

Exhibit TL7.b

March 8, 2013

Care Coordinator Meeting- State of the Cancer Center - Minutes

Led by: Veronica Brill

<p>Veronica welcomed the group and outlined the purpose of the meeting: To explore current state and envision what the cancer center could look in one year. Attendees were provided with an index card to write down their thoughts. The group then reviewed each card with discussion. The following reflects the discussion:</p>	
<p>3/8/13 Current State</p> <ul style="list-style-type: none"> • Low Morale • Need for clerical support for coordinators • Unclear role descriptions and accountability • Not using staff to full extent of licensing • Staff isolated from each other • Bad behavior tolerated/allowed • I love the nursing work that I do. My work/patients/families. It is an honor to help them in their cancer journey. But too much secretarial work, not enough support to get the work done. The CC work equity imbalanced-I work too many hours. Many chronic issues are not addressed! No clear communication, no vision, no nursing support. • Prior to Veronica-communication has been an issue, but appears to have improved. Space is very limited. Presently 80% Care Coordinator for palliative for 3 MD's as well as Coord. Working with one RN and part assistance of another. • Beginning to grow with developing Care tracks grant. • Had felt very overwhelmed until the RN was added to clinic recently. Page and phone calls is a full time job and clinic adds to the time burden. • Things are looking up. • Change is under way and it's exciting • Log in a wheel that's dynamic, ever evolving. Level of responsibility as great as any role nursing could offer. • Limited work life balance. • Infrastructure limitations create excess work. • Timelines of communication effective timely, efficient, not overburdening. • Unbalanced • Not well organized. • Staff seems happier than main although some areas do not work well together. • Stable environment with creative leadership. • Maintain strong team and grow the women's center team. • Have support in my individual personal goals. Grow a funded survivorship program, exercise/wellness program and start exercise/wellness research. • Clear job description- RNCC, LPN, CMA • Rn clarity in scope of practice and consistency on clarity within hospital/system policy. • Physicians "at the table" with decision about interdependent roles. • Healthy work environment initiatives- use D. Fontaine CS.O.N for session • Use of LPN to expand skill and ability to manage certain facility patients-that do not need RN involvement i.e. surveillance, etc. • Long hours • Caregiver fatigue • Lack of support within coordinator group • Long hours and work time. • Communications • Coverage for coordinators needing day off • Uneven distribution of work. 	<p>Vision for 3/18/14</p> <ul style="list-style-type: none"> • Accountability • Teams for all coordinators (pairs, 3's, 4's) for coverage and support of each other. • More flexible schedule options • Clear role definition for all staff • Management who truly understands all roles and processes. • Teaming of core staff with coordinators and MD's • I want to say "I love to come to work". I want to feel good regarding my work. Would love for clear communication in the CC and to be support of staff to care for our patients. Oncology is my passion! And quality, compassionate care my goal. • Envision adequate orientation program for all staff for PCA's, LPN's, RN's • Growth of care tracks programs. Patients will hopefully have 4 MD's, or NP added will have 2 palliative clinics running almost daily. • Will have RN in charge of care tracks program. • Will have added possibly another full time staff member (RN) to assist or possibly utilize an LPN as palliative clinic member only I would look more at a 60% palliative, 40% Neurology. Hopefully be better coordination with core staff and RN's. • Transparent system, Staff resources to allow for professional development. • Be less the primary cog in wheel and more the team member supporting a dynamic role that is ever evolving. • Reduce the level of responsibility to that of a care coordinator. • Improved work hours to 40-42 hours. • Improved infrastructure. • More balance in how clinics covered- i.e. some folks will cover beeper but actual clinic time others continually left and clinics. • Exiting vision less small minded. • In transition or team goals. Coming from a disjointed, punitive, negative environment. No ability to make own goals. Feel positive after meeting Jody. Have strong team in Gyn/Onc. • Chaotic work flow with little clarity to role of professional nurse and may differ amongst practices. • Poor admin/clerical support to practices which creates great volume of non-RN task to nurses. In my perspective it limits RN availability to expand to nursing roles that could impact nurse-sensitive patient outcomes. Especially patient follow-up, patient education, symptom evaluation, anticipation, and early correction. • Poor MD responsibility for their role in orders, Beacon, med safety. 40 hour work week. Coverage for time off. Support for each other. • 40 hour work time. Need coverage for time of. • Work and family balance. • Shorter hours (40 hours) • More positive environment, positive feedback. • Coverage form for time off. • Physician/Nurse team focus (disease) • More patient focus. • Cohesive, more task related to my degree. • Team Focus!

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<ul style="list-style-type: none"> • No support among coordinators greater than 40 hour work week • Too much negativity/gossiping • No coverage. • Poor communication • Overwhelmed • Administrative • Great physician/ nurse repore • Overwhelmed. • Feel fingers point to us from MD's and Infusion staff when things not complete. • I feel comfortable in my role as thoracic surgery nurse coordinator. I feel good/positive about my physician partners, however, I would like to improve clinic efficiency with Dr.'s practice. I am encouraged with the new ECCC administration and look forward to growth. • Coordinator role is not clearly defined/enforced. Patient Registration process is slow. Inadequate signage in the building. Nursing Roles are not well defined/enforced. PTO coverage not well organized. • Supply Room needs attention. Often times boxes sit there for weeks unpacked. Items requested and not stocked in a timely manner. • Patients should have their appointments made before they leave the Cancer center. Turnaround time for Infusion schedules should be within 24 hours. 	<ul style="list-style-type: none"> • Improved efficiency in registration, imaging, patients arriving to clinic. (at times it may take 30 to 60 minutes for a patient to be roomed from the time they check in) • Improved efficiency. Patients having been scheduled for tests needed prior to clinic more efficient scheduling for improved clinic flow. • Cohesive coordinator group who have improved work life balance. • Continued growth for patient care excellence and enhanced patient satisfaction. • Issues listed should be addressed within weeks in order to move forward. • Clear Coordinator role definition. • Prompt Registration time less than 5 minutes. • Clear signage beginning in the lobby. When entering the building, every patient has to be directed where to go to be registered. The 3rd flr needs clear signage as to which registration desk a patient needs to report to. • A supply room that is adequately stocked and neat. • PTO coverage: nurses form pods for coverage for which they are comfortable covering for the sake of patient safety. • The opportunity for nurses to attend Cancer Center lectures more often. • Every patient should leave with an appointment when they leave the Cancer Center. • Infusion appointments that are scheduled within 24 hours so that nurses can complete plan of care in a timely manner and move onto the next patient. • Orderly supply room maintained by Core Staff.
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ATTENDEES	
<p>Ginny Anderson Adrienne Banavage Devon Bloxsom Jana Briedis-Ruiz Ellen Brock Kristie Coles Allen Cupp Deborah Eggelston Jenny Friend Rebeca Gonzalez Josefa Landress</p>	<p>Amanda Lane Kim Leake Denise Mariconda Anita McCray Cheryl Miller Melissa Otoy Lisa Palumbo JoAnn Phillips David Schneider Peggy Scott Carol Wisinski</p>

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- low morale
- need for clerical support for coordinators
- unclear role descriptions and accountability
- ~~using~~ ^{not} staff to full extent of licensing
- staff isolated from each other
- bad behavior tolerated/allowed

14

- Managerial transparency is at an all time high.
- Communication is the best it's been, could improve a little more.
- We have the best group of core staff that I've seen since being here.
- Still entering some orders, far less than previously.
- Professional autonomy at an all time high
- Much improved working relationship with infusion
- Still some work disparity among coordinators.

Sample Index Cards from "State of the Cancer Center" exercise.