Case Study: Mapping Possibilities

Ohio radiologists use an innovative approach to identify the hassles that patients and providers face when interacting with their practice.

By Jenny Jones

Key Takeaways:
- Radiology Associates of Canton, a Radiology Partners practice, created a hassle map to identify and address the hurdles people face when interacting with the practice.
- Radiology leaders gathered input from other physicians, technologists, staff, and referring providers for the project.
- The resulting hassle map is helping the radiology practice recognize and resolve its friction points for improved patient care.

Often the first step toward improvement is acknowledging one's imperfections. That's what the team at Radiology Associates of Canton, a Radiology Partners practice, did when it recently embarked on a project to document the hassles that patients, referring providers, and others face when interacting with the practice. The result is a tool that is helping the group recognize its friction points — and, perhaps more importantly, do something about them.

Radiology Associates started the project in late 2016 at the suggestion of leaders from Aultman Hospital, which has a co-management agreement with the group. (Learn how the practice forged this agreement in this Imaging 3.0 case study.) At the time, Aultman's chief executive officer had just learned about hassle maps — tools that examine the challenges that people face when interacting with services, systems, and products — and thought that these maps could help the hospital's 20 care collaboratives (also known as service lines), including radiology, improve their workflow and increase patient satisfaction.

When radiology leaders learned about the approach, they immediately recognized its potential and began working with their radiology colleagues, technologists, staff, and referring providers to identify the group's hassles — including everything from scheduling delays to lack of standardization. Now the team is using its hassle map to guide its efforts toward enhanced value and improved patient care. “This project has allowed us to finally recognize these issues and remove these obstacles to care,” says Syed F. Zaidi, MD, vice president of clinical operations for Radiology Partners and medical director of co-management for the imaging service line at Aultman Hospital.

Getting Started

Kristen M. DeDent, executive director of process improvement at Aultman, initiated the hassle map project across the hospital, rolling it out to radiology, surgery, and pharmacy first. To start, she met one-on-one with the leaders of each care collaborative to teach them about hassle maps and instruct them how to leverage the tools with their teams. “We’re all aware that health care is challenging for patients to navigate, so we’re always looking for opportunities to simplify our processes for them,” says DeDent, who shared this PDF with each department. “Hassle maps are an easy way to see where these opportunities exist.”

In radiology, DeDent met with Zaidi; Stephen Passerini, MD, president of Radiology Associates of Canton and chair of the department of radiology at Aultman; and Christine E. Donato, executive director of imaging services at Aultman. Donato says that while developing a tool around the department’s obstacles initially seemed daunting, the team was eager to participate in the project. “We have a responsibility to ensure that we’re providing the best service to our community, physicians, staff, and patients,” Donato says. “We saw this as an opportunity to open the dialog with our staff and others to address challenges across the board.”

Zaidi says that the project also aligned with the group’s patient-centered radiology goals. “We realized that it
might uncover some issues that would be difficult to fix quickly, but we were enthusiastic that this was a great opportunity to engage our partners to improve efficiency, quality, and, ultimately, value,” he says.

Identifying Hassles
DeDent left it up to the leaders of each care collaborative to determine how to engage their teams and others to identify the hassles in their respective service areas. “It’s really just brainstorming,” she says. “You’re taking the time to look at your processes a little differently and think of all of the places that patients and others might get hung up as they move through your system. This is something anyone can do, with or without administrators’ involvement.”

Radiology leaders held meetings with the physicians, technologists, and staff on each shift within the department and also sent emails seeking input. Through these correspondences, radiology leaders shared DeDent’s PDF and invited everyone to participate in brainstorming sessions to share the pain points that they and others have encountered within the department.

“We created a safe space for people to talk about issues within the department,” Zaidi explains. “Rather than the usual interactions where no one wants to complain, we had a very open and honest discussion. We talked about staffing issues and ways we could improve the flow of patients through the department.”

