

The Philips logo is displayed in a white rounded rectangle on a blue background. The background of the entire top section is a photograph of the UMC Utrecht hospital building, a large multi-story structure with a glass entrance and a skybridge.

Healthcare

Transformation Services

Careflow Optimization

Philips Healthcare Transformation Service facilitates careflow optimization at UMC-Utrecht

Who/where

With over 1000 beds, the University Medical Center Utrecht (UMC-Utrecht) is a highly respected, academic medical center in the Netherlands with a particular focus on oncology including over 20 oncologic subspecialties.

Challenge

Looking to optimize their time-to-treatment and expand their collaboration and alignment with other centers of excellence in the Netherlands, the UMC-Utrecht was looking to enhance their careflows for oncology patients.

Solution

Using a rapid approach based on continuous improvement, the Philips consultants conducted a focused assessment of the current state including data analysis, interviews and observations of patient flow and clinical staff experience to identify opportunities for improvement. Intensive multidisciplinary workshops were conducted to co-create plans for short-, mid- and long-term solutions.

Results

Philips helped facilitate the restructuring of the tumor board meetings, increasing their effectiveness in confirming the diagnosis, developing the treatment plan and reducing the time-to-treatment. A pilot program has started for a revised referral intake process for head and neck oncology patients.

UMC-Utrecht recognized an opportunity to enhance the multidisciplinary coordination of care to ensure their patients receive the highest quality of care in the most timely manner. Based on prior successes with Philips in the Imaging Department, the organization found the Kaizen approach toward continuous optimization to be particularly effective and wanted to extend that success to the optimization of careflows in the field of oncology. The customer was looking for a focused, time-restricted analysis with instant implementation of short-term solutions in their pathways for gynecologic and head and neck oncology patients.

The Philips Healthcare Transformation consulting team started their assignment with on-site observations and stakeholder interviews. Following a systematic approach they conducted problem assessment, solution design and implementation assistance in a predefined timeframe. Top priorities were identified in meetings with the customer, based on the time to implement and the savings potential.

Head and Neck Oncology Careflow



“the careflow optimization process really made us aware of the great and small obstacles in our multi-disciplinary setup. By identification, prioritization and modification we were able to improve our setup and further optimize the care for our head and neck oncology patients.”

W.W. Braunius, E.N.T. Surgeon, University Medical Center Utrecht

Historically, head and neck oncology was organized in two departments (ENT and OMF) which led to the use of two distinct pathways of care for patients with similar diseases. To create a patient-centered care approach and to improve collaboration between the different specialties, a single standardized careflow was crucial.

The careflow for head and neck oncology patients involves many disciplines including the following clinical specialties:

- Oral and maxillofacial surgery
- Ear, nose and throat surgery
- Radiotherapy
- Medical oncology
- Radiology
- Nuclear medicine
- Pathology
- Anesthesiology

“it was delightful to see the power of a group once the common goals are clear.”

“the speed of change coming from this project was uncommon for a large institute as is ours.”

W.W. Braunius, E.N.T. Surgeon, University Medical Center Utrecht

A collaborative approach

With a focus on sustainable results, an UMC-Utrecht project team was formed which included physicians, nurse specialists and oncology-specialized nurses, and administrative personnel involved in the planning of the steps in the careflow. This project team was engaged during each step of the improvement process, facilitated by the Philips consulting team.

Stakeholder input

The Philips consultants developed a situational assessment, mapping out the current careflows in a manner that highlighted the delays and bottlenecks as experienced by the stakeholders. Through a set of focused workshops, the underlying causes for the issues were analyzed, opportunities for improvement were identified and prioritized, solutions were co-created and quick wins were implemented all within the same week. Other improvements were selected to be tested in a pilot program.

Pilot Hotline

Following a patient-centered care approach, a common patient intake process for the two departments was considered the first step in implementing a standardized careflow for head and neck oncology patients. A new and common patient intake “Hotline” was established to ensure that all patients engage with the care providers in an optimal sequence with the goal to reduce the time-to-treatment. As patient calls come in through the new “Hotline”, nurse specialists begin the process of navigating the patient through their experience at the UMC-Utrecht. Essential patient information and results of diagnostic exams performed by the referring facility are gathered. Dedicated checklists have also been introduced to enable tracking of the intake process and handling of requests for further diagnostic procedures. A pilot program of the “Hotline” has been put in place and process indicators will be tracked to assess the new way of working.

