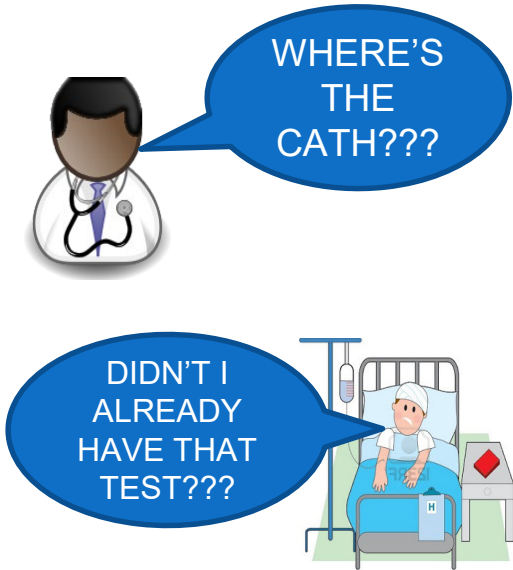
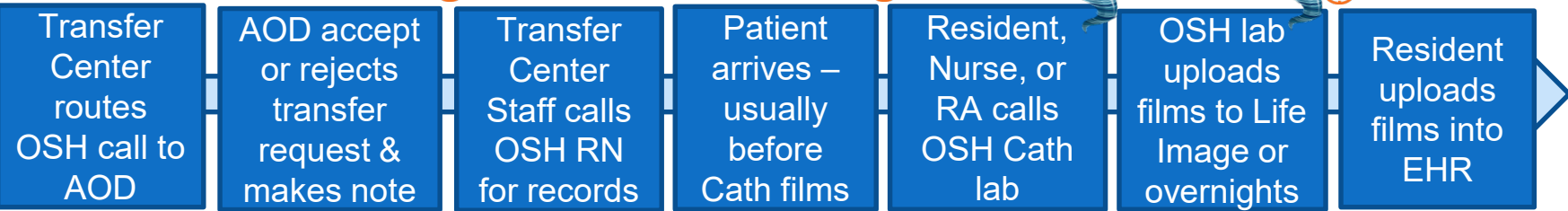


BACKGROUND

- University Hospital Cardiology Service receives 50-80 transfer requests monthly from outside hospitals (OSH).
 - In FY2017, 744 patient transfer requests accepted by the Cardiology admitting officer of the day (AOD) resulted in an admission.
- HOWEVER, outside imaging studies needed by the care team arrived before or with the patient less than half (329/744) of the time. Not having the images leads to:
- Delays in patient care of hours to several days, with potential for harm to patients
 - Repeat procedures [average of 6/month], with potential clinical complications for patients and unnecessary healthcare costs [average of \$3,200/study]
 - Delays in patient throughput, with financial consequences to institution [Finance Dept. estimates we lose > \$350,000 in revenue annually from blocked Cardiology admissions]
 - Less satisfied patients and families
 - Frustrated staff



