Clinical Safety & Effectiveness
Session # 1

Patient Wait Times In The Breast Oncology Clinic

CENTER FOR PATIENT SAFETY & HEALTH POLICY

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Educating for Quality Improvement & Patient Safety

UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

Making Cancer History®

The Team

- Division
  - CS & E Participants
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    - Randal A. Otto, MD, FACS
    - David Raney, MHA
  - Team Members

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  - Facilitator
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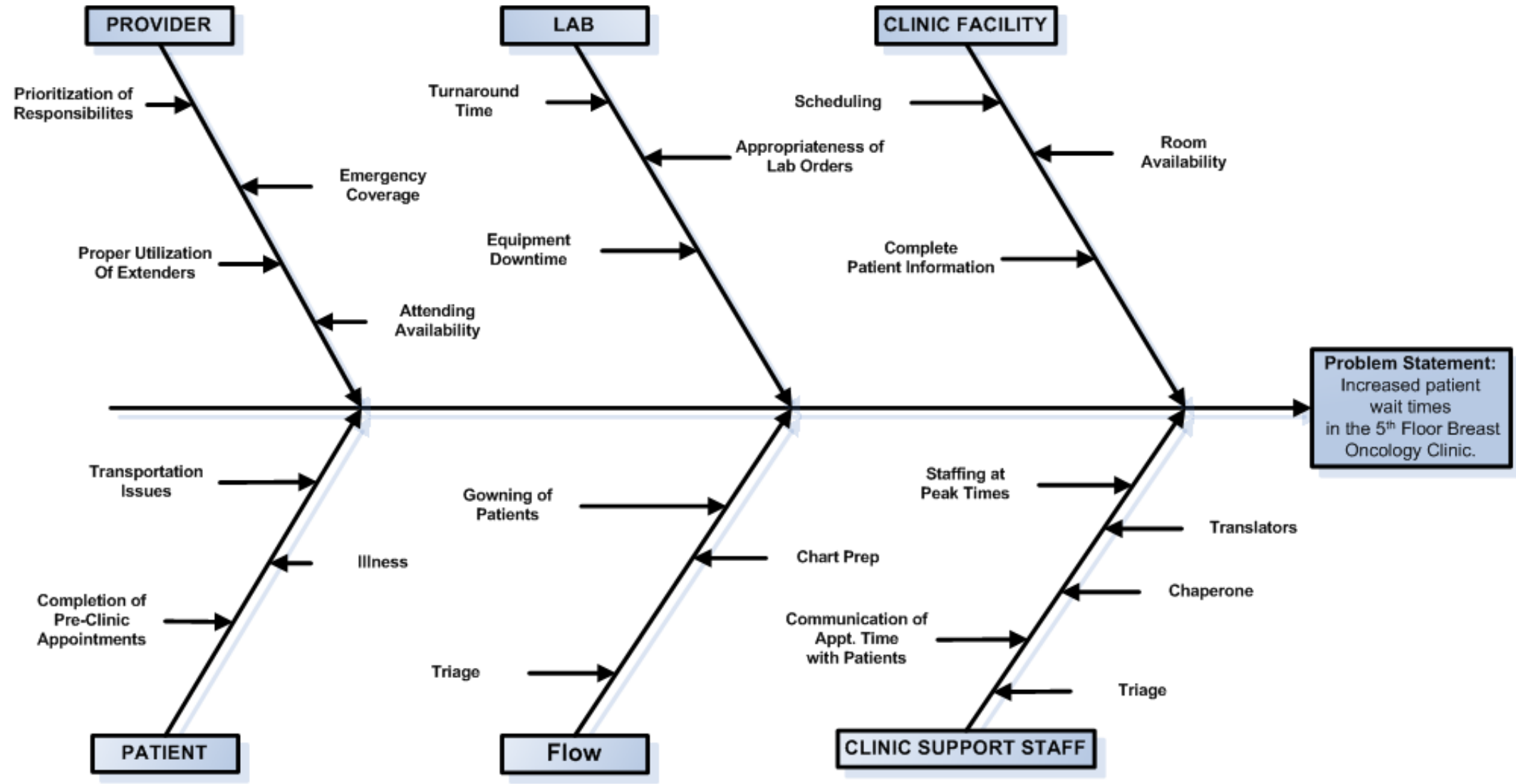
  - Sponsor: UTHSCSA at CTRC

Aim Statement

Decrease the patient “wait time” (time of appointment until when the patient is seen by the the attending physician) in the fifth floor Breast Oncology Clinic at CTRC, by 25% over a period of 4 months.

