

ASCO's Quality Training Program

Reducing the admission-to-chemotherapy delay

Parkland Hospital, Dallas

October 4, 2017

Institutional Overview

- Parkland Health & Hospital System, est. 1894.
- 870 bed hospital, 20 community-based clinics, 11 school-based clinics.
- Population served: Minorities and low income/uninsured.
- Teaching hospital for UTSW Medical Center.
- >2,200 cancer cases annually.

Problem Statement

Reducing the Length of Stay (LOS) is a high priority objective.

The 14-400 inpatient unit admits 1-2 patients daily for inpatient chemotherapy.

Rooms are reserved for patients ahead of admission.

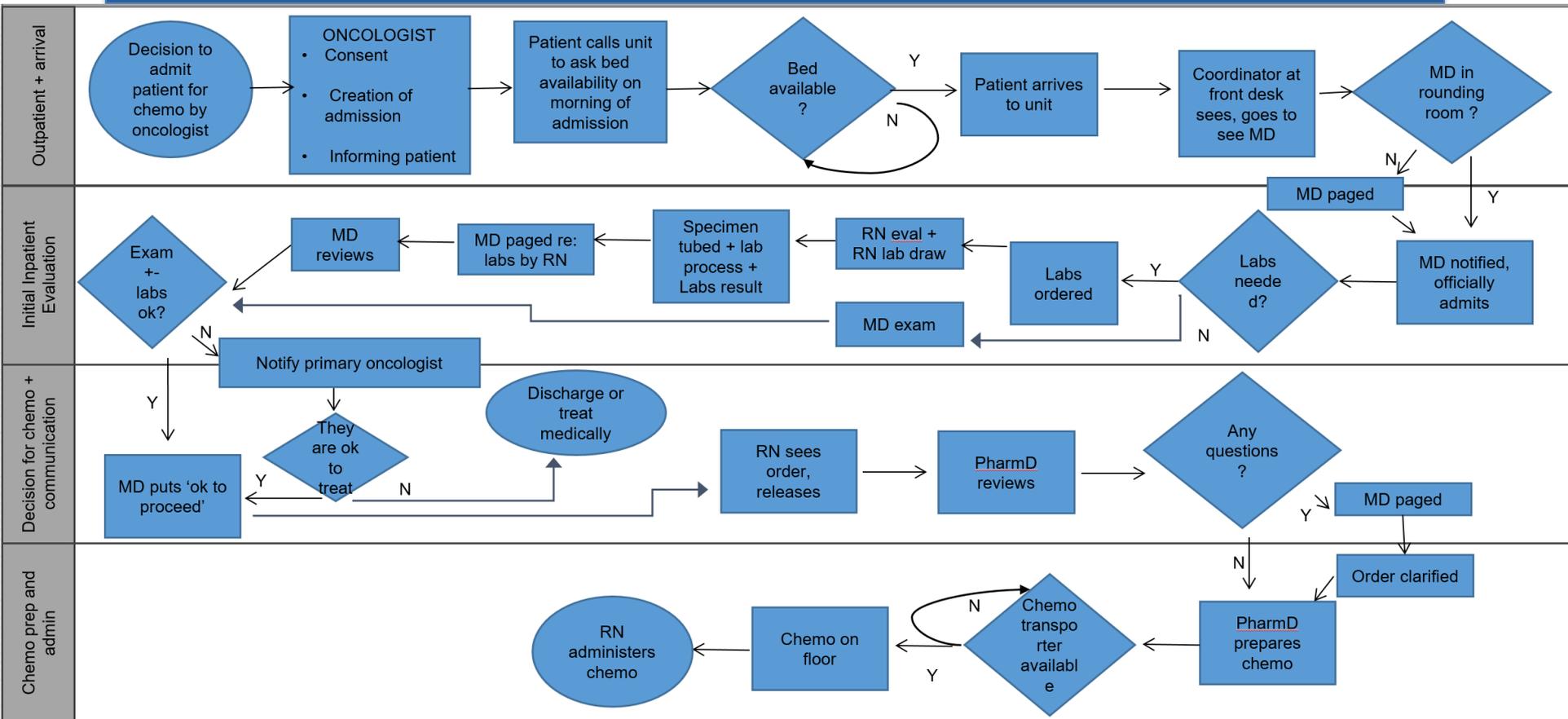
Initiation of chemotherapy is often delayed -> adds a day to LOS.

