Clinic Manager On-Site Research Summary

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March 2023

WE ALL OWN COMPLIANCE

We will conduct business with integrity and honesty in compliance with all laws, company policy, and our values.

We are committed to produce products and deliver services that are safe and of the highest quality for our customers.

FRESENIUS MEDICAL CARE

Project Timeline (To Date)

NOV 14

VIDEO INTERVIEWS

Begin Video Interviews (7 CMs, 2 Float CMs, 3 ATLs)

JAN 09

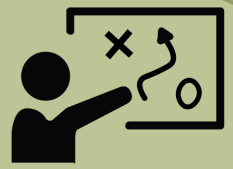
ON-SITE INTERVIEWS

Begin Clinic Shadowing and Interviews (15 CMs, 2 FAs)

FEB 20

ANALYZE FINDINGS

Create Miro board of high-level observations bucketed into categories. Begin Summative Report and CM Persona revisions.



MAR 06

DEBRIEF AND PLANNING

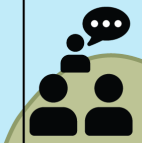
Debrief on the CM Research, Waltham, MA. Discuss next steps on complementary deliverables to Summative Report and Personas. Plan for Interactive Workshop.

MAR 16

INTERACTIVE WORKSHOP

Interactive Workshop, Waltham, MA. Clinic Managers, Facility Administrators, Area Team Leads, Directors of Operations and Charge Nurses; Corporate, Product Management and UX Design representatives.

- Review findings together
- Identify opportunities
- Co-design improved experiences
- Prioritize next steps
- Imagine future roadmaps



MAR 17

WORKSHOP DEBRIEF

Debrief on the Workshop, Waltham, MA.

MAR 27

SUMMATIVE REPORT

Presentation of Summative Report Waltham, MA

Overview

I. Research Objectives and Participants

1. Recap of research goals
2. Research timeline and scope
3. Background of Clinic Managers interviewed (years in role and prior experience)
4. Data collation process for on-site interviews

II. Breakdown of Findings (In-Person Interviews Only)

1. Positives and Delights
2. Pain Points – High Level Summary
   a. Categories (by Rating)
   b. Applications and Services (by Frequency of Mention)
3. Technology-Related Issues
   a. Admissions
   b. Documentation
   c. Training and Education
4. Operational Issues
   a. Staff Turnover
   b. External Services or Vendors

III. Recommendations from Clinic Managers

Recap: Research Goals and Background *

- **Gain insight** and knowledge into the “day in the life” of a Clinic Manager
- **Experience** the job’s environmental context
- **Observe and identify** variations in workflows
- **Continue exploration of pain points** expanding on discovery from telephone interviews
  - Insufficient staff and high turnover
  - Scheduling (both staff and patient)
  - Inadequate training for the role and lack of ongoing support
  - Collecting and compiling data for reporting
  - Systems and applications
- **Capture** insights that can be utilized for persona development, journey mapping and/or storyboarding

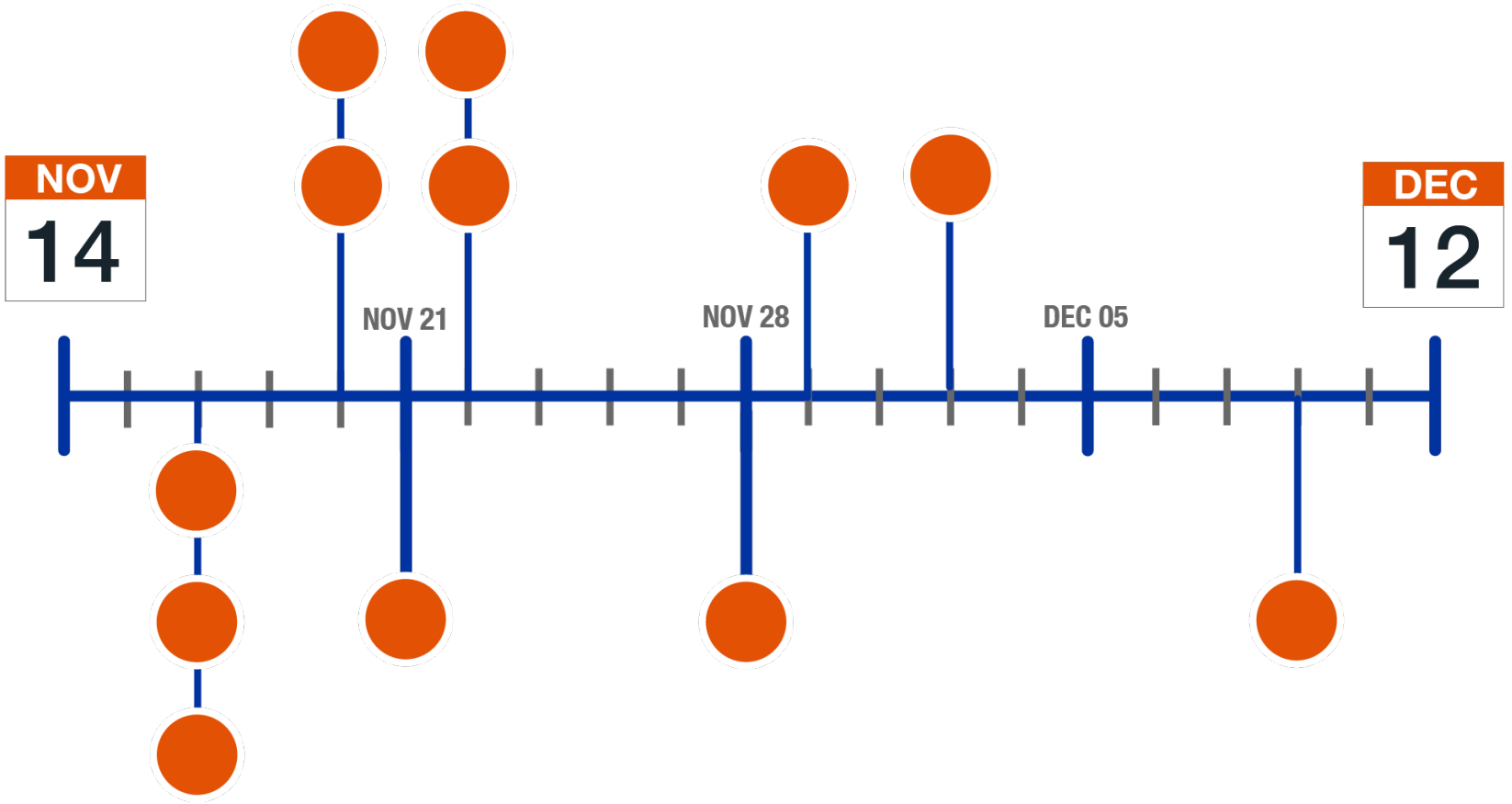
* Adapted from L Charette’s JAN 2023 “CM Field Research Kickoff” presentation and L Sysun’s “CM Research Presentation”