The team also reached outside of the department through emails, phone calls, and in-person meetings to include feedback from referring providers. “It’s important to ask your referring providers honestly what issues they and their patients are encountering,” Zaidi says. “This dialog can strengthen your relationships with your referrers because you’re showing them that you take their input seriously and are trying to create change.”

Rodney K. Ison, MD, chief executive officer of Community Health Care and chairman of New Health Collaborative, was one of the referring providers who offered insights about patient accessibility and image ordering for the project. In particular, Ison reported that he and his team had experienced trouble scheduling patients after hours, and they didn’t always know the most appropriate test to order based on a patient’s clinical condition.

Ison says that he appreciated the radiology team taking his feedback into consideration — something it does often. “Radiology Associates has a culture of patient service, and we have a long history of working with them,” he says. “When they reached out to me about this project, we already had a level of trust established, so I felt comfortable sharing my thoughts with them. When you have that trust, you know they’re going to do the right thing. You know they’re going to follow through to make care better for patients.”

Plotting the Map
Radiology leaders spent about two months collecting feedback from people inside and outside of the department. Through this process, they identified more than two dozen hassles, from challenges associated with parking and obtaining lab results to an inadequate number of nurses within the department and insufficient patient education prior to exams. “By looking at the process from time of exam order to result delivery, we discovered many different targets for process improvement,” Passerini says.

Radiology leaders then emailed all of their hassles to DeDent, who mapped them using simple graphics tools in PowerPoint. The map includes three groups — patients, physicians, and staff — and the hassles are arranged around the groups with lines connecting each group to the hassles it encounters. “There is some overlap because some things can be frustrating to more than one group of people,” DeDent explains.

Once DeDent completed the map, the co-management team comprising radiology and hospital leaders met to prioritize short- and long-term solutions to the hassles, with those directly affecting patients receiving top priority. “We prioritized the items that we felt were most frustrating to our patients and providers,” Passerini says. “Our goal was to immediately implement strategies that would improve the patient experience.”

From there, radiology leaders shared the map and priorities with department members via email; they also displayed the map for everyone in the department.
to see. “We have a board where we share quality- and financial-related updates regularly, and this map is housed on that board,” Donato says. “When you see just how many hassles people face when interacting with us, you realize how much work we have to do to improve the experience for our patients. Seeing the hassles laid out like this definitely keeps them in the front of our minds. It’s very motivating.”

**Continuing Effort**

In fact, the team has already addressed some of the issues outlined on the map. For instance, it has begun working on a wayfinding system to help patients navigate to and through the department. “People ask for directions frequently as they move between the modalities, so we’re color coding the corridors and installing more signs to help patients find their way through the department,” Zaidi says.

The team has also worked with referring providers to resolve issues associated with posting imaging results on the hospital’s patient portal. “Some referring physicians wanted us to wait a month to post the results, and we wanted to post them almost immediately,” Donato explains. “We came to a compromise, and now we’re posting the results around the 10-day mark. This gives the referring physician time to review the results and to talk to the patient before the results appear in the portal.”

While the team is already eliminating some hassles from the map, it anticipates this being an ongoing project. “I’d like to revisit the map at the end of the year and see what hassles we have taken off and add any new ones that might arise in the meantime,” Donato says. “This is something we can continue to use year-after-year to track and reduce frictions in our processes and improve care for our patients.”

The radiology team feels particularly invested in the project thanks to the support of hospital leaders. “Our hospital administrators are very interested in patient satisfaction and engagement,” Zaidi explains. “They realize that you have to earn the right to provide service to patients and referring physicians. With their encouragement, we feel empowered to actually take on these challenges.”

**Next Steps**

- Reach out to people inside and outside of your group and ask them for feedback about the hassles they encounter when interacting with radiology.
- Plot all of the hassles on a map and connect each one with the group(s) (patients, physicians, or staff) that is affected by it.
- Share the map with your team and work to reduce the hurdles that impede quality patient care.

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