Median delay of 6.2 hours between arrival and initiation of chemotherapy in January-February 2017.

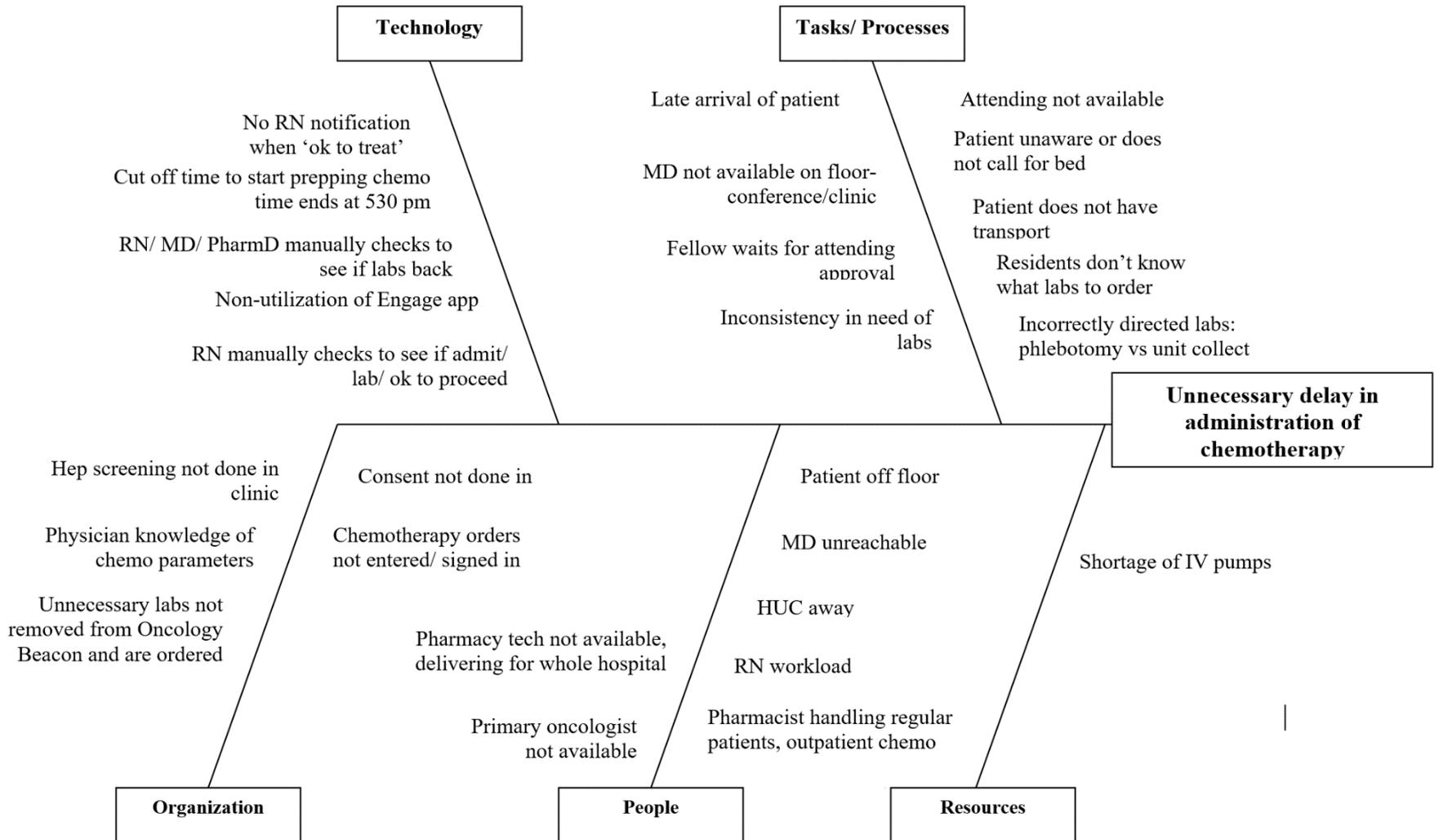
Team Members

Role	Name
Project Sponsor	Esmaeil Porsa
Team Leader	Jenny Li
Core Team Member	Thao Pham
Core Team Member	Sudarshan Pathak
Core Team Member	Arjun Gupta
Facilitator	Navid Sadeghi
Other Team Member	Tiffany Williams
Other Team Member	Bernard Tawfik
Other Team Member	Kiauna Donnell
Other Team Member	Diane Parker
Patient/ Family Member	Tiffany Galloway
QTP Improvement Coach	Prabhjyot Singh

