

DECREASE PATIENT WAIT TIMES IN BREAST IMAGING

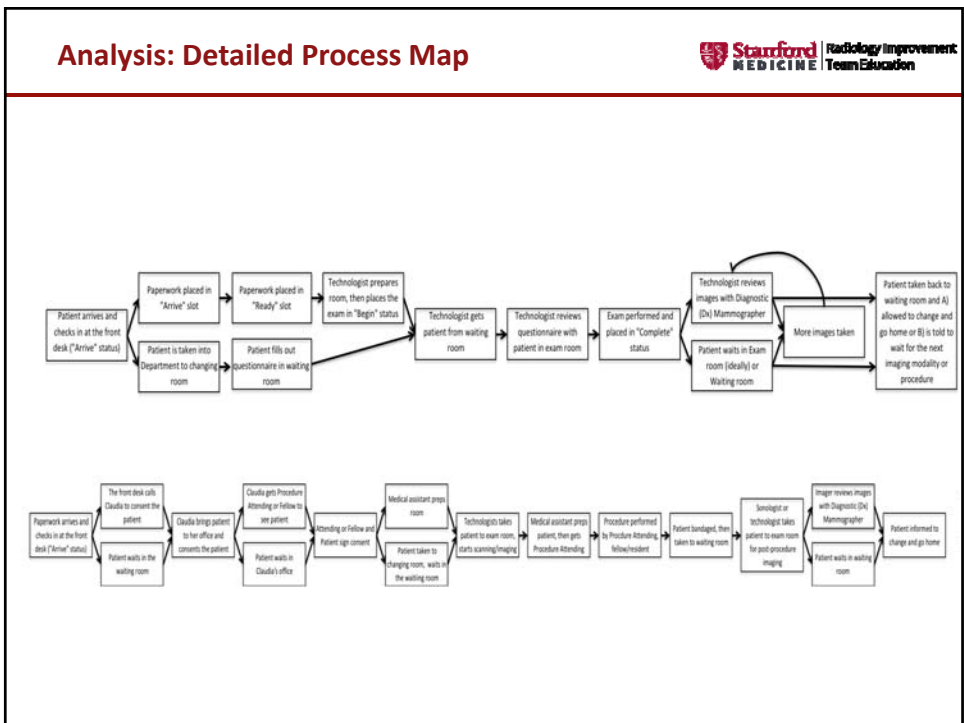
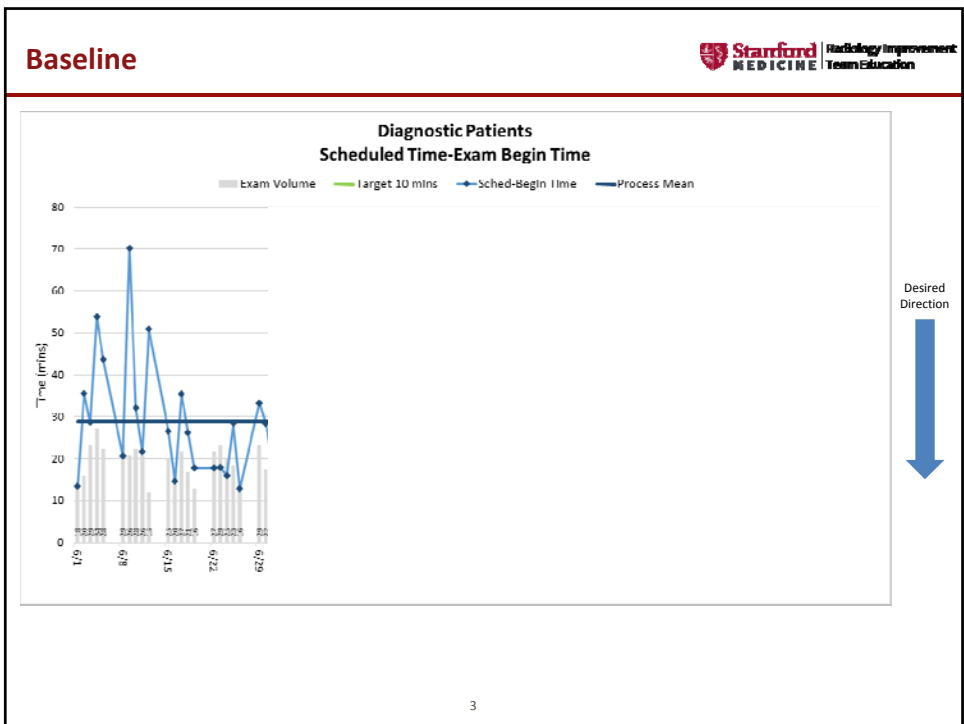