Project Milestones

• Team Created	March of 2009
• AIM statement created	April of 2009
• Bi-Weekly Team Meetings	March - present
• Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses	March - present
• Interventions Implemented	July 27 and August 3, 2009
• Data Analysis	Aug 3 – Aug 18, 2009
• CS&E Presentation	August 28, 2009
Graduation Date	


PROVIDER
Prioritization of Responsibilites
Emergency Coverage
Proper Utilization Of Extenders
Attending Availability
LAB
Turnaround Time
Appropriateness of Lab Orders
Equipment Downtime
CLINIC FACILITY
Scheduling
Room Availability
Complete Patient Information
Problem Statement: Increased patient wait times in the 5th Floor Breast Oncology Clinic.
Transportation Issues
Illness
Completion of Pre-Clinic Appointments
PATIENT
Gowning of Patients
Chart Prep
Triage
Flow
Staffing at Peak Times
Translators
Chaperone
Communication of Appt. Time with Patients
Triage
CLINIC SUPPORT STAFF

Background

- Patient wait times for appointments are known to be a significant patient dis-satisfier.
- The patients in the breast oncology clinic are some of our sickest patients and should not need to wait for ≥ hour for their scheduled appointment.

How Will We Know That a Change is an Improvement?

- Types of measures: Wait times (defined as time of scheduled appointment to time seen by attending) will be measured pre- and post-intervention.
- How you will measure: Records of appointment time and logs of time seen by physician will be captured and evaluated.
- Specific targets for change: 25% decrease in wait times, as defined above.

Proposed Changes

- Eliminate unnecessary pre-clinic visit labs
  - Reduce demand on triage staff
  - Reduce demand on lab
- Provide Translator
  - Reduce pulling of staff for translator services
  - May be able to secondarily serve as a chaperone
- Have patients gowned prior to attending entry
  - Have blankets if patients get cold
  - Reduce re-entry of attending after patient roomed
- Make first appointments of the day - return patients
  - Allows fellows time to interview and complete history and physical examination on new patients prior to attending seeing patient
  - Allows new patients time to check-in and complete paperwork
- Consider staggering appointments
  - Reduce the issue of all the fellows needing the attending at the same time

Selected Process Analysis Tools

- Process Flowchart
- Fishbone Diagram

Both of these tools work well to identify root causes, and the flowchart allowed us to see how one change in the process might affect steps upstream and downstream from the change.