Process Map

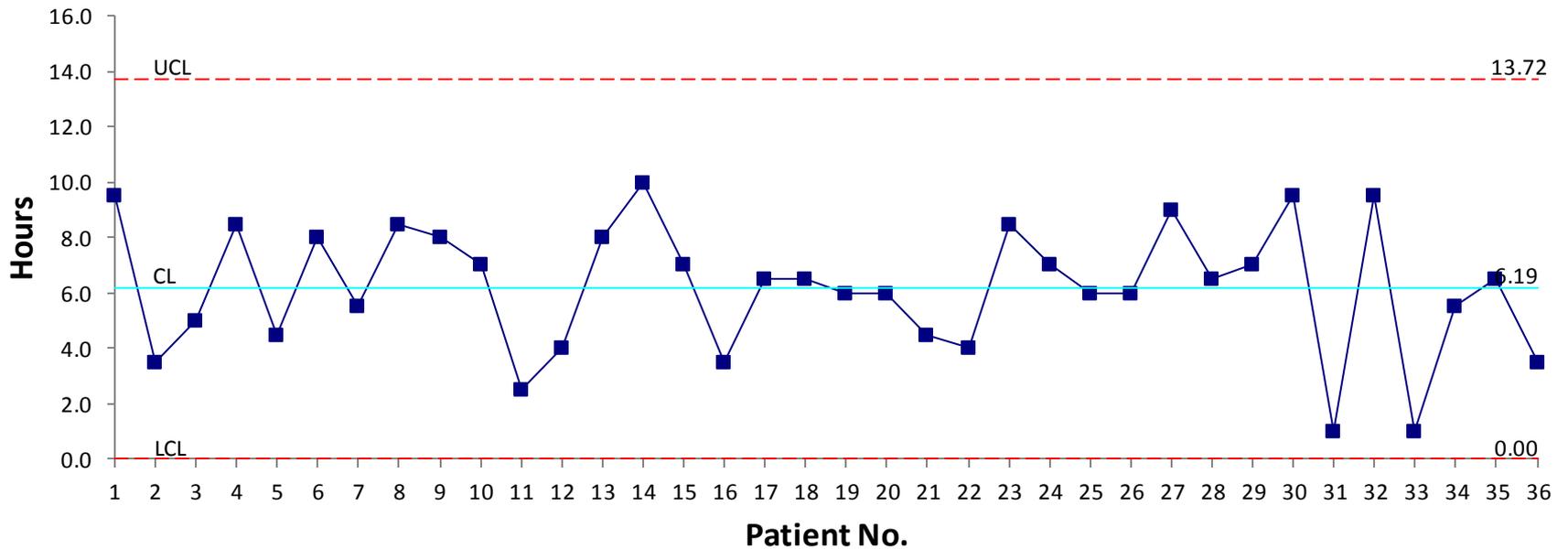


Cause & Effect Diagram



Baseline Data

Total Delay from Place-In to Chemo Start Jan-Feb 2017 - X Chart



Baseline Data

Total median delay: 6.2 h

Median time from place in to lab draw: 30 mins

