

Project Title: Delays in New Patient Scheduling: A Shift From Paper to Patient

Presenter's Name: An Tran, MD and Alexis Reese, RN

Institution: Tennessee Oncology Team 1

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Team Members

Johnetta Blakely, MD (Project Sponsor)

An Tran, MD (Team Lead)

Mark Womack, MD

Bradley Harrison, MD

Alexis Reese, BSN, RN

Larry Bilbrey, SR Director, Digital Innovation & AI

Susan Bingham, BSN, RN, Director of Patient Services

Vedner Guerrier, MBA, LSSBB (ASCO QTP Coach)

Problem Statement

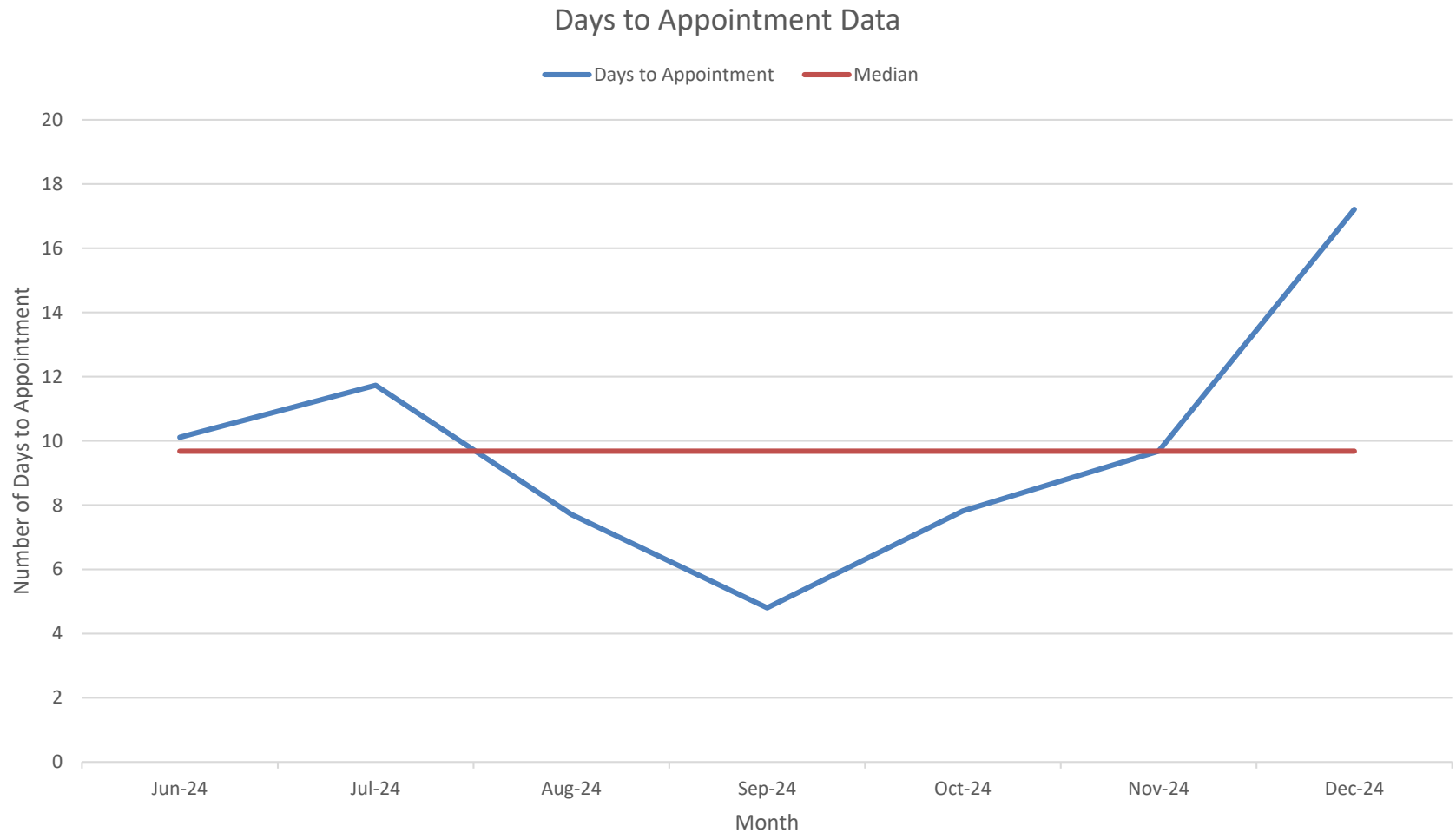
In November 2024, the Tennessee Oncology Cleveland office experienced an average wait time of 10 days from referral to initial appointment for new oncology patients—consistent with the overall average from June to December 2024—potentially leading to negative impacts on timely patient care.

