


# Patient-centered



Focus  
on the patient  
experience can set  
your program  
apart

## patient centered care model

**1 a:** A transformational care delivery system that endeavors to change the way community cancer centers operate by focusing first and foremost on meeting the needs of the patient. **b:** A care delivery system that serves as a “top down” mechanism for community cancer centers, transforming the entire environment of the patient care experience.

**T**raditional care delivery system models operate as giant “people movers,” transporting patients through a healthcare system like cogs in a wheel. Delayed appointments, billing problems, or scheduling errors can jam the system and stack up the entire process, affecting patients, providers, and payers. Today, some community cancer centers are changing the way they deliver care to their patients, adopting a “patient-centered” approach. Here’s a look at how one program, Trinitas Comprehensive Cancer Center in Elizabeth, N.J., is using its patient-centered approach to improve care and set itself apart from its marketplace competitors.

## Flying High

Jose Vega, the concierge at Trinitas Comprehensive Cancer Center, likens his skills to those of an air traffic controller. Using a patient tracking software program very similar to the ones used in airports, Vega knows when patients arrive, where the Center’s valets have parked their cars, and the time of their appointments with doctors, nurses, social workers, dietitians, and even with Inker, the golden retriever who is part of the Trinitas pet therapy program. Vega also knows which patients have requested the personal laptop computers the Center provides to check email or conduct business during their stay. But perhaps most importantly, he knows patients’ names. Every patient receives a personal greeting from Jose when they arrive. Hospitality and attention to detail are the hallmarks of the patient-centered care at Trinitas Comprehensive Cancer Center. In fact, a personal greeting from everyone who

encounters a patient is part of the culture Trinitas is seeking to nurture.

## What Would Patients Want?

Trinitas Comprehensive Cancer Center, which opened in 2005, was conceived as a facility where patients would receive the entire continuum of cancer care in one central location. The five story, 48,000-square-foot, \$28 million facility in the heart of Elizabeth was planned from the ground up with the “patient experience” as the driving design focus. Taking the “patient-centered” approach to the next level, the concept called for one-stop care in a setting that would include the conveniences of an upscale hotel. The architectural design for the facility was premised on ease of patient access. Each point of care is located strategically and follows a logical order, positioned to help patients avoid walking or being transported long distances from one floor to another.

Aptium Oncology, an outpatient oncology management company, provided integral input and direction during the cancer center’s design phase and construction, and continues to play a front-line role in the Center’s daily operations and management.

## Go with the Flow

Hand-in-hand with the bricks-and-mortar facility design was attention to how coordination of care would happen in the new center. Excessive waiting times and inefficient care processes are two of the most intractable problems faced by cancer program management. Often, these issues are a source of ongoing tension for both patients and providers, striking at the heart of the care delivery model. In fact, managing patient flow and the problems it can create have even caught the attention of the Joint Commission on the Accreditation of Health Care Organizations (JCAHO). JCAHO has recently issued a new standard (LD.3.15) on managing patient flow. (For more see box on page 43.)

Improving coordination of care was one of the key factors in management’s decision to adopt the patient tracking system used by Vega and all of the cancer center’s staff. Hill-Rom’s NaviCare® Patient Flow System and NaviCare Clinic Module provide staff with a continu-

# Cancer Care

BY RON SOHN, MBA



At left, Jose Vega, the concierge at Trinitas Comprehensive Cancer Center, personally greets every patient who arrives at the cancer center. Above, Trinitas Comprehensive Cancer Center received the Metro New York/New Jersey Chapter of the Construction Management Association *Award for Excellence in Building 2006*.

ous, real-time picture of scheduling, status, capacity, and patient flow. The program features parallel tracks, similar to airport runways, so that it is possible to “change tracks” and move patients from one “runway” to another. The patient tracking software is installed on all workstations and set as the default screen. Each morning, staff logs into the program, which remains “live” as long as the cancer center is open and seeing patients. Monitors stationed strategically throughout the cancer center allow staff to closely track patients throughout their entire continuum of care. (Management theorized that patients would be more accepting of an occasional delay if they were informed and kept abreast of scheduling changes.) In addition to identifying

scheduling problems or delays, the patient tracking system offers opportunities to move appointments up—if the new schedule is convenient for the patient.