Timeline – 2022 Video Interviews

4 Weeks

12 Interviews

● User Experience Researchers: LS, DP, GB, JH



Timeline – 2023 In-Person Interviews

5 Weeks

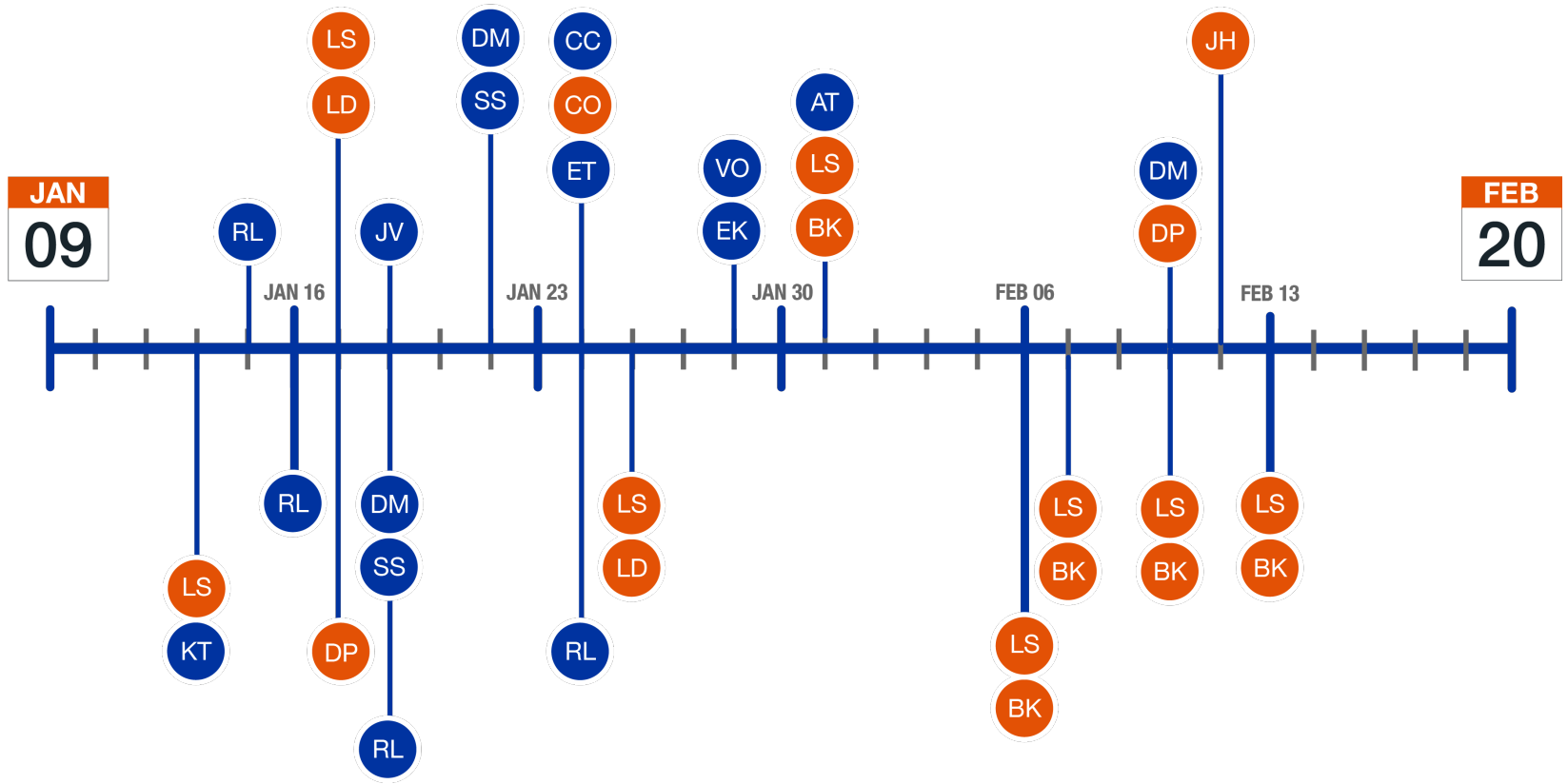
6 Interviewers from UX

11 Interviewers from PM

17 Clinics

20 Interviews

- User Experience
- Product Management

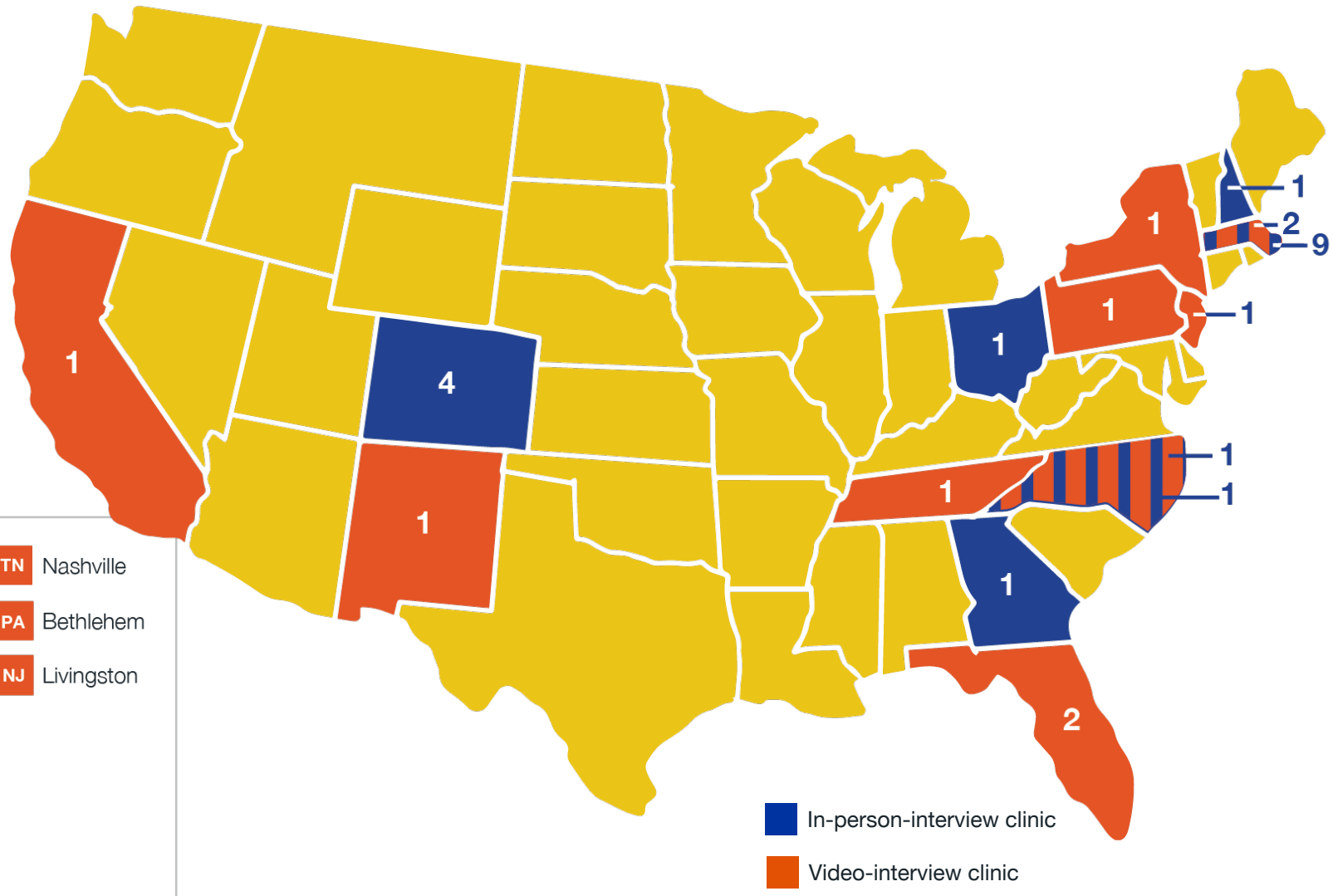


Geographic Scope

13 States represented

28 Clinic Leaders interviewed

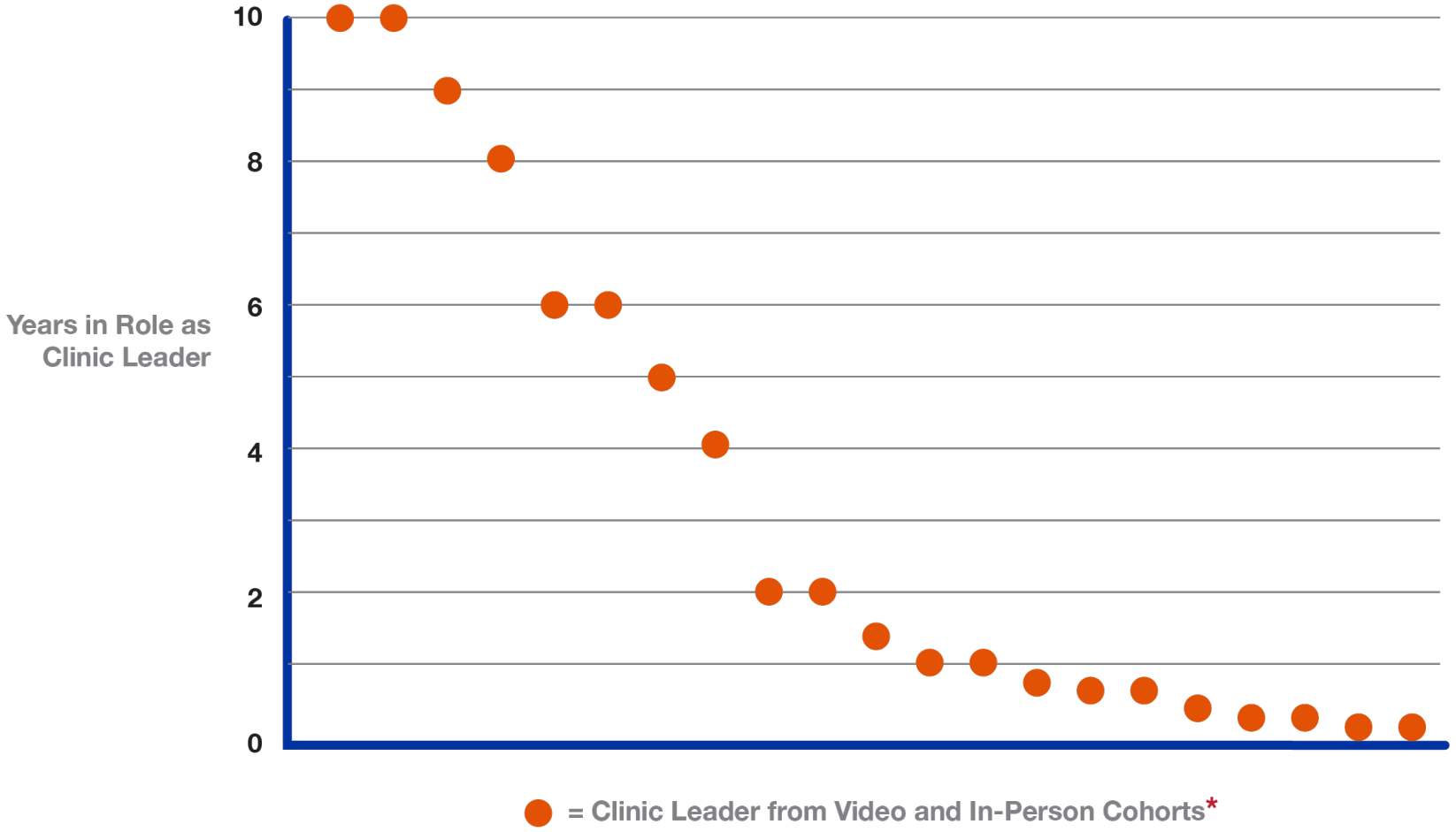
32 Interviews conducted *



