2017 Performance Improvement Report

STRATEGIC PRIORITY

 2. Increase capacity and patient access

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| **Project Name** |
| Reduction of TEE Cancellation Rate for In-House and Emergency Patients Performed in Cardiology Non-Invasive Laboratory CNIL |
| **Site** | **Department** |
| Jeddah | Cardiology Non-Invasive Laboratory |
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| **Project Status** | **Project Start Date** | **Project End Date**  |
| Completed | 05-01-2017 | 08-31-2017 |

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| **Problem:** Why the project was needed?Cancelled TEE means all in-house and emergency patients with TEE requests who came to the department for the procedure but were cancelled due to various reasons. Data shows that on April 2017, a total of 5 patients for TEE were cancelled comprising 41.6% of the total in-patient TEE requests.Once patient was sent to the lab for TEE, he/she will occupy the TEE room for longer hours (average 1.5 hours), leaving 2 echo rooms used in accommodating echo patients. During these 1.5 hours duration that the TEE room was utilized it can already serve 3 echo patients | **Aims:** What will the project achieve?Reduce the cancellation rate of TEE procedures for in-house and emergency patients from 41.7% to 15% at the end of August 2017. |
| **Benefits/Impact:** What is the improvement outcome?*(check all that apply)*[x]  Contained or reduced costs[x]  Improved productivity[x]  Improved work process[x]  Improved cycle time[x]  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)***Efficient** |

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| **Measures:** Performance metrics to be evaluated | **Targets:** Expected outcomes |
| TEE cancellation rate  | Reduce the cancellation rate of TEE procedures for in-house and emergency patients from 41.7% to 15% at the end of August 2017. |

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| **Interventions:** Overview of key steps/work completed* Performing TEE case requires a team composed of a Nurse, Cardiovascular Technologist and a Consultant Cardiologist. The assigned TEE Cardiovascular Technologist will track the TEE requests from in-house and Emergency Department. Proper communication will be made to the team of the in-patient request.
* A TEE checklist was designed based on the potential causes of TEE cancellation.
* The CNIL nurse reviewed the checklist prior to TEE procedure done in CNIL to identify patients that are fit and at risk to do the test.
* Once all information was taken and a risk factor was identified, it was then communicated to the Consultant Cardiologist of the day and appropriate actions were done.
* CNIL nurses made a pre-procedure phone call to the primary/charge nurse of the referring department/ward and to address any of these risks for non-compliance if present.
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| **Results:** Insert relevant graphs and charts to illustrate improvement pre and post project*(insert relevant graphs, data, charts, etc.)*Comparing both data before implementation (April 2017, 41.6% cancellation rate) and after (August 2017, 12.5% cancellation rate), there is 29.1% improvement. As conclusion, TEE checklist used in CNIL promotes process improvement and increase patient safety. The decreased in cancellation rate for in-house and emergency TEE procedures had significant impact in our workflow. The average of 1.5 hours length of stay of the patient in CNIL is then reduced to 45 minutes (waiting and the procedure time).The data will still be monitored monthly. |

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| **Project Lead** | **Team Members** |
| **Name** *(person accountable for project)* | **Names***(persons involved in project)* |
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