Because the system also provides Trinitas staff with information about a patient’s specific care needs, such as fall risk, hearing deficits, or even details about complaints, staff has the tools at hand to further improve and personalize the patient’s care experience.

Every member of the cancer care team learns to use the patient tracking system. From the concierge to the patient registration representative and from the nurse to the physician, all staff is charged with keeping patients informed and up to date during their visit.

Between each stage of the patient’s care visit, the patient is logged in as “in transit,” and then checked in upon arrival at the next stage. The patient tracking system sends an electronic precautionary notice to each station on

Trinitas Comprehensive Cancer Center's multidisciplinary, holistic approach integrates medical and radiation oncology with pain management, nutrition, psychiatry, complementary medicine, and other cancer care services.



a patient's care team if a delay occurs. This safeguard allows Trinitas staff to proactively address delays *before* the patient can voice a complaint. Such attention to detail not only enhances the patient experience—it improves the level of care being offered. For example, when the patient tracking system sent out a warning that a particular patient had exceeded the “in transit” time from the reception area to the onsite lab, every department went on immediate alert. The patient was found soon after, sitting on a cushioned ottoman by the elevator, too weak to move.

### Communicating the Difference

Trinitas Comprehensive Cancer Center faces competition from a number of large medical and university-based cancer programs located throughout the Northeast Corridor. Adopting a patient-centered approach to care was a unique way for the new center to differentiate itself from these other, larger programs. One challenge the center grappled with was how to communicate the program's distinctive “patient-centered” approach to patients newly diagnosed with cancer.

In a metropolitan area, such as Elizabeth, where both community cancer centers and major medical centers are easily accessible, patients face numerous options in terms of where they want to go for treatment. Generally, patients base their decision on several important criteria:

- **Location.** How important is it for me to receive treatment close to home and in my community versus traveling to another program?
- **Physician reputation.** Do I trust my doctors and their recommendations? Or should I seek treatment from a new physician?
- **Institutional reputation.** How do I know that the program delivers quality patient care?

From a marketing perspective, these last two criteria present a particular challenge. For many patients, identifying the appropriate level of care is a qualitative decision based on the perceived reputation of the physicians and facility. Factors that can contribute to physician and facility reputation can include:

- Quality outcome data (if available)
- Ranking from a respected source (e.g., “best hospitals” list from *U.S. News & World Report* and “top hospitals” from the Leapfrog Group)
- Patient satisfaction scores
- Anecdotal reports from family members, friends, and acquaintances
- Personal experience with the cancer center and/or its physicians.

### The Trinitas Experience

Trinitas Hospital is a full service healthcare facility and Catholic teaching hospital sponsored by the Sisters of Charity of St. Elizabeth, serving communities in and around Union County, N.J. Operating on two major campuses, Trinitas Hospital has 531 beds, including a 120-bed, long-term care facility.

Trinitas Comprehensive Cancer Center opened in September 2005. The facility includes:

- Two Varian linear accelerators, including the only Trilogy linear accelerator in the state
- 15 private infusion rooms
- Licensed laboratory and pharmacy services
- Facilities for nutritional, psychosocial, pain management, and clinical trial programs
- A growing complementary therapies program, which includes English and Spanish-speaking support groups.

When all criteria appear equally weighted, the final choice about where to receive treatment can boil down to intuition—the gut feeling the patient has about a certain physician or facility.

As part of its effort to reach out to these cancer patients, Trinitas Comprehensive Cancer Center looked at factors deemed most likely to influence patients to choose a community-based cancer center (i.e., qualitative, patient-centered experiential activities) over a major medical or academic center.

