CLINICAL SAFETY & EFFECTIVENESS COHORT # 13

Clinical Wait Times – Cancer Therapy & Research Center (3rd Floor Medical Oncology)

CENTER FOR PATIENT SAFETY & HEALTH POLICY

UT HEALTH SCIENCE CENTER™ SAN ANTONIO

1/17/2014

Educating for Quality Improvement & Patient Safety

AGENDA

- Rationale
- Project Plan
- Methodology
- Pre-Intervention Data
- Interventions
- Results/Impact
- Conclusions/Next Steps

RATIONALE AND PROJECT PLAN

AHMAD WEHBE, MD

CTRC STOPLIGHT REPORT
SERVICE DATES JULY 1, 2012 THROUGH JUNE 30, 2013

Wait time includes time spent in the waiting room and exam Room. During your most recent visit, did you see this provider within 15 minutes of your appointment time.

Picker Dimension

Q1 2013 64.0%

Q2 2013 69.8%

Q3 2014 69.4%

NRC Benchmark is an average of 81.1%

IN THEIR OWN WORDS:

"We waited almost 2 hours for someone to see us."

"In general I did not think the place was well organized."

"It was an unusually long wait."

"You wait a long time in the exam room sometimes."

"Staff is great, providers are great, but waiting time could be improved."

"I had an 8:00 appointment and wasn't seen until after 9:00."

"After waiting 45 minutes for Dr. XXX, his NP or assistant came in to give me the results."

. . . MEET THE TEAM

- Division
  - Ahmad Wehbe, MD, Assistant Professor
  - Kelly Sutton, Senior Director Clinic Operations
  - Kelly Dixon, MSN, RN, Clinic Manager Sr.
  - Tom Methvin, MHA, Project Manager
  - Deborah Ivy, MBA, Director Patient Financial Services
  - David P. Falcon, Manager Clinic Operations
  - Lissa A. Persson, Database Report Writing Analyst
  - Priscilla Nichols, Lead Medical Assistant
  - Antonio Marfil, Intermediate Medical Assistant
  - Jennie Stephens, LVN Sr.
  - Kristal Kennedy, Nurse Supervisor
  - Donald York, Sr. Director of Information Technology Services
  - Facilitator: Edna Cruz, M. Sc. , RN, CPHQ
- Sponsor Department
  - CTRC Office of the Director

PROJECT MILESTONES

• Team Created	August 2013
• AIM statement created	September 2013
• Weekly Team Meetings Began	September 23, 2013
• Data Analysis	September 2013
• Work flow & Cause & Effect Diagram	October 2013
• Interventions Implemented	November 2013
• CS&E Presentation	January 2014

WHAT ARE WE TRYING TO ACCOMPLISH?

OUR AIM STATEMENT

To reduce mean patient cycle time ("door to doc") by 25% or 15 minutes for the 3rd floor Medical Oncology patients by 1/13/14.

METHODOLOGY AND PRE-INTERVENTION DATA

TOM METHVIN, MHA

How will we know that a change is an improvement?

- The measures chosen are:
  - Qualitative in nature (CTRC Stoplight Report)
  - Quantitative in nature with a pre and post intervention comparison of patient arrival to provider entering the patient room cycle time
  - ROI – reduction in staff overtime hours
- The metric is captured by direct observation of the patient traversing through the clinic processes.
- Collection tool

PATIENT CYCLE DATA COLLECTION TOOL

Date: **Provider:** **Patient:**

Scheduled Appt. Time: ☐ New Patient ☐ Follow-Up Patient

☐ Conventional ☐ Research

CS & E Data Collection Form – Improving Patient Wait-Times

UT Medicine CTRC
Health Science Center San Antonio

Patient Arrives to 3rd Floor Clinic Registration	**Time:** **Comments:**
Patient is "Arrived" in System by Front-Desk Staff	**Time:** **Comments:** From EMR
Labels are Sent to Printer by Front-Desk Staff	**Time:** **Comments:** From EMR
MA Calls Patient Back for Vitals, Blood Draw, and Triage	**Time:** **Blood Specimen Collection Method:** ☐ Venous ☐ IV ☐ Port **Urinalysis:** ☐ Yes ☐ No **Comments:**
End Triage, Vitals, and Blood Draw	**Time:** **Comments:**
Patient Enters Exam Room (with MA)	**Time:** **EKG:** ☐ Yes ☐ No **Comments:**
MA Exits Exam Room	**Time:** **Comments:**
Primary Nurse (PN) Arrives to Exam Room (if applicable)	**Time:** **Comments:**
Primary Nurse (PN) Exits Exam Room (if applicable)	**Time:** **Comments:**
Physician/ML Arrives to Exam Room	**Time:** **Comments:**

Observations: _____

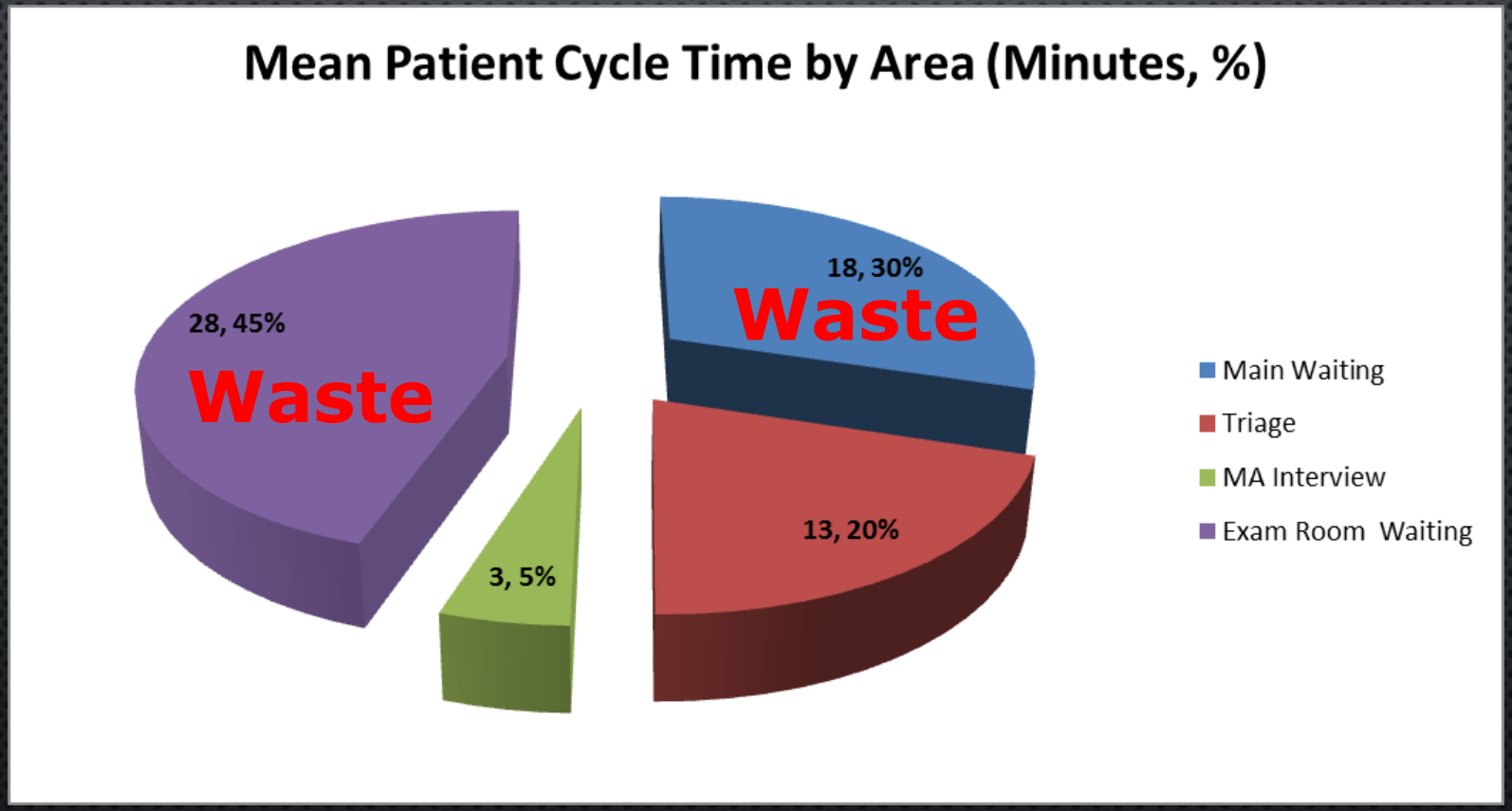
_____

_____

Completed by:

