
Patient Enters Cancer Center
Step 1
Step 2
Step 3
Step 4
Step 5
Step 6
Patient Exits Cancer Center

TRICIA STRUSOWSKI, RN, MS, AND
MATTHEW SHOEMAKER

Oncology Disease-Site Process Mapping: Coordinating Care Across the Continuum

Coordinating care across the continuum for the oncology patient is extremely complicated, often including many sites of service and numerous providers. In today's oncology setting, physicians and support staff must work smarter—not harder—by decreasing duplication for both staff and patients. Efficiency is paramount as the industry transitions to value-based models. Most important, patients deserve a smooth transition with warm handoffs during the process. Through our work with cancer programs across the U.S., we have found disease-site process mapping to be one of the most effective tools to understand current patient flow and identify opportunities for improving patient experience. In this article, we will walk through the "how-to's" of process mapping that can be successfully applied to any cancer program.

Getting Started

Getting healthcare professionals to work as a team to map and potentially reconfigure the patients' journey can provide clinical benefits across a variety of specialties. In fact, streamlining the process of patient care serves multiple purposes in that it seeks to:

- Provide the best experience for the patient
- Decrease duplication of effort for the patient
- Utilize staff appropriately and efficiently
- Increase (and improve) communication among the cancer care team.

Disease site-specific process mapping also allows a thorough review of the continuum of care specific to patients with that disease (e.g., colorectal cancer) and assists staff with visualizing the entire care continuum with all its interdependencies.

Who Should Participate?

First, it is essential to include key individuals and stakeholders involved in the disease-specific continuum of care. Mapping-team participants should represent the clinics, departments, and/or offices that touch patients during their journey. In our experience, frontline staff members best understand the details of the patient flow, operations, and any barriers or gaps encountered most often; however, this does not preclude managers or administrators from also participating. The list below details individuals and/or departments that should be represented during the process mapping exercise, including:

- Surgery
- Medical oncology
- Radiation oncology
- Primary care
- Radiology
- Registration and insurance verification staff
- Admitting department
- Pre-anesthesia testing department
- Inpatient RN
- Inpatient unit case manager and/or discharge planner
- Navigator
- Social worker
- Registered dietitian
- Financial counselor
- Tumor conference coordinator
- Tumor registrar
- Genetic counselor
- Clinical research
- Behavioral health
- Rehabilitation/Prehabilitation
- Others as deemed necessary.

> "Process mapping is an aid to plan changes more effectively and re-evaluate what changes were implemented at what point. Understanding transitions in care from a patient perspective helps the healthcare team provide a better patient experience with increased efficiency and less duplication."
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> AMY POOLE, DIRECTOR, CANCER CARE SERVICES, PARKVIEW CANCER INSTITUTE, FORT WAYNE, IND.

The Process Mapping Experience

The first process mapping session should last between 90 minutes and 2 hours. Blocking off this amount of time with the representatives listed above may be challenging, but it can be done, and the results are more than worth the effort. Using a large roll of paper (e.g., 15 ft. long x 4 ft. wide), the group should outline the current-state continuum of care, step-by-step, starting at the earliest point of entry for the patient. Each detail must be discussed, including the length of time from one episode of care to another, delays, gaps, duplication of services, and opportunities for improvement. Participants are encouraged to share their goals of what a future-state process may look like during this discussion. As straight forward as the exercise sounds, it requires a planned approach, as there are many

Table 1. Benefits of Process Mapping

• Team members review roles and responsibilities.
• Team members understand, reinforce, and support each other's job functions.
• Enhanced coordination of patients' needs across the continuum.
• Team identifies opportunities for performance improvement.
• Team identifies common gaps and delays in care.
• Team coordinates care with the patient and/or caregiver at the center of the discussion.
• Physicians gain an increased understanding of the roles and responsibilities of the support staff.

CASE STUDY

In 2015, a cancer program in the Midwest initiated a multidisciplinary colorectal clinical performance group that included representation from surgery, medical oncology, radiation oncology, pathology, radiology, primary care, and other ancillary and support staff. During the group's second meeting, the team began the process of mapping out its current-state continuum of care team and identifying barriers and opportunities for improvement. Below are some of the positive outcomes that came from the group's efforts.

Reduced Colonoscopy Outmigration

Based on the process mapping exercise, the group immediately identified delays in care leading to outmigration for colonoscopies. The primary care physician (PCP) on the team revealed that delays in care had forced her to refer outside for urgent colonoscopies, which usually resulted in patients receiving their entire course of treatment at another facility. The PCP also communicated that routine colonoscopy patients would often independently schedule their procedures outside of the system due to delays in care.

