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

• RATIONALE
• PROJECT PLAN
• METHODOLOGY
• PRE-INTERVENTION DATA
• INTERVENTIONS
• RESULTS/IMPACT
• CONCLUSIONS/NEXT STEPS
RATIONALE AND PROJECT PLAN

Ahmad Wehbe, MD
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 general I did not think the place was well organized.

“I had an 8:00 appointment and wasn’t seen until after 9:00.”

“It was an unusually long wait.”

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

“We waited almost 2 hours for someone to see us.”

“You wait a long time in the exam room sometimes.”

“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

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

![UT Medicine CTRC Logo]

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Time</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Arrives to 3rd Floor Clinic Registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient is “Arrived” In System by Front-Desk Staff</td>
<td></td>
<td>From EMR</td>
</tr>
<tr>
<td>Labels are Sent to Printer by Front-Desk Staff</td>
<td></td>
<td>From EMR</td>
</tr>
<tr>
<td>MA Calls Patient Back for Vitals, Blood Draw, and Triage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End Triage, Vitals, and Blood Draw</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Enters Exam Room (with MA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MA Exits Exam Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Nurse (PN) Arrives to Exam Room (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Nurse (PN) Exits Exam Room (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician/ML Arrives to Exam Room</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Observations:**

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**Completed by:**
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

X Values in Minutes

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

Mean Patient Cycle Time by Area (Minutes, %)

- Main Waiting: 20.45%
- Triage: 13.26%
- MI Interview: 3.3%
- Exam Room Waiting: 15.79%

UCL: 62.4
CL: 27.9
LCL: -6.6

Cases
INTERVENTIONS

Kelly Sutton and Kelly Dixon, MSN, RN
CTRC BASIC FLOW - 3rd Floor

**Patient Arrival**
- Verify Demographics
  - Scan ID Card/Ins Card
  - Obtain Consent
- Verify Eligibility for Insurance
- Collect Co-Pay PRN
- New Patient/Review of System Form given to patient

**MA Checks EMR**
- DAR
- White Dot
- Greet Patient

**MA Triages the Patient**
- Print Lab Requests
- Vitals
- HT/WT
- Labs/Urine

**Label Specimens**

**Wait on Urine (PRN) to send all specimens together**

**Send all specimens to Lab at 1 time**

**Room Available?**
- Yes
  - MA Updates White Board
    - Patient Sent Back to Wait Room
      - Phase 1- Sm wait area if available
  - No
    - MA Rooms Patient
      - Update DAR
      - MyChart
      - Allergies
      - Change Dot to Yellow
      - Take ROS from patient

**Patient Takes ROS to PN**
- Give Directly
- Leave on Desk

**MA Takes ROS to PN**
- PN Does Not Need to See Patient
  - Primary Nurse
    - Monitors DAR

** Existing Patient?**
- Yes
  - MA Rooms Patient
    - Update DAR
    - MyChart
    - Allergies
    - Change Dot to Yellow
    - Take ROS from patient
  - MA Takes ROS to PN
    - Give Directly
    - Leave on Desk
- No
  - PN Sees Patient in Room
    - Check Allergies
    - Med Recon
    - Review ROS Form
    - Update Family HX
    - Change Dot to Green

**Doctor Available?**
- Yes
  - Provider Enters Patient Room
- No
  - Patient Waits in the Room until Ready

**Location?**
- 3rd Floor Zeller Side
- 3rd Floor Urschel Side

**Patient Waits in the Room until Ready**
- Primary Nurse
  - Lets the MD/ML/Fellow know that the Patient is Ready
UT Medicine CTRC Clinic Wait Time Cause & Effect Diagram

People

- MA job design contributes to delays
- Inadequate staffing
- MA availability used for translation
- Delayed entry of patient’s arrival on system
- Untimely arrival (early & late) of patient causing delays
- No backup for MA lunch

Plant

- Physical plan contributes to ineffective communication
- Phlebotomist deliver specimens to Lab in separate area on the floor

Process

- 1st come 1st served vs managing the schedule
- Patient scheduling by MD preference
- No Lab runners to deliver specimens
- Specimen coordination prior to deliver to Lab
- Patient fails to check in at front desk & goes back directly to patient room
- Labels printed to wrong location
- Numerous handoffs with opportunities to fail

Supplies & Equipment

Printer Malfunction
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’’)

Mean (X) Total Wait in Minutes/Case

-50
0
50
100
150
200
250
Cases

Total Wait in Minutes/Case

UCL
LCL
LCL

13.0
59.7
106.4
62.0
58.9
152.0

61.1
29.7
RESULTS: EXAM ROOM WAITING

Mean (X) SubWait-Exam Rm Wait in Minutes/Case

Mean Patient Cycle Time by Area (Minutes, %)

- Main Waiting: 34.42%
- Triage: 18.30%
- MD Interview: 13.20%
- Exam Room Waiting: 5.52%
RESULTS: DOOR TO TRIAGE COMPLETION

Mean (X) Main Wait-Triage-MA Interview in Minutes/Case

UCL
CL
LCL

Cases

Mean Patient Cycle Time by Area (Minutes, %)

Main Waiting: 18.50%
Triage: 13.00%
Mid Interview: 6.00%
Exam Room Waiting: 5.50%
# RESULTS: CTRC STOPLIGHT REPORT

## Lowest Scores

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?