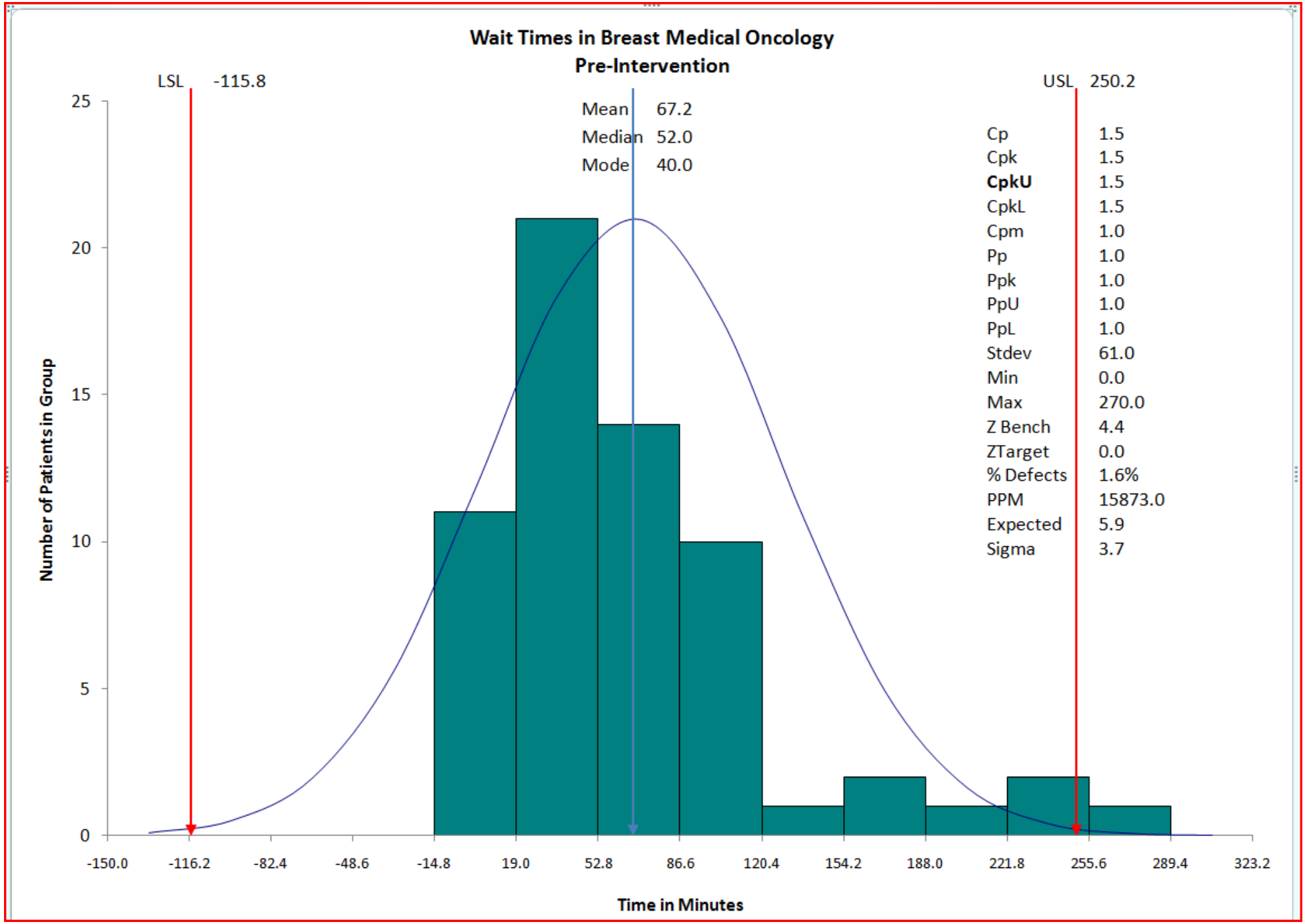
Selected Decision Making Tools

- Histogram
  - Used to size the initial problem and set appropriate target for aim statement
- SPC Charts
  - Xchart – used to measure results of interventions across time

Background Data

Wait times in the medical oncology clinics are a major driver of patient, physicians, and staff satisfaction. Poor performance in this area results in less than optimal utilization of our resources and poor repeat referrals from community physicians. This problem manifested itself in the following ways:

- Patient dissatisfaction
- Physician dissatisfaction
- Staffing Issues
- Overtime Expense
- Turnover
- Downstream delays and duplicate effort


Wait Times in Breast Medical Oncology
Pre-Intervention
LSL -115.8
USL 250.2
Mean 67.2
Median 52.0
Mode 40.0
Cp 1.5
Cpk 1.5
CpkU 1.5
CpkL 1.5
Cpm 1.0
Pp 1.0
Ppk 1.0
PpU 1.0
PpL 1.0
Stdev 61.0
Min 0.0
Max 270.0
Z Bench 4.4
ZTarget 0.0
% Defects 1.6%
PPM 15873.0
Expected 5.9
Sigma 3.7
Number of Patients in Group
0
5
10
15
20
25
-150.0
-116.2
-82.4
-48.6
-14.8
19.0
52.8
86.6
120.4
154.2
188.0
221.8
255.6
289.4
323.2
Time in Minutes

