Quality Training Program

ASCO® Quality Training Program

eco Fundación para la Excelencia y la Calidad de la Oncología

JUNTA DE ANDALUCIA
Servicio Andaluz de Salud
CONSEJERÍA DE SALUD Y FAMILIAS

Hospital Universitario Reina Sofía

HURS

Quality Training Program

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Project Title: "Reducing dispensation of antineoplasic oral treatment delay in Medical Oncology Service

Presenter's Name: M. J. Castro

Institution: Reina Sofía University Hospital

Date: April 2019

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Institutional Overview

Reina Sofía University Hospital, est. 1976

Andalusian Health Service of National Health Service of Spain

Oncology Service:

> 2.500 new patients/year

> 40.000 treatment consultations/year

Institutional Overview

Oncology Team:

1 Chief of Service
2 Nursing Supervisors
15 Doctors
25 Nurses
21 Nursing Assistant
11 Hospital Wardens
1 Nurses case manager
4 Social worker

Problem Statement

Endpoint: To reduce waiting time to oral drugs dispensation/administration

> 20% patients are treated with oral chemotherapy or targeted therapy

> 1800 consultations/year estimated to oral treatment

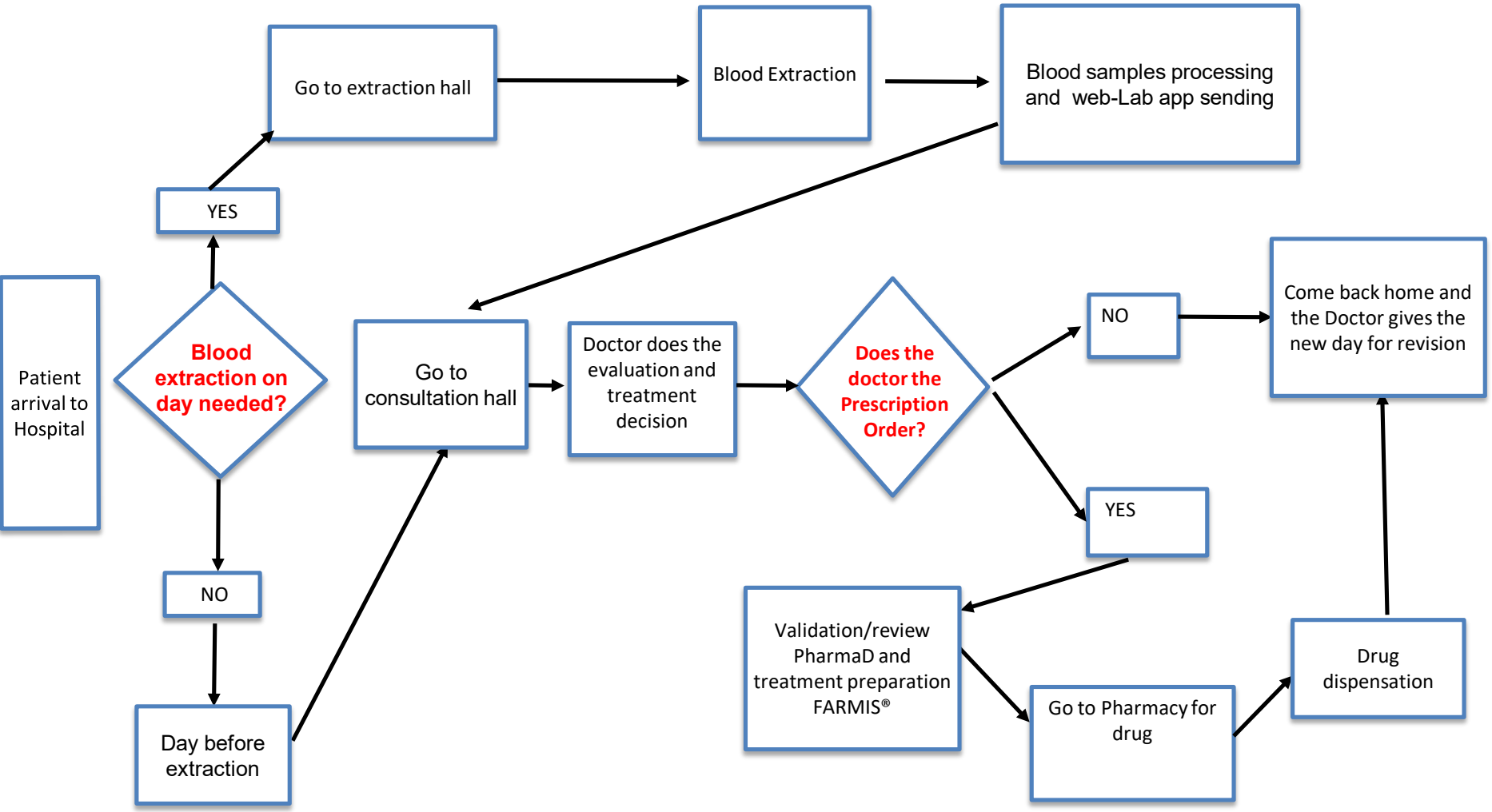
> 4.500 blood extraction/year.

