Quality Training Program

ASCO® Quality Training Program

Servicio Andaluz de Salud
CONSEJERÍA DE SALUD Y FAMILIAS

Hospital Universitario Reina Sofía
Quality Training Program
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Project Title: "Reducing dispensation of antineoplastic oral treatment delay in Medical Oncology Service

Presenter’s Name: M. J. Castro

Institution: Reina Sofía University Hospital

Date: April 2019
Institutional Overview

Reina Sofía University Hospital, est. 1976

*Andalusian Health Service* of National Health Service of Spain

Oncology Service:

> 2,500 new patients/year
> 40,000 treatment consultations/year
Institutional Overview

Oncology Team:

1 Chief of Service
2 Nursing Supervisors
15 Doctors
25 Nurses
21 Nursing Assistant
11 Hospital Wardens
1 Nurses case manager
4 Social worker
Problem Statement

Endpoint: To reduce waiting time to oral drugs dispensation/administration
> 20% patients are treated with oral chemotherapy or targeted therapy
> 1800 consultations/year estimated to oral treatment
> 4500 blood extraction/year.
> 2 hours median waiting time for dispensation.
# Team Members

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project sponsor</td>
<td>Enrique Aranda</td>
<td>Head Service</td>
</tr>
<tr>
<td>Team Leader</td>
<td>Alberto L. Moreno</td>
<td>Medical Oncologist</td>
</tr>
<tr>
<td>Core team Member</td>
<td>María José Arias</td>
<td>Nurse and Supervision</td>
</tr>
<tr>
<td>Core Team Member</td>
<td>María José Castro</td>
<td>Head Nurse and Subdirection of Nursing</td>
</tr>
<tr>
<td>Core Team Member</td>
<td>Maria Auxiliadora Gómez</td>
<td>Medical Oncologist</td>
</tr>
<tr>
<td>QTP Improvement Coach</td>
<td>Dolores Fernández</td>
<td>Quality assesor</td>
</tr>
</tbody>
</table>
Patient arrival to Hospital →

Blood extraction on day needed?

- YES → Go to extraction hall → Blood Extraction → Blood samples processing and web-Lab app sending
- NO → Day before extraction →

Go to consultation hall →

Doctor does the evaluation and treatment decision →

Does the doctor the Prescription Order?

- NO → Does the doctor the Prescription Order?
- YES → Validation/review PharmaD and treatment preparation FARMIS® → Go to Pharmacy for drug → Drug dispensation

Come back home and the Doctor gives the new day for revision
Diagnostic Data

Office: 120 minutes
Laboratory: 68 minutes
Pharmacy: 30 minutes
Patient: 15 minutes

Note: estimated delay
# Diagnostic Data

## Laboratory

<table>
<thead>
<tr>
<th>Day*</th>
<th>Tickets</th>
<th>Median from arrived to extraction</th>
<th>Median from extraction to results</th>
<th>Global time</th>
<th>Lab incidences</th>
</tr>
</thead>
<tbody>
<tr>
<td>D 14</td>
<td>90</td>
<td>25,8</td>
<td>60,3</td>
<td>86,2</td>
<td></td>
</tr>
<tr>
<td>D 15</td>
<td>48</td>
<td>9,3</td>
<td>47,9</td>
<td>57,2</td>
<td></td>
</tr>
<tr>
<td>D 16</td>
<td>44</td>
<td>9,2</td>
<td>111,1</td>
<td>120,3</td>
<td>Take off samples to HURS Lab</td>
</tr>
<tr>
<td>D 17</td>
<td>50</td>
<td>4,7</td>
<td>49,9</td>
<td>54,7</td>
<td></td>
</tr>
<tr>
<td>D 18</td>
<td>14</td>
<td>12,8</td>
<td>53,9</td>
<td>66,6</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td>246</td>
<td>14,6</td>
<td>64,5</td>
<td>79,1</td>
<td></td>
</tr>
</tbody>
</table>

*1 week explored, February-2019*
Diagnostic Data

Pharmacy

Around 30 minutes.

Stimation of the
Chief of Pharmacy Service

*1 week explored, February-2019
Diagnostic Data

Pre-intervention: 29 patients, jan 2019

Waiting times for (median)
Median time from Lab place to results: 79 min

Median time to attendance (Rooms): 120 min

Median time to Pharmacy dispensation: 30 min
Aim Statement

Endpoint: to reduce waiting time to oral drugs dispensation/administration in 30%
Date: march 2019
✓ **Measure**: Waiting time for consultation and treatment prescription; time to admission labs, time from Farmis® prescription to pharmacy validation, time for pharmacy dispensation.