- MA Chelmsford, Lowell, Methuen (2), Milford, Shrewsbury, Wellesley, Westwood, Chelsea
- CO Aurora (2), Castle Rock, Denver
- NC Freedom Lake
- NH Londonderry
- GA Atlanta
- OH Dayton
- NC Raleigh
- NY Montabello
- NM Albuquerque
- CA San Francisco
- FL Naples, St. Petersburg
- MA Wellesley, Westwood
- TN Nashville
- PA Bethlehem
- NJ Livingston

* Four Clinic Managers were interviewed twice

Cohort Background: Time in Current Role



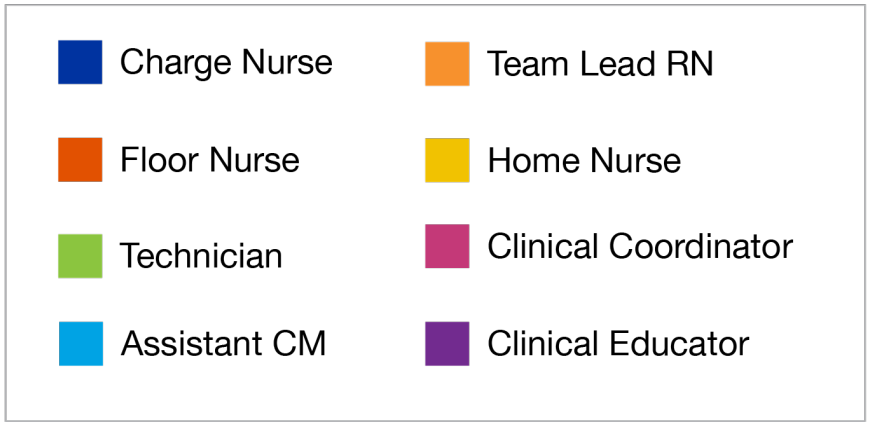
4.4 Average number of years in the Role of Clinic Leader among the interviewees