CTRC CS&E PROJECT

MEAN PATIENT CYCLE TIME BY AREA (N = 39)

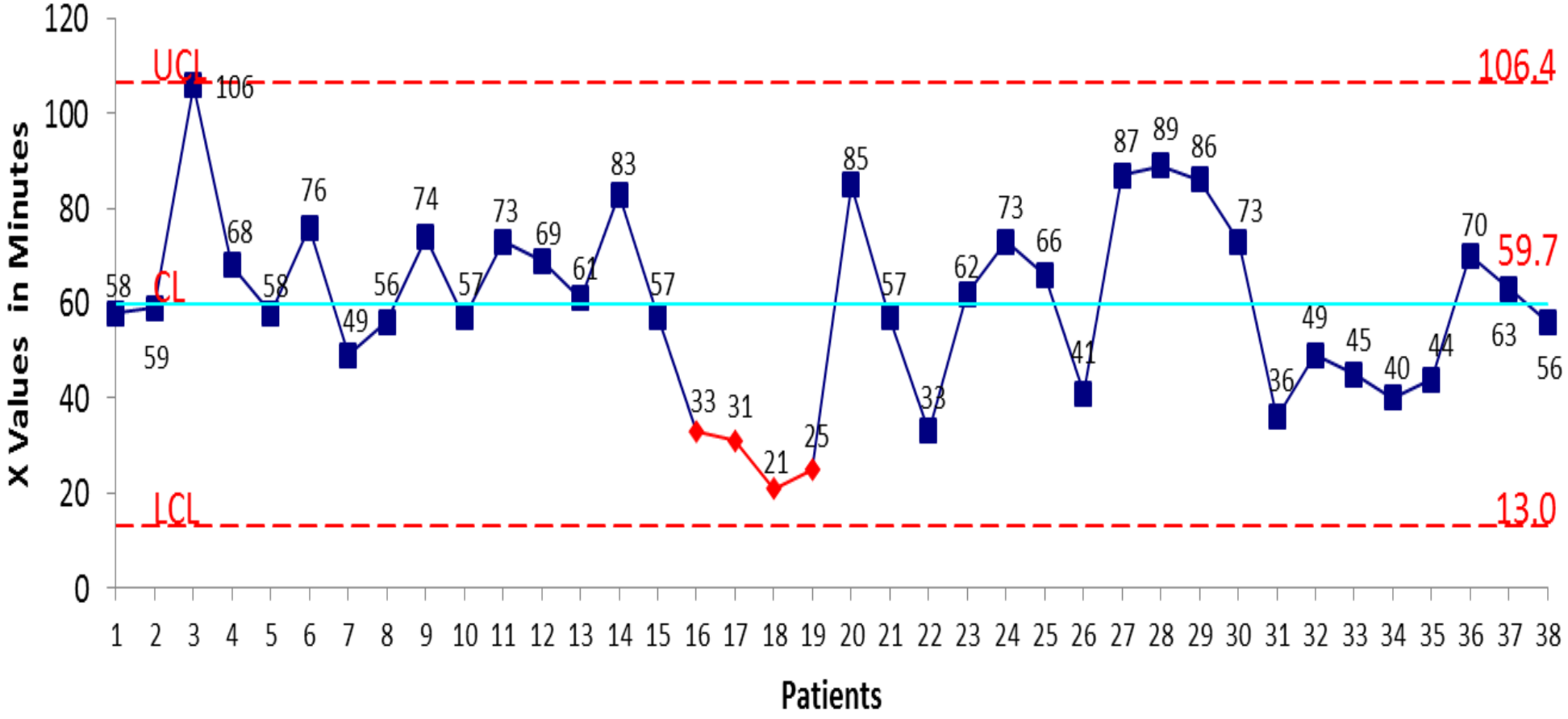


75% (46 minutes) Waste

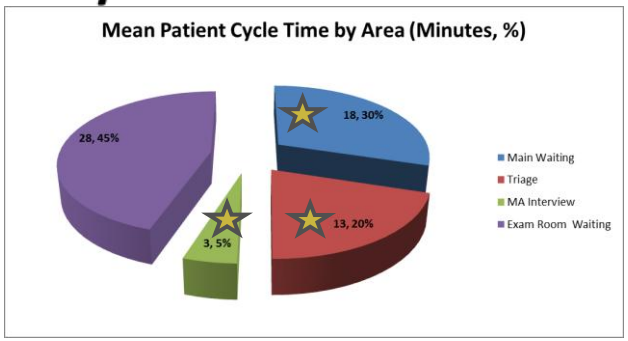
Pre-Intervention CTRC Clinic Wait Times -- 3rd Floor Medical Oncology

Mean (X) Chart -- n=38

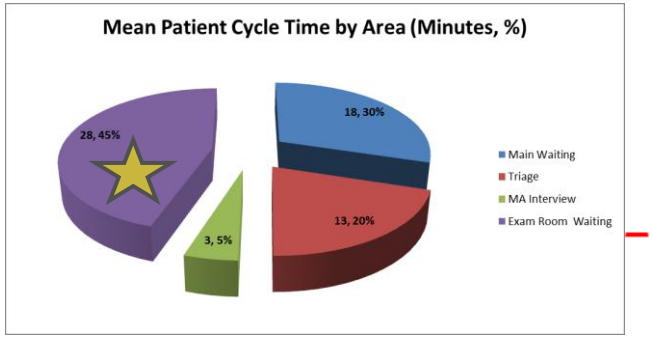
Door to MD Arrival Cycle Time in Minutes



Pre-Intervention Mean (X) Main Wait-Triage-MA Interview Cycle Time in Minutes



Pre-Intervention Mean (X) SubWait - Exam Room Wait Cycle Time in Minutes



SubWait-Exam Rm Wait Cycle Time

100
80
60
40
20
0
-20

UCL 62.4

CL 27.9

LCL -6.6

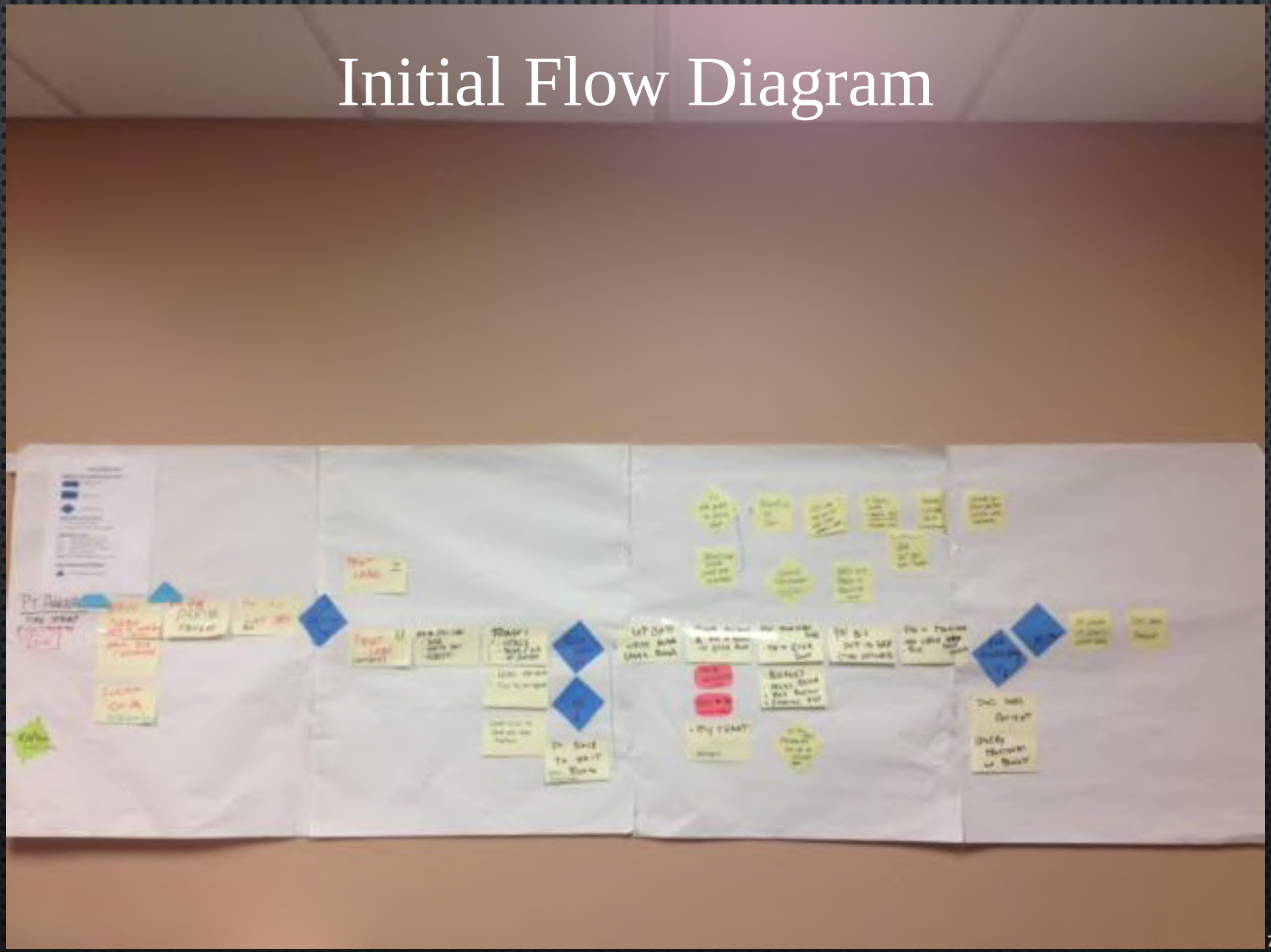
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

