A Cancer Center Designed by Patients for Patients

Katie Abbott, MHA
Stanford Health Care
Director, Cancer Networks
Learning Objectives

• How to engage patients and families in the design of infrastructure, operations, and culture of a new ambulatory building
• How to leverage lean techniques to design and improve the patient experience
• Humbling leadership lessons learned along the way
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**AGENDA**

*The Cancer Center Designed by Patients for Patients*

Stanford’s Cancer Center South Bay

A model for Patient & Family Advisory Council (PFAC) engagement

- **20** PFAC Members & growing
- **100%** of staff interviewed by a PFAC Member
- **$10,000** saved by PFAC involvement in furniture selection

**Dec. 2013**

South Bay PFAC Founded

- **$400** Dollars saved per infusion chair
- **50+** Workflows improved
- **300+** Interviews completed to date
- **8+** PFAC Members featured in local advertising campaigns
Agenda

• Establishing a Patient & Family Advisory Council (PFAC) & Council Operations
• Infrastructure & Experience Design
• Workflow Optimization
• Hiring & Onboarding
• Marketing & Advertising
• Reflections
• Q&A
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South Bay PFAC Founded
Agenda

- Establishing a Patient & Family Advisory Council (PFAC) & Council Operations
- Infrastructure & Experience Design
- Workflow Optimization
- Hiring & Onboarding
- Marketing & Advertising
- Reflections
- Q&A
New Location, New Market

Stanford’s South Bay Cancer Center is located in the heart of Silicon Valley.
The patient experience can feel like a rugby match

PFAC Operations

• Senior-executive-level buy-in
• Membership selection
  – Leverage staff, providers and community to nominate members
• Establish committee leadership and structure
  – Patient/Care-Provider Chair
  – Patient/Care-Provider Secretary
  – Staff Advisor
• Set meeting cadence & agendas
  – Monthly (2 hrs)
  – Agendas items should be equally driven by members and staff
• Communicate and develop the vision and establish norms and expectations
Patient & Family Advisory Council

**DECEMBER 2013**
Established PFAC

**1ST PFAC formed prior to launching programming and prior to opening building**

- **Range of Member Experiences:**
  - Stanford Health Care
  - Community Doctors’ Offices
  - Other Academic Medical Centers
  - Community Medical Centers Across the Nation
  - Patients • Caregivers • Staff

- **Range of Member Medical History:**
  - Blood
  - Breast
  - Colon
  - Lung
  - Lymphoma
  - Melanoma
  - Ovarian
  - Prostate

- **9 PFAC Members in 2013** quickly grew to **21 PFAC Members**

**JULY 2015**
Cancer Center Opened!
Patient & Family Advisory Council (PFAC) Highlights

• Facility & furniture review and recommendations
  – Resulted in ~$400 cost savings per infusion chair
  – Resulted in changes to fabric in café to create a warmer environment
  – Installation of curtains in the Infusion Treatment Center for increased privacy

• Interviews of all final CCSB candidates

• Interior art review and recommendations

• Development of the CCSB Expectations Commitment

• Facility, Workflow & Service Design
  – Universal Registration
  – On-Stage/Off-Stage
  – Parking and Wayfinding
  – Real Time Locating System (RTLS)
  – Wire Localization
  – Social Work, Survivorship
  – Phone Tree

Please note: this is not an exhaustive list
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## PFAC Committee

- **Operations**
- **Building Design + Experience**
- **Workflow Optimization + Program Development**
- **Hiring + Onboarding**
- **Marketing + Advertising**

### PFAC Committee Objectives:

- Partnership between patients, family members and staff
- Monthly meeting to review operations and provide problem solving partnership
- Review patient satisfaction scores
- Partner with operational areas to improve existing workflows
- 3+ members trained as Volunteer Navigators & Librarian
- Featured speakers at local and national conferences

### Building Design + Experience:

- Partnered with architects and design team to develop building layout
- Reviewed all interior and exterior signage to insure ease of navigation
- Reviewed and selected artwork for entire building
- Furniture review and recommendations
- Selected comfortable robes for radiology exams