2.0 Median number of years in the Role of Clinic Leader among the interviewees

46% Clinic leaders interviewed were in their role for one year or less

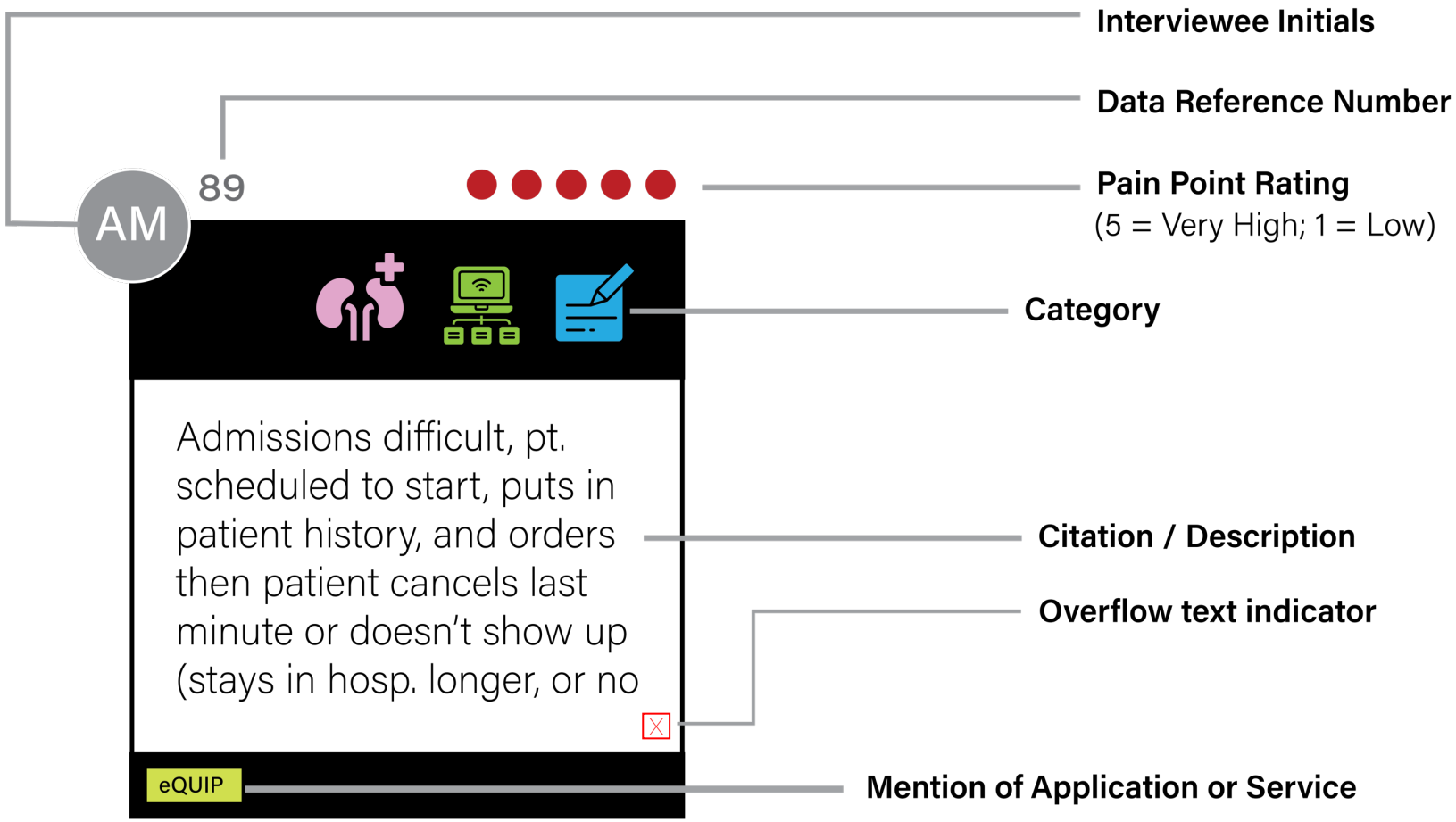
* Four Clinic Leaders from the video interviews are missing from this data. One outlier is not included in the graph; this CL was in the role of CM for 30 years.

Cohort Background: Prior Roles*



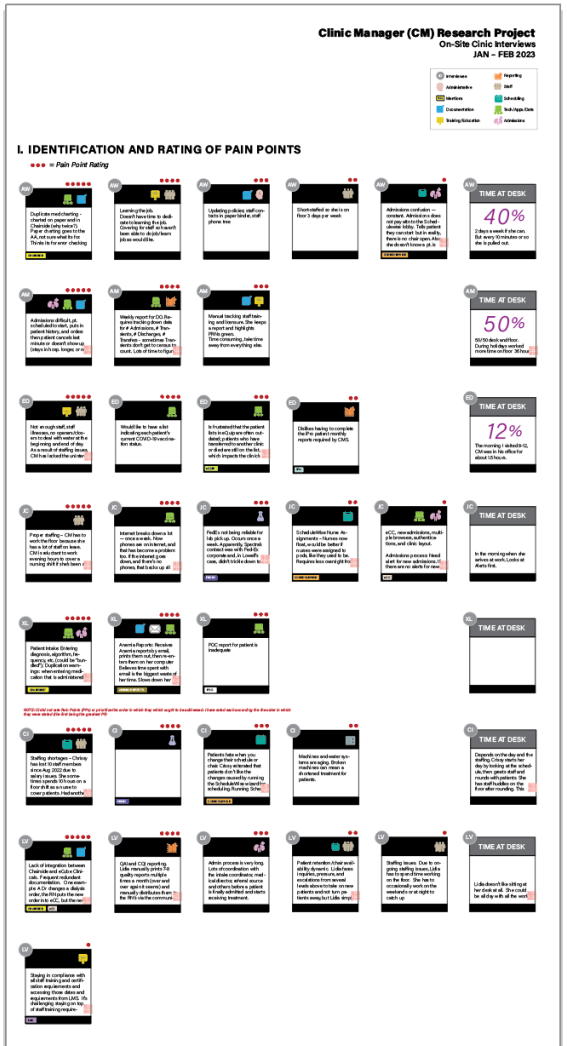
* Includes data from both cohorts. Data on this measure was not available for seven of the interviewees.

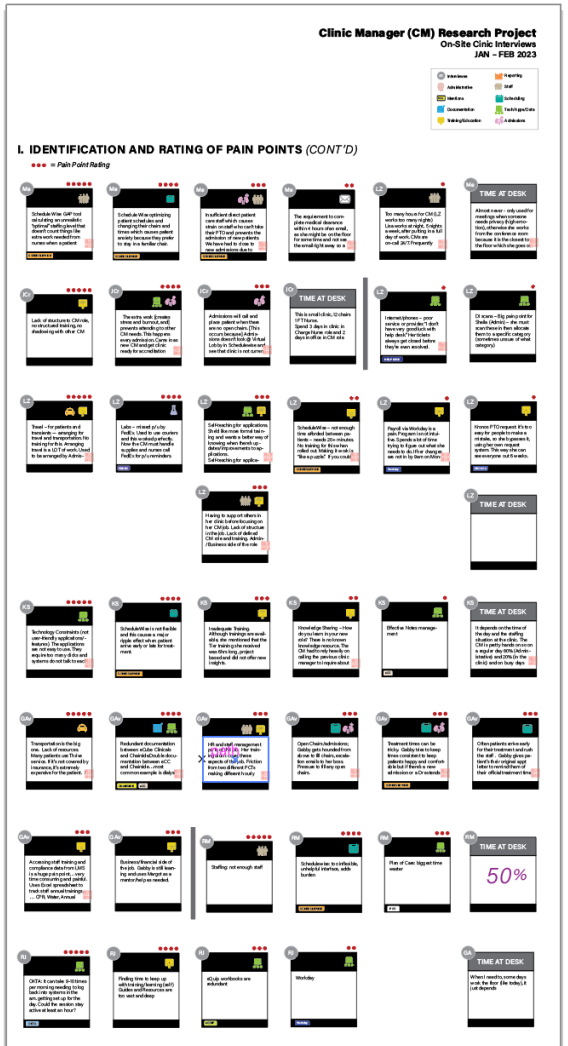
Breakdown and Collation of Data (On-site Interviews)



Breakdown and Collation of Data (Cont'd)

Over 200 pieces of data were isolated and captured from 32 interviews





Breakdown and Collation of Data (On-site Interviews)

Themes Identified

Administrative – May include tasks outside of the CMs role, or those which could be automated

Tool **Mentions** – Specific application or service named

Documentation – Duplicate documentation or manual documentation

Training/Education – Learning new skills or credentialling requirements

Reporting – Collecting or generating information for monthly reports

Staff – Includes inadequate staff, turnover, or people management

Scheduling – Staff scheduling and/or patient chair assignments

Tech/Apps/Data – Includes usability issues, fragmented information, timeliness of data availability

Admissions – The process of onboarding new patients to a clinic

Transportation – Patient transportation to the clinic

Labs – May include physical pickup of specimens as well as data reports

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III. Recommendations from Clinic Managers

Positives and Delights

Interestingly, the vast majority of positives heard were related to people and relationships in the clinic community. These included:

Staff

- Having great relationships with staff, perhaps because the CM spends time out on the floor with them, and is very available to staff when in her office
- Having an effective CN with whom to share responsibilities is a huge asset
- One CM stated that their clinic was well-staffed

Training

- Training was cited as “very effective,” and said to have improved over the years
- Being trained by peers (other CMs) was considered “vital”
- Having an ATL for a mentor enabled gaining proficiency in the requirements of the role
- Being given a zip file of "things you will need” was immensely helpful

Once you train wrong, it feeds the cycle of people training other people wrong. Then you have to change a culture, which takes a long time.