<table>
<thead>
<tr>
<th></th>
<th>Qtr 4 2013‡</th>
<th>Qtr 3 2013‡</th>
<th>Qtr 2 2013</th>
<th>Qtr 1 2013</th>
</tr>
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<tbody>
<tr>
<td><strong>Access to Care</strong></td>
<td>81.1%</td>
<td></td>
<td></td>
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<tr>
<td><strong>77.7%</strong></td>
<td>69.4%</td>
<td>69.8%</td>
<td>64.0%</td>
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</tr>
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</table>
**RESULTS: PATIENT ARRIVAL TIMES**

<table>
<thead>
<tr>
<th>Patient Arrival Trends for Sample</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% Patients &quot;On Time&quot;:</td>
<td>47%</td>
</tr>
<tr>
<td>% Patients &quot;Early&quot;:</td>
<td>41%</td>
</tr>
<tr>
<td>% Patients On Time or Early</td>
<td>88%</td>
</tr>
<tr>
<td>% Patients &quot;Late&quot;</td>
<td>12%</td>
</tr>
</tbody>
</table>

“**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
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

Door to Triage Completion

Triage to Physician/Provider

Provider to Chemo

Chemo to Door
Thank you!

Educating for Quality Improvement & Patient Safety
REFERENCE MATERIALS
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.**
<table>
<thead>
<tr>
<th>Time</th>
<th>Patient</th>
<th>MRN</th>
<th>Provider</th>
<th>Notes</th>
<th>Visit Type</th>
<th>MyChart</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td></td>
<td>0083741</td>
<td>Ahmad M W. Wehbe, MD</td>
<td>CBC, CMP, RTC 2WKS PER 19/28/13 ORDER W/CTS</td>
<td>FOLLOW UP</td>
<td>Declined</td>
<td></td>
</tr>
<tr>
<td>9:20 AM</td>
<td></td>
<td>0058275</td>
<td>Ahmad M W. Wehbe, MD</td>
<td>FUP PER JEMINE</td>
<td>FOLLOW UP</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>9:40 AM</td>
<td></td>
<td>0087426</td>
<td>Ahmad M W. Wehbe, MD</td>
<td>CBC, CMP-3 WKS FLU PER ORDR 10/29/13</td>
<td>FOLLOW UP</td>
<td>Declined</td>
<td></td>
</tr>
<tr>
<td>10:00 AM</td>
<td></td>
<td>0037799</td>
<td>Ahmad M W. Wehbe, MD</td>
<td>CBC, CMP 1 WKS FUP PER 11-12-13 ORDER</td>
<td>FOLLOW UP</td>
<td>Inactive</td>
<td></td>
</tr>
<tr>
<td>10:40 AM</td>
<td></td>
<td>0017128</td>
<td>Ahmad M W. Wehbe, MD</td>
<td>2 WKS FUP PER 11-5-13 ORDER</td>
<td>FOLLOW UP</td>
<td>Pending</td>
<td></td>
</tr>
<tr>
<td>11:00 AM</td>
<td></td>
<td>0063546</td>
<td>Ahmad M W. Wehbe, MD</td>
<td>FUP PER 11-5-13 ORDER</td>
<td>FOLLOW UP</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>11:40 AM</td>
<td></td>
<td>0069227</td>
<td>Ahmad M W. Wehbe, MD</td>
<td>FUP PER 11-6-13 ORDER</td>
<td>FOLLOW UP</td>
<td>Inactive</td>
<td></td>
</tr>
<tr>
<td>12:00 PM</td>
<td></td>
<td>00327090</td>
<td>Ahmad M W. Wehbe, MD</td>
<td>NEW PATIENT</td>
<td>FOLLOW UP</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>12:20 PM</td>
<td></td>
<td>0010091</td>
<td>Ahmad M W. Wehbe, MD</td>
<td>MEDICARE</td>
<td>FOLLOW UP</td>
<td>Inactive</td>
<td></td>
</tr>
</tbody>
</table>

**Allergies**

- No Known Allergies

**Medications**

- Fluticasone (FLOMASE) 50 mg per act nasal spray
- Fentany (Duragesic 100 mg act transdermal patch)
- Morphine Sulfate, Concentrate
- Bisacodyl (Dulcolax 60)
- Sodium Decussate Sodium (Senna-3 PO)
- Magic Mouth Wash
- Megestrol (Morgyness) PO suspension
- Prochlorperazine (Compazine) 10 mg PO tablet
- Folic Acid (Folivite) 1 mg PO tablet
- Temazepam (Restoril) 15 mg PO capsule
E-DASHBOARD CONT’D

• Changed the existing e-Dashboards 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 eDashboards will be defaulted to the new settings centrally but it will take time).