### Workflow Optimization + Program Development:

- Developed Guiding Principles

### Hiring + Onboarding:

### Marketing + Advertising:

### Financials:

- Dec. 2013
- South Bay PFAC Founded

- $400 Dollars saved per infusion chair
Agenda

• Establishing a Patient & Family Advisory Council (PFAC) & Council Operations
• Infrastructure & Experience Design
• Workflow Optimization
• Hiring & Onboarding
• Marketing & Advertising
• Reflections
• Q&A
Guiding Principles

1. **Facilitate partnership** between patients, family, staff and community partners
   - Personalize the experience
   - Build relationships
   - Make the patient feel welcome

2. **Inspire hope positivity and engagement with patients and families**
   - Build respect and dignity into patient experience
   - Improve and simplify patient navigation
   - Maximize natural light and access to views for patients under treatment while also offering private options

3. **Provide holistic treatment—mind, body and spirit**
   - Offer patients a holistic experience in a single location
   - Integrate medical treatment with supportive care (spiritual care, social work, support groups, exercise and nutrition classes and more)

4. **Enable coordination of care between departments, sites, providers and treatment modalities**
   - Seamless coordination between departments, main campus and community
   - Streamline intake and scheduling processes
   - Collocate services and coordinate warm handoffs between departments

5. **Allow for innovation in treatment options and care delivery**
   - Leverage technology to support workflows and communication
   - Design of clinic space reflects a creative approach to optimizing clinic flow with multidisciplinary team work cores and dual-entry exam rooms
   - Programs designed to support clinical trials and access to leading edge care

6. **Provide flexibility to adapt to different patient/provider needs**
   - Team approach utilizing shared staff, equipment and spaces
   - Minimize movement/travel by leveraging multi-functional spaces, bringing services to the patient
   - Floor plans allow for future expansion of clinics, radiology and ORs

7. **Offer comprehensive Cancer Care**
   - The array of services provided in the South Bay brings key treatments to the patient in one convenient location
Infrastructure & Experience Design

1. Define Key Concepts

- Key Design Elements - KFE
  - Improve Flow & C
  - Designated "Controller" to ensure S
  - Added "Pod" Concept for maximizing movement of patient

- Key Design Concepts
  - Distinct Period Imaging
  - "Pod" Concept for minimizing movement of patient

- Patient Growth
  - Patient Satisfaction

- Distinct Flows for PE Imaging

- Identified Neccessary Adjacencies + Work

- Identified Requirements needed for 2nd Floor

- Identified OPP to Leve Technology to Improve

2. Design & Iterate

3. Mock-up, Test & Refine

- Calm inviting patient corridors
- Privacy at check-in/check-out
- Flexibility for growth
- Eliminated duplicate patient registration lines
- Decreased waiting room time
- Increased workflow through coordination
- Holistic design
- Multi-use working spaces

Stanford HEALTH CARE
Partnering with Patients & Families to Design for the Future

1. Guiding Principles Established with Patients and Staff
   - Partnership
   - Positivity
   - Holistic Treatment
   - Coordination
   - Innovation
   - Flexibility
   - Comprehensive

2. Lean Design Workshops
   - Generated an efficient floor plan that supports patient, family, and staff while maximizing the range of services provided.

3. On-Site Simulations
   - Tested workflows with proposed floor plans. Identified opportunities to improve space to support patient and family-centered care.

4. Collaborative Plan Reviews With the City of San Jose
   - Continuous Improvement

5. Strong Partnership with South Bay Patient Advisory Council (PAC)
   - Patient- and family-centered care is working with patients and families, rather than just doing things to or for them.

Teams examined preliminary floor plans to:
- Create string diagrams for key operational flows
- Identify opportunities for improvement
- Propose design realignments to optimize the patient experience and operational effectiveness
Collaborative Design Planning

A multidisciplinary team of staff, patients and family members engaged in the design process for Stanford’s South Bay Cancer Center. The group helped design the building floor plans to best suit the needs of patients, family and staff, while maximizing access to the range of services provided.