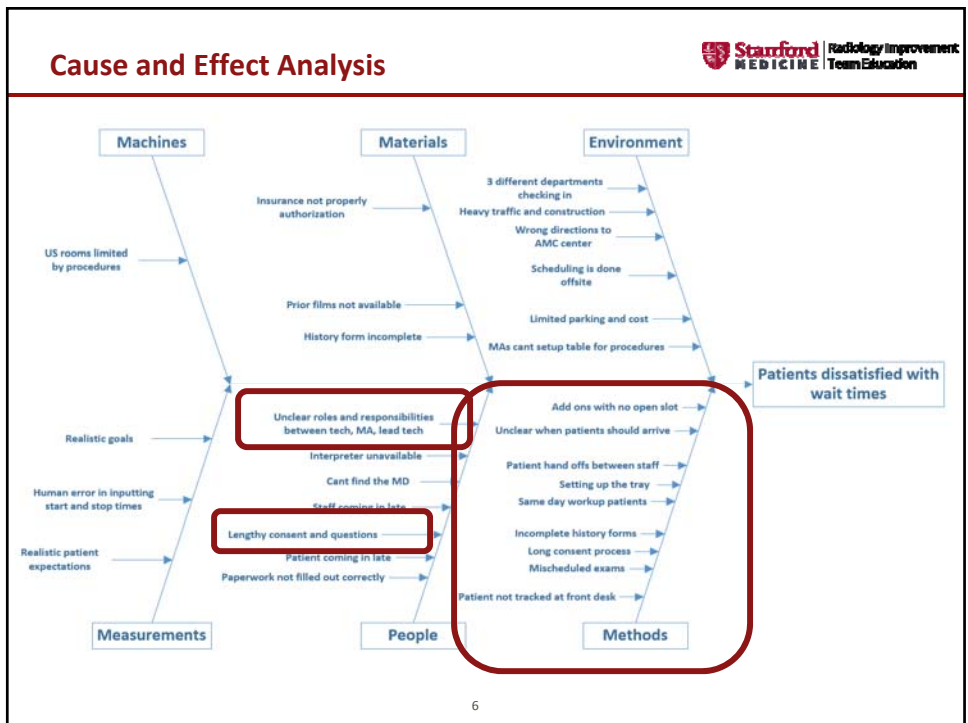
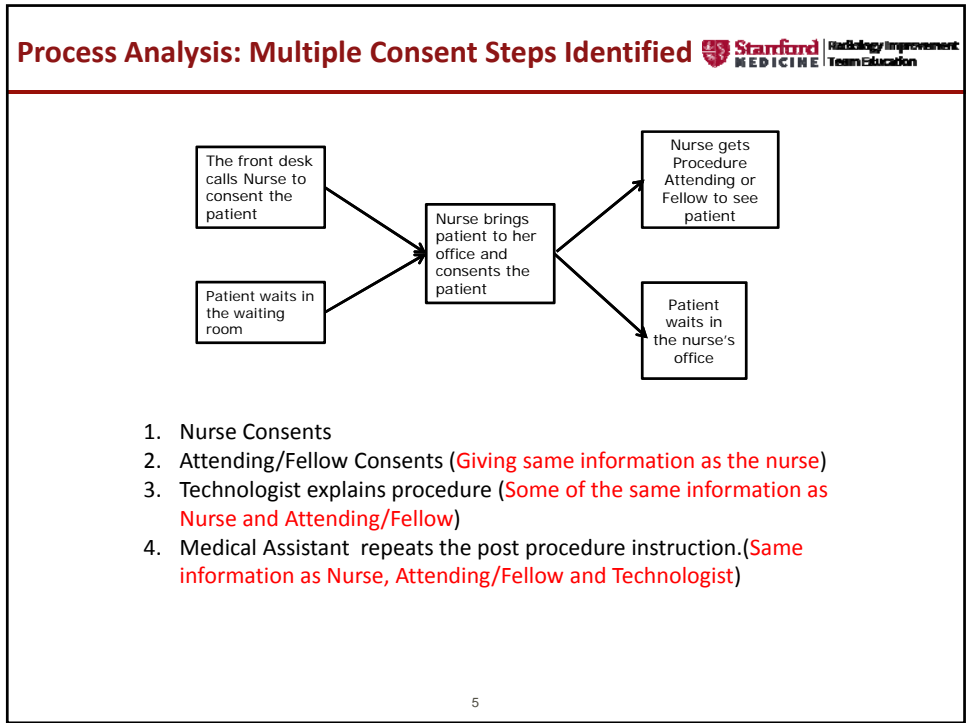
Breast Imaging Improvement Team Members

