Southeastern Multidisciplinary Approaches to Cancer Symposium

Building Trust Through Operational Transformation

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Disclosures

I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:
The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:
Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

This presentation is dedicated solely to research or other issues that do not contain a direct patient care component.

The Hard Truth

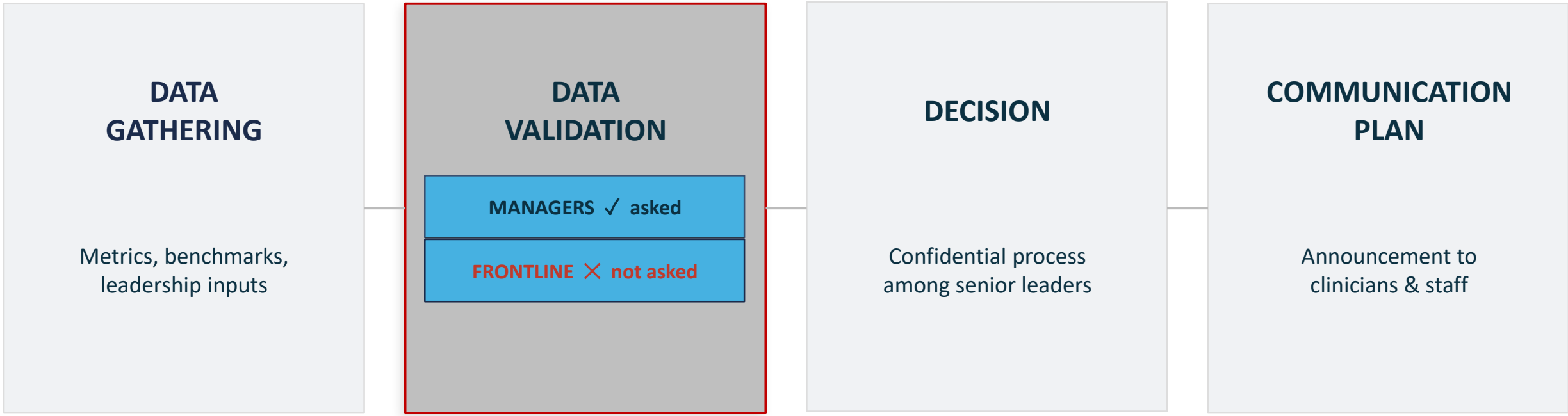
Operational transformation is difficult.

The data tells you WHAT to change, it almost never tells you HOW

Trust is the key variable needed for success

We Validated the Data……

We Just Asked the Wrong People



Managers validated what the data said. Frontline staff could have told us what it meant.

SCENARIO 1

The Oncology Clinic Coordinator Elimination

What the Data Said:

- 4 coordinators managing FMLA paperwork
- Metrics showed low paperwork volume
- Clear operational efficiency case on paper

What the Team Experienced

- Nursing staff already at administrative capacity
- Low volume masked time burden
- Disconnect and loss of trust from leadership

What Shadowing Revealed

- RN carrying 20-40% admin load
- Work far broader than FMLA paperwork
- Led to piloting Patient Care Coordinator role: expanded scope, right skill set

The lesson: When teams feel unseen, the trust breach outlasts any efficiency gain. Inclusion builds both

SCENARIO 2

The RN: MA Support Staff Redesign

The Model Assumed:

- Benchmark comparison group reflected our reality
- Majority of work absorbable by MAs
- Single support staff model applicable across a multidisciplinary clinic

The Reality

- Our patient mix differs from compare group: untraditional referral base, higher acuity, more complex and highly treated patients
- Underestimated patient acuity and care burden
- High admin task load falling on licensed staff

What We Built

- Expanded pilot: Patient Care Coordinator role + acuity-based staffing model
- Not just clinical acuity but workload acuity
- Right work with the right people with the right number of staff personnel
- A turning point for rebuilding trust

Frontline insight built the model. Immersion in their world built the trust.

The data told us what to change.

The frontline staff told us how.

Involve impacted teams in interpreting the data, not just receiving the decision.

Frontline Validation Framework

AFTER DATA GATHERING

Validate the Interpretation

- How do you interpret this data?
- What context is missing?
- What does this not capture about your work?
- Is this even the right data to inform this decision?

BEFORE DECISION

Stress Test the Model

- Do decision-makers understand the current state validated by frontline?
- Can we pilot before full implementation?
- What issues could emerge post-implementation?
- How will we identify and address them early?

BEFORE COMMUNICATION

Connect with the Team

- Can staff see themselves in the future state?
- Who are the team supporters — engage them in the communication plan
- What is the feedback mechanism post-implementation?

Select informal leaders close to the work, high performers, trusted with confidentiality.

What's Possible?

When engagement precedes implementation

Aligned Care Models

Care models customized to your organization but still aligned with best practice

Better Utilization

Right role, right task, right-sized for varying acuity

Less Fragmented Care

Moving away from silos and toward collaboration

Improved Continuity

Better workflows and utilization means patients don’t fall through the cracks

Sustainable Operations

Models teams actually want to maintain because they helped build them

Operational transformation is some of the hardest work we do in healthcare leadership.

The data will point you toward change.
The benchmarks will tell you what to target.
But the work of getting there, and sustaining it, runs through your people.

This is how transformation ushers in a new culture

City of Hope®

Trust isn’t optional. It’s the key variable that determines success.

It is the operational strategy.

References & Evidence Base

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