CURRENT STATE

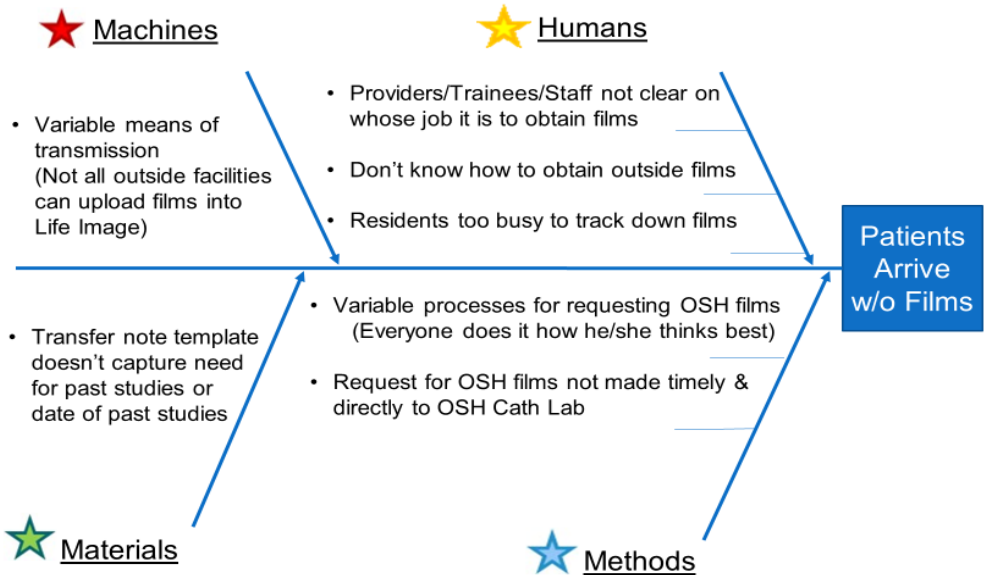


= variability in process = delay

Problem Statement:
Only 44% of outside hospital transfers to the Cardiology Service arrive with necessary catheterization study films.

	April 17	May 17	June 17
# of outside transfers	72	57	66
# of transfers arriving with films available	35	24	30
% of transfers arriving with films available	49%	42%	45%

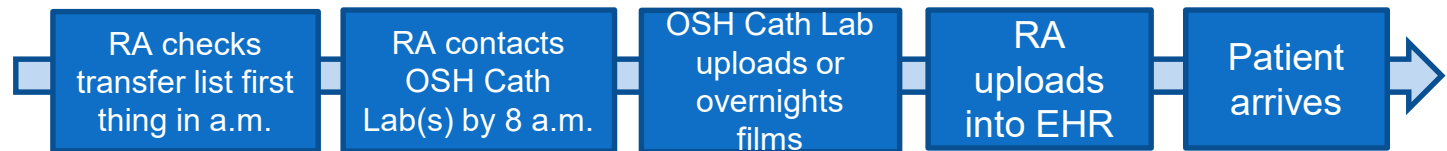
ROOT CAUSE ANALYSIS



GOAL: Increase % of transfer patients arriving with outside catheterization study films from 44% to >75% by April 2018.

PROPOSED COUNTERMEASURES AND FUTURE STATE

	Countermeasures:	Effort	Impact
Humans	Assign responsibility to Resident Assistants for obtaining films and uploading them into EHR. Provide Job Aid.	Low	High
Methods	Create & implement Resident Assistant Standard Work with set <u>timeframe</u> for making <u>direct</u> contact with OSH cath labs.	Medium	High
Materials	Add <u>required</u> fields to AOD's electronic Transfer Note to check need for past films and to provide date of last study.	Low	Medium
Machines	Out of Scope: Image transfer capability of outside hospitals		



ACTION PLAN

What:	Who:	When:
Meet with RAs for input on proposed standard work and job aid.	A3 Owner	By 10/15/17
Present A3 and socialize proposed work changes with attendings (including AODs), residents, fellows and PAs at November division meeting; obtain agreement from service chief to pilot in January.	A3 Owner	11/7/17
Work with IT to add new fields to electronic transfer note template.	Cardiology Administrator	By 12/15/17
Finalize standard work and job aid and provide training session for resident assistants.	Chief Resident	By 12/22/17
Pilot new template and new RA standard work as a PDCA cycle.	A3 Owner/AODs/RAs	1/1/18-1/31/18

Monitoring Plan:

✓ Check that (a) an October meeting with RAs and (b) time on agenda at November division meeting were scheduled	Lead RA	10/01/17
✓ Confirm new fields were added to note template and are working	Chief Resident	12/16/17
✓ Check that final standard work and job aid documents were completed and approved, and that training occurred	A3 Owner	12/23/17
✓ Audit RA standard work and AOD utilization of new template over course of pilot	Nursing Supervisor	1/1/18-1/31/18]

FOLLOW UP

- ✓ QI Analyst to track performance on cath study film availability during pilot, and add to Division Quality dashboard monthly post-pilot.