 percent of all submitted ideas and to complete (implement) each idea in under one month's time. The cancer center's administrative assistant plays a vital role in this process. She is responsible for the tracking and electronic documentation of ideas, allowing our leadership to follow through with the submitter and move ideas through the improvement process.

"Being involved in this program has allowed me to see the bigger picture of process improvement and how it has changed the culture within the cancer center," said Lisa Oest, administrative assistant at Cancer Centers of Colorado at SCL Health St. Mary's Medical Center.

To ensure the ideas board's long-term success, the leadership team put structures in place beyond the daily review of the board. We also hold weekly check-in meetings at the ideas board to discuss the status of ideas as a team. This allows us to share thoughts, concerns, and resources. Further, the cancer center leadership team and the Process Improvement Department scheduled monthly check-in meetings to discuss what is working well or what needs to be improved. This also gave cancer center leadership a direct line to continuous improvement experts within the organization to help them solve more complex problems.

Leadership uses "blitzes" to increase idea submissions. "Blitzes" are short sprints of submission time periods centered around one specific problem. For example, one area where the cancer center lagged behind was in our patient satisfaction scores. For far too long, these scores were well below our standards and did not show signs of improvement no matter what we tried. A call to action was sent out, and staff were incentivized to submit ideas that would dramatically improve the patient experience. The scope shifted from small ideas to big ones that would have a considerable impact on creating positive, memorable experiences for patients. The patient experience "blitz" produced more than 60 ideas in one month. The top three ideas were selected, and a team supported each submitter to ensure the idea's successful implementation. The remaining submissions were placed on the ideas board for staff to continue forward as if it were a typical submission. Ultimately, this particular "blitz" was a major success for idea generation, staff engagement, and improvements in patient satisfaction. Before implementing the Daily Improvement Program, the overall top box score for patient satisfaction was 47 percent.

Figure 2. Submissions by Process Step, March 2018 to July 2021



After implementation, the overall mean score improved to 88 percent.

Another area we needed to improve was staff engagement. Before implementation of the Daily Improvement Program, our staff engagement scores were unsatisfactory. Press Ganey engagement results showed an engagement factor of 4.17, and staff responses to the question "I am involved in decisions that affect my work" came in at a score of 3.69. We were not proud of either scores. Nearly all of the departments in the cancer center were in tier 2, so though the situation could have been worse, they needed to be better. Within two years, our staff engagement results show the Daily Improvement Program's proof of concept was as effective as hoped. The post-implementation engagement factor was 4.25, the question "I am involved in decisions that affect my work" score was 4.05, and all departments in the cancer center were in tier 1. There were uniformly higher results in all domains of the staff engagement survey:

- Organization domain increased from 3.93 to 4.14
- Manager domain increased from 4.10 to 4.21
- Employee domain increased from 4.17 to 4.28
- The leader index increased from 85 to 88
- The resiliency index incrased from 4.22 to 4.35.

Table 1. Select Submissions Implemented from the Ideas Board

Hand-Written Thank You Letters to All New Patients of the Cancer Center

We developed a standard thank you letter script for all cancer center and non-oncology infusion center patients. We brought together a group of staff who all had excellent penmanship. They receive a weekly list of all new patients and hand-write a thank you card for those patients. The cards are shared with a patient's specialty, so all related staff can sign the card. The response from patients about this implementation was overwhelmingly positive. It brightened up their day and showed them that we were willing to go out of our way to make them feel like they were a part of our family.

Submitted by Dave C., MA

Follow-Up Phone Calls to New Infusion Patients

The infusion charge nurse makes personal phone calls to every new infusion patient who came in the previous business day. The purpose of these calls is to check in on patients and to see how they are feeling after their first infusion treatment. The call allows for an additional touchpoint from a highly trained nurse back to the patient. We can gather meaningful input from the patient about their experience and address any clinical questions they may have. This improvement added work to the charge nurses' daily task list, but it has also addressed some minor concerns patients have before those concerns can grow more significantly.

Submitted by Crystal T., RN, OCN

Changing Scrub Color to Create a More Uplifting Environment

Historically, the scrub color for radiation therapists was black. This color always felt out of place for our radiation oncology staff. We changed the color to a bright blue to create a more uplifting environment for staff and patients especially. Patients loved the color change, and now these scrubs bring some brightness to their day.

Submitted by Breanne G., RT(R)(T)

Enlarging Drug Name on Chemo Bags

Reading the text on a chemotherapy bag from more than a couple feet away is very challenging, especially for staff with less than perfect eyesight. The idea was submitted to enlarge the drug name text, which would allow for easier safety checks. This change was not as easy as it sounds. Several IT tickets needed to be placed to work through this issue. Ultimately, the font was enlarged and the safety check process became much easier for infusion center staff.