Cases

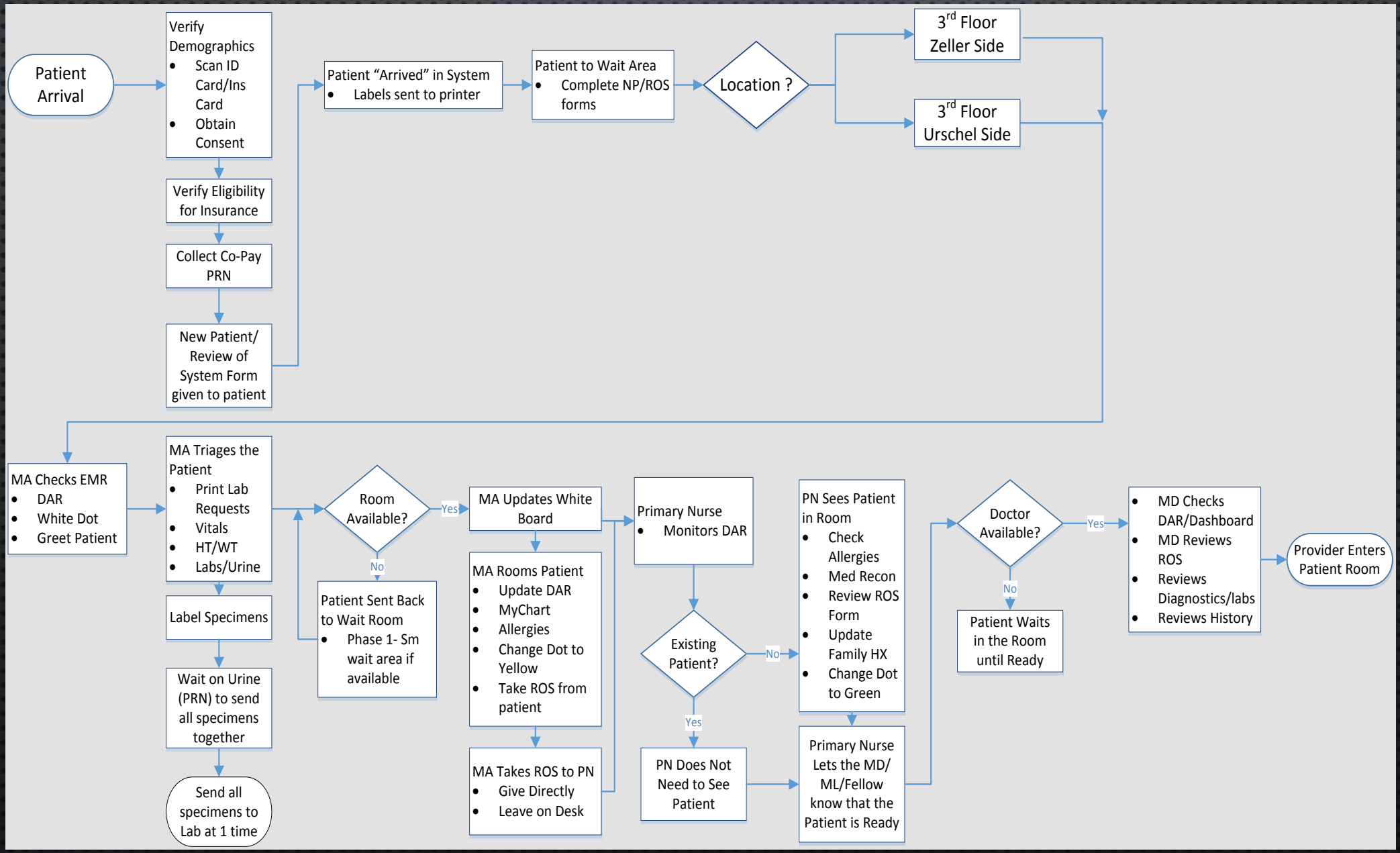
INTERVENTIONS

KELLY SUTTON AND KELLY DIXON, MSN, RN

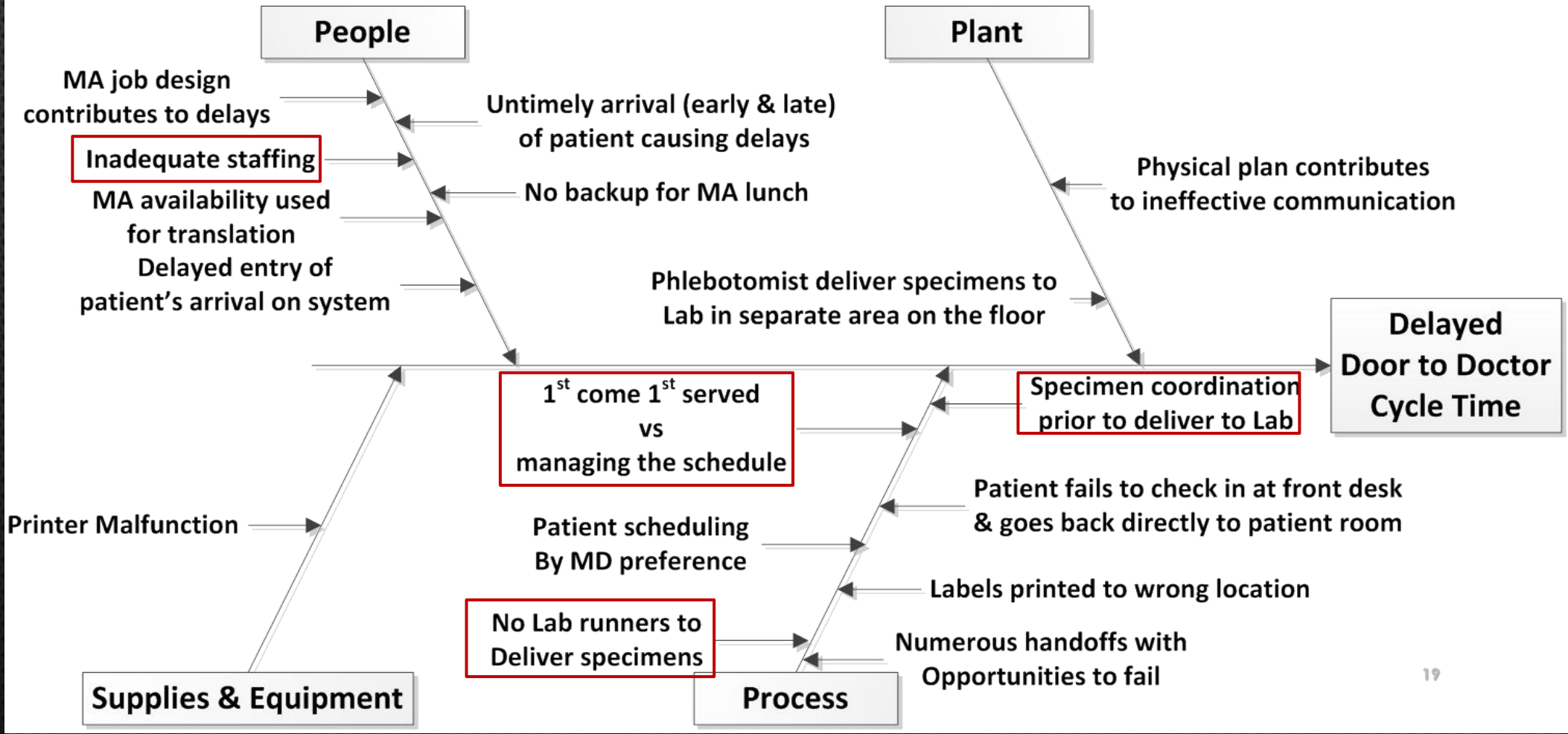
Initial Flow Diagram



CTRC BASIC FLOW- 3rd Floor



UT Medicine CTRC Clinic Wait Time
Cause & Effect Diagram



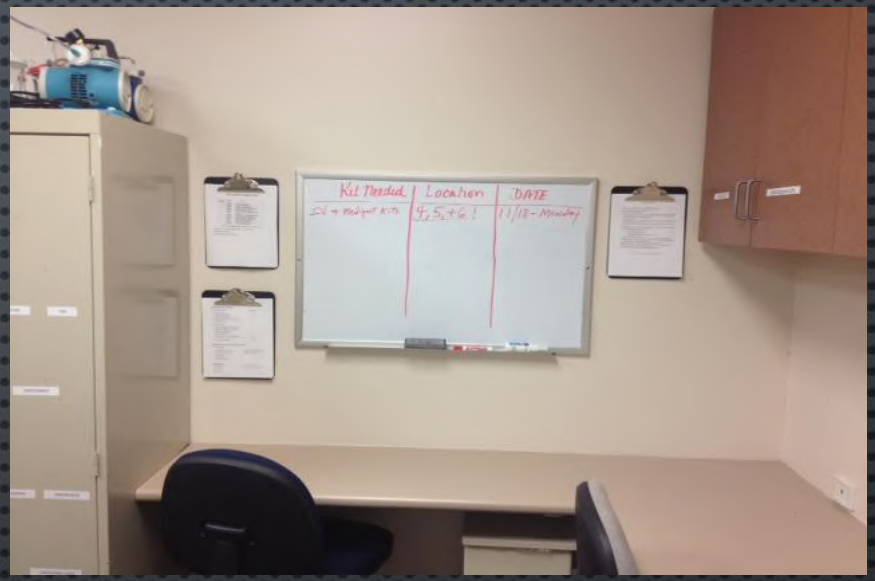
Interventions implemented that will result in an improvement

Intervention #1	Creation of and training on effective use of the new e-Dashboard in the MA Triage Areas
Intervention #2	Implemented flexible provider schedules
Intervention #3	Daily Staff huddles
Intervention #4	Appropriate staffing levels - 3 New MA hires; 2 on 11/6/13 and 1 on 11/8/13
Intervention #5	MA Phlebotomy Kits
Intervention #6	Implement new courier system that will use 1 MA to deliver specimens to the lab