### Nexus Between Patient-Centered and Patient Satisfaction

Looking to patient satisfaction as one key factor driving choice of treatment location, Trinitas management decided to compare its program using a percentile ranking of patient satisfactions scores from Trinitas and 19 NCI-designed cancer centers that are included in the Press Ganey Outpatient Oncology Database. None of the scores reflected answers to clinically based questions; all dealt with those factors most likely to influence patients to choose a community cancer center, i.e., qualitative, patient-centered experiential activities rather than those associated with technical or medical

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### JCAHO Patient Flow Standards

*Managing the flow of patients through the organization is essential to the prevention and mitigation of patient crowding, a problem that can lead to lapses in patient safety and quality of care.*

JCAHO Standard LD.3.15

This standard emphasizes the role of assessment and planning for effective and efficient patient flow, identifying nine performance elements:

1. Assess patient flow issues within the hospital, the impact on patient safety, and a plan to mitigate that impact.
2. Deliver appropriate and adequate care to admitted patients who must be held in temporary bed locations.
3. Develop processes that support efficient patient flow.
4. Deliver adequate care, treatment, and services to non-admitted patients who are placed in overflow locations.
5. Develop specific indicators to measure components of the patient flow process and which address: available supply of patient bed space; efficiency of patient care, treatment, and service areas; safety of patient care, treatment, and service areas; and support service processes that impact patient flow.
6. Ensure that indicator results are available to individuals accountable for processes that support patient flow.
7. Ensure that indicator results are reported to leadership on a regular basis to support planning.
8. Improve inefficient or unsafe processes identified by leadership as essential to the efficient movement of patients throughout the organization.
9. Define criteria to guide decisions about initiating diversion.

factors. The patient satisfaction scores were aggregated into four “experiential” categories:

1. Facility accessibility
2. Emotional needs addressed
3. Coordination of care
4. Overall cancer center rating.

With its patient-centered approach to delivering cancer care, the Trinitas Cancer Center enjoys very high patient satisfaction. When compared to the 19 NCI-designated cancer centers included in the Press Ganey Outpatient Oncology

Database, Trinitas Comprehensive Cancer Center scored in the 99<sup>th</sup> percentile in both “Facility Accessibility” and “Emotional Needs Addressed” categories; in the 95<sup>th</sup> percentile for the “Coordination of Care” category; and in the 98<sup>th</sup> percentile for “Overall Cancer Center Rating.”


Trinitas is also proactively using some Press Ganey survey results to improve and finetune its patient-centered approach. For example, in the course of monitoring Press Ganey results for individual physicians, cancer program management noted consistently high quarterly satisfaction levels for one doctor. When asked about his consistently high scores, the doctor described how he used visual aids in explaining diagnoses and treatment to patients. He observed that more of his patients tended to respond better to a picture or model than to textual material and verbal instruction. To increase patient satisfaction scores in the “Inclusion in Treatment Decisions” category, Trinitas is now developing a patient education program for care teams to use that includes more visual aids and three-dimensional materials.

Another example of how Trinitas continues to focus on addressing the emotional needs of patients and improving care coordination is the newly developed electronic “Medical Education Referral Form.” Any staff member can use this form to inform the nurse practitioner who handles patient education about the specific information needs of individual patients.

Both the visual aids program and the Medical Education Referral Form are examples of “continuous improvement” in the program’s patient-centered care model.

### Looking to the Future

Since opening its door slightly more than one year ago, Trinitas Comprehensive Cancer Center continues, in many ways, to be in “start-up” mode. Consequently, the patient satisfaction analysis represents only a “moment in time”; its application as a management tool is subject to the impact of ever-increasing patient volumes, the addition of new physicians and clinicians, advances in technology, and system enhancements.

Looking ahead, Trinitas Comprehensive Cancer Center intends to establish a longitudinal measurement system to quantitatively assess its patient-centered care model. This decision reflects the mandate of Trinitas’ management to establish a measurement system to quantitatively assess its vision of a patient-centered model of care. Over time, the system will help guide the program’s commitment to enhancing those aspects of the patient-care experience that extend beyond medicine and technology, and support Trinitas’ strategy of building a competitive advantage by differentiating its program based on a patient-centered model of care. 

*Ron Sobn, MBA, is program planning director at Trinitas Comprehensive Cancer Center in Elizabeth, N.J.*