The most important thing right now is to keep your team happy and empowered

I would be lost without our biomed.

Positives and Delights (Cont'd)

Supportive DOs:
- Meetings at ATL level with DOs provide vital reinforcement
- Supportive DOs are indispensable

Connecting with other CMs:
- Networking with other CMs create essential support systems and emotional comradery

Other mentions:
- It is a source of gratitude that Clinical Services always picks up the phone when called and is helpful
- The team ***loves*** the new wrist bands (Yubi Key) to work with Chairside
- A "Community Logbook" kept at the nurses' station that functions as a quick reference of what the upcoming day looks like helps with communications and planning
- Training days are beneficial

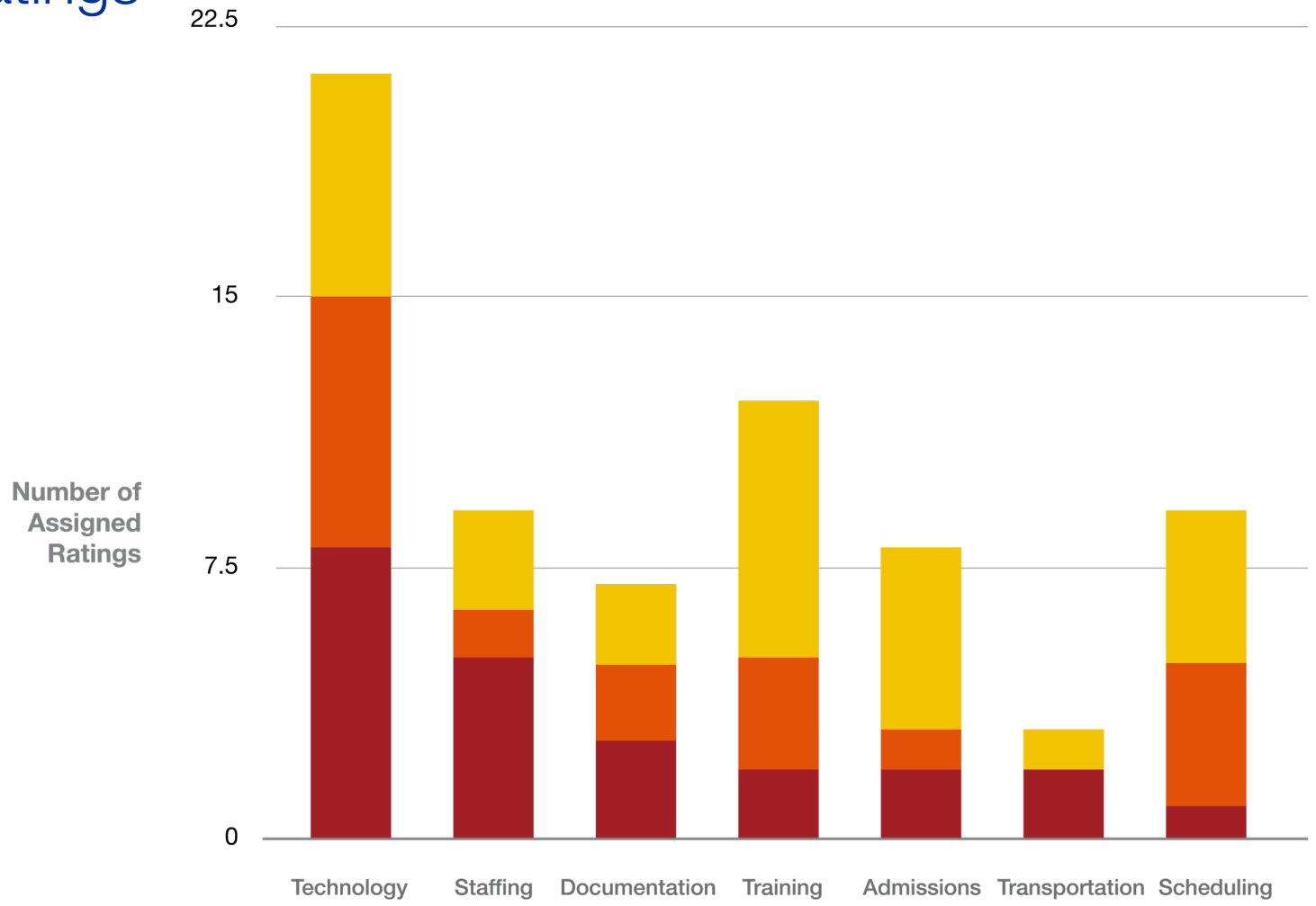
It's huge. I probably wouldn't be here if it wasn't for Amy [her DO]. I think I'm pretty lucky

Tutorial/ Mentoring and the Quick Start Kit were phenomenal

(Re: Daily communication and mutual support from other CMs:) Everyone should foster that — ***because doing this job is pretty lonely.***