BEFORE IMPLEMENTATION…

MA Phlebotomy Kit Production Schedule

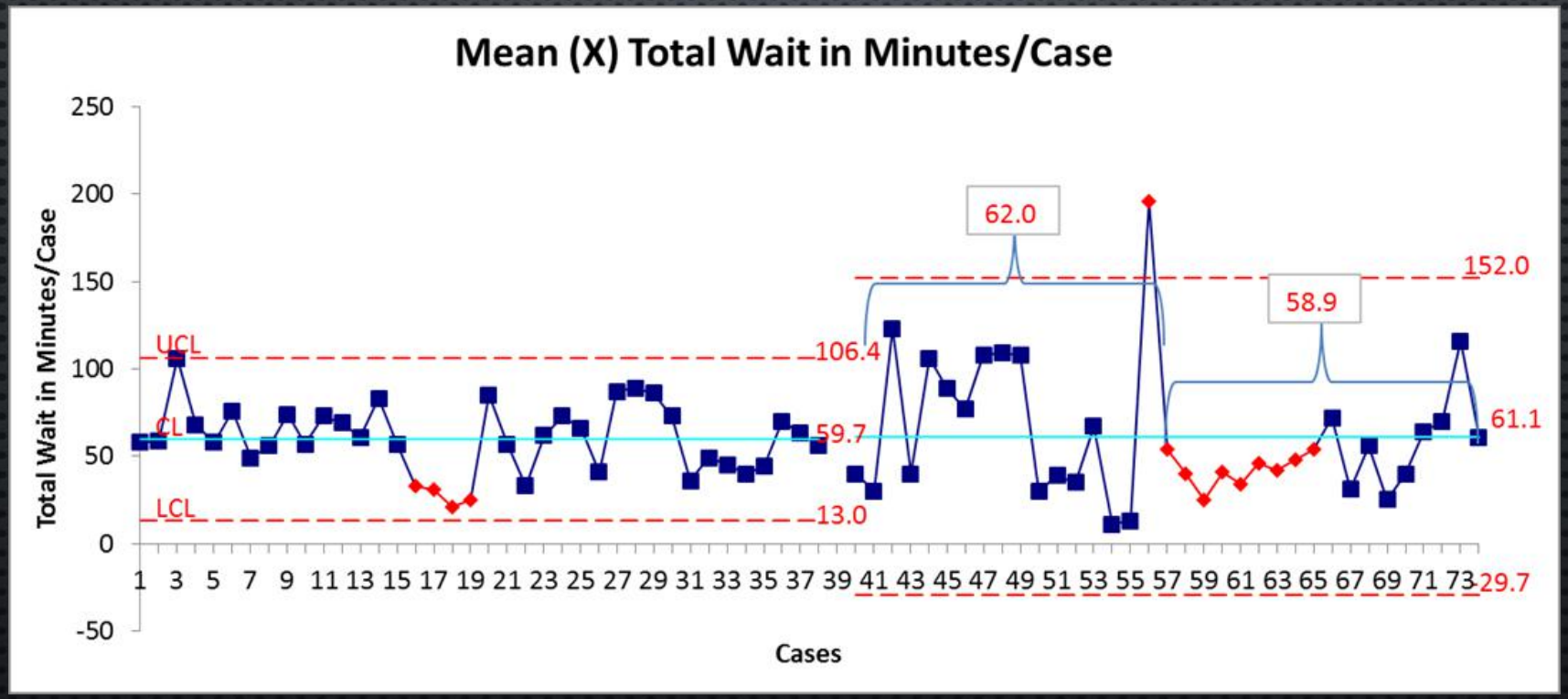
AFTER IMPLEMENTATION…



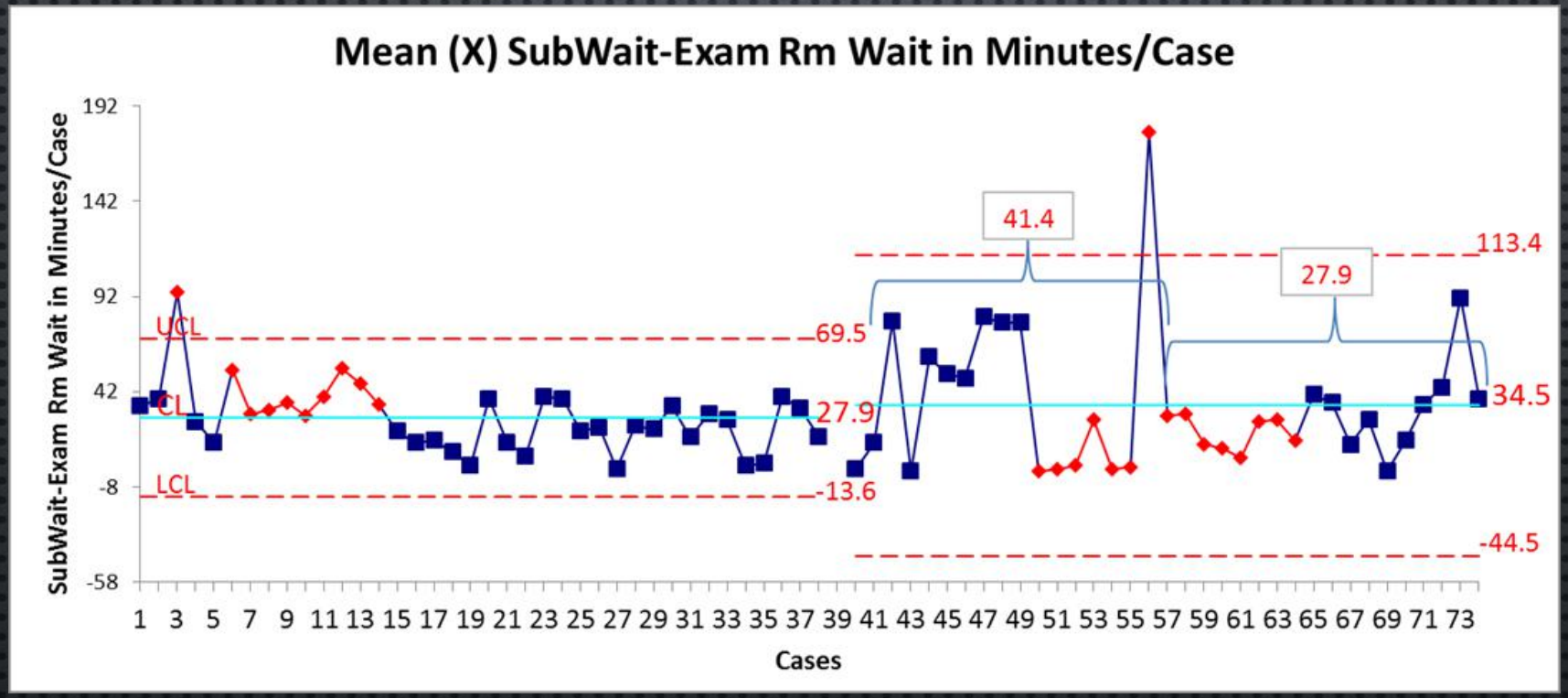
RESULTS/IMPACT AND RETURN ON INVESTMENT

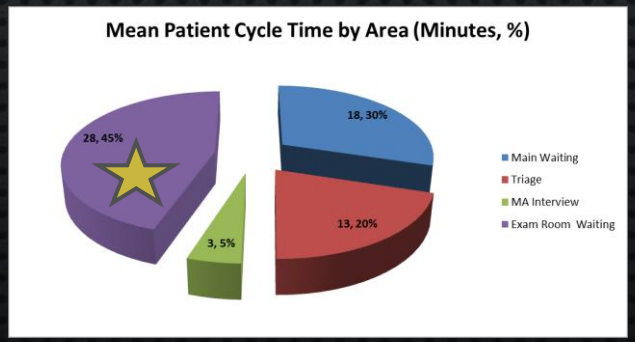
Tom Methvin, MHA

RESULTS: PATIENT CYCLE TIME ("DOOR TO DOC")

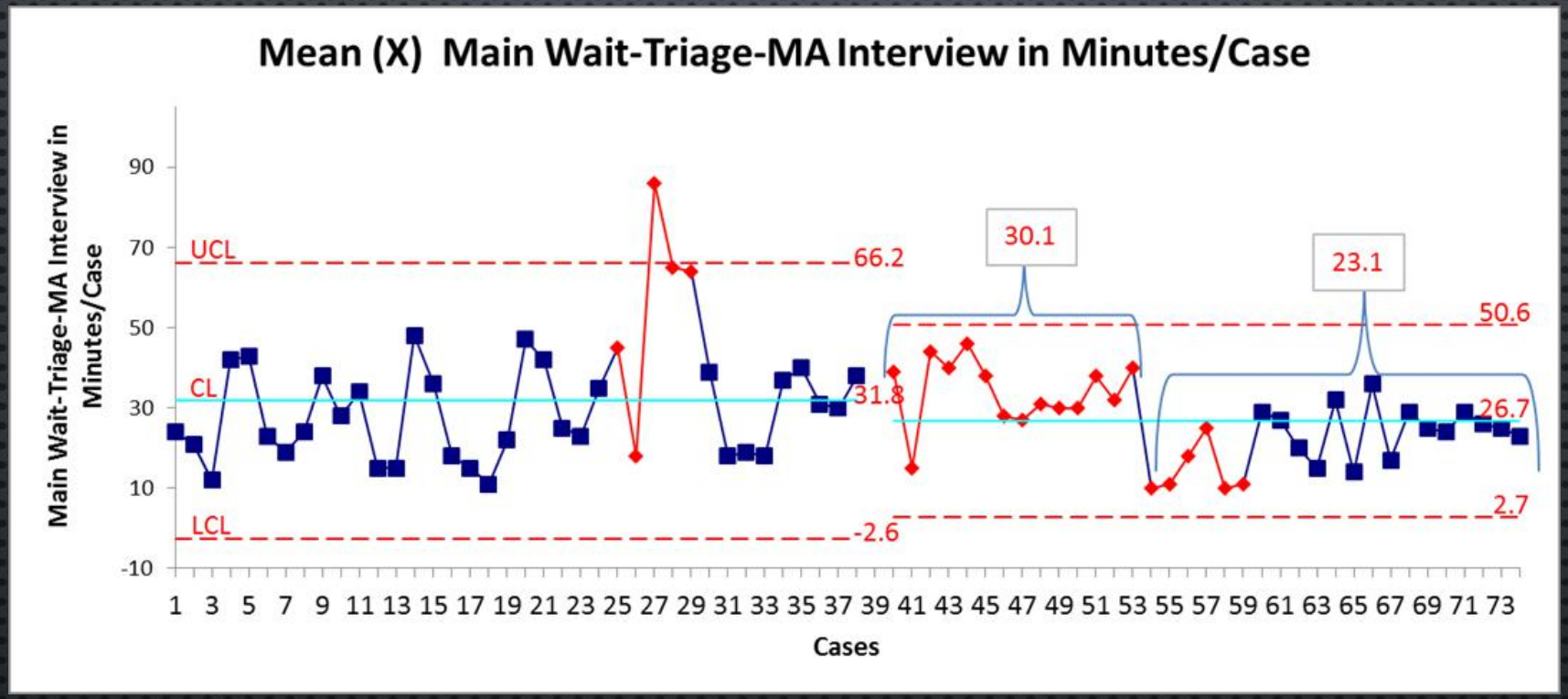


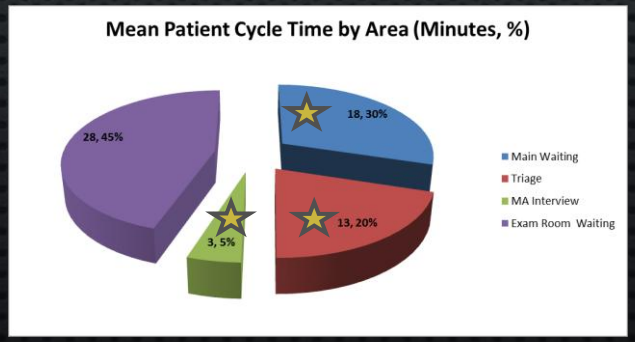
RESULTS: EXAM ROOM WAITING





RESULTS: DOOR TO TRIAGE COMPLETION





RESULTS: CTRC STOPLIGHT REPORT

Lowest Scores		NRC Average*
Wait time includes time spent in the waiting room and exam room. During your most recent visit, did you see this provider within 15 minutes of your appointment time?	Access to Care	81.1%

Qtr 4 2013‡	Qtr 3 2013‡	Qtr 2 2013	Qtr 1 2013
77.7%	69.4%	69.8%	64.0%

RESULTS: PATIENT ARRIVAL TIMES

Patient Arrival Trends for Sample	
% Patients "On Time":	47%
% Patients "Early" :	41%
% Patients On Time or Early	**88%**
% Patients "Late"	**12%**

"ON TIME" = WITHIN 10 MINUTES OF SCHEDULED APPOINTMENT

"EARLY" = GREATER THAN 10 MINUTES PRIOR TO SCHEDULED APPOINTMENT

"LATE" = GREATER THAN 10 MINUTES AFTER SCHEDULED APPOINTMENT

Return on Investment (ROI)

- ~$100k per year in staff overtime
- Increased patient satisfaction
- Increased provider and staff satisfaction
- Increased Productivity
- Enhanced Reputation
- Cultural change

