2017 Performance Improvement Report

STRATEGIC PRIORITY

2. Increase capacity and patient access

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| **Project Name** | | | |
| Reducing Cardiac non Invasive Laboratory (CNIL) Cardiac Procedure Delay for In-Patients and Emergency | | | |
| **Site** | | **Department** | |
| Jeddah | | Cardiology Non-Invasive Laboratory | |
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| **Project Status** | **Project Start Date** | | **Project End Date** |
| Completed | 08-01-2016 | | 12-31-2016 |

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| **Problem:** Why the project was needed?  Based on Patient Flow Analysis-Discharge Process done at 3 main units (24-Hour Admission, Medical North and South, and Department of Emergency Medicine) procedure statistics showed 58.3 hours (Median) and 48.9 hours (Mean) procedure delay for CNIL cardiac procedures which includes TEE, Echo, Holter and Pacemaker Analysis. | **Aims:** What will the project achieve?  CNIL cardiac procedure delay to reduce from more than 48 hours to within 24 hours. |
| **Benefits/Impact:** What is the improvement outcome?  *(check all that apply)*  Contained or reduced costs  Improved productivity  Improved work process  Improved cycle time  Increased customer satisfaction  Other (please explain)  Click or tap here to enter text. | **Quality Domain:** Which of the domains of healthcare quality does this project support?  *(Select only one)*  **Safe** |

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| |  |  | | --- | --- | | **Measures:** Performance metrics to be evaluated | **Targets:** Expected outcomes | | CNIL TAT | Reduce CNIL Cardiac Procedure Delay for In-Patients and Emergency from more than 48 hours to within 24 hours | |
| **Interventions:** Overview of key steps/work completed   * Team leader assigned each month facilitates in-patient and outpatient workflow making sure that all procedures are done within 24 hours. Prioritizing patient based on urgency is applied. * Team leader closely monitors the Multi-Patient Task List in ICIS making sure that all procedures were completed and discharged from CNIL. * TEE checklist was created to make sure patient is well-prepared prior to test and proper communication was established with the requesting department. |
| **Results:** Insert relevant graphs and charts to illustrate improvement pre and post project  *(insert relevant graphs, data, charts, etc.)*  Taking mean and median of CNIL procedure delay is not applied since large volume of patients were analyzed and complexity of cases varies from one procedure to another. Percentage was used to monitor if all the patients for cardiac procedures are done within 24 hours.  Percentages of different procedures done within 24 hours are shown in the table below. |

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| **Project Lead** | **Team Members** |
| **Name**  *(person accountable for project)* | **Names**  *(persons involved in project)* |
| Saud Al-Ghamdi | Ruby Negrillo  Avegin Fajardo  Gemma Cubos  Frances Soriano  Shaian Shesha  Emma Concepcion dela Vega  Rola Al Khattib |