Screening Mammography Performance Improvement Team

Henry Ford Hospital and Health Network and Henry Ford West Bloomfield Hospital
Detroit Michigan

Aim
To give each patient the opportunity to receive their screening mammography results in a timely manner that best suits their needs. Results will be delivered by patient’s choice either same day via a phone call or same day prior to leaving the clinic and all patients will receive results by letter.

Goal
To meet the patient’s preference by sending regular screening mammogram results within 48 hours, same day or prior to the patient leaving the clinic.

Key Indicators for Change

- Solicited and unsolicited patient requests for change and continued customer involvement throughout the process.
- Moved from analog to digital mammography technology.
- Recently digitized past 2 years of historical studies.
- The current batched paper workflow was no longer needed to drive the process.

Cycles of Learning
• Ensured that all process improvements were modeled after the Institute of Medicine Aims (Safe, Effective, Patient-Centered, Timely, Efficient, Equitable).
• Every process improvement used LEAN tools and was implemented via the PDCA process. Pilots were identified, changes were tested and discussed and then rolled out to the other sites.
• Sub groups met weekly on improvements and then debriefed with the entire team at monthly meetings.

Lessons Learned
• Team Engagement was instrumental in obtaining drastic, positive results in a short time period.
• Completing the larger task of eliminating both film jackets and paper was easier than trying to create smaller steps to ease the new process change (printing orders to substitute the jacket workflow).
• Entire team involvement (spanned all roles) in the current and future state process design provided a clear understanding of the entire process and allowed development of concise and realistic goals.
• Share your success with others in your department – process improvement is contagious.

Team
Project Sponsors: Nancy Schlichting and Dr Manuel Brown - Chair of Radiology
Project Champion: Patricia Miller, MD (Director of Operations, Mammography Radiologist)
Samantha Tunacliffa ( Supervisor, Mammography Radiologist)
Rhonda Pate (Lead Radiologist, Fairlane)
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Jim Cirelli (Radiology IT Supervisor)
Fran Hicks (Radiology IT)
Sheila Carriere (Radiology IT)
George Thomas (Film Room Supervisor)
Brooke Wessman (Project Manager)

Results

Phase One Accomplishments:
• Developed overall goal.
• Created current and future state maps.
• Visited Elizabeth Wende Breast Center to benchmark same day results.
• Developed action plan to achieve goals.

Phase Two Accomplishments:
• Completed Patient Survey to understand needs.

Phase Three Accomplishments:
• Implemented electronic workflow for Radiologists to decrease turn around time from 2 days to just over one hour.
• Volume remained stable throughout improvements.

• Decreased handling time for processing letters by over 20% and enabled letters to be sent out one day earlier.
• MQSA standards require result letters to be sent to the patient within 30 days.
• Revisit patient result letter with updated format and content to meet customer service standards.
• Reviewing phone and internet applications to deliver same day results to patients in addition to sending letters.

Phase Five Accomplishments:
• Implemented Phone Results System to deliver negative screening mammography results to patients within 1 business day of the clinic visit.

Phase Seven Action Plan:
• Work with System Radiology Integration and Alignment Team to spread these process improvements across the system.

Phase Six Action Plan:
• Work with Marketing Manager to advertise same day result appointments for screening mammography studies.

• New electronic workflow achieved a 621% improvement which enabled the report turn around time to drop from over 2 days to under 2 hours.
• Same day results are now provided and meet customer expectations.
• Written results delivery to patients decreased from 3.9 days to 48 hours.