Paint Points: High-Level Summary

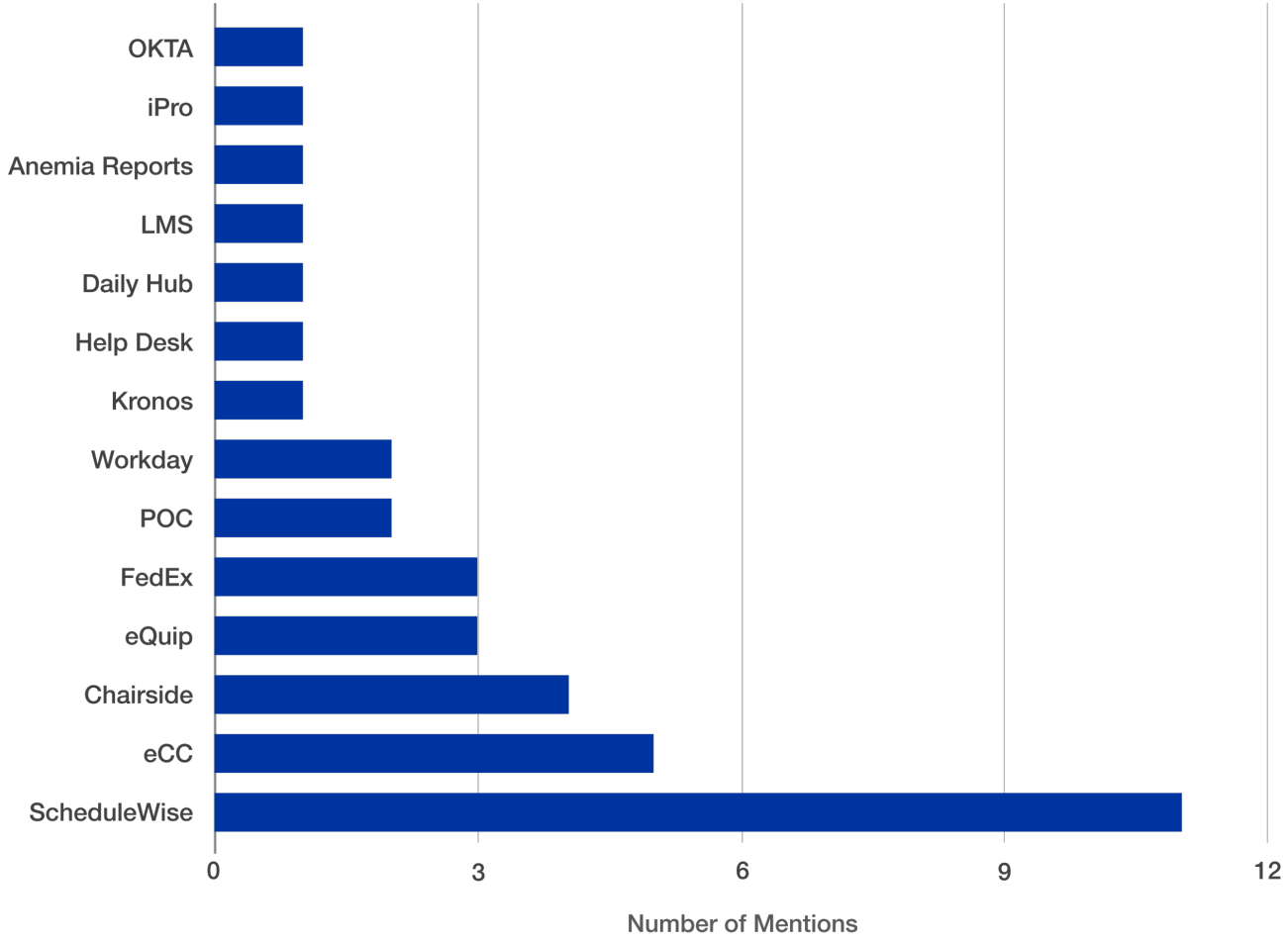
Ratings



Interviewees were asked to rank their point points on the following scale: 1. Biggest paint point, 2. Second biggest, 3. Third biggest, and 4. Others in priority. Many provided only three levels of ranking; some provided as many as seven. For those who provided none, ranking could usually be inferred with confidence from the order in which PPs were shared and/or the language used to describe them.