- Linda Nayeli Morimoto - Radiologist
- Pat Cowart - Mammography Technologist
- Elizabeth Sheridan - Marketing Specialist
- Myia Woods - Medical Assistant
- Mary Robertson - Patient Volunteer
- Jake Mickelsen - Improvement Coach

Target State: SMART Goal

Our target was to decrease the average wait time for breast imaging patients from 29 minutes to 10 minutes by October 9, 2015.





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Interventions

Shorten consent times for procedures

Old workflow

1. Patient checks in at front desk
2. Paperwork is generated
3. Front desk calls mammography nurse to consent patient
4. Mammography nurse brings patient ~~to her office to consent the patient~~. Explains the procedure ~~and post-care~~
5. Attending or Fellow and patient sign consent. ~~Explains the procedure and post care~~
6. Medical assistant preps room
7. Patient is changed
8. ~~Technologist takes patient to exam room, explains procedure, starts imaging~~
9. ~~Medical assistant explains procedure, preps the patient, then gets attending~~
10. Attending does timeout ~~and answers more questions from patient~~
11. Procedure performed by procedure attending/fellow
12. Patient bandaged by MA and explained post care
13. Technologist takes patient for post procedure imaging
14. Images checked
15. Patient informed to change and can go home

New workflow

1. Patient checks in at front desk
2. Paperwork is generated
3. Front desk calls mammography nurse to consent patient
4. Mammography nurse brings patient to the VIP room to consent the patient. Explains the procedure.
5. Attending or Fellow and patient sign consent. Asks if the patient has additional questions.
6. Medical assistant preps room
7. Patient is changed and brought to the exam room
8. Attending does timeout.
9. Procedure performed by procedure attending/fellow
10. Patient bandaged by MA and explained post care
11. Technologist takes patient for post procedure imaging
12. Images checked
13. Patient informed to change and can go home


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Interventions

Shorten consent times for procedures

Structure and protocol for same day add on exams

Interventions




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Shorten consent times for procedures


Structure and protocol for same day add on exams

Improve communication to patients and staff about wait times



9

Interventions



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Shorten consent times for procedures

Structure and protocol for same day add on exams

Improve communication to patients and staff about wait times


Improve pre-exam process for diagnostic mammogram and ultrasound

Lead Tech is protocoling diagnostic schedule **the evening before**.
Protocoling includes: correct exam ordered, correct number of views, patient history.