Baseline data summary

Item	Description
Measure:	<i>Number of days</i> from time referral received until the time the patient presents to clinic for initial visit
Patient population:	Any patient referred for a new oncology or malignant hematology diagnosis for the Cleveland clinic (excluding any patient not scheduled by the new patient team, “cancelled/no- showed” for their initial appointment, or unable to identify reason for delay)
Calculation methodology:	Difference of the days between the appointment date (stop time) and the date the referral was received (start time)
Data source:	Referral management platform and clinic EMR
Data collection timeframe:	June 1, 2024 – December 31, 2024
Data limitations:	<i>Number of days:</i> Manual entry of appointment dates (subject to human error); <i>Reasons for delay:</i> human-reported data (individual perception)

Outcome Measure

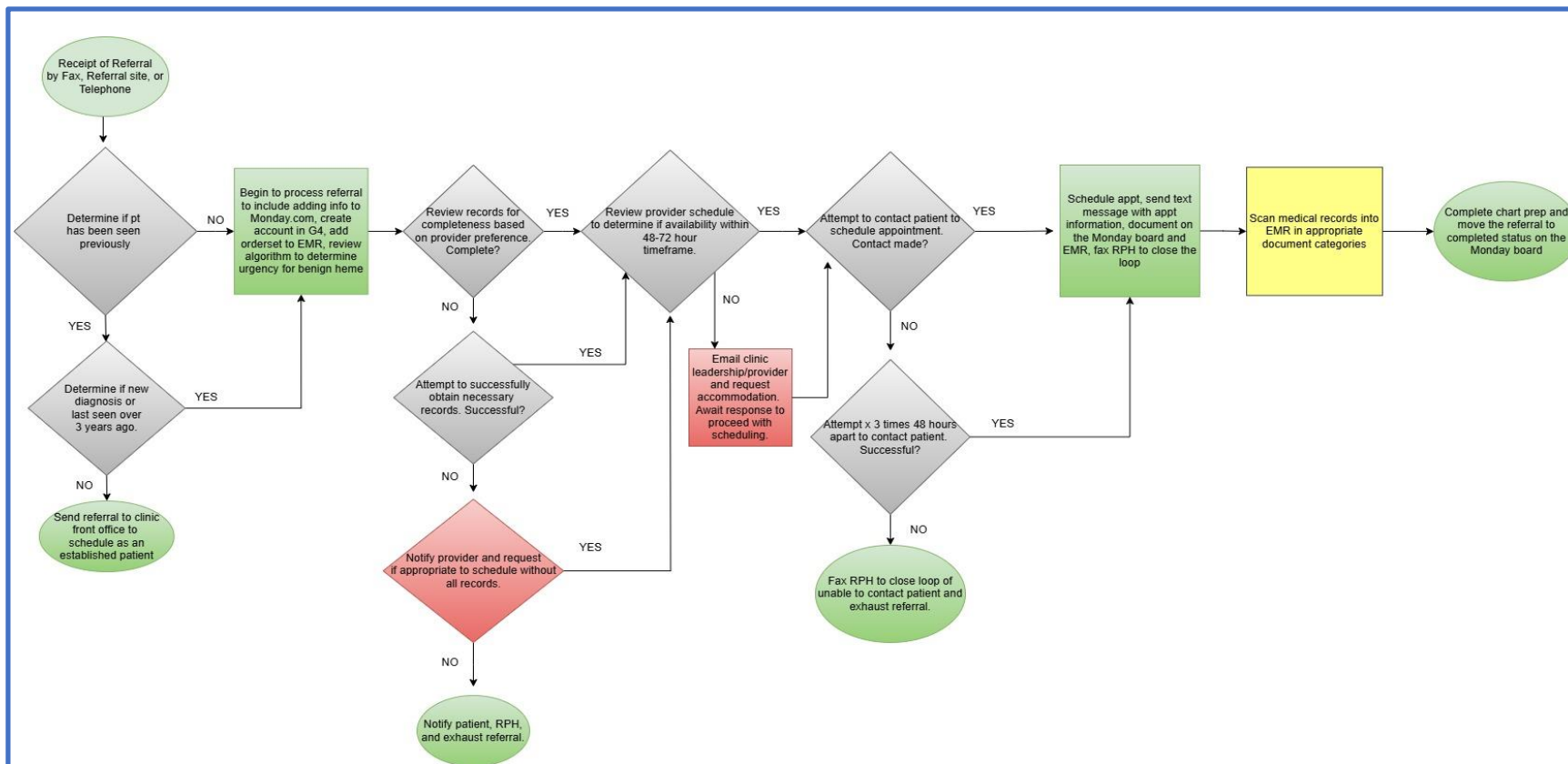
Baseline data



Aim Statement

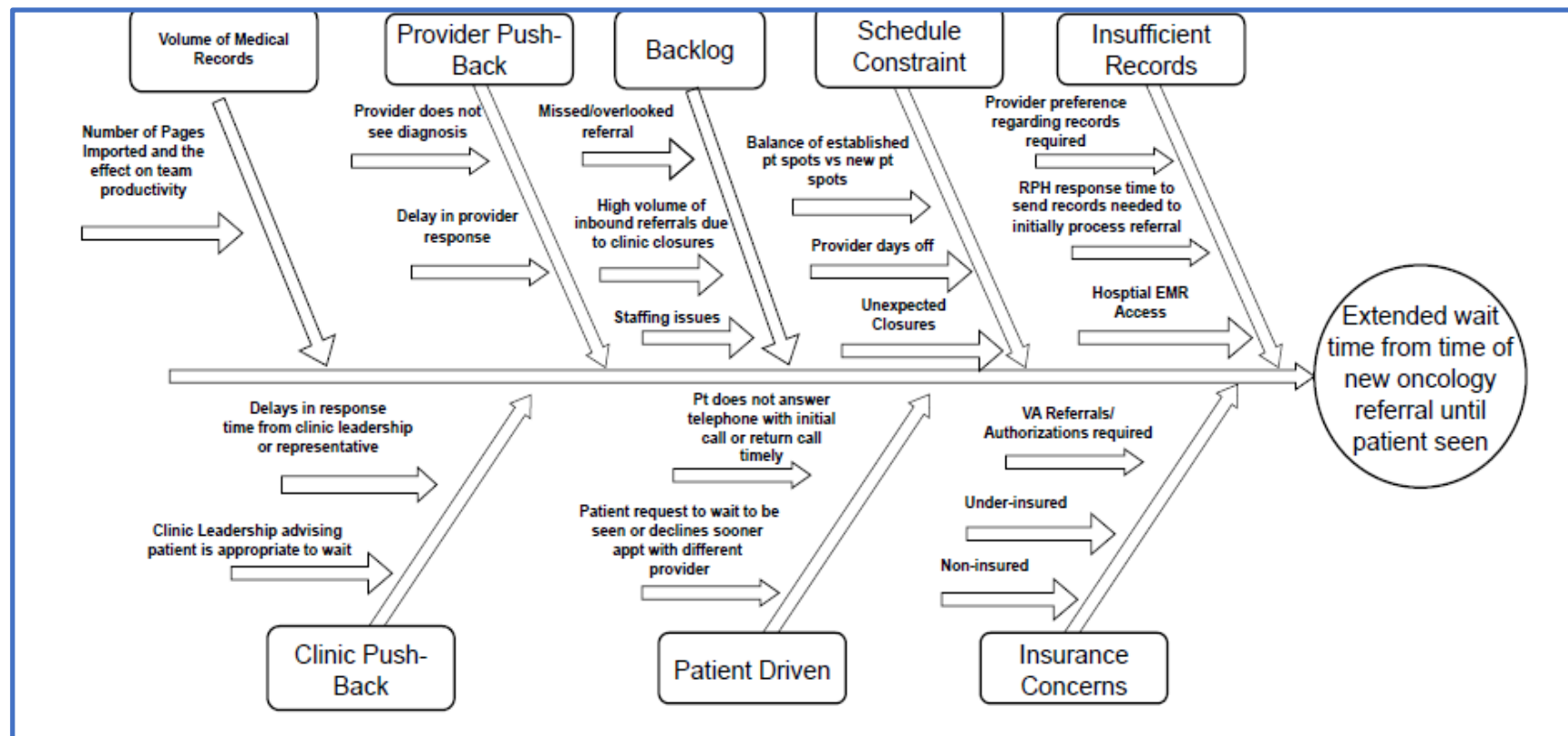
To reduce delays in care by shortening new oncology patient wait times from the average of 10 days in November 2024 to 3 days by project completion (June 13, 2025).