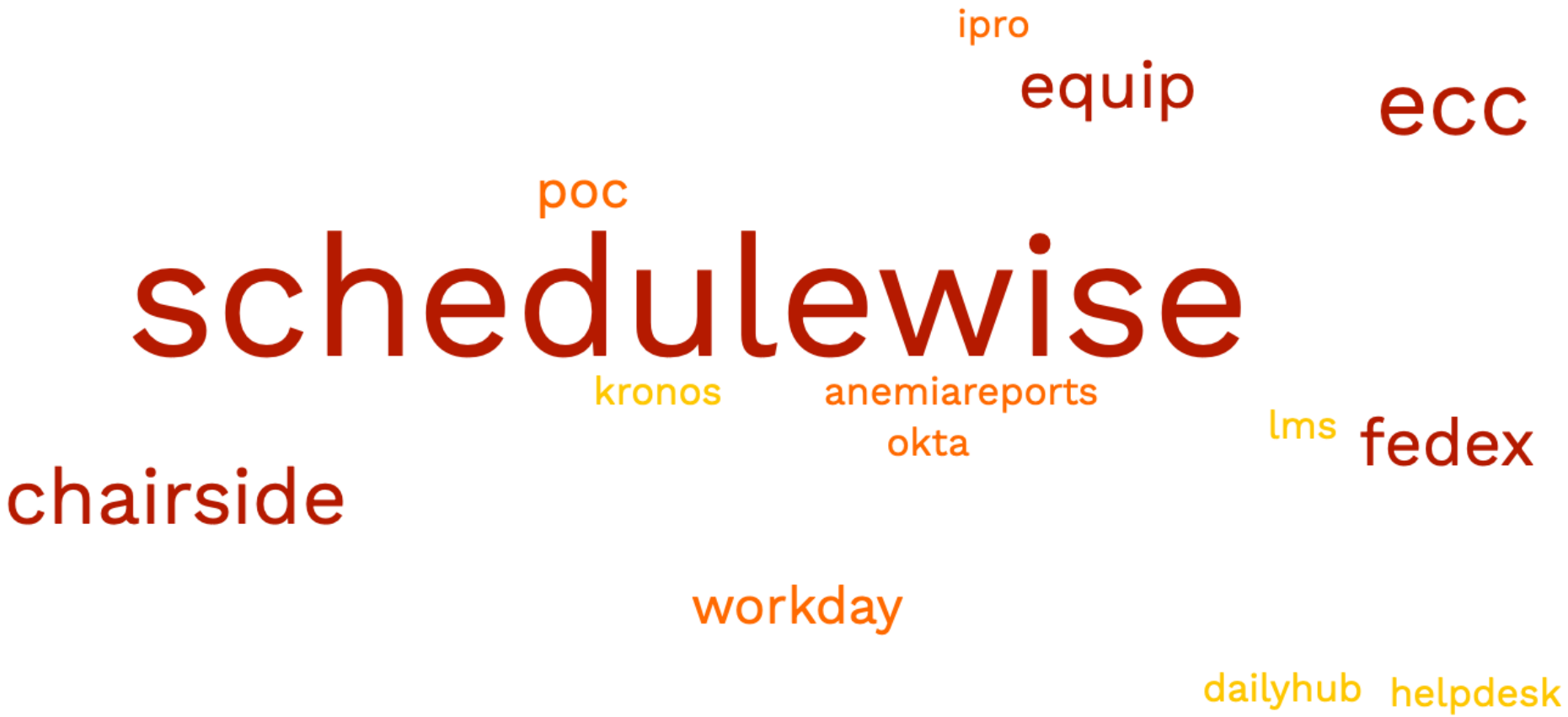
Paint Points: High-Level Summary

Frequency of Mention — Applications and Services



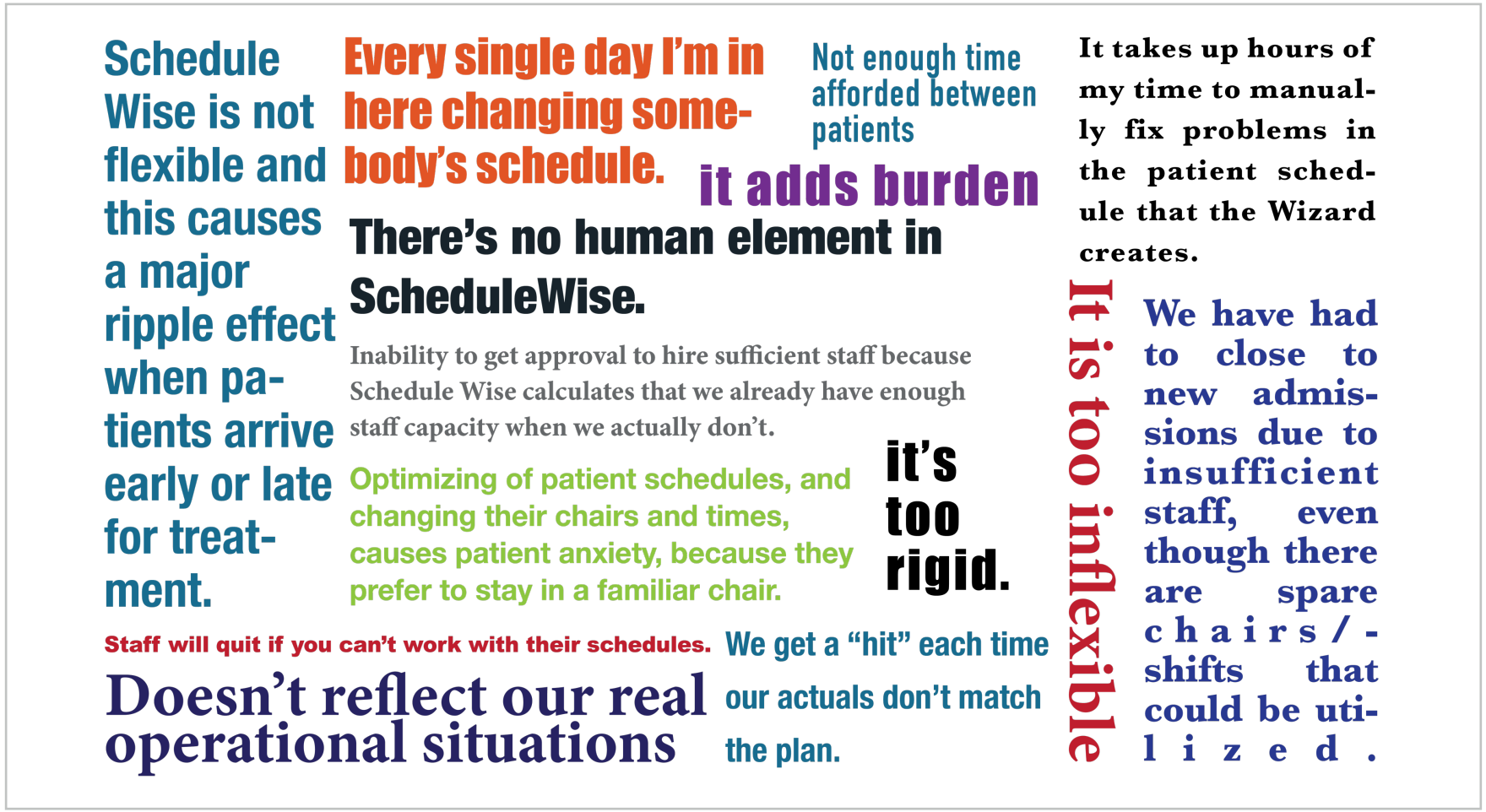
Paint Points: High-Level Summary

Frequency of Mention — Applications and Services (Cont'd)



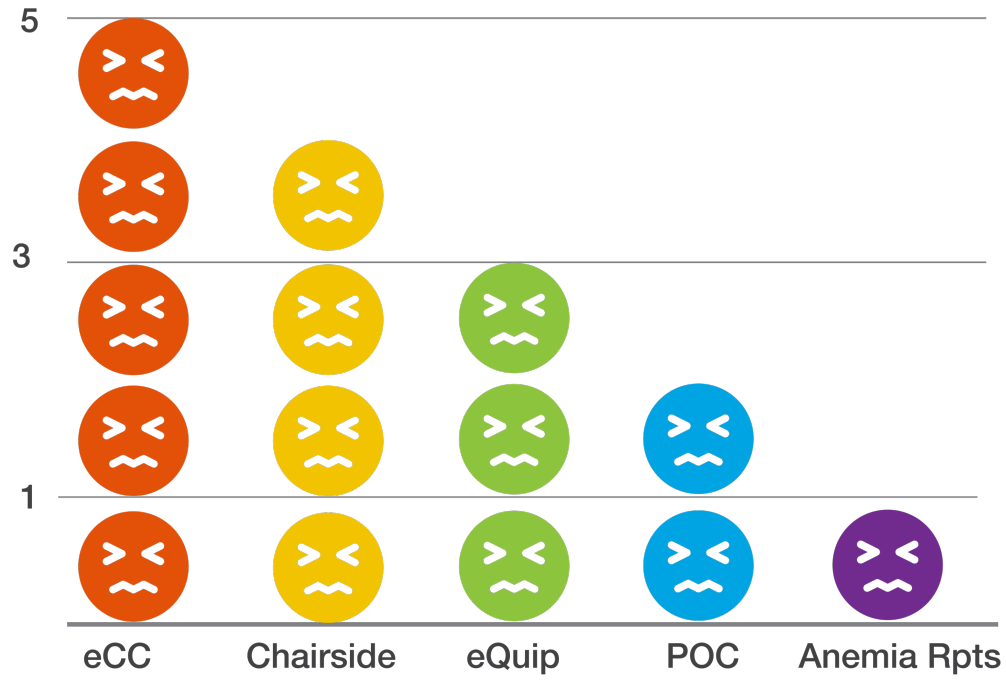
Paint Points: High-Level Summary

ScheduleWise



Technology-Related Issues

Applications — Frequency of Mention



"The Big Five" Clinical Applications Mentioned in Pain Points

- Orders Approaching Expiration — biggest pain point. Need ability to multi-select orders and renew all simultaneously.
- Alerts aren't prioritized from critical to not urgent
- RD/SW notes are hard to find
- Tagging several co-morbids as "secondary" is repetitive

- Lack of integration between Chairside and eCC — requires frequent redundant documentation
- Medications screen is tiny and hard to negotiate

- Patient lists in eQuip are often outdated: Patients who have transferred to another clinic or died are still on the list, which impacts the clinic's scores

- "Biggest time waster"
- Hard for patients to understand. Needs to display patient progress and updated interventions.

- Anemia reports are sent by email. They must be printed out and manually re-entered into another application.

Technology-Related Issues

Documentation

Associated Application or Process	Description of Complaint
Administrative	**Manual process:** Updating policies; staff contacts in paper binder, staff phone tree
Admissions	**Data loss:** Clinic puts orders in 3-7 days in advance of the patient's start date; if the date changes or the patient decides to not be admitted, then all the orders must be cancelled then re-entered if patient is then admitted at a later date
Anemia Tracking / Reporting	**Data recording and transmission:** CM receives Anemia Reports by email, prints them out, then re-enters them on her computer. Anemia tracking is done on an Excel spreadsheet on a laptop at a nurses' station.
Chairside / eCC	**Lack of integration:** Between Chairside and eCube Clinicals, lots of redundancy exists, and repeated and reverse documentation is required
Charting	**Duplicate medications charting:** On paper and in Chairside
Training and Licensure	**Manual process:** Tracking staff training and licensure is done independent of LMS. Some CMs use Excel spreadsheets in place of LMS.

Technology-Related Issues

Admissions: A Broken System

- There is a disconnect between Admissions, the **ScheduleWise Lobby**, and actual chair availability
- Sometimes CMs don't have information about new patient **start dates**
- If a new patient doesn't show or is rescheduled for a later date, all their **order information entered into the system is lost** and has to be re-entered
- Often **patients not suitable for dialysis** in a clinic are admitted and have to be immediately discharged
- There is **no checklist** to insure everything is properly in place when starting a new patient — leaves staff scrambling at the last minute for things like HepB status, financial clearance and CVC placement

"a **constant** source of **confusion**"

"the fallout is **very angry doctors** and **train wrecks**"

Technology-Related Issues

Training and Education

Certifications and licensure:

Accessing and organizing data from LMS to manage and track staff training compliance is described as “very time-consuming and painful.” CMs work around LMS by manually tracking certifications and licensures using Excel spreadsheets.