Breast Imaging Diagnostic			
Indications	BI RA2DS 0 tv asymt distortion on CC	BI RA2DS 0 tv asymt distortion on MLO	
	BI RA2DS 0 2v/mass asymt distortion	BI RA2DS 0 calc	
	BI RA2DS 0 2v/mass asymt distortion	BI RA2DS 3 calc	
	CT finding	Focal breast sign or symptom 70y or younger	
	Focal breast sign or symptom 40y or older	Male patient	
	MRI finding, no tumor in the last 6 months	MRI finding, with tumor in the last 6 months	
	New cancer, treatment planning	Post benign US biopsy 40y or older	
	Post benign stereo biopsy	Post benign US biopsy 70y or younger	
	Post Lumpectomy surveillance <3yrs	Post neoadjuvant, pre op planning	
	Pseudoaneurysm	Second opinion	
Specifications	See report	Start with US, MG if needed	
	US only	US, old films must be available for reading	
	2D CC, MLO	2D CC/MLO/M mag CC + LM	
	2D LM mag CC + LM (B&O for 1 min in LAT mag view)	2D + 3D CC/MLO	
		2D + 3D CC/MLO/M mag CC + LM	
	2D + 3D LM spot tumor in CC as reported	2D + 3D LM spot tumor in CC&MLO	
	2D + 3D LM spot tumor in LMO as reported		
Additional Procedures	US Breast Bilateral	US Breast Right	US Breast Left
	US Axilla Right	US Axilla Left	MG Diagnostic Bilateral
	MG Diagnostic Left		MG Diagnostic Right
Comments			

10

Interventions



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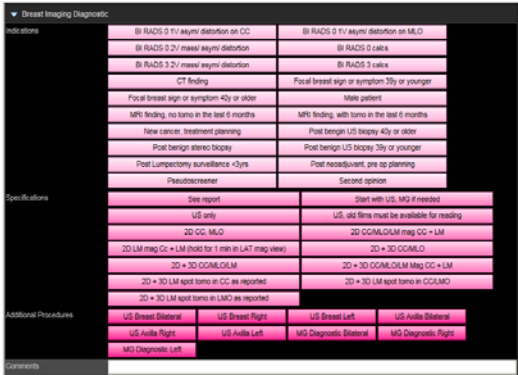
Shorten consent times for procedures

Structure and protocol for same day add on exams

Improve communication to patients and staff about wait times

Improve pre-exam process for diagnostic mammogram and ultrasound

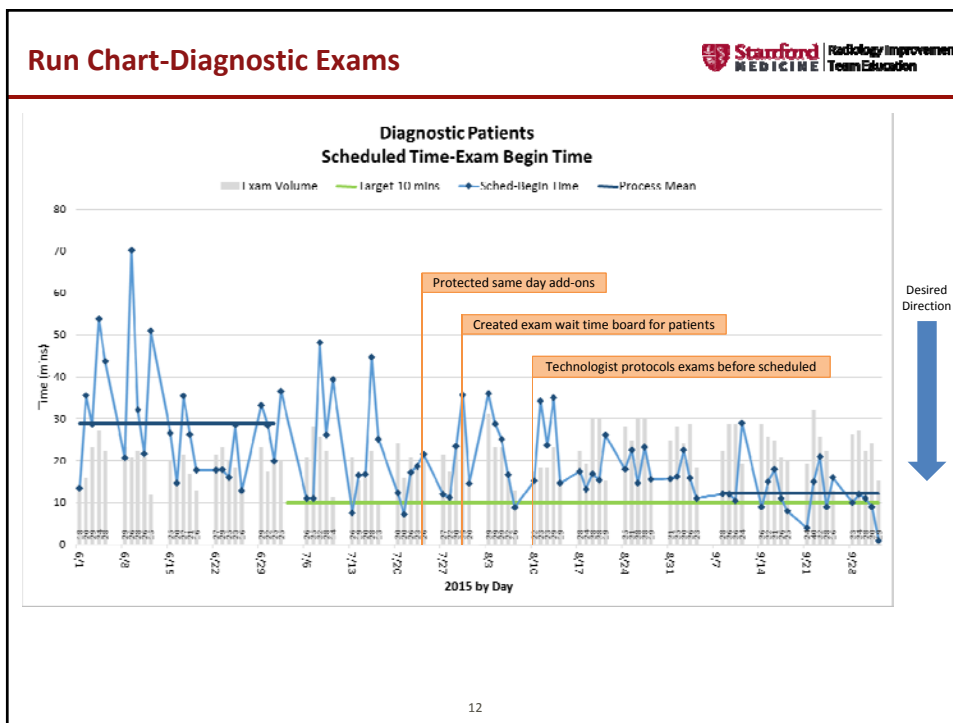
Improve the accuracy of scheduling the correct exam

