

REDUCING PROCEDURAL WAIT TIMES IN THE PEDIATRIC CANCER AND HEMATOLOGY OUTPATIENT CLINIC

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Category: Quality, Cost, Value

Background

The TXCH Cancer & Hematology Clinic performs routine lumbar punctures in the ambulatory setting for pediatric leukemia patients as part of their therapy plan. This multi-faceted process has led to extended wait times leading to the start of the procedure, and is a major source of dissatisfaction amongst patients and clinical staff. The clinic's baseline data showed an average patient wait time of 3 hours and 15 minutes, with wait time operationalized as the time from registration to the start of the procedure.

Objectives

Decrease procedural wait time by 60 minutes for pediatric leukemia patients who receive lumbar punctures with intrathecal chemotherapy in the Cancer & Hematology Clinic

Methods

Clinical staff completed the Outpatient Procedure Start Time Study Sheets to identify delays and provide baseline data. Baseline data was presented to the Outpatient Procedure Committee to review and identify best practices to improve operational efficiency and patient outcomes, and increase satisfaction.

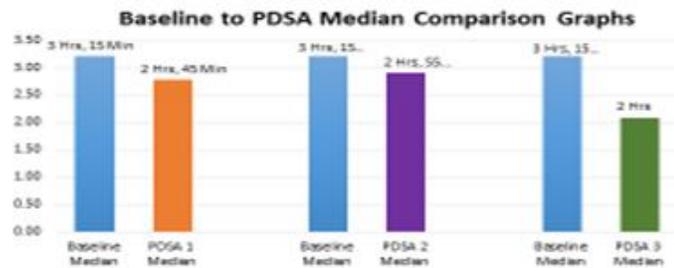
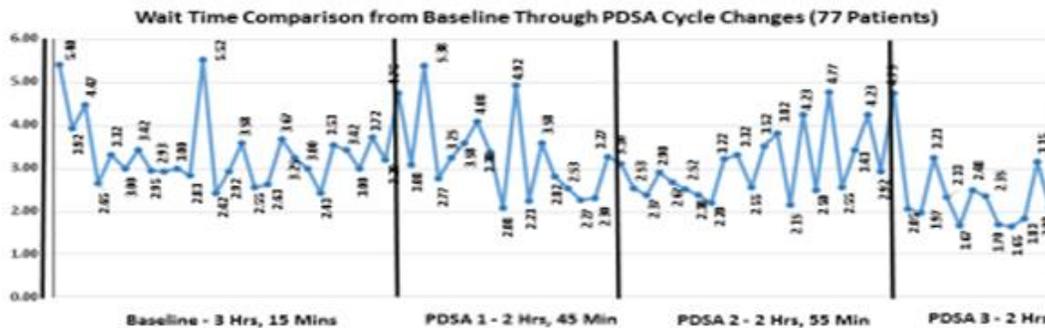
Results

PDSA cycles were conducted to test the impact of the interventions on an hourly basis when compared to baseline.

PDSA 1: Utilization of Urgent Care Bay RN from 7:00 am – 8:00 am. Reduced wait times by 30 minutes.

PDSA 2: Addition of a dedicated Medical Assistant to the procedure area. Reduced wait times by 20 minutes.

PDSA 3: Adjust existing nurse schedules to accommodate volume. Reduced wait times by 30 minutes



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Discussion

Baseline data illustrated the variability in patient complexity and ineffective staff scheduling practices. Multi-factorial operational workflows also contributed to inefficiencies in patient care and throughput. Due to the multi-factorial nature of the work as demonstrated through PDSA cycles, continuation of the project and additional PDSA cycles will be needed. With the implementation of these interventions, we have seen a positive impact in all stakeholder satisfaction levels. Continuation of data collection and collaboration with the Outpatient Procedure Committee will impact sustainability.

As an implication for practice, we anticipate the introduction of the nitrous oxide mask strap (PDSA 4) to minimize the multidisciplinary care coordination needed to complete the clinic procedure. This best practice can then be extended to TXCH community campuses.