Median time from lab draw to ok to proceed: 2 hours

Median time from ok to proceed to order release: 30 minutes

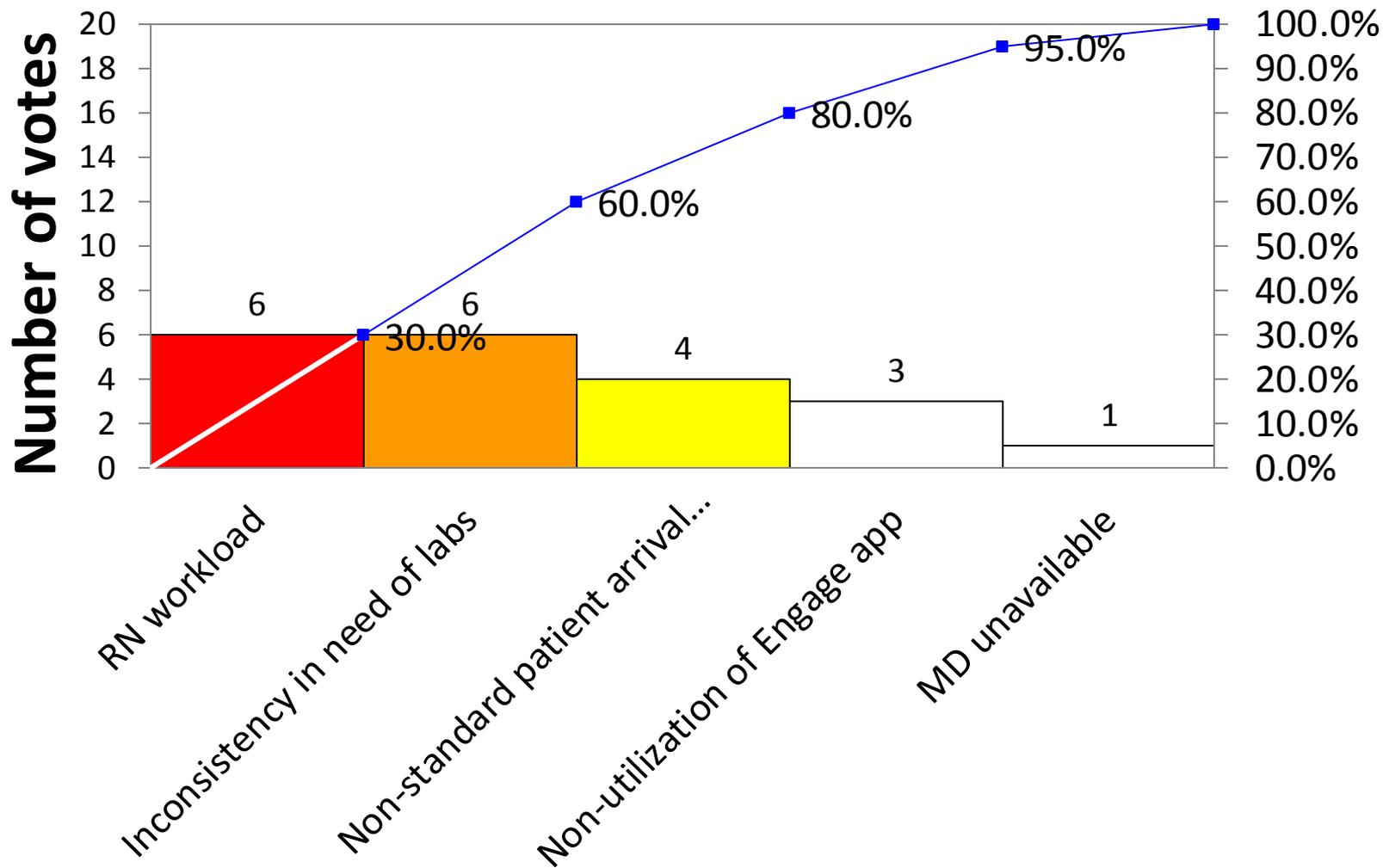
Median time from order release to chemo on floor: 2 hours

