

## TEAM MEMBERS

### TEAM MEMBERS:

- Miranda Charley, APRN, C.N.P., D.N.P. – Nurse Practitioner
- Ann Comstock, APRN, C.N.P. – Nurse Practitioner
- Michael Dick, P.A.-C. – Physician Assistant
- Denise Gansen, C.N.M.T. – Lead Technologist
- Ashly Garcia, R.N. – Nurse Manager
- Andrew Hoffman, M.B.A. – Operations Coordinator
- Annie Packard, M.D. - Radiologist
- Emily Peterson, APRN, C.N.P. – Nurse Practitioner
- Stephanie Pyfferoen, R.N. – Registered Nurse
- Kristi Rindels, R.T.(R), M.H.I. – Operations Coordinator
- Britany Wiste, R.T.(R) – Quality Specialist

## DEFINE

### BACKGROUND

- Pluvicto patients have 6 cycles of treatment
- Each treatment cycle requires an APP visit
- Nurse and tech provide the prep and treatment
- Radiologist has a visit with patient for cycle 1 patients
- Cycle 1 is slotted for 120 minutes, Cycles 2-5 has 90 minutes

### GAP IN QUALITY

- Appointments are taking longer than they should
- A lot of rework is happening
- Not always easy to know when the patient is ready
- Communication between roles is difficult
- Getting written directives signed off isn't always easy and can cause delays

### PROBLEM STATEMENT

The Pluvicto patients are not staying within their allotted time on their patient schedule for Cycle 1 visits

### AIM STATEMENT

**We want to decrease the total lead time for Cycle 1 Pluvicto treatment appointments by 44 minutes from 164 minutes to 120 minutes by October 1st, 2024.**

### STAKEHOLDERS

Patients, Nuclear Medicine Technologists, Nurse Practitioners, Physician Assistants, Nuclear Medicine Operations, Quality Specialist Team, Radiologists, Oncologists

## MEASURE

### IMPROVEMENT MEASURE BASELINE AND SAMPLE SIZE

Total Lead Time of Cycle 1 Patients: 164 Minutes  
 Sample Size: 46 patients

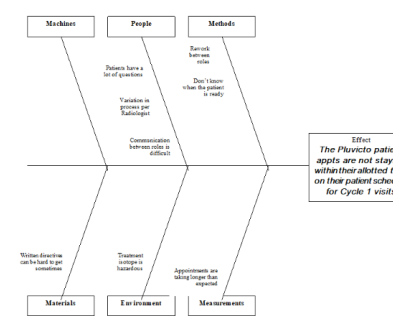
**Total Process Time = 120**  
**Total Wait Time = 44**  
**Patient Lead Time = 164/152**



## ANALYZE

### POTENTIAL CAUSES (FISHBONE)

Patients have a lot of questions  
 Don't always know when pt is ready  
 Rework between roles  
 Variation per radiologist  
 Communication is difficult  
 Isotopes are radioactive  
 Written directives can take a while



### KEY CAUSES (5 WHYS)

There isn't any patient education regarding their treatment  
 No handoff process between roles  
 No standard process or expectations for communication priority of service line  
 No standard process identified  
 Limited visual management practices in place

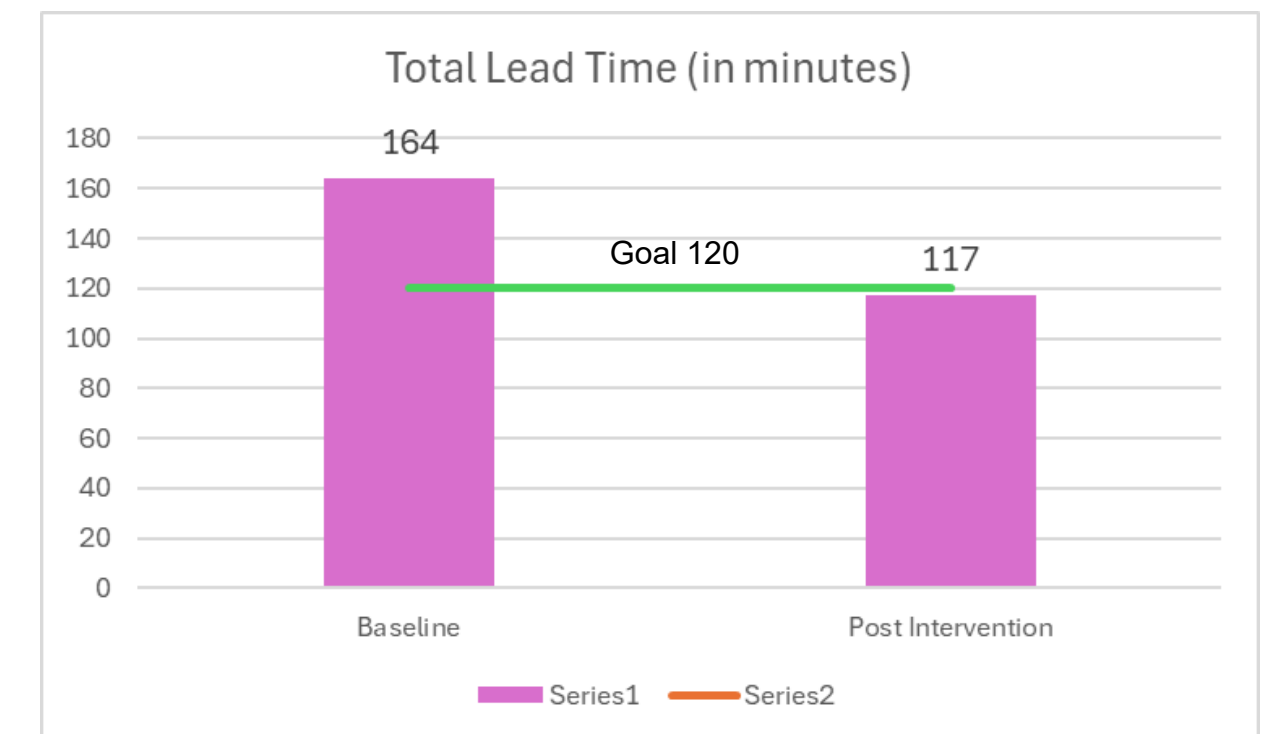


## IMPROVE

### INTERVENTIONS AE SELECTED AND TESTED

- Patient education video created
- Standard work identified and documented including handoff expectations
- Process created with visual management to alert next role of their turn in the process

Total Lead Time Cycle 1 Patients 117  
 Sample Size 51



## CONTROL

### LESSONS LEARNED

- Providing patients with education regarding their therapy and exam ahead of time eases anxiety and reduces questions asked related to total lead time
- Understanding the integration of each person's role within the patient process is imperative to a successful handoff process
- Standard processes and visual management ensure everyone knows where the patient is in the process and when to trigger the next step

### COMMUNICATION

Communication regarding outcomes, lessons learned and next steps was sent to project stakeholders and operational owners. Additional meetings were held to outline data auditing plan.