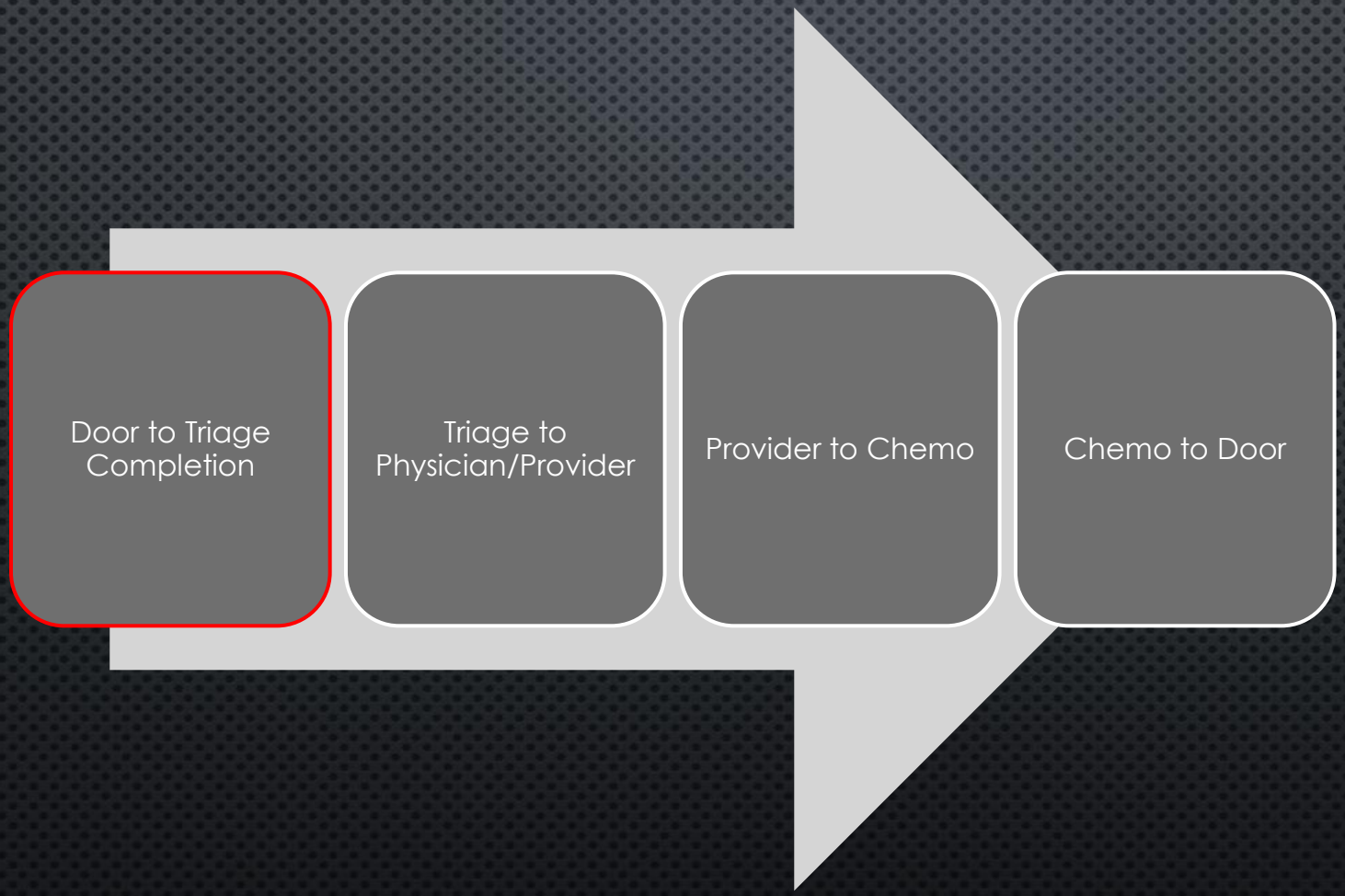
CONCLUSIONS/NEXT STEPS

AHMAD WEHBE, MD

Lessons Learned

- The Majority of waste occurs immediately before and after triage
- The Majority of patients arrive early or on time
- Automated data collection tools are critical to long-term success – both at the CTRC and across the entire clinical enterprise
- Measurable improvement is possible with the right interventions and leadership
- Physician leadership and "buy in" will be essential for next phases of implementation and expansion
- Change initiatives are slow and painfully difficult at times…but worth it in the end

EXPANSION OF OUR IMPLEMENTATION



Thank you!

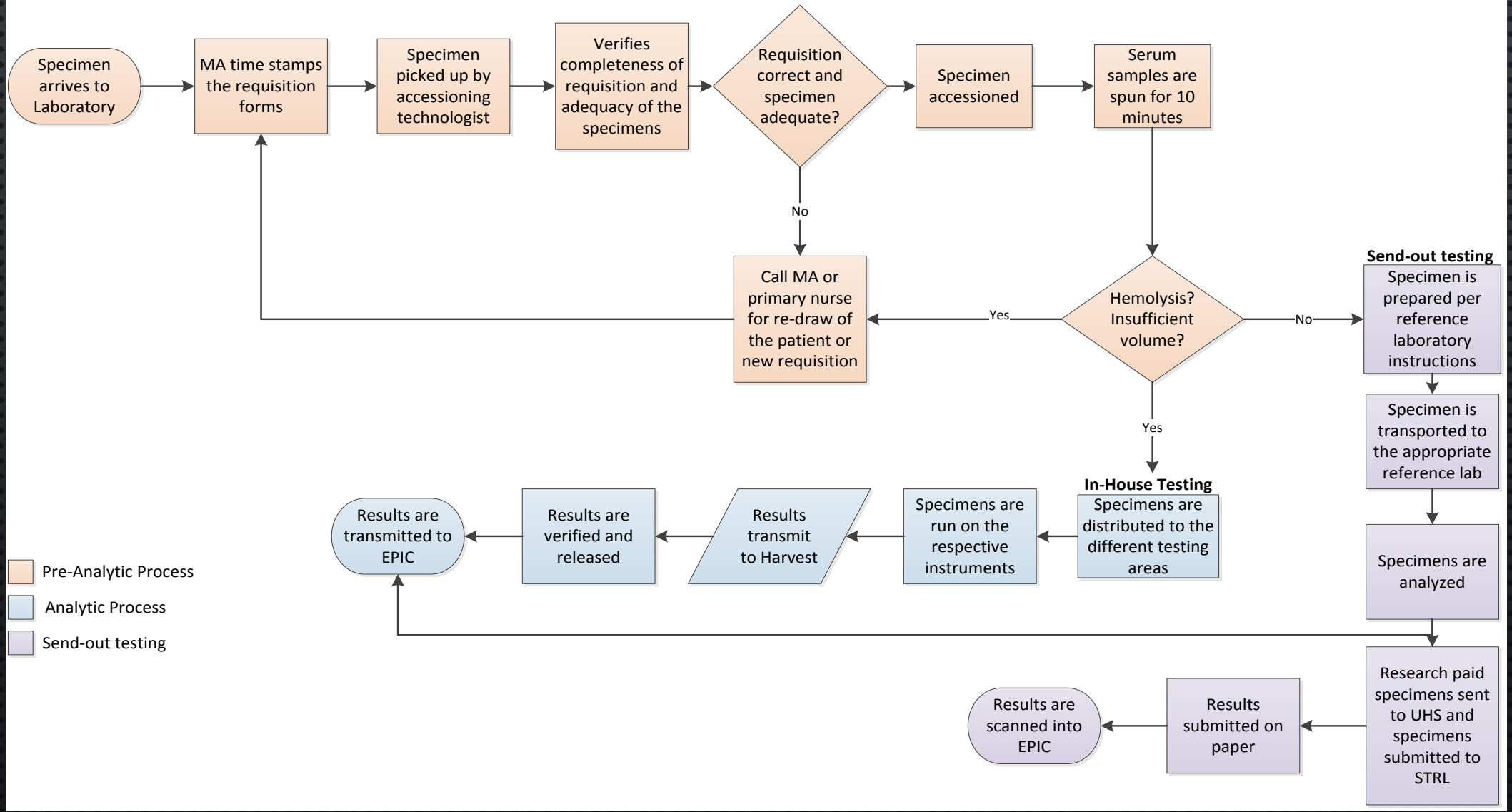
CENTER FOR PATIENT SAFETY & HEALTH POLICY
UT HEALTH SCIENCE CENTER™
WE MAKE LIVES BETTER

Educating for Quality Improvement & Patient Safety

REFERENCE MATERIALS

CANCER THERAPY & RESEARCH CENTER
UT HEALTH SCIENCE CENTER SAN ANTONIO

Laboratory General Work-Flow Diagram
Effective April 2013



IMPLEMENTING THE CHANGE: E-DASHBOARD

INTERVENTION #1 CREATION OF AND TRAINING ON EFFECTIVE USE OF THE NEW E-DASHBOARD IN THE MA TRIAGE AREAS.