TIMELINE

2013
- Three day lean design workshop
- Full day workflow session
- Detailed user group input to space design floor by floor
- Three day Gemba walk
- Vronia Mason site visit to see Lean design in action
- Current state value stream mapping
- Future state process design visioning
- Big idea process design user group kick-off

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<th>February</th>
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• Establishing a Patient & Family Advisory Council (PFAC) & Council Operations

• Infrastructure & Experience Design

  • Workflow Optimization
    – Super Scheduling Case Study
    – Universal Registration Case Study

• Hiring & Onboarding

• Marketing & Advertising

• Reflections

• Q&A
Workflow Design

• Start with current-state gemba walks
• Use the voice of the patient + A3 Thinking to drive problem solving and workflow design
• Test today while planning for the future
Coordinated Scheduling Model

**Problem:**
- Oncology patients have multiple appointments.
- Patients/Caregivers own the complexity of coordinating and scheduling all appointments

**The “Why”:**
- Healthcare has created a complex environment for patients
- We (healthcare professionals) should own the burden of coordination, not our patients
• **Approach & Tools:**
  – Leverage the voice of the patient in partnership with A3 Thinking

• **Impact:**
  – Decreased scheduling touch points by 50%
  – Exposing and solving system-wide scheduling challenges

• **Leadership Reflections:**
  – Remove the words “easy” and “should be” from our vocabulary
  – Learn to see fast and bring others along
  – Align, document and iterate. Then document again.
  – You do not need to be an expert to build a vision and inspire change
Workflow Design Case Study #2: Universal Registration – Combined Check-in Process

• Problem:
  – Patients must navigate multiple points of registration before they can receive the clinical care they need.

• The “Why”:
  “Scheduling and check-in should be fast. It should be easy. You shouldn’t have to wait, especially with this type of thing, if it's cancer.”

"I mean it feels a little disconnected. It doesn't feel like it's all together. At a minimum, you shouldn't have to go through the whole registration thing again. But you have to start all over again, with your birthday, and your story... could there not be a simpler way, is your birthday and your weight and all that going to change when you walk up the stairs to the other appointment?"
Universal Registration

• **Approach & Tools:**
  – Drive patient value today & plan for the future
  – Bring patients to the drawing table

• **Impact:**
  – 66% ↓ in Registration touchpoints
  – 58% ↓ in Patient Registration Time
  – 17% ↓ in Staff Registration Time

• **Leadership Reflections:**
  – Don’t wait for perfection or technology to make improvements
  – Align to the problem early and often
  – Empathetic and constant communication, alignment and engagement across all stakeholders
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You’re not building a building. You’re building a culture.

-Patient & Family Advisory Council Member
Leadership & Patient/Family Interviews

- **Problem:**
  - Hire 200+ FTEs
  - Short Timeframe
  - High interest in positions

- **The “Why”:**
  “Guiding Principles are great, but how will you build them into your culture every day?”
  — PFAC Member

1. Facilitate partnership between patients, family, staff and community partners
   - Personalize the experience
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Leadership & Patient/Family Interviews

• **Approach & Tools:**
  – Create something tangible to drive alignment
  – Understand best practices and allow teams to continue to shape the process
  – Create standard work that can react to urgency with flexibility

• **Impact:**
  – 100% of staff interviewed by a PFAC Member and CCSB Leader
  – The culture is palpable
  – Approach is replicated across the organization