“very **time-consuming** and **painful**”

Operational Issues

Clinical Manager Training

Clinic Managers cited the following with respect to the training they received after becoming CMs:

- For many, their clinical backgrounds meant they had little to no experience to help them mange the **business aspect of the role**
- **Hands-on learning and shadowing** were seen as far superior to learning via online
- **Insufficient staff** meant they were constantly having to sacrifice their managerial responsibilities for the priority of patient care
- Some felt ill-equipped to deal with the challenges of conflicts between staff and wished they'd received training in **people management**
- Many wanted more formal training in the use of **new applications**

Operational Issues

Clinical Manager Training (Cont'd)

One suggestion:

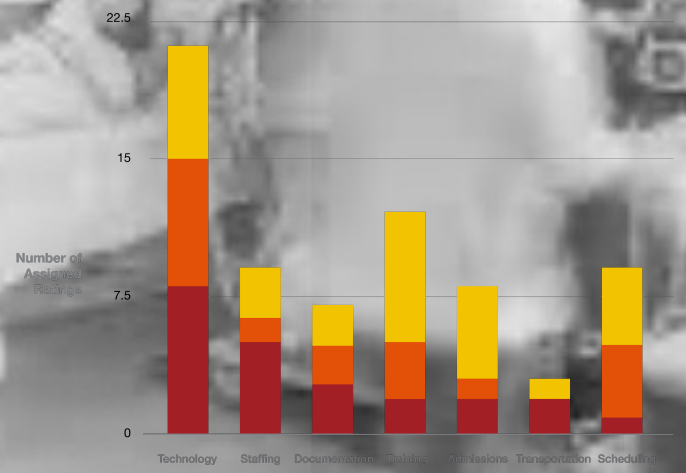
> **"There should be a full CM training program before starting the job – maybe 3 weeks long. Include budget, financing, applications. Then a mentorship lasting 3-4 wks. (ATLs could be mentors). They need guidance re: processes [check-lists], flowcharts, SOPs [opening/closing/aquaB system], list of regulatory people in their area, etc."**

Operational Issues

Staffing Crisis

Being short-staffed ranked second highest in “Pain Points” after Technology. The causes cited include:

- **Our competitors pay higher** hourly rates — we train them, then they leave for better wages
- **ScheduleWise** calculates that clinics have enough staff when they actually don’t, so CMs are unable to get approval to hire additional staff



Operational Issues

Staffing Crisis (Cont'd)

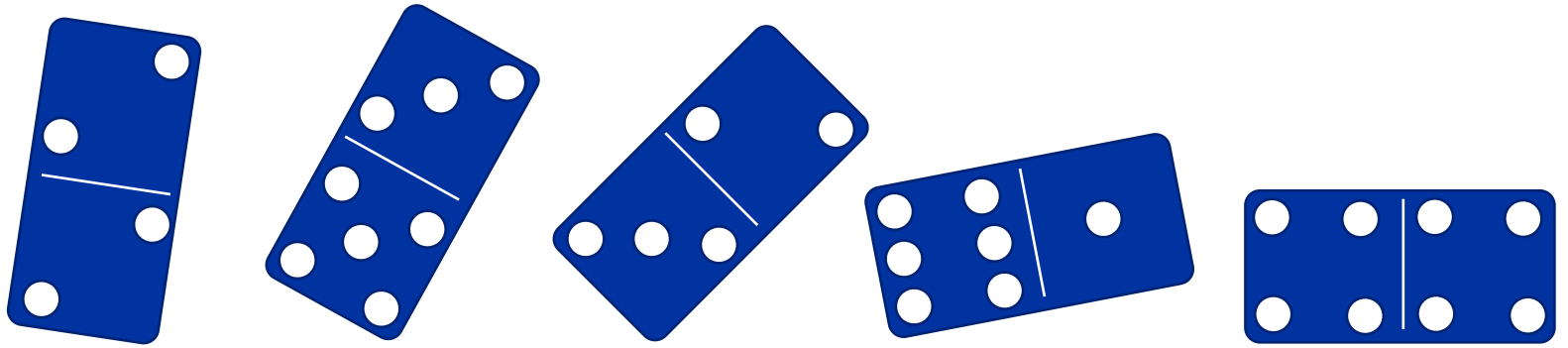
The "fallout" created includes:

- **New CMs don't have time to dedicate to learning** their new jobs because are pulled away from their desks
- CMs must fill in the gap for lack of staff on the floor and don't have **sufficient time to attend to their** primary responsibilities
- Available chairs remain empty — **clinics are closed to new admissions** — because CMs can't ask already overloaded staff to take on more work
- The clinic cannot accommodate transients, nursing home patients or hospital patients
- Some shifts must be [temporarily] eliminated
- **Staff are "maxed out" on PTO**, but they can't take time off because there isn't enough staff to cover for them

Operational Issues

The Effect of External Service or Vendor Failures: FedEx

FedEx' failure to reliably and consistently pick up labs creates a cascade of problems for the CMs and their staff



Specimens aren't picked up

Algorithms and dosing affected

Lab reports are missed

CQS score is affected

Staff sense of agency is diminished

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      a. Staff Turnover
      b. External Services or Vendors

III. **Recommendations from Clinic Managers**

Clinic Managers' Suggestions and Recommendations

Use the lobby video/TV for patient education: Everything from the different types of dialysis, home treatments, recipes, feel-good stories, etc.

All clinics should have a dedicated secretary to greet people. They could also help the CM.

Fix issues with incomplete information on Patient Card (or list). Frequently missing who their doctors are, Transplant centers, PCP, etc

It would be spectacular if Admissions could go through a checklist and make sure we have all that we need.

Would be nice to have a SOP (Standard Operating Procedure) tab in something like CTH for Clinic Mangers. E.g. – what to do when there's a power loss in the water system.)

Go back to the ratio of 1 nurse to 3 patients instead of 1 nurse to 4 patients

CPR certification – put this back on Education to do, take it from CMs

Clinic Leaders' Suggestions and Recommendations (Cont'd)

Create "Care Coordinators" to help with patient logistics, travel, transients, transportation, referrals from PCPs. They could float between clinics.

Increase salaries so they're comparable to our competitors'

New staff orientation for clinic staff

Use waiting room TVs for patient education: Proper diet, patient stories, roles (KKCA, SW, RD, etc.) Recipes, Regions, etc.

DI Scans: Add QR code to documents, so when they're scanned they automatically go to the correct category

Proper onboarding for preceptor nurses

Sister (or Powerhouse) Clinics. Additional support provided as float services for secretaries/admins, FA on site or float, CN

Create an application with a master calendar for clinics so the way we keep track of administrative things obviates the need for sticky notes

Clinic Leaders' Suggestions and Recommendations (Cont'd)

Prioritize Alerts in eCC and emails. Who determines what is prioritized in both the email Focus folder and the Inbox? Better communication on why a special project is needed (e.g. – Vitamin D project – new and didn't know what it was for.)

Couriers – bring back couriers to pack lab specimens and ensure timely and dependable drop off to FedEx.

Better training for the business side of the role

Training tablets for In-Center patients – short training videos on anything from the benefits of dialyzing from home, to diet, to how to connect with other patients.

New Admissions – need better process in place. Data missing; things like HepB status, financial clearance and CVC placement. Need direct contact with Case Manager

Spectra Labs – need live updates. Currently – results only come in at 5am and 5pm.

APPENDIX