Median time from chemo on floor to chemo start: 1 hour

Aim Statement

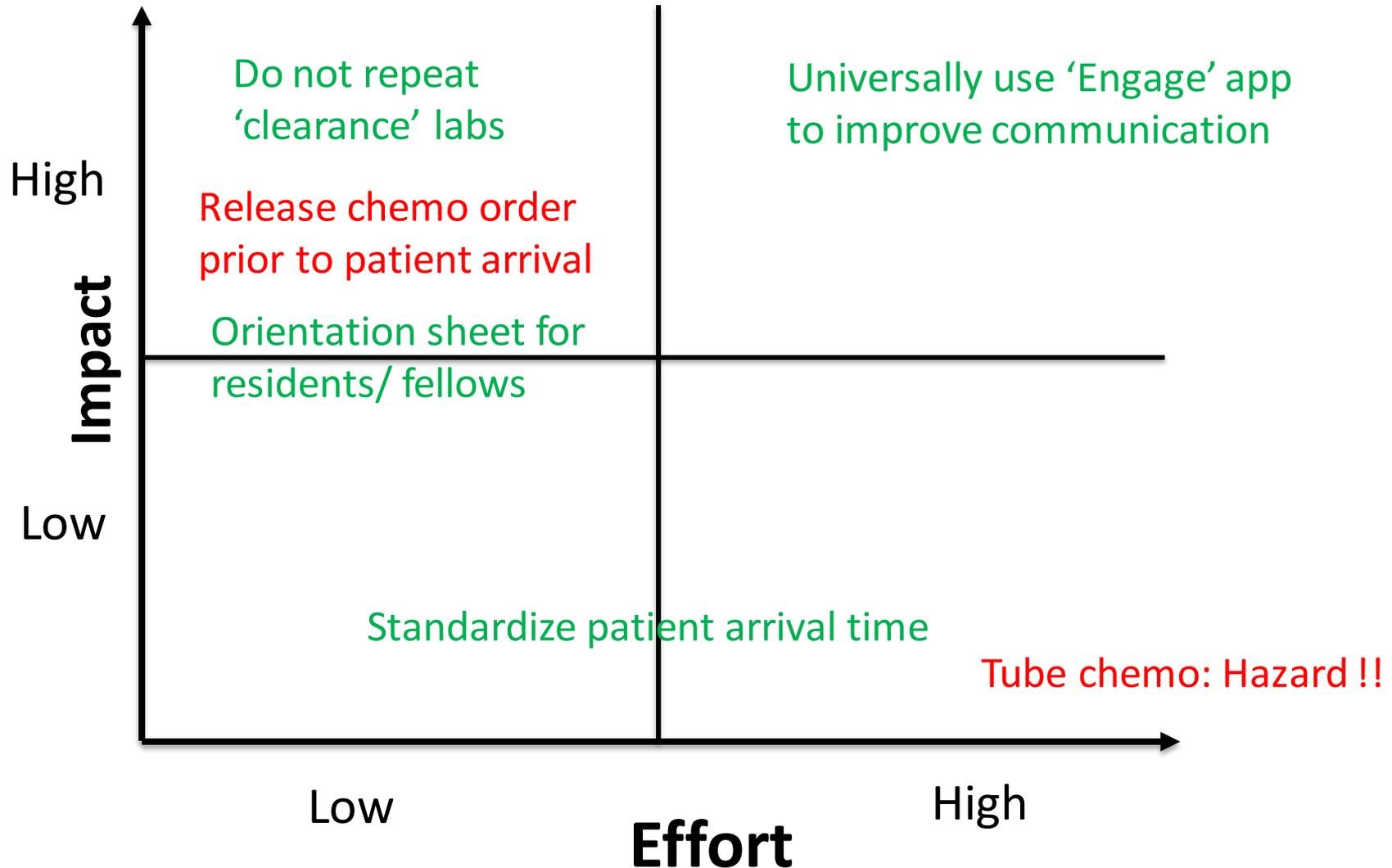
We aim to reduce the time to initiation of chemotherapy from patient arrival for scheduled admits to Parkland Hospital's 14-400 unit from a baseline of 6.2 hours to 4 hours by October 4, 2017.