Plan

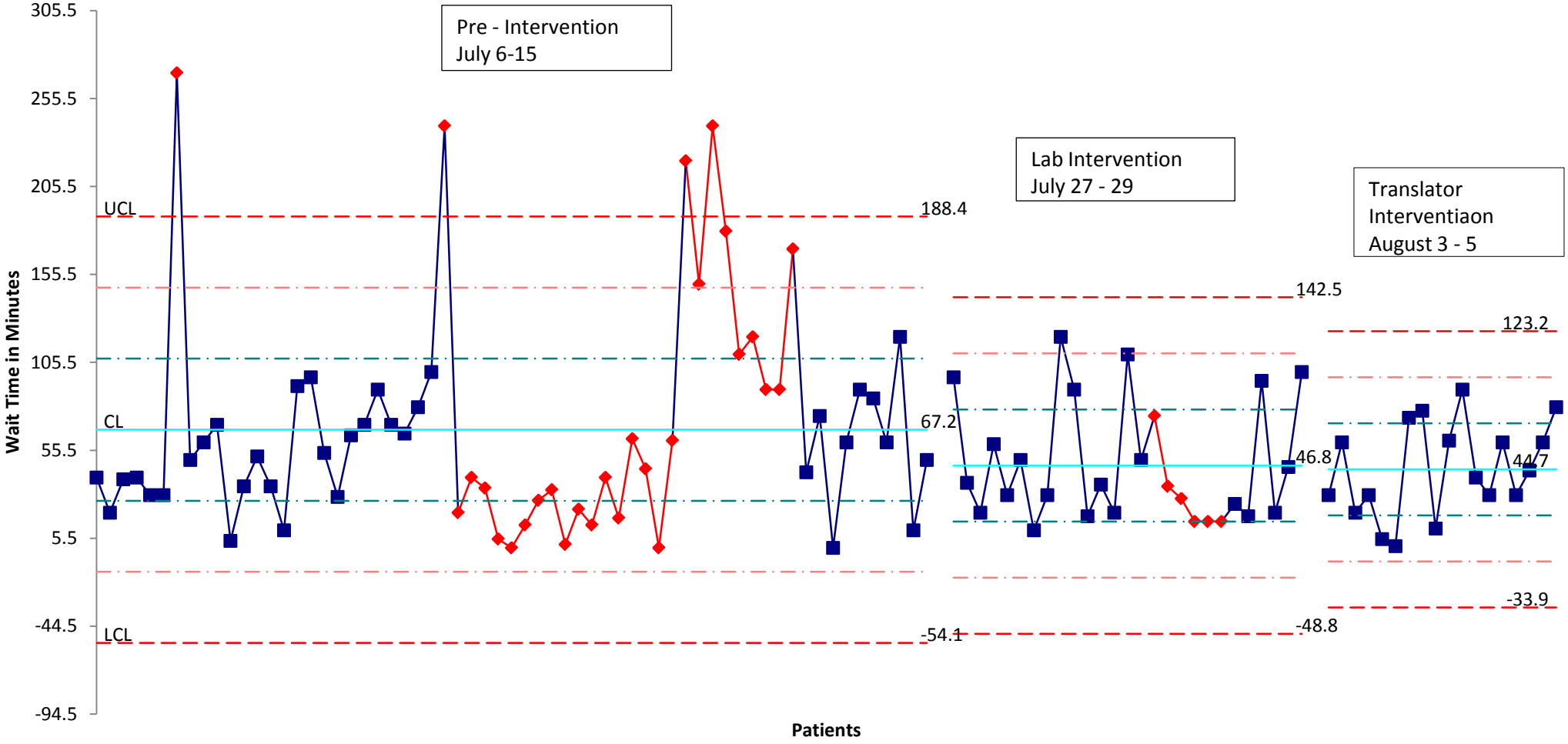
- Created cause and effect diagram
- Reconciled our impressions with team members
- Re-evaluated and reconstructed cause and effect diagram
- Incrementally implemented actions with interval data analysis
  - Elimination of unnecessary pre-clinic lab draws
  - Trial of translator/chaperone
  - Scheduling-future action
    - New Patients vs. Returns
    - Long term FU patients
  - Gowning of patient-future action

Do

Process	Date Implemented
Lab	July 27,2009
Translator	August 3, 2009
Gowning	Pending
Scheduling	Pending

Measure

Time from Scheduled Visit Until an Attending is Seen
x-Chart



Measure

- Median wait time decreased more than 33% against a goal of 25% over the measurement period.
  - Pre Intervention – 67.2 minutes
  - Intervention 1 (lab) – 46.8 minutes
  - Intervention 2 (translator) – 44.7 minutes
- Variance around the median also decreased, indicating actual improvement in the median and overall performance.
  - Pre Intervention Sigma – 40.4 minutes
  - Post Intervention 1 Sigma – 31.9 minutes
  - Post Intervention 2 Sigma – 26.2 minutes

Act

Using this as an example for other areas, we will train and require a similar process to be employed for other projects within the CTRC to improve patient care throughout the institution.

Return on Investment

The following improvements were realized:

- Increased patient satisfaction
- Increased the efficiency of the clinic
- Increased physician satisfaction
- Improved patient safety
- Decreased cost of medical care

Conclusion/What's Next

-Process works

-Resistance to change ever present

-Devils in the details

-Co-lateral benefits/consequences

-One of many continued process improvements

-Real fans of CS&E

Thank you!

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