Submitted by Katie M., RN

Purchase Ergonomically Correct Treatment Station Chairs

Radiation therapists spend most of their day at the treatment station, which has a counter-height desk. The chairs we had for this space were old and starting to cause undue stress on the backs and arms of staff. At the direction of staff, we purchased ergonomically correct chairs that allow for easy adjustments to meet the needs of all staff. The therapists especially loved being able to try out and ultimately decide which chair they would purchase.

Submitted by Melissa M., RT(T)

Across the board, the culture of the cancer center showed vast improvement over the three years the Daily Improvement Program was in place. Due to these changes, there were positive impacts on staff turnover rates. Prior to implementation, our turnover rate was typically above 15 percent; our turnover rates dropped to well below 10 percent throughout the cancer center post-implementation.

The positive impact the Daily Improvement Program had on the culture of the cancer center is in some ways immeasurable. For the many staff who experienced the cultural transformation firsthand, the impact reverberates throughout the entire building. Through the first three years of the program, 60 individuals and 13 teams submitted 180 ideas. Of these, more than 100 ideas (106) were completed (see Figure 2, page 42). Table 1, page 43, lists select submissions from the ideas board that were completed. Figures 3-5, pages 44-45, offer more detailed information about the submissions to our ideas board.

There is a direct correlation between the work to improve the culture of our cancer center and the incredible improvements shown in our patient and provider satisfaction numbers. However, there is no better proof than that of direct patient feedback. Recently, when rounding with a patient, the oncology director asked a patient what stood out to him about the cancer center from when he started treatment to today. The patient stated, "When I first came all those months ago, I wanted to go home and let cancer take me away. Now when I come in, I have an overwhelming feeling of hope, and it is all because of the staff and doctors that are here. They give me hope." There is no greater calling for a cancer center than to give its patients an overwhelming feeling of hope. All it took to get there was a significant culture change, one idea at a time. OI

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Figure 3. Expected Benefit Themes, March 2018 to July 2021