- MA'S DEPENDED ON " ZEBRA STICKERS" TO KNOW PATIENT STATUS.
- THE STICKERS HAVE TO BE MANUALLY DIRECTED TO THE APPROPRIATE SIDE OF THE CLINIC I.E. ZELLER VS. URSCHEL.
- ON BUSY DAYS, MULTIPLE STICKERS PRINT OUT SIMULTANEOUSLY LEADING TO LOSS AND DELAYS AND AT TIMES DIRECTING THE STICKERS TO THE WRONG SIDE OF THE CLINIC.

Epic | Home | Chart | Encounter | Telephone Call | Epic Help! | Phone Book | MedlinePlus | UpToDate Inc | Print | Secure | Log Out

EpicCare

Schedule

Close

Create | Properties | Remove | Open Slots | Scans | Orders | Show Orders | Charting | Print AVS | SnapShot | Review | Change Prov | SmartSets | Dictations | Encounter Summary | No Show | Close Enc

11/19/2013 Today

November 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today

Dept: CTRC ZELLER 3RD FLR

- My Schedule
  - WEHBE, AHMAD
- CTRC ZELLER 3RD FLR

WEHBE, AHMAD Total: 13 Last refresh: 8:56 PM

Time	Patient	MRN	Provider	Notes	Visit Type	MyChart	Statu
8:00 AM	[redacted]	0063741	Ahmad M Wehbe, MD	cbc,cmp RTC 3WKS PER 10/29/13 ORDER w/CT'S	FOLLOW UP	Declined	Comp PM)
9:20 AM		0598275	Ahmad M Wehbe, MD	fup per jennie	FOLLOW UP	Active	Close
9:40 AM		0874268	Ahmad M Wehbe, MD	cea, cbc, cmp- 3 wk f/u per ordr 10/29/13	FOLLOW UP	Declined	Close
10:00 AM		0377993	Ahmad M Wehbe, MD	cbc,cmp 1 wk fup per 11-12-13 order	FOLLOW UP	Inactive	Comp AM)
10:40 AM		0617128	Ahmad M Wehbe, MD	2 wk fup per 11-5-13 order	FOLLOW UP	Pending	Comp PM)
11:00 AM		0603546	Ahmad M Wehbe, MD	2 wk fup per 11-5-13 order	FOLLOW UP	Active	Close
11:40 AM		0595227	Ahmad M Wehbe, MD	2 wk fup per 11-6-13 order	FOLLOW UP	Inactive	Close
12:00 PM		0327090	Ahmad M Wehbe, MD	NP Sq cell Ref by Dr. Miller Ins: medicare	NEW PATIENT	Declined	Comp PM)
12:20 PM		0303991	Ahmad M Wehbe, MD	cbc,cmp 1 wk fup per 11-12-13 order	FOLLOW UP	Declined	Comp

Ahmad M Wehbe, MD

SnapShot | Report: SnapShot

Demographics

[redacted]

Allergies

Mark as Reviewed

No Known Allergies

Medications

Long-Term

- fluticasone (FLONASE) 50 MCG/ACT NA nasal spray
- fentanyl (DURAGESIC) 100 MCG/HR TD patch
- MORPHINE SULFATE, CONCENTRATE, PO
- Bisacodyl (DULCOLAX PO)
- Sennosides-Docusate Sodium (SENNA-S PO)
- MAGIC MOUTH WASH
- megestrol (MEGACE) PO suspension
- prochlorperazine (COMPAZINE) 10 MG PO tablet
- folic acid (FOLVITE) 1 MG PO tablet
- temazepam (RESTORIL) 15 MG PO capsule

Medical History

CONTACT DERMATITIS AND OTHER ECZEMA, DUE TO UNSPECIFIED CAUSE	
SCLERODERMA	1992
ADENOCARCINOMA OF LUNG, STAGE 4	
BONE METASTASES	

Surgical History

- HX APPENDECTOMY
- HX TONSILLECTOMY

AHMAD W. | Results | My Open Charts | Overdue Results | Canceled Ord | Addendum Notification | CC'd Charts | Cosign - Clinic Orders | Media Manager | 8:57 PM

Desktop | 8:57 PM 11/20/2013

E-Dashboard cont'd

- changed the existing e-Dashboard to reflect the patient schedule and actual arrival time at the top of the screen.
- One-on-one orientation to the screen and how to use the information for prompt scheduling and rooming.

Hindrances

- Changing the status quo and what our staff is "used to".
- Having to edit each dashboard individually (the eDashboard will be defaulted to the new settings centrally but it will take time).
- PC monitors too small and have low resolution.

Hyperspace - CTRC ZELLER 3RD FLR - Production - AHMAD W.

Epic | Home | Chart | Encounter | Telephone Call | Epic Help! | Phone Book | MedlinePlus | UpToDate Inc | Print | Secure | Log Out

EpicCare

Schedule

Close

Create | Properties | Remove | Open Slots | Scans | Orders | Show Orders | Charting | Print AVS | SnapShot | Review | Change Prov | SmartSets | Dictations | Encounter Summary | No Show | Close Enc

11/19/2013 Today

November 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today

Dept: CTRC ZELLER 3RD FLR

- My Schedule
  - CTRC celler
  - WEHBE, AHMAD
- CTRC ZELLER 3RD FLR
  - WEHBE, AHMAD M
  - ARGIRIS, ATHANASSIOS
  - CLINIC SUPPORT ZELLER
  - CRABBE, WENDY W
  - CURIEL, TYLER J
  - KARNAD, ANAND B
  - LAWSON, ROBERT WAYNE
  - LU, TING-WEI
  - MAHALINGAM, DEVALINGA
  - SALAZAR, MARY I
  - SANKHALA, KAMALESH K
  - THOMAS, MARTHA