Process map



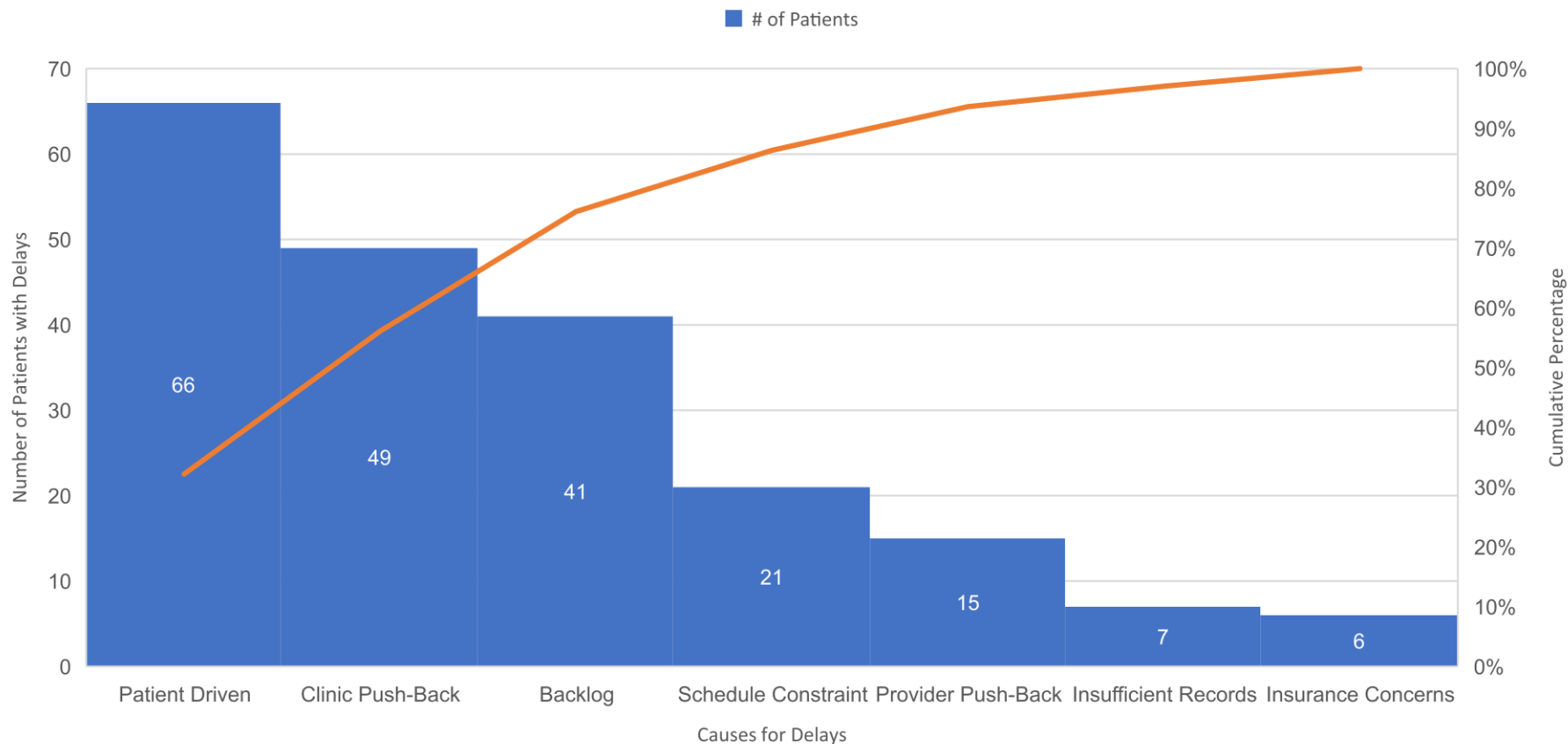
- Many providers mistakenly view new patient scheduling as a quick, 2-3 step process that should take no more than five minutes per patient
- Small teams of 2-3 members support every four clinics
- Avoidable outreach which delays the process

