Project Title: **Reduction of patient waiting time from the appointment with the oncologist to the administration to the intravenous treatment.**

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Institution: **Hospital Clínico Universitario de Santiago de Compostela - Servicio de Oncología**

Date: **8th- April- 2019**
Problem Statement

The appointment of patients for the administration of chemotherapy in Day Hospital results in long waiting times that imply a worsening in their quality of life. 113 minutes
The patient goes to the hospital

Can he receive Chemo?

1º step: ONCOLOGIST (Prescription)

Confirmation

2º step: PHARMACY (Supervision)

Are the conditions Accurate?

3º step: CABIN (Preparation)

4º step: NURSES (Administration)

Administration of treatment

Oncologist needs data?

Pharmacist needs data?

Review causes

Solved?

Wait…

Appointement another day

Talk with oncologist

Appointment another day
The indication of the administration of intravenous chemotherapy requires assessment by the oncologist and pharmacist, and the preparation of the drugs under safe conditions.
Team Members

Team member, role/discipline:

- Rafael López → Head of Medical Oncology Department (Leader)
- Elena Brozos → Consultant of Medical Oncology Department
- Beatriz Bernárdez → Pharmacist of Medical Oncology Department
- Nieves Mayo → Nursing supervisor of Day Hospital
- Rosa López → Clinical Trial Coordinator of Medical Oncology Department
- José Novo → Statisticic Department
Cause & Effect Diagram

ONCOLOGIST TEAM (Prescription)
- Ratio patient/ oncologist
- Calls/ interruptions
- Lack of patient data

ONCOLOGIST staff

CABIN (Preparation)
- Interruptions
- Provision service
- Preparation

CABIN staff

NURSES TEAM (Administration)
- Number of armchairs
- Organization in Day Hospital
- Duration of the treatments

NURSES staff

PHARMACY (Supervision)
- Confirmation failures
- Lack of data

PHARMACY staff

WAITING TIMES

- Calls/ interruptions
- Distribution in schedule: short/long treatments
- Preparation
- Safe conditions

Distribution
- Ratio patient/ oncologist
- Calls/ interruptions
- Lack of patient data

- Oncologist staff

- Interruptions
- Provision service
- Preparation

- Nursing staff

- Safe conditions

- Number of armchairs
- Organization in Day Hospital
- Duration of the treatments

- Nursing staff

- Calls/ interruptions
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- Calls/ interruptions
- Distribution in schedule: short/long treatments
- Preparation
- Safe conditions

- Number of armchairs
- Organization in Day Hospital
- Duration of the treatments

- Nursing staff
We have detected a long waiting time for patients from the prescription of the intravenous treatment by the oncologist to its administration at the Day Hospital. This affects our patients’ dissatisfaction.
Our goal is to reduce the waiting time by 20% from the appointment with the oncologist to the administration of the treatment.

91 minutes 6 months
Measures

• **Measure**: Time from the oncologist visit to the administration of the treatment.

• **Patient population**: Patients under intravenous treatment

• **Calculation methodology**: Waiting time of the patients (mean)

• **Data source**: Statistical Program

• **Data collection frequency**: October and November 2018

• **Data quality**: Surveys done to patients (limitation, n=19)
A statistical analysis of the waiting time of the patients who received intravenous treatments in October and November 2018 was carried out.

- Mean of daily treatments: 62
- Mean of the waiting time per patient: **113 min**
  - 13% of the patients wait 0-30 min
  - 12% of the patients wait 31-60 min
  - 18% of the patients wait 61-90 min
  - 20% of the patients wait 91-120 min
  - 37% of the patients wait more than 2h
Possible solutions (Brainstorming)

• Keep a limited number of the patients every day
• Balance the number of short/long treatments
• Analysis the day before
• Chemotherapy the next day
• Reorganization of Day Hospital
Prioritized List of Changes
(Priority/Pay –Off Matrix)

<table>
<thead>
<tr>
<th>High Impact</th>
<th>Easy</th>
<th>Difficult</th>
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<tr>
<td>Analysis the day before</td>
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<td>Chemotherapy the next day</td>
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<td>Reorganize the Day Hospital</td>
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<td>Homogenize schedules</td>
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<td>Low Impact</td>
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Ease of Implementation
# PDSA Plan (Test of Change)

<table>
<thead>
<tr>
<th>Date of PDSA Cycle</th>
<th>Description of Intervention</th>
<th>Results</th>
<th>Action Steps</th>
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INFORMATION SHEET DELIVERED BY NURSES
Change Data
Conclusions
Next Steps/Plan for Sustainability
# Project Title

**AIM:** Should be SMART (specific, measurable, attainable, relevant and time bound)

**TEAM:** Be sure to include both the department and names. If too many names to list, list just the departments represented
- Department 1: names
- Department 2: names
- Department 3: names

**INTERVENTION:** Should be described in such a way that someone not familiar with the project has a clear understanding of what you did...changes you tested.

**PROJECT SPONSORS:**

**RESULTS:** Should be related to your AIM statement. Be sure to title the graph, identify the SPC chart used, label the x & y axis, include a legend

Graph title

Insert graph

**CONCLUSIONS:** Should summarize the data in the results section, state whether or not the AIM was met. Conclusions are different than lessons learned.

**NEXT STEPS:** Describe additional plans for tests of change, how the intervention will be incorporated into standard workflow, etc