> 2 hours median waiting time for dispensation.

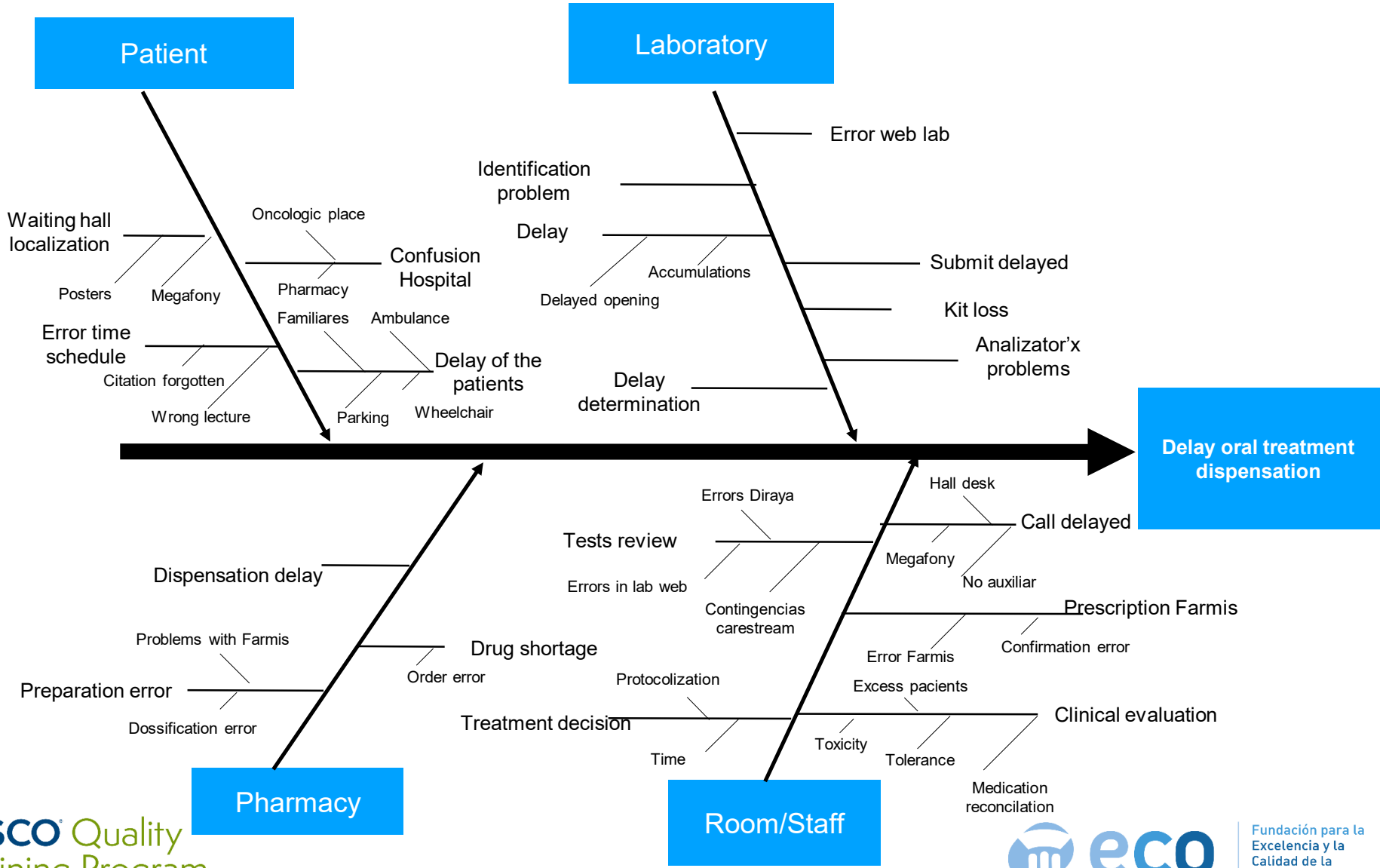
Team Members

Role	Name	
Project sponsor	Enrique Aranda	Head Service
Team Leader	Alberto L. Moreno	Medical Oncologist
Core team Member	Maria José Arias	Nurse and Supervision
Core Team Member	María José Castro	Head Nurse and Subdirection of Nursing
Core Team Member	Maria Auxiliadora Gómez	Medical Oncologist
QTP Improvement Coach	Dolores Fernández	Quality assesor

Process Map


Patient arrival to Hospital
Blood extraction on day needed?
YES
Go to extraction hall
Blood Extraction
Blood samples processing and web-Lab app sending
NO
Day before extraction
Go to consultation hall
Doctor does the evaluation and treatment decision
Does the doctor the Prescription Order?
NO
Come back home and the Doctor gives the new day for revision
YES
Validation/review PharmaD and treatment preparation FARMIS®
Go to Pharmacy for drug
Drug dispensation

Cause & Effect Diagram



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