Introduction to Ancillary and Support Departments

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THIS BOOK OFFERS knowledge about ancillary and support departments from experts with years of field experience. Given the range of services these departments provide, there has been no single source for their leaders or for students of healthcare administration to learn the intricacies and best practices needed to lead these departments. This chapter presents an overview for the reader, identifies the ancillary and support departments featured in the book, highlights the integral roles that these departments play in patient safety and experience, and stresses the valuable benefits to leaders of building their network from their professional associations.

Part I, "Leading Ancillary and Support Departments," consists of chapters 1 to 3 and provides approaches for leading ancillary and support departments using the Baldrige framework, and for building a culture of performance improvement (National Institute of Standards and Technology 2019). Chapter 2 describes how leaders can use the Baldrige framework for performance excellence to foster an ethic of learning and excellence. The chapter will outline best practices in leadership, including the development and communication of a department's mission, vision, and values aligned with the institution. It summarizes the key components of creating and deploying a departmental strategic plan. The chapter discusses the importance of identifying its key customers and their requirements for its services. It provides insight into how high-performing organizations measure, analyze, and improve performance. Chapter 2 also lists essential practices for building an engaged workforce, notes key workforce measures, and reviews key dimensions of operational excellence. Last, the chapter offers advice on how to get started with Baldrige.

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Chapter 3 outlines the necessary components for implementing a culture of continuous improvement, which requires strong leadership buy-in and support. Along with describing how to meet quality, safety, and service-level expectations, the chapter explains how ancillary and support department directors seeking excellence look for ways to continuously improve their department's performance. Learning from one's failures and colleagues and from organizations using best practices is one continuous-improvement technique, as is leadership and staff development. The chapter offers an innovative framework for performance improvement (PI). It presents an infrastructure used to build a PI culture, an annual planning process, and a PI development model. Approaches include educating leaders and staff on PI methodologies, such as Plan, Do, Study, Act; setting both performance expectations for conducting PI projects and a process to hold staff accountable; and establishing a reward system to recognize PI and reinforce a culture of performance excellence. It also presents two examples of PI projects and the key elements to build a culture of PI.

Part II, "Best Practices in Ancillary and Support Departments," consists of chapters 4 to 20. Each chapter is devoted to a particular ancillary or support department, with authors sharing their leadership knowledge on the key topics listed in exhibit 1.1. Some leaders may find their first attempts to identify key units of work and performance metrics difficult to monitor; others may struggle to measure productivity. These chapters therefore will provide helpful insights on such potential issues. Each chapter ends with department-specific key words for reference.

Exhibit 1.1: Chapter Topics

Department Description

Key Department Services

Department Organizational Structures

Key Customers and Their Performance Expectations

Key Process Flows

Key Units of Work and Volume Statistics to Monitor

Key Metrics to Monitor: People, Service, Quality/Safety, Financial

Key Informatics Issues

Staffing Models

Productivity Models, Including Work-to-Staff Ratios and Industry Performance Targets

Strategies to Improve Recruitment and Retention

Key Regulatory Issues

WHAT ARE THE ANCILLARY AND SUPPORT DEPARTMENTS?

The wide range of ancillary and support services for patients, their family members, other hospital staff, and physicians are essential in care delivery processes. Most people associate hospitals with physicians and nurses but do not realize the myriad ancillary and support departments that affect patient safety and experience. The literature defines ancillary and support departments in several ways. Typically, *ancillary departments* provide direct patient care, diagnostic services, or therapeutic services. *Support departments* provide a wide variety of nonclinical services, including but not limited to transporting patients to locations to receive care, interpreting for patients with limited English proficiency, providing health information management services, supplying retail food, and many other necessary services to provide care for patients in a safe and clean environment.

Exhibit 1.2 categorizes the ancillary and support departments discussed in this book; however, some organizations may define ancillary and support departments differently. Also, there are other ancillary and support departments not represented in exhibit 1.2. Ancillary and support services are closely integrated into patient treatment processes, requiring close collaboration with other clinical team members to build and maintain a culture of safety. Ancillary and support department employees also have direct and indirect contact with patients and their families that significantly influences their experience. Although some ancillary services produce significant revenue for their institution, many support departments

Exhibit 1.2: Ancillary and Support Departments

Ancillary	Support
Admissions	Environmental Services
Case Management	Facilities
Clinical Nutrition in Food and Nutrition Services	Dining Services and Room Services in Food and Nutrition Services
Pathology and Laboratory Medicine	Health Information Management
Pharmacy	Language Assistance
Radiology and Imaging Services	Patient Advocacy
Rehabilitation Services	Patient Transportation
Respiratory Care	
Social Work	
Spiritual Care	

do not generate revenue or add significant expense. This book will provide approaches and tools to manage these departments effectively and efficiently so they can contribute to the financial health of the institution.