• **Leadership Reflections:**
  – Obtain buy-in & accountability
  – Acknowledge expertise
  – Highlight best practices
  – Share the spotlight
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<th>Words that Work</th>
<th>Time</th>
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<td>Welcome Candidate &amp; Set Expectations</td>
<td>SHC Leader</td>
<td>• Thank you for taking the time to join us today.</td>
<td>2 min</td>
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<td>• We have about 30 minutes for this interview. We have our set of interview questions and want to be sure you have plenty of time to ask questions as well. Please feel free to ask us to clarify questions or for additional information along the way. You may see us taking some notes as we go along.</td>
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<td>• We'll do some quick introductions and then jump into the questions.</td>
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<td>Interviewer Introductions</td>
<td>SHC Leader &amp; PFAC Member</td>
<td><strong>SHC Leader:</strong></td>
<td>3 min</td>
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<td>• Name, Role in the project</td>
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<td>• Provide quick overview of SHC Leadership Team and Org Structure</td>
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<td>• Day-to-day on-site Operations Leadership: Administrative Director; Clinical Director; Senior Program Manager of Business Operations</td>
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<td>• SHC Leadership team will be working closely with leaders back at the main campus to support staff, ensure smooth operations, identify opportunities for improvement, etc.</td>
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<td>• Name, Role in the interview process (e.g. I am a member of the South Bay Patient and Family Advisory Council. The PFAC has partnered with the Stanford team throughout the design and planning processes for the building and will continue to do so once the building opens. My role is to bring the patient and family experience lens into all aspects of the business)</td>
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<td>3</td>
<td>Interview Questions</td>
<td>SHC Leader</td>
<td>1. We've had an opportunity to review your application. Can you please provide a brief overview of your career experience and speak to your interest in the Cancer Center South Bay specifically?</td>
<td>15 min</td>
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<td>PFAC Member</td>
<td>2. Tell me about the most difficult patient/customer service experience that you have ever had to handle. Be specific and tell me the outcome of this experience.</td>
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<td>SHC Leader</td>
<td>3. Tell me about a time when you identified an opportunity for improvement within one of your workflows. What did you do? How did you communicate the need for change? Who did you work with and what was the outcome?</td>
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<td>PFAC Member</td>
<td>4. Tell me about a situation where your ability to understand a customer’s/patient’s or a co-worker’s problem made the difference in achieving results.</td>
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<td>SHC Leader</td>
<td>5. We all make mistakes on the job. Tell me about a time when you made a mistake at work. How did you handle it? What was the outcome?</td>
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<td>Step</td>
<td>Who</td>
<td>Words that Work</td>
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| 4 | Review Expectations Commitment | SHC Leader | • During the design process for the building, Guiding Principles were developed by patients, families, staff and providers to support the patient and family-centered vision for the Cancer Center South Bay  
• These Guiding Principles have influenced the design of the physical space, operations and workflow planning and will continue to be the foundation of everything we do going forward.  
• As we transition from design and planning into daily operations, the Expectations Commitment was developed in partnership with the South Bay Patient and Family Advisory Council, Stanford Leaders and physicians.  
• This document takes Stanford Health Care’s C-I-CARE practices and provides specific examples of what that looks and sounds like in the Cancer Center South Bay *(Note: ask if candidate is familiar with C-I-CARE—if not, provide quick overview)*  
• The Expectations Commitment is something that every Cancer Center South Bay team member will sign at New Facility Orientation. We tend to refer to this document as our alignment or accountability document—we’re all aligning to creating an innovative patient and family-centered environment and will be holding ourselves and one another accountable for maintaining that environment on a daily basis.  
• Please take a moment to read this document over. Do you have any questions or concerns about this type of commitment? | 2 min |
| 5 | Candidate Q&A | SHC Leader (To PFAC Member) | • PFAC Member (use proper name), do you have any additional questions for Candidate (use proper name)  
• If yes, allow PFAC Member to ask additional question | 7 min |
|     |               | SHC Leader (To Candidate) | • What questions do you have for us? | |
| 6 | Thank you & Wrap-up | SHC Leader | • Again, thank you for your time today.  
• Your hiring manager will be following-up shortly with next steps. | 1 min |
| 7 | Follow-up | SHC Leader | • Email interview feedback to Interview Coordinator immediately following the conclusion of the interviews.  
• Include:  
  • Assessment of candidate (Recommended or Not Recommended)  
  • Key feedback, quotes from candidate, etc. to support assessment  
  • Any questions the candidate may have asked that the interviewer was unable to answer | 10 min |
<table>
<thead>
<tr>
<th>PFAC Committee Operations</th>
<th>Building Design + Experience</th>
<th>Workflow Optimization + Program Development</th>
<th>Hiring + Onboarding</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Partnership between patients, family members and staff</td>
<td>✓ Partnered with architects and design team to develop building layout</td>
<td>✓ Universal Registration</td>
<td>✓ Conduct interviews of all final CCSB candidates as part of ongoing interview standard work</td>
</tr>
<tr>
<td>✓ Monthly meeting to review operations and provide problem solving partnership</td>
<td>✓ Reviewed all interior and exterior signage to insure ease of navigation</td>
<td>✓ Super Scheduling</td>
<td>✓ Presented at 100% of New Facility Orientation sessions</td>
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<tr>
<td>✓ Review patient satisfaction scores</td>
<td>✓ Reviewed and selected artwork for entire building</td>
<td>✓ Streamlined Wire Localization</td>
<td>✓ Helped develop key roles</td>
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<tr>
<td>✓ Partner with operational areas to improve existing workflows</td>
<td>✓ Furniture review and recommendations</td>
<td>✓ iPads for Patient/Family Use</td>
<td>✓ Developed Guiding Principles</td>
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<tr>
<td>✓ 3+ members trained as Volunteer Navigators &amp; Librarian</td>
<td>✓ Selected comfortable robes for radiology exams</td>
<td>✓ Appointment Access &amp; Call Routing</td>
<td>✓ Universally accepted as part of design principles with everyday culture</td>
</tr>
<tr>
<td>✓ Featured speakers at local and national conferences</td>
<td>✓ Developed Guiding Principles</td>
<td>✓ Financial Counseling</td>
<td>✓ Created Expectations Commitment to align design principles with everyday culture</td>
</tr>
</tbody>
</table>