CTRC celler

Total: 29 Last refresh: 9:05 PM

Time	Status	Patient	MRN	Provider	Notes	Visit Type
8:00 AM	Comp (12:02 PM)	[redacted]		Ahmad M Wehbe, MD	cbc,cmp RTC 3WKS PER 10/2...	FOLLOW UP
8:00 AM	Closed			Robert Wayne Lawson, PA	cbc,cmp 2 wk fup per 11-5-13 o...	FOLLOW UP
8:40 AM	Closed			Mary I Salazar, NP	RTC 7DAYS PER 11/12/13 OR...	FOLLOW UP
9:00 AM	Comp (3:44 PM)			Athanassios Argiris, MD	cbc,cmp 1 wk fup per 11-5-13 o...	FOLLOW UP
9:00 AM	Closed			Mary I Salazar, NP	C4D1 Crizotinib **Mild** (CTRC...	RESEARCH FUP
9:20 AM	Closed			Ahmad M Wehbe, MD	fup per jennie	FOLLOW UP
9:30 AM	Closed			Robert Wayne Lawson, PA	cbc, cmp - 3 wk f/u per ordr 10/...	FOLLOW UP
9:40 AM	Closed			Ahmad M Wehbe, MD	cea, cbc, cmp- 3 wk f/u per ord...	FOLLOW UP
10:00 AM	Comp (11:06 AM)			Ahmad M Wehbe, MD	cbc,cmp 1 wk fup per 11-12-13 ...	FOLLOW UP
10:00 AM	Closed			Robert Wayne Lawson, PA	cbc, cmp- 3 wk f/u per ordr 10/...	FOLLOW UP
10:30 AM	Comp (11:12 AM)			Athanassios Argiris, MD	cbc,cmp RTC 2MTHS PER 9/1...	FOLLOW UP
10:40 AM	Closed			Mary I Salazar, NP	2 wkl f/u per 11/5/13 order	FOLLOW UP
10:40 AM	Comp (3:52 PM)			Ahmad M Wehbe, MD	2 wk fup per 11-5-13 order	FOLLOW UP
11:00 AM	Closed			Ahmad M Wehbe, MD	2 wk fup per 11-5-13 order	FOLLOW UP
11:00 AM	Closed			Robert Wayne Lawson, PA	cbc,cmp ,4 mon fup per 7-16-1...	FOLLOW UP
11:00 AM	Closed			Robert Wayne Lawson, PA	cbc, cmp; 2 wk f/u per 11/5/13 ...	FOLLOW UP
11:20 AM	Closed			Robert Wayne Lawson, PA	cbc, cmp- 3 week for f/u w/ CT ...	FOLLOW UP
11:40 AM	Closed			Ahmad M Wehbe, MD	2 wk fup per 11-6-13 order	FOLLOW UP
12:00 PM	Closed			Mary I Salazar, NP	cbc, cmp- 2 wk f/u per ordr 10/...	FOLLOW UP
12:00 PM	Comp (1:35 PM)			Ahmad M Wehbe, MD	NP Sq cell Ref by Dr. Miller Ins...	NEW PATIENT
12:20 PM	Comp (3:52 PM)			Ahmad M Wehbe, MD	cbc,cmp 1 wk fup per 11-12-13 ...	FOLLOW UP
1:00 PM	No Show			Ahmad M Wehbe, MD	fup per jennie	FOLLOW UP
1:00 PM	Comp (3:52 PM)			Ahmad M Wehbe, MD	cbc, cmp- 3 wk f/u per ordr 10/...	FOLLOW UP
1:00 PM	Closed			Robert Wayne Lawson, PA	cbc,cmp 3 mon fup per 8-27-13...	FOLLOW UP
1:20 PM	Closed			Mary I Salazar, NP	cbc, cmp- 3 wk f/u w/ct results ...	FOLLOW UP
1:40 PM	Closed			Robert Wayne Lawson, PA	r/s frm 11/5/13/ I & v/1 yr f/u per ..	FOLLOW UP
2:00 PM	Comp (3:26 PM)			Ahmad M Wehbe, MD	cbc,cmp -RTC 1WK PER 11/12...	FOLLOW UP
2:00 PM	Closed			Robert Wayne Lawson, PA	2 wk fup per 11-12-13 order	FOLLOW UP
2:20 PM	Closed			Ahmad M Wehbe, MD	6 day fup per 11-13-13 order	FOLLOW UP

AHMAD W. | Results | My Open Charts | Overdue Results | Canceled Ord | Addendum Notification | CC'd Charts | Cosign - Clinic Orders | Media Manager | 39 | 9:05 PM

Desktop | 9:05 PM 11/20/2013

IMPLEMENTING THE CHANGE: SCHEDULES

Intervention #2 Implemented flexible provider schedules.

Hindrances

- Provider resistance to change.
- Coordinating multidisciplinary clinics.
- Implemented on 11/18/2013.

IMPLEMENTING THE CHANGE: STAFF HUDDLES

INTERVENTION #3 DAILY STAFF HUDDLES.

HINDRANCES

- POOR PRIOR EXPERIENCES WITH HUDDLES AND STAFF CONCERNS.
- STAFF RE-EDUCATION AND ORIENTATION WITH ONE TO ONE DISCUSSIONS WITH PROVIDERS.
- IMPLEMENTED ON 11/11/2013.

IMPLEMENTING THE CHANGE: NEW STAFF

INTERVENTION #4 -- 3 NEW MA HIRES.

HINDRANCES

- SCREENING FOR HIRE INTO VACANCIES (MULTIPLE APPLICATIONS).
- WAITING FOR NEW STAFF ARRIVALS, TRAINING, AND SCHEDULING.
- 2 STAFF HIRED ON 11/6/13 AND 1 ON 11/8/13.

MA Coverage- Effective 11/18/13

	Monday	Tuesday	Wednesday	Thursday	Friday
RESEARCH					
Priscilla	Sarantopoulos	Sarantopoulos/Malik	Sarantopoulos/Mejia	Webhe	Wehbe
Samantha	Lawson	Lawson (Zeller)	Lawson	Lawson	Lawson
Kate		Argiris (Zeller)	Curiel/Float	Float	
CONVENTIONAL					
Tony	Lu	Wehbe	Wehbe	Lu	
Mary	Triage/CC	Triage/CC	Triage/CC	Triage/CC	Triage/CC
Jo Anna	Mahalingam		Mahalingam	Mahalingam	Float
Theresa	Salazar		Salazar (Urschel)	Salazar	Salazar
HEMATOLOGY					
Brent	Float	Johnson	Johnson	Johnson	
Lucy	Karnad	Float	Karnad		
Debra		Lu	Lu	Float	Lu
BREAST					
Jessica	Float	Karnad	Karnad	Karnad	Karnad
Mayra	Elledge		Elledge		Float
NEURO					
Robert	Brenner	Float	Back-up Float	Brenner	

IMPLEMENTING THE CHANGE: LAB COURIER

Intervention #5 Implemented new courier system that will use MAs to deliver specimens to the lab.

Hindrances

- Dependent on new hires.
- Can't implement if no staff in position to carry out duties.

IMPLEMENTING THE CHANGE: MEDICAL ASSISTANT KITS

Intervention #6 MA Phlebotomy Kits.

Hindrances

- Having ready made kits that would standardize blood draws and prevent wasted motion.
- Who should put them together given sparse work force= volunteers.
- Volunteers needed a check list of items otherwise supervision was required.
- Implemented on 11/13/2013.

Daily Volunteer Process

(1) Check in with Mary/Patient and Family Services per usual process.
(2) Check in with treatment rooms and their needs per usual process.
(3) Get the key from Gary Guzner (Suite U313).
(4) Go to Room Z372, Central Supply.
(5) Check white board for any immediate kit needs. Staff will be instructed to email Gary Guzner by the end of each business day to report any immediate kit needs. Gary will in turn, add these needs to the white board in order of priority/request.
(6) Create kits (see list).
(7) Bring kits to each area; the PIV and Mediport kits will be brought to all areas including the Phase I and Conventional treatment rooms.
(8) The Clave kits and needles only need to be brought to the Phase I and Conventional treatment rooms.
(9) The PIV and Mediport kits for the MA's will go in the 3rd (PIV) and 4th (port) drawers of each cart.
(10) Locations and number of the carts are as follows:
    a. Phase I triage- U355, 4 carts
    b. Conventional triage- Z319, 4 carts
    c. 4th Floor triage- U473, 2 carts
    d. 5th Floor triage- no label, in back by schedulers, 2 carts
    e. 6th floor triage- Z615, 2 carts
(11) The kits for both treatment rooms will go in the same place they have in the past. Phase I treatment room is U318 and Conventional treatment room is Z339. **Note: the MiniLoc kits go to conventional and the Whinn kits go to Phase I.**
(12) Supplies for the clave kits and needles will continue to be in room Z360.
(13) When supplies are needed, please fill out PIV and Port Supply form and bring it to Gary.
(14) At the end of each shift, return the key to Gary Guzner in Suite U313.

Any questions, please contact Gary Guzner at 450-1537

MULTI-GENERATIONAL PROJECT PLANNING - IMPROVING THE CTRC CLINICAL CYCLE TIME

	Generation I	Generation II	Generation III
VISION			
	CTRC 3rd Floor	**Facility Wide Culture Change**	**UT Medicine Wide Improvement & Maintenance**
FOCUS			
QUALITY PERFORMANCE METRICS			
Outcomes	Improved Door to Doc cycle time	Simplify & Standardized processes / systems	Recruit and Retain world class Faculty
		Implement MD daily huddles	
		Rx patients scheduled to ChemoRx Suite	
		Room flags	
		Block door from direct patient access	
		Adjust Mid-Level schedules	
Satisfaction	Meet NRC Benchmark of 85.1%	Exceed NRC Benchmarck of 85.1%	Achieve world class reputation among cancer patient population.
Cost	Improve clinic capability	Improve clinic capability to = ≥ than 1.33.	Create additional access.
PROCESS EFFICIENCY PERFORMANCE METRICS			
Health		Increase screening for early detection of cancer	Reduce the incidence of late stage cancer within Bexar County.
Safety		Improve & maintain Patient Safety	Achieve a World Class safety reputation
Environmental			
Accreditation & Regulatory Compliance			