HOW ARE ANCILLARY AND SUPPORT DEPARTMENTS ORGANIZED IN HOSPITALS?

There is no standard approach to how hospitals organize their ancillary and support departments. Unlike colleagues in other hospital departments such as nursing or ambulatory care, where a hospital will have a vice president of nursing/ chief nursing officer and a vice president of ambulatory care, there is no standard title for the heads of ancillary and support departments. Hospitals may have a vice president of clinical support services, vice president of ancillary services, vice president of inpatient services, or another title. Alternatively, some ancillary and support departments may report to Nursing, Facilities, clinical departments, or Finance, to name some of the possibilities. Each ancillary and support department provides a specialized service but is also susceptible to becoming an organizational silo in which an organizational unit defends its own interests. To benefit from a network of professional colleagues who can collaborate and share different perspectives and best practices, hospital leadership must consider their organizational culture and structure to decide where ancillary and support departments fit best in the organization.

ROLE IN PATIENT SAFETY

Ancillary and support departments play a major role in patient safety. Some examples include an environmental services employee cleaning a patient's room, preventing a patient infection; a patient transporter finding an error on a patient's wristband, preventing a patient identification error; or a social worker on call, preventing a patient suicide. Ancillary and support staff serve on nursing, medical staff, and other multidisciplinary committees working on patient safety initiatives, where they provide valuable insights and feedback in robust discussions to identify and implement the best solutions. Educating staff on the importance of reporting safety incidents and providing consistent management support sends a clear message to staff and builds a solid foundation for a culture of patient safety. Ancillary and support department employees are essential partners with the clinical and administrative team in achieving safety goals. For example, exhibit 1.3 outlines some of the 2020 National Patient Safety Goals and shows which ancillary and support departments can influence them (Joint Commission 2020).

Exhibit 1.3: Selected 2020 Joint Commission National Patient Safety Goals

Goal	Departments that can influence goal outcome
Identify patients correctly	Admissions, Case Management, Clinical Nutrition, Health Information Management, Language Assistance, Pathology and Laboratory Medicine, Radiology and Imaging Services, Rehabilitation Services, Respiratory Care, Social Work, Spiritual Care
Improve staff communication	All ancillary and support departments
Use medicines safely	Pharmacy working with providers
Prevent infection	All ancillary and support department staff washing hands, and Environmental Services cleaning surfaces
Identify patient safety risks	All ancillary and support department staff reporting safety incidents

Source: Adapted from Joint Commission (2020).

ROLE IN PATIENT EXPERIENCE

Ancillary and support department employees' interactions with patients and their families significantly shape the quality of the patient experience. This fact is illustrated by the important roles that ancillary and support departments play in addressing the eight principles of patient-centered care (Picker Institute Europe 2020). Exhibit 1.4 lists the notable ways ancillary and support departments contribute to the patient experience. Readers may not know how integral improving the patient experience is to the core functions of ancillary and support departments, so examples for each principle follow.

All of the ancillary departments listed in exhibit 1.2 contribute to *Principle #1, Fast access to reliable health advice*, as do some support departments like Patient Transportation and Health Information Management. For example, Patient Transportation brings patients to their care location in a timely fashion, and Health Information Management maintains the electronic medical record so providers have ready access to vital health information. All of the ancillary departments are involved in *Principle #2, Effective treatment delivered by trusted professionals*. The key functions of Case Management, Rehabilitation Services, and Social Work, just to mention a few departments, are directly aligned with delivering *Principle #3, Continuity of care and smooth transitions*. Case managers work with the patient and their family and caregivers in the transition from acute care to lower levels of care in skilled nursing facilities, and then work with Rehabilitation Services for home care to provide the appropriate durable medical equipment. Social workers

assist patients with discharge planning for a smooth transition. Although many of the ancillary and support departments contribute to *Principle #4, Involvement and support for family and caregivers*, the staff in Case Management, Patient Advocacy, Social Work, and Spiritual Care devote most of their time to working with patients and caregivers, keeping caregivers involved in the patient's care plan as needed.

