

PROBLEM STATEMENT

Patient cycle time for procedures took too long thereby limiting capacity in IR and CT and on outpatient care units. This reduced patient throughput and created backlogs. Compounding delays increased length of stay, extended patient wait times, and contributed to physician and patient dissatisfaction.

- a) Average procedure cycle time was 114 minutes (SD = 49.14)
- b) Any delay or addition to the schedule caused subsequent procedures to be delayed or rescheduled
Patients admitted to outpatient care units were transported to/from Radiology
- c) Patients got lost and/or arrived late
- d) Patients arrived for IR procedures without necessary documentation, preparation or lab results
- e) An average of 15 minutes per case (SD = 12.98) of non-procedure, non-value added activity, such as waiting for an updated history and physical or lab results, occupied the procedure suite

IMPROVEMENT ACTION

A Lean ProcessVSA was performed to identify opportunities to improve the process by which IR and CT procedures were scheduled and completed. The team included an IR tech, a CT tech, the IR scheduler, an IR nurse, a transport dispatcher, nurse managers from two outpatient care units, and two interventional radiologists. The goal of the event was to improve procedure cycle time and patient throughput, thereby increasing IR and CT capacity. Analysis of the Current State revealed scheduling inefficiencies, an inadequate staffing model, noncompliance with regulatory requirements, communication gaps, non value-added activities, constraints to flow and misuse of resources. Root causes for delays and backlogs were identified.

RESULTS

Many 'Just Do It' improvements were implemented including:

- a) Streamlining and standardizing communication, documentation and scheduling
- b) Controls to ensure that patients arrive with the necessary documentation, labs and preparation
- c) Performance of non-procedure tasks outside the procedure suites
- d) Elimination of bed assignments and transportation to and from outpatient care units for procedures not requiring complex preparation and/or recovery.

As a result, outpatient procedure cycle time was reduced 40% and inpatient was reduced 20%. CT capacity increased 50%. A Rapid Improvement Workshop (RIW) was chartered as a next step to develop an algorithm by which IR and CT patients would be scheduled and managed.