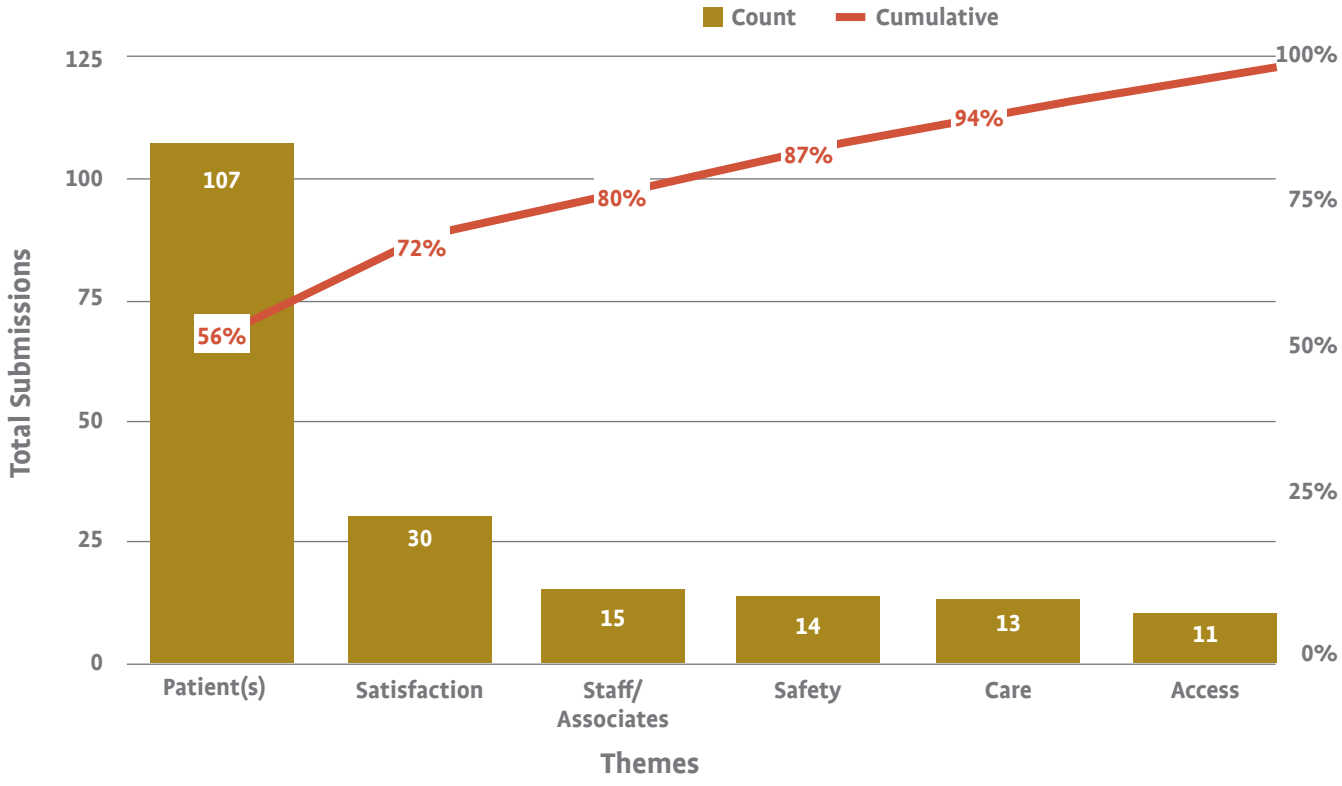

Figure 4. Submissions by Area, March 2018 to July 2021

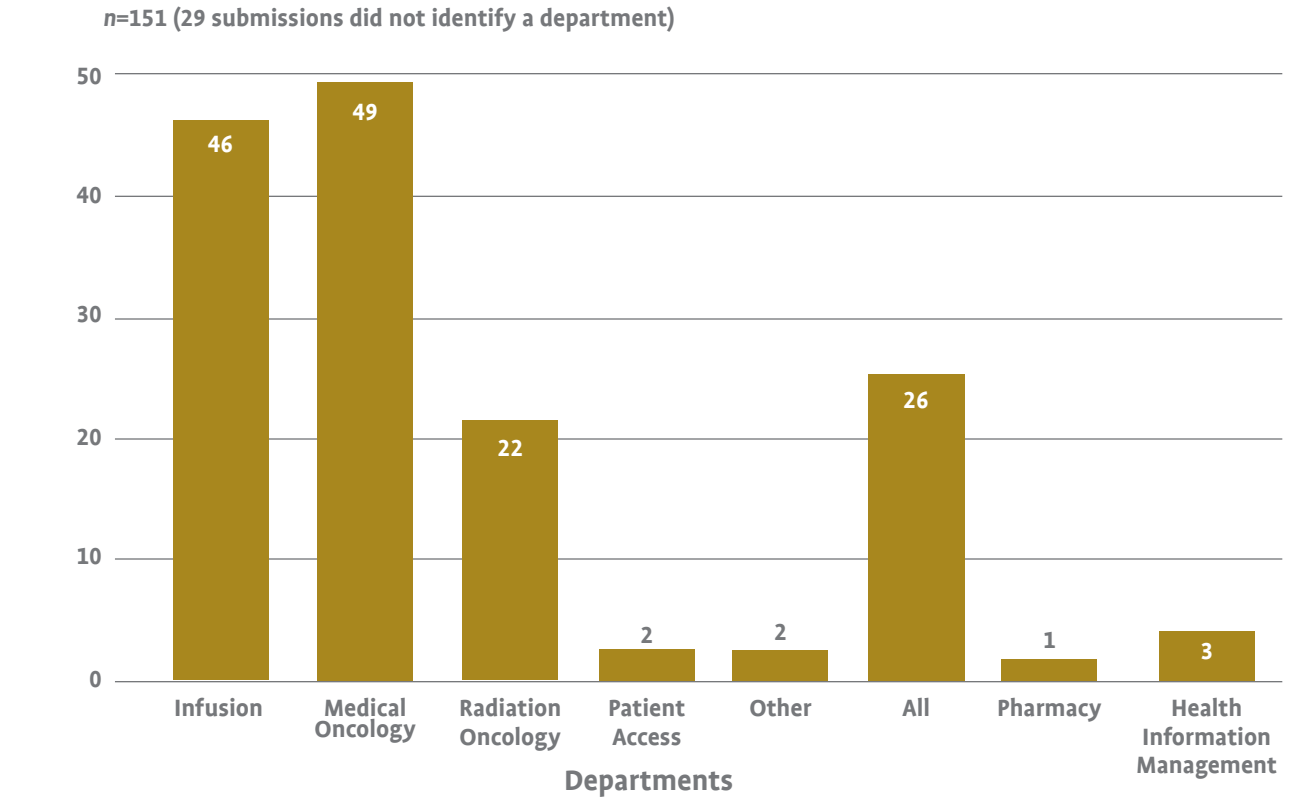

Figure 5. Submissions by Process Step, March 2018 to July 2021