Gynecologic Oncology Careflows

The clinical optimization process for the gynecologic oncology careflows followed a similar approach and team configuration. Through the assessment phase, a number of themes were identified with improvement opportunities prioritized for solution design and implementation.



Time-to-treatment

Prior to this consulting engagement the organization had already been successful in implementing several initiatives to expedite the time from referral to confirmation of diagnosis, known as ‘time-to-diagnosis’. Each care provider fulfilled their own responsibilities according to the plan, but the sum of their actions resulted in a longer average time than desired from referral to start treatment, known as ‘time to treatment’. In addition it sometimes resulted in a ‘hurry up and wait’ feeling for the patient and clinicians. Optimizing the transition time between diagnosis and start of treatment was a key improvement opportunity.

Solution : Tumor Board

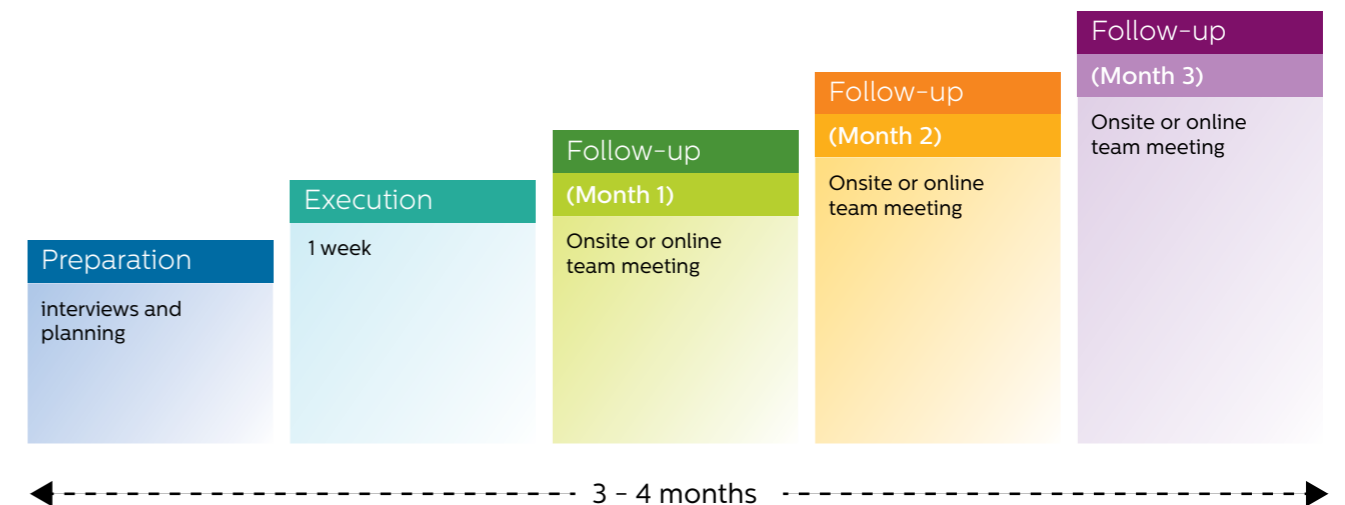
Restructuring of the multidisciplinary Tumor Board provided substantial opportunities for improvement:

- Tumor Board meetings were restructured resulting in a 40% reduction in overall meeting time.
- If diagnosis could not be fully confirmed at the time of the Tumor board meeting, if/then scenarios were elaborated and used in the subsequent logistical planning which accelerated the ‘time-to-treatment’ and stabilized the workload for staff.

- The gynecologist and medical oncologist would jointly conduct the initial treatment planning visit with the patient, pre-scheduled on the afternoon immediately following the Tumor Board meeting.
- The role of the nurse specialist as ‘patient navigator’ was introduced during this initial treatment planning appointment.

Implementation assistance

The Philips consultants scheduled monthly follow-up meetings with the various oncology departments to help them continue their focus and sustain the implemented improvements as well as address some identified ‘next opportunities’. The UMC-Utrecht team viewed this engagement as one they could refer to as achieving long-lasting results.





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