Cause and Effect diagram



- The initial data collection confirmed our assumptions about the causes of delay were correct.
- *Volume of Medical Records* was ultimately categorized as part of the *Backlog*.

Process Measure
Diagnostic Data
Tennessee Oncology - PARETO CHART

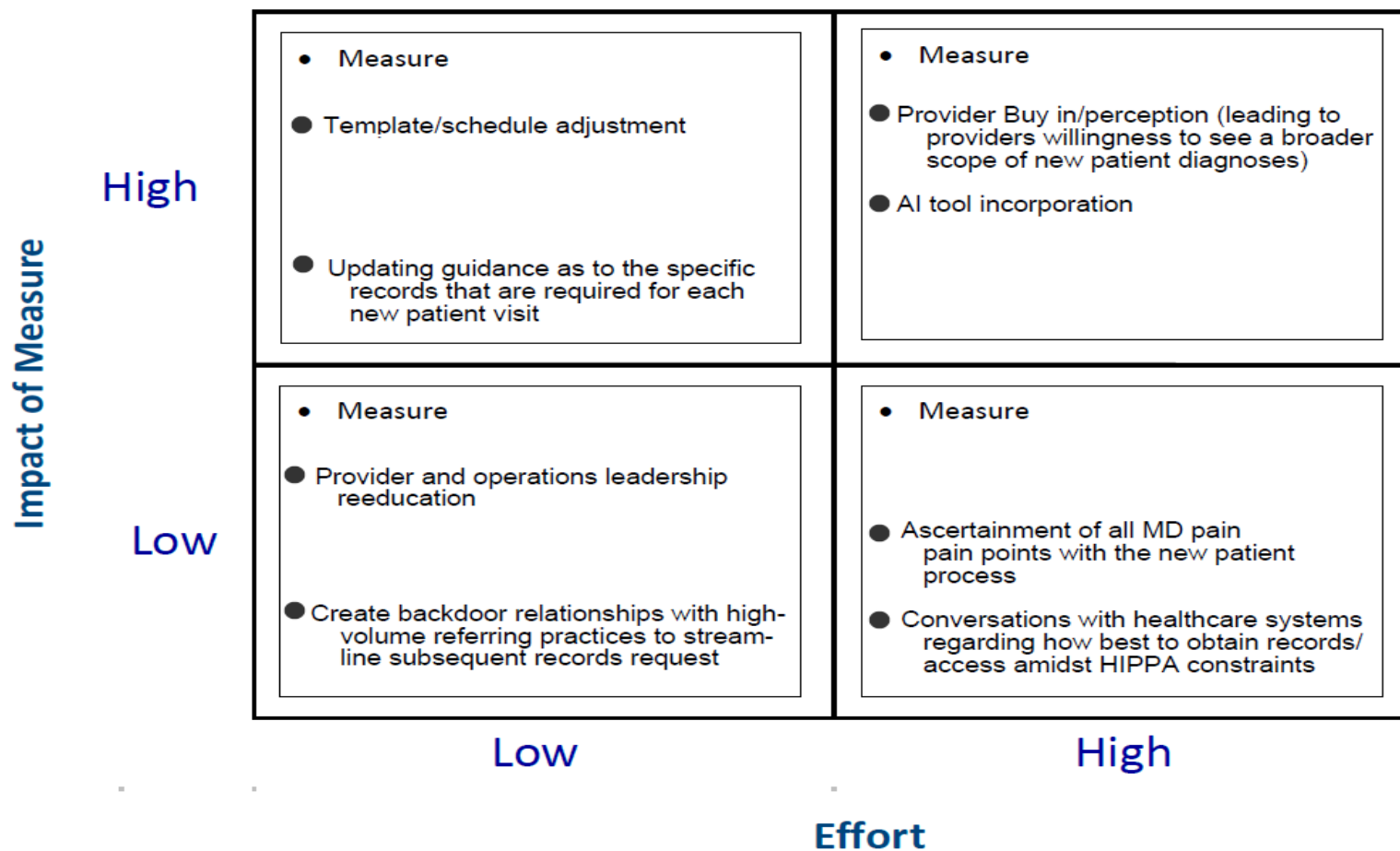


Process Measure

Diagnostic Data summary

Item	Description
Measure	Causes for Delays in Scheduling
Patient population	49 of 205 new oncology patients (24%) were identified to have experienced a delay due to clinic push-back and 41 of 205 new oncology patients (20%) were identified to have experienced a delay due to backlog; we excluded patients not scheduled by the new patient team or cancelled/no-showed for their appointment
Calculation methodology	$(\# \text{ of patients with clinic push-back delays} / \# \text{ of patients with } >72 \text{ hr delay}) \times 100 = \% \text{ of patients who experienced a delay due to clinic push-back}$
Data source	Clinic EMR chart review
Data collection timeframe	June 1, 2024 – December 31, 2024
Data limitations	Utilization of human-reported data Variance in perception as to cause for delay