- **PFAC Members & growing:** 20
- **100% of staff interviewed by a PFAC Member**
- **$10,000 saved by PFAC involvement in furniture selection**

- **Dec. 2013 - South Bay PFAC Founded**
- **$400 Dollars saved per infusion chair**
- **50+ Workflows improved**
- **300+ Interviews completed to date**

- **Marketing + Advertising**
  - Featured in Stanford People Article
  - Featured in radio and print ads, as well as internal and external marketing video
  - Featured speakers at 2015 Ribbon Cutting
  - Participated as panel speaker at Open House for breast cancer program
  - Acted as docents for community tours at Open House
  - Participated in 300+ interviews; featured in local and international publications
  - 8+ PFAC Members featured in local advertising campaigns
Agenda

• Establishing a Patient & Family Advisory Council (PFAC) & Council Operations
• Infrastructure & Experience Design
• Workflow Optimization
• Hiring & Onboarding

• Marketing & Advertising

• Reflections

• Q&A
“Cool technology alone isn’t enough...it’s about deeply understanding human needs”

Agenda

• Establishing a Patient & Family Advisory Council (PFAC) & Council Operations
• Infrastructure & Experience Design
• Workflow Optimization
• Hiring & Onboarding
• Marketing & Advertising

• Reflections

• Q&A
Outcomes

• Patient satisfaction
• Focus on multidisciplinary continuous improvement
• Focus on staff satisfaction through engagement of frontline staff and PFAC members in problem solving
• Patient and family centered design removed waste from processes allowing volumes to grow quickly
Reflections

• Know your own “True North” and align to your purpose
• Sweat the small stuff **AND** understand the power of aligned prioritization
• See “No” as an opportunity to be empathetic and to shift your approach
• Unifying around the voice of the patient allowed for productive dialogue, problem solving and blend of community and academic practice models
• Design costs and wasted efforts were avoided by partnering with the PFAC. The team continues to partner on superlative care delivery
Agenda

• Establishing a Patient & Family Advisory Council (PFAC) & Council Operations
• Infrastructure & Experience Design
• Workflow Optimization
• Hiring & Onboarding
• Marketing & Advertising
• Reflections

• Q&A
Katie Abbott, MHA

Katie Abbott is a healthcare professional with a passion for human-centered design.

Katie has led multi-million-dollar facility design efforts, strategic performance improvement initiatives and successfully designs innovative programs from the ground-up. In her current role as Stanford Health Care’s Director of Cancer Networks, she is responsible for directing and leading strategic growth, integration and operations management in support of the Cancer Network expansion and integration. Katie was a key leader in the design and opening of Stanford’s newest Cancer Center which focuses on bringing academic medicine to a community setting.

Prior to opening the Cancer Center, she worked as a Performance Improvement Consultant where she leveraged lean systems to impact patient value, business delivery and staff engagement.

Katie received her MHA and Bachelor of Science from Indiana University and serves on the Board of Directors for Women Health Care Executives and California Association of Healthcare Leaders – an independent chapter of ACHE.

kabbott@stanfordhealthcare.org