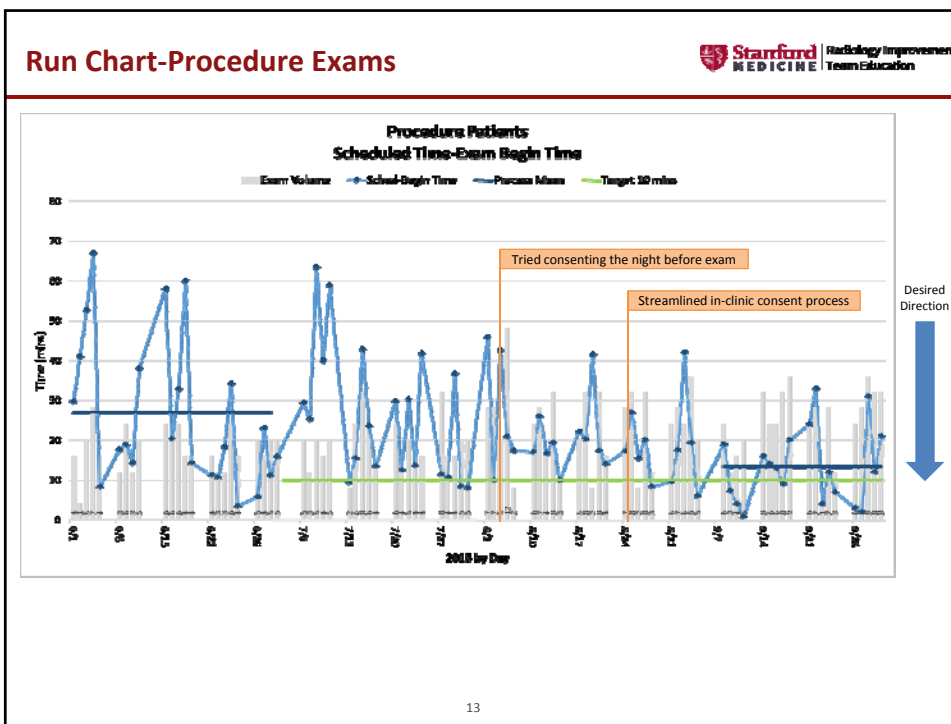


Mammography coordinator and Lead Tech protocol diagnostic exams prior to scheduling.


The designated breast imaging schedulers are then scheduling appropriate exams.

11





Sustain Plan


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Intervention	Sustain Method
Structured procedure consenting process	Watch the daily run chart. If consent time is out of limits, the reason will be looked into and addressed.
Protocol exams before they are scheduled.	The assigned techs will be checking the order que daily, to protocol exams in que.
Same day add on slots	Daily schedule checks to make sure the add on slots are not being overridden on the schedule.

14


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As shown in the following chart, our process mean (dark blue line) went from 29 minutes to 10 minutes within the 5 month time frame with much less variation.
A year later, our current average is 6 minutes.

15

Key Learning Points Stanford MEDICINE | Radiology Improvement Team Education

1. Small changes with everyone on board = Large impact on processes
2. It takes a village to move mountains
3. Don't be afraid to ask the customer what they want
4. Time can't be given back
5. Calmer and relaxed staff due to patients being more relaxed
6. The power of patient involvement in problem solving



We invited a patient to assist the group with input on how to help alleviate long patient wait times. Having Mary on our team brought patient perspective to light. Her insight was instrumental in achieving our goal.

16

Go Team!



17