Diagnostic Data



Top barriers

Action Priority Matrix



Measures

- Patient population: Inpatient chemo on 14-400
- Calculation methodology: Time stamps
- Data source: EMR
- Data collection frequency: Fortnightly
- Data quality: Good, improved by automation

PDSA Cycles

Cycle 1: August 7- September 4, 2017

Outcome measure:

- Total delay in chemo (hours)

Process measure:

- % patients with a 'pre-admit note' and 'consent'
- Patient arrival time
- % residents/ fellows receiving orientation sheet

Balance measure:

- Track and trend patient satisfaction as it is a lagging indicator

Plan for change	Scope	Results
<p>Clarify need of labs on admission to start chemo</p> <ul style="list-style-type: none"> - To be mentioned in note by outpatient oncologist: templates created and distributed - Inpatient fellow will leave this as a 'telephone note' - Inpatient fellow 'pending a place in' 	<p>Oncology fellows and attendings</p>	<p>24/28 (86%) had pre-admit note</p> <p>100% consent rate</p>
<p>Cut down on 'late arrival of patients'</p> <ul style="list-style-type: none"> - HUC will call the patient the evening before and ask them to show up at 8 am. 	<p>Unit Coordinator</p>	<p>Median patient arrival time changed from 12:43 pm -> 8:45 am</p>
<p>Prepare and disseminate an inpatient rotation tip sheet for residents, fellows, attendings</p> <ol style="list-style-type: none"> 1. General orientation 2. QI project details <p>Awareness about project</p>	<p>MDs</p> <p>RNs, pharmacists, MDS</p>	<p>100 % housestaff received orientation sheet</p>
<p>Improve communication</p> <ul style="list-style-type: none"> - Engage app 	<p>Unit coordinator, RNs, pharmacists, MDs</p>	

Materials Developed

QI Project:

Historically there have been significant delays in starting chemotherapy for scheduled admits, which leads to increased length of stay and costs of care. We are doing a QI project to reduce these delays.

Interventions:

- **List of the week's elective admissions** with names and MRNs is posted on the wall in the rounding room (ask HUC if not)
- **Outpatient oncologist/ fellow** will clearly state in their note the need for 'admission labs' prior to chemo.
- **Inpatient fellow** is expected to check chemo admissions **the day before** the admission:
 - a) make sure chemo orders are signed,
 - b) consent is in place
 - c) verify if admission labs are needed,
 - d) see if central line/imaging/etc are needed prior to start of chemotherapy,

They will leave a note in the chart the day before, tiled as a 'telephone encounter' detailing the plan
and
They will pend a place in order in the hospital chart **pre-admission** the day before.
- **HUC** will call patients day before admission to ask to report at **8 AM** to 14-400.
- **HUC** will call **ADT at 20309** as soon as patient arrives to floor, and **alert RN and MD.**