  • (Data sources: GIPI web-Lab app, DIRAYA citation, FARMIS® prescription program)

✓ **Patient population**: Patients attended at office number 9 Medical Oncology (specific unit of lung cancer and sarcomas) for oral chemotherapy

✓ **Exclusions**: Patients programmed to combination schedules with oral and endovenous treatments
Measures

✓ **Calculation methodology**: Qualitative analysis of the waiting time

✓ **Data source**: Data from Diraya program (timeouts office attention), prescription form/order on Farmis® program (timeouts Pharmacy validation)

✓ **Data collection frequency**: Recollected data from one week list

✓ **Data quality(any limitations)**: Incomplete surveys or lost, difficulty in measuring Pharmacy waiting times (estimation).
Baseline Data

Waiting times for (median)

Median time from Lab place to results: 79 min
Median time to attendance (Rooms): 120 min
Median time to Pharmacy dispensation: 30 min
## Prioritized List of Changes (Priority/Pay-Off Matrix)

<table>
<thead>
<tr>
<th>High Impact</th>
<th>Easy</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients code. Step patient citation. Oral treatment prioritized</td>
<td>Nurse consultation Dispensation on-site Day-Hospital</td>
<td></td>
</tr>
<tr>
<td>Day-before blood extraction. Oral treatment dispensation prioritized.</td>
<td>Automatized dispensation. Integral Oncologist Day-Hospital. Laboratory parameters Day-before revised</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Plan for change</td>
<td>Scope</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>20 Feb 2019</td>
<td>PLAN</td>
<td>Define the profile of the patient with oral treatment in consultation with medical oncology of lung and sarcoma</td>
</tr>
<tr>
<td>1 Mar 2019</td>
<td>PLAN</td>
<td>Define the schedule of patients with oral treatment and time section</td>
</tr>
<tr>
<td>20 Feb-1 Mar 2019</td>
<td>DO</td>
<td>ADECUATE THE USE OF EXTERNAL AND INTERNAL LABORATORIES, SAGRE EXTRACTIONS AND MODIFICATION OF THE SINGLE PROGRAMMED ACT</td>
</tr>
<tr>
<td>Mar 2019</td>
<td>STUDY</td>
<td>Analyze the data of delays of the different services involved in the act</td>
</tr>
<tr>
<td>20 Feb-1 Mar 2019</td>
<td>ACT</td>
<td>Transfer oral drug to aramrio of dispensation in the area of consultations and automatic update of list of programmable active patients with oral treatment</td>
</tr>
</tbody>
</table>
Change Data

Diagnostic Data

Post-intervention: 22 patients, march 2019

List revised from 8 to 18/mar/2019
Conclusions

✓ Intervened in waiting times for other services
✓ Prioritization of pharmacy treatments to reduce dispensing times.
✓ It has been possible to reduce the attention times of patients with oral chemotherapy.

LIMITATIONS:

✓ Improved study and data through a quantitative study
✓ Application of collected data
✓ Variability of the results by different information sources
✓ Although we have only been able to act on the consultation agenda, we noticed other problems in the laboratory and pharmacy that have led to analysis and improvement plans that are affordable and acceptable.
Reducing dispensation of antineoplastic oral treatment delay in UGCOM

AIM: Endpoint: to reduce waiting time to oral drugs dispensation/administration in 30%
Date: march 2019

INTERVENTION:
Agenda: time segments citation for oral treatments
Laboratory: Define and request extended time to extraction daily; day-before extraction
Pharmacy: Farmis program implementation.

RESULTS: Change pre vs post-intervention: 78 min (35%), we are planned changes in the Lab (extraction and results timing).

CONCLUSIONS
Intervened in waiting times for other services
Prioritization of pharmacy treatments to reduce dispensing times.
It has been possible to reduce the attention times of patients
LIMITATIONS:
Improved study and data through a quantitative study
Application of collected data
Variability of the results by different information sources
Although we have only been able to act on the consultation agenda, were noticed other problems in the laboratory and pharmacy that have led to analysis and improvement plans that are affordable and acceptable.

NEXT STEPS: April 8, all patients who need analytical will have an appointment so the waiting time will be reduced to the time of issuance of the results.

In May, the new model of the consultations will be implemented with an appointment after the result of the analysis so that the patient waits less than 60 minutes to be seen by the oncologist.
Target of 120 to 42 minutes 50% approximate reduction.
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