

2018 Performance Improvement Report STRATEGIC PRIORITY 3

Organizational Sustainability

Project Name

Reduce Turn Around Time in Endoscopy.

Site		Department	
Jeddah		Endoscopy Unit	
Project Status	Project Start Date	Project End Date	
Completed	06-28-2018	10-28-2018	
Problem: Why the project was needed? Our Baseline data from April showed that 40 cases of Diagnostic Colonoscopy has been done but 20 patients out of 40 (50%) spend more than 2 ½ hours from the time of check- in, to the time of check- out from procedure room. Reducing the turnaround time will improve the efficiency and will create more slots so we can accommodate more patients.		Aims: What will the project achieve? To increase the percentage of diagnostic colonoscopy done within 2 ½ hours from 50% to 75% or more by the end of October 2018.	
Benefits/Impact: What is the improvement outcome?		Quality Domain: Which of the domains of healthcare	

Benefits/Impact: What is the improvement outcome? *(check all that apply)*

- ☐ Contained or reduced costs
- ☐ Improved work process
- ☐ Improved cycle time
- Other (please explain)
 Click or tap here to enter text.

Quality Domain: Which of the domains of healthcare quality does this project support?

Efficient

(Select only one)

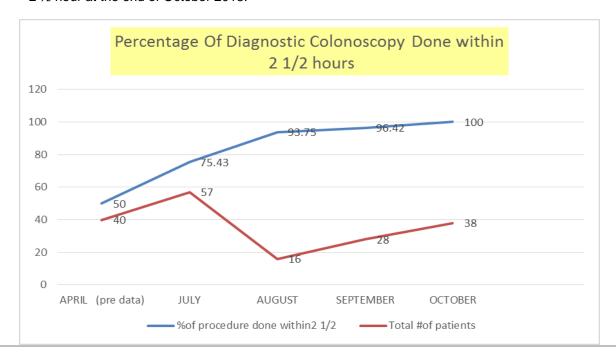
Interventions: Overview of key steps/work completed:

- Staff awareness and education were given to increase staff knowledge for example: In service was
 giving for the staff about time management, Educate the Staff to push patient for colonoscopy on Time
 without any delay,
- Solve language Barrier by Educate the Staff.
- The time was monitored from patient's arrival to check in.
- Equipment layout of the Unit, Some of equipment was transfer to minimize the time and delay of turn over-changing of endorsement sheet and make it clear
- Complete the consent for sedation and general consent in the out patient clinic prior to admission to minimize delaying of procedure by the physician to sign the consent in endoscopy.
- Patient and family education pre procedure by the staff so the patient will be able to understand the instructions before preparing for the procedure without any delay.

Results:

As shown in the graph below, from 50% of Patient's diagnostic procedure completed more than

- 2 ½ hour on the month of April, to 100% of Patient Procedure completed in less than
- 2 ½ hour at the end of October 2018.



Project Lead

Name

(person accountable for project)

Shaima Makki

Team Members

Names

(persons involved in project)

Samer Dardas (QM Facilitator)

Grace Manalo

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