• PC monitors too small and have low resolution.
<table>
<thead>
<tr>
<th>Time</th>
<th>Status</th>
<th>Provider</th>
<th>Notes</th>
<th>Visit Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>Comp (12:02 PM)</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP RTC 2WKS PER 102</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>Closed</td>
<td>Robert Wayne Lawson, PA</td>
<td>CBC.CMP 2 wk fup per 11-5-13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Comp (3:44 PM)</td>
<td>Mary J. Salazar, NP</td>
<td>RTC 7DAYS PER 11/13 OR...</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Closed</td>
<td>Athanasios Argiris, MD</td>
<td>CBC.CMP 1 wk fup per 11-6-13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>9:30 AM</td>
<td>Comp (4:45 PM)</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 1 wk fup per 11/13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Comp (11:06 AM)</td>
<td>Robert Wayne Lawson, PA</td>
<td>CBC.CMP 3 wk fup per 10/13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Comp (11:15 AM)</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11/13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Closed</td>
<td>Robert Wayne Lawson, PA</td>
<td>CBC.CMP 4 mon fup per 7-16-1</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Closed</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 2 wk fup per 11/13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Closed</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11-5-13</td>
<td>FOLLOW UP</td>
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<tr>
<td>12:00 PM</td>
<td>Comp (1:35 PM)</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11/11/13</td>
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<td>12:00 PM</td>
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<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 1 wk fup per 11-12-13</td>
<td>FOLLOW UP</td>
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<tr>
<td>12:00 PM</td>
<td>Closed</td>
<td>Robert Wayne Lawson, PA</td>
<td>CBC.CMP 2 wk fup per 11/12-13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Comp (2:02 PM)</td>
<td>Ahmad M. Wehbe, MD</td>
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<td>Closed</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 10/13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Closed</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 10/13</td>
<td>FOLLOW UP</td>
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<tr>
<td>2:00 PM</td>
<td>Comp (3:26 PM)</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11-12-13</td>
<td>FOLLOW UP</td>
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<tr>
<td>2:00 PM</td>
<td>Closed</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 4 mon fup per 11-12-13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>Closed</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11-12-13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>Closed</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11-12-13</td>
<td>FOLLOW UP</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>Closed</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11-12-13</td>
<td>FOLLOW UP</td>
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<tr>
<td>2:00 PM</td>
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<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11-12-13</td>
<td>FOLLOW UP</td>
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<td>2:00 PM</td>
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<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11-12-13</td>
<td>FOLLOW UP</td>
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<td>2:00 PM</td>
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<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11-12-13</td>
<td>FOLLOW UP</td>
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<tr>
<td>2:00 PM</td>
<td>Closed</td>
<td>Ahmad M. Wehbe, MD</td>
<td>CBC.CMP 3 wk fup per 11-12-13</td>
<td>FOLLOW UP</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
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<tbody>
<tr>
<td><strong>RESEARCH</strong></td>
<td></td>
<td></td>
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<tr>
<td>Priscilla</td>
<td>Sarantopoulos</td>
<td>Sarantopoulos/Malik</td>
<td>Sarantopoulos/Mejia</td>
<td>Webhe</td>
<td>Webhe</td>
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<tr>
<td>Samantha</td>
<td>Lawson</td>
<td>Lawson (Zeller)</td>
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<tr>
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<td>Argiris (Zeller)</td>
<td>Curiel/Float</td>
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<td><strong>CONVENTIONAL</strong></td>
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<tr>
<td>Tony</td>
<td>Lu</td>
<td>Wehbe</td>
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<td></td>
<td>Lu</td>
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<td>Mary</td>
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<td>Mahalingam</td>
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<td>Mahalingam</td>
<td>Float</td>
<td></td>
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<tr>
<td>Theresa</td>
<td>Salazar</td>
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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).
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
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<tr>
<th></th>
<th>Generation I</th>
<th>Generation II</th>
<th>Generation III</th>
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<tr>
<td><strong>VISION</strong></td>
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<td>CTRC 3rd Floor</td>
<td>Facility Wide Culture Change</td>
<td>UT Medicine Wide Improvement &amp; Maintenance</td>
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<td><strong>FOCUS</strong></td>
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<td><strong>QUALITY PERFORMANCE METRICS</strong></td>
<td>Improved Door to Doc cycle time</td>
<td>Simplify &amp; Standardized processes / systems</td>
<td>Recruit and Retain world class Faculty</td>
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<td>Outcomes</td>
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<td>Implement MD daily huddles</td>
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<td>Rx patients scheduled to ChemoRx Suite</td>
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<td>Block door from direct patient access</td>
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<td>Adjust Mid-Level schedules</td>
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<td>Satisfaction</td>
<td>Meet NRC Benchmark of 85.1%</td>
<td>Exceed NRC Benchmark of 85.1%</td>
<td>Achieve world class reputation among cancer patient population.</td>
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<td>Cost</td>
<td>Improve clinic capability</td>
<td>Improve clinic capability to =&gt; than 1.33.</td>
<td>Create additional access.</td>
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<td><strong>PROCESS EFFICIENCY PERFORMANCE METRICS</strong></td>
<td>Increase screening for early detection of cancer</td>
<td>Reduce the incidence of late stage cancer within Bexar County.</td>
<td>Achieve a World Class safety reputation</td>
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<td>Improve &amp; maintain Patient Safety</td>
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