PDSA Cycles

Cycle 2: September 5- 24 (ongoing), 2017

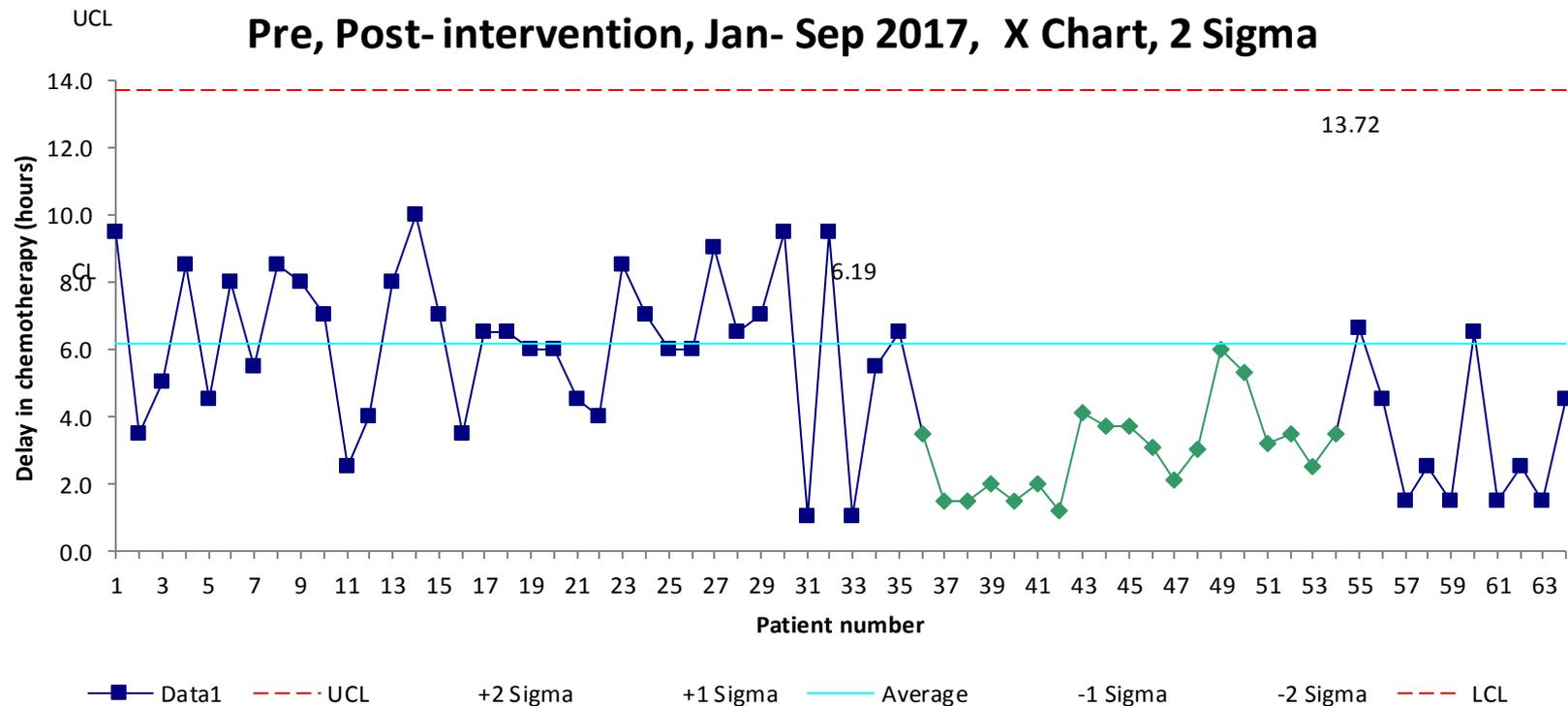
Major change:

- Resident puts the 'place in' order vs the fellow
- Orientation sheet updated

Change Data

Pre-intervention: 36 patients, median 6.2 hours
Post-intervention: 28 patients, median 3.2 hours

Hours to Chemotherapy From Admission: Pre, Post- intervention, Jan- Sep 2017, X Chart, 2 Sigma