Within two weeks of identifying this issue, the group implemented a revised intake process, which included the introduction of high-risk screening, the revision of intake forms, and the establishment of blocked time for urgent colonoscopies. Immediate results were realized, with patient outmigration for colonoscopy procedures decreasing significantly in the first quarter of 2016.

Improved Patient Experience Scores Following Expedited Pathology Process

Critical points of entry in the continuum were identified for support staff, navigators, social workers, the registered dietitian, and the financial counselor. The group decided that the navigators should receive positive pathology reports from the tumor registrar within one day of pathology results being available. The navigator would then contact the patient and provide a comprehensive assessment of the patient's needs, coordinating with appropriate disciplines as needed. Feedback collected through surveys showed that patient experience improved directly following the introduction of this policy.

Expedited Follow-up for Distressed Patients

Although the group identified that psychosocial distress screenings were being performed, follow-up from the screening was often delayed for a few days to several weeks. The team identified inconsistencies in the distress screening process as the primary driver of poor follow-up times and implemented a process where the screening was to be completed at the first chemotherapy visit and the first radiation oncology visit. This process helped the center meet the Commission on Cancer's Standard 3.2, which requires psychosocial distress screening to be provided at "pivotal medical visits," and helped reduce the average follow-up time by several days.

Reduced Duplication of Services

An additional need identified from the process mapping exercise was clarification on the roles and responsibilities of support staff. Using job descriptions and best practices, the support staff met with the group to document their specific roles and responsibilities and identified several situations where multiple staff were reaching out to the patient to complete the same task. The group came to an agreement on who would be responsible for specific tasks at a given time, leading to an immediate reduction in duplication of services.

complex and interdependent steps that are are revealed as the discussion progresses.

Process mapping exercises are not completed during a single session. It can take several meetings to review and revise the process map and arrive at a final version, signed off by all participants. If a key individual(s) or subprocess appears to have been missed in a prior session, make note of it and include the individual(s) and/or information in a follow-up session. The facilitator, usually an administrator or third-party participant, plays an important role in keeping the team on task and the discussion moving.

Once the entire disease-site process is complete, overlay this with when the team would like a navigator and support staff to intervene. Remember, the goal is to provide patient-experience interventions as soon as possible in a proactive manner, "staying one step ahead of the patient." Also incorporate when the team would like to initiate the distress screening process by identifying periods of highest distress for the patient and/or family. The

administrator or team should review the process map on an annual or semi-annual basis.

During the process mapping exercise, the team will inevitably identify unexpected findings, for example, duplication in patient education. These additional findings lead to smaller workgroups that can focus on decreasing redundancies and increasing overall efficiency. There has not been a single time in our experience where a physician or staff member walked away without exclaiming, "I had no idea that was happening." Small changes can have large effects on the patient experience, and learning where opportunities exist in the current-state process can aid in increasing care efficiency and clinical outcomes.

Reaping the Benefits

Process mapping results in clearly defined transitions of care from a patient's initial diagnosis to his or her survivorship or end of life. By better understanding the overall process and how each person's role fits into that process, the team is positioned for enhanced collaboration and better support for the patient. The final map can be used as a tool when onboarding a new staff member, for succession planning, and to plan future process changes. Further, the map helps to establish a baseline for evaluating when changes are implemented and assessing how those changes impacted the continuum of care. Table 1, page 54, illustrates the many benefits process mapping can bring to cancer programs.

Having all healthcare providers clearly understand the transitions in care from a patient perspective provides a better patient experience with increased efficiency and less duplication. This process is not only a learning experience for staff; it is also a team building exercise that highlights how individual roles work to contribute toward a common goal. OI

Tricia Strusowski, RN, MS, is manager, Oncology Solutions, and Matthew Shoemaker is senior consultant, Oncology Solutions, Decatur, Ga.

"[Process mapping] provides support staff and clinicians a 'blue-print' of the standard of care and when and what people are doing along the continuum. It helps all levels in each service line understand the process of patients entering the system and moving through the various combinations of treatments. With process mapping, you are able to create a priority list and color code your easy fixes, critical fixes, and fixes that may involve larger teams and timelines."

ALYSSIA CREWS, DIRECTOR SUPPORT SERVICES, MIAMI CANCER INSTITUTE, MIAMA, FLA.