Principle #5, Clear information, communication, and support for self-care also requires the work of multiple ancillary and support departments (e.g., Clinical Nutrition, Pharmacy, Rehabilitation Services, Social Work, and Spiritual Care). Along with departments that provide direct care, Language Assistance is a key contributor to achieve Principle #5 for patients with limited English proficiency.

Exhibit 1.4: Eight Principles of Person-Centered Care

Principle	Selected ancillary and support department(s) supporting the principle
1. Fast access to reliable health advice	Clinical Nutrition, Health Information Management, Language Assistance, Pathology and Laboratory Medicine, Patient Advocacy, Patient Transportation, Pharmacy, Radiology and Imaging Services, Rehabilitation Services, Respiratory Care, Social Work, Spiritual Care
2. Effective treatment delivered by trusted professionals	Clinical Nutrition, Pathology and Laboratory Medicine, Pharmacy, Radiology and Imaging Services, Rehabilitation Services, Respiratory Care, Social Work, Spiritual Care
3. Continuity of care and smooth transitions	Admissions, Case Management, Rehabilitation Services, Social Work
4. Involvement and support for family and caregivers	Case Management, Patient Advocacy, Social Work, Spiritual Care
5. Clear information, communication, and support for self-care	Clinical Nutrition, Language Assistance, Pharmacy, Rehabilitation Services, Social Work, Spiritual Care
6. Involvement in decisions and respect for preferences	Case Management, Patient Advocacy, Social Work
7. Emotional support, empathy and respect	Patient Advocacy, Social Work, Spiritual Care
8. Attention to physical and environmental needs	Case Management, Environmental Services, Facilities, Rehabilitation Services

Source: Adapted from Picker Institute Europe (2020).

The pharmacist also speaks directly with patients to provide clear instructions on their medications. *Principle #6, Involvement in decisions and respect for preferences,* and *Principle #7, Emotional support, empathy, and respect,* are essential components of service delivery for all patient-facing staff in ancillary and support departments. Patient Advocacy ensures patient rights are followed, including patients' decisions and preferences. Spiritual Care chaplains are available 24/7 to advise and comfort patients, family members, and caregivers during their healthcare journey. Last, *Principle #8, Attention to physical and environmental needs,* involves a spectrum of departments, ranging from Case Management staff who ensure the patient is moved to a safe location, to Environmental Services and Facilities staff ensuring a clean and safe environment. Also, therapists in Rehabilitation Services work directly with patients to make sure they can safely function in the home environment post discharge. These examples illustrate how ancillary and support departments are integral in the many dimensions that make up a patient's healthcare experience.

BUILDING A NETWORK OF COLLEAGUES

Ancillary and support departments represent numerous diverse professions, each with unique operational and staffing challenges. Department leaders are the experts in their fields and often must focus on their daily operations, making it difficult to learn about best practices from other organizations or industry benchmarks to compare their performance against key metrics. Also, the director of an ancillary and support department may have no routine contact with other colleagues in their discipline at their leadership level. Many ancillary and support department leaders address this reality by joining a professional association to build their professional network, take advantage of professional development opportunities, and learn best practices from other organizations.

Collaborating with other leaders in one's profession can bring many valuable benefits. For example, one director of case management became a founding board member for her professional association. After the association completed a national survey of nurses and social workers to identify a core body of knowledge for hospital case managers, the professional association board used these findings to create and implement a national certification examination for nurse and social work case managers. Another example is from a support department where the director of patient transportation, through her professional association, partnered with a vendor to conduct a national survey to establish best practice turnaround-time standards in patient transportation; these were then shared with the association. These examples illustrate how involvement with professional associations can provide opportunities for directors to stay on the cutting edge and contribute to their field by developing a professional network and sharing best practices.

REFERENCES

Joint Commission. 2020. "2020 National Patient Safety Goals." Accessed August 19. www.jointcommission.org/standards/national-patient-safety-goals/.

National Institute of Standards and Technology. 2019. "Baldrige Criteria Commentary." Updated November 15. www.nist.gov/baldrige/baldrige-criteria-commentary.

Picker Institute Europe. 2020. "Picker Impact Report 2018–2019." Accessed August 19. www.picker.org/picker-impact-report-2018-2019/.

INSTRUCTOR RESOURCES

A test bank for this book is available to instructors who adopt the book for use in their course.
For access information, please email hapbooks@ache.org.