Conclusions

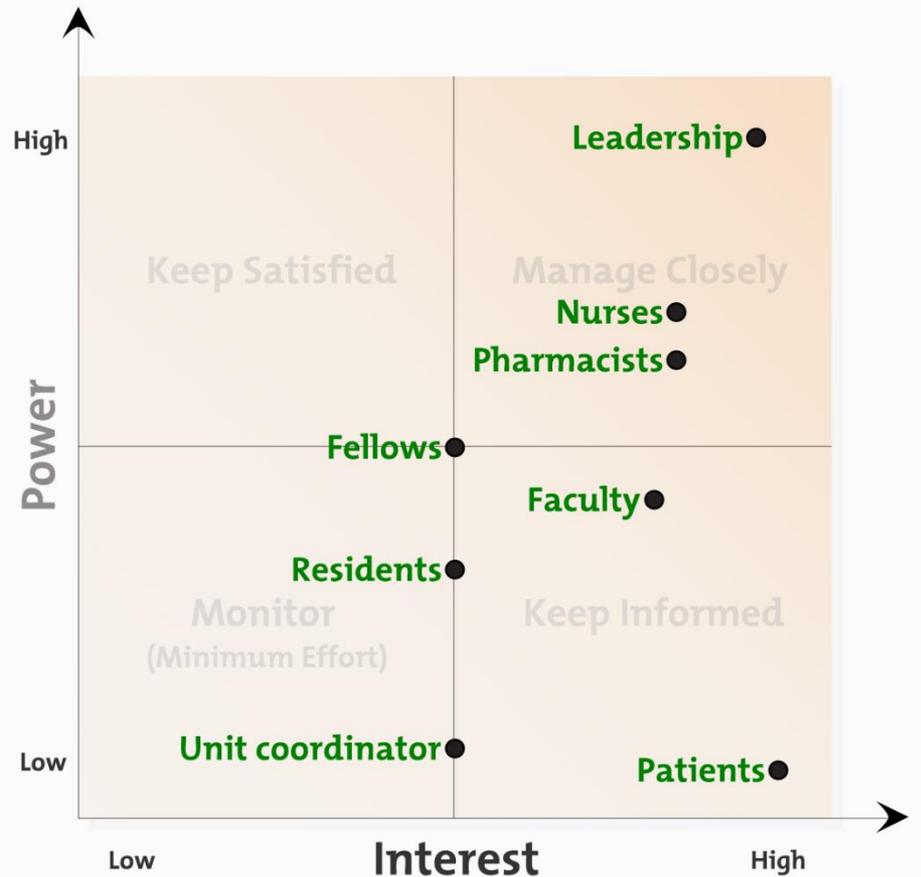
Over a 6-month period, we reduced the median time from patient arrival to initiating chemo, from 6.2 hours to 3.2 hours.

An additional 4 hours/ patient were saved by earlier patient arrival.

Chemotherapy delay can be tackled using classic QI methodology with a multidisciplinary team and investment of key stakeholders.

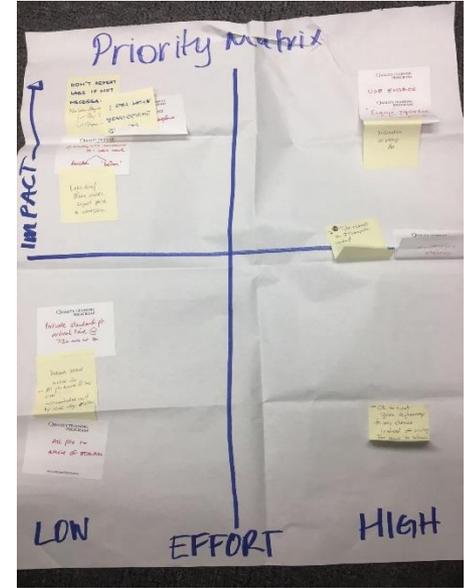
Sustainability

- Present data to hospital leadership (October 18th)
- Further refine PDSA cycles, eg- standing delegation orders.
- Expand to patients needing line access/transfusions prior to chemo/ outpatient.



Thank you ASCO for a great 6-months

Parkland:
Patients admitted for scheduled ^{for} elective chemotherapy inpatient _{at Parkland} waited on average of 7 hours between arrival and ^{initiation} ~~receipt~~ of chemo in Jan -



AIM STATEMENT ?
We aim to reduce time to initiation ^{elective} of chemotherapy for scheduled admits to Parkland's 14-400 hem onc floor from 7 hours (baseline) to 4 hours by October 31, 2017



What Questions do you have ?

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