Priority / Pay-off Matrix Countermeasures

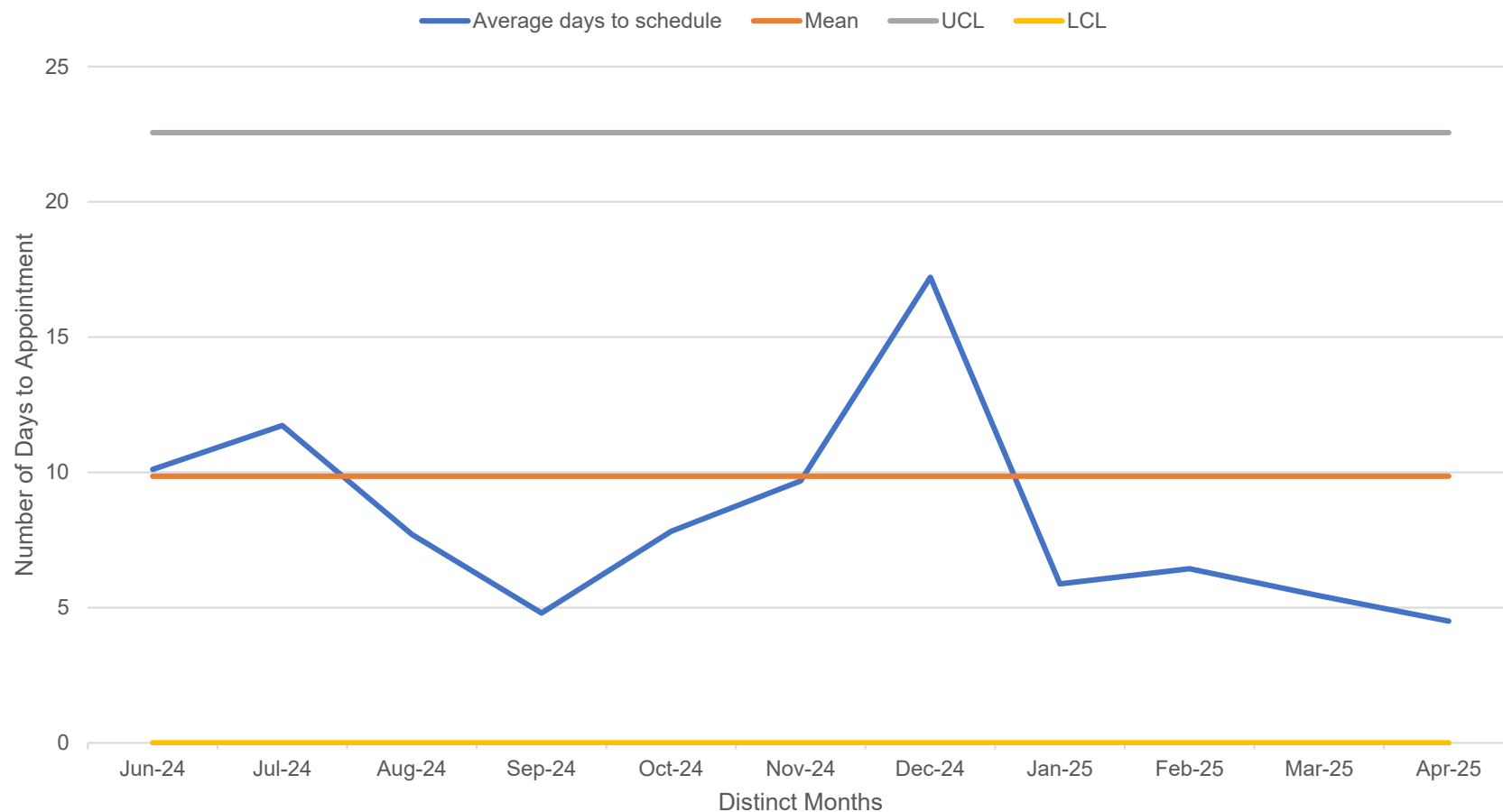


Test of Change **PDSA Plan**

Date of PDSA Cycle	Description of Intervention	Results
1/15/2025-3/28/2025 (potentially ongoing)	Reeducated providers and operational leaders on the importance of prompt turnaround times, emphasizing the impact of delays and ensuring alignment and commitment	Monitoring of monthly data and feedback from the New Patient Liaisons suggested positive impact was made, but is this sustainable long term?
2/26/2025-6/1/2025 (potentially ongoing)	Reviewed provider templates/schedules to assess the optimal balance between availability for new patients and established patients	2 new patient blocks added to Dr. Wood's and 4 to Dr. Tran's template weekly (minimizing team outreach for scheduling guidance)
5/21/2025-ongoing	Artificial intelligence implementation in new patient process-Phase 1A	PDSA Cycle 3 recently implemented; therefore, results not readily available at this time

Outcome Measure Change Data

SPC for PDSA Cycle 1 and 2



Next Steps **Sustainability Plan**

Next Steps	Owner
Continuous monitoring of monthly <i>days to schedule</i> data/reporting as well as feedback from the New Patient Liaisons and resource review to identify if additional reminders are needed for providers and operational leadership.	New Patient Manager (Alexis Reese-primary)
Ongoing review/monitoring of provider templates at a set cadence (every 6 months) for need for additional new patient availability.	New Patient Manager (Alexis Reese) and Data Analytics Team (Dawn Jones)
The integration of artificial intelligence into the new patient process will follow a phased approach, allowing for systematic validation at each stage.	New Patient Manager (Alexis Reese)

Conclusion

- New patient wait time reduction at the Cleveland office from an average of 10 days to 4.5 days (55% reduction)
- Contributing factors included stakeholder re-education, enhanced data collection processes, and procedural improvements
- Optimistic that the three-business-day goal is attainable with further adjustments to the new patient process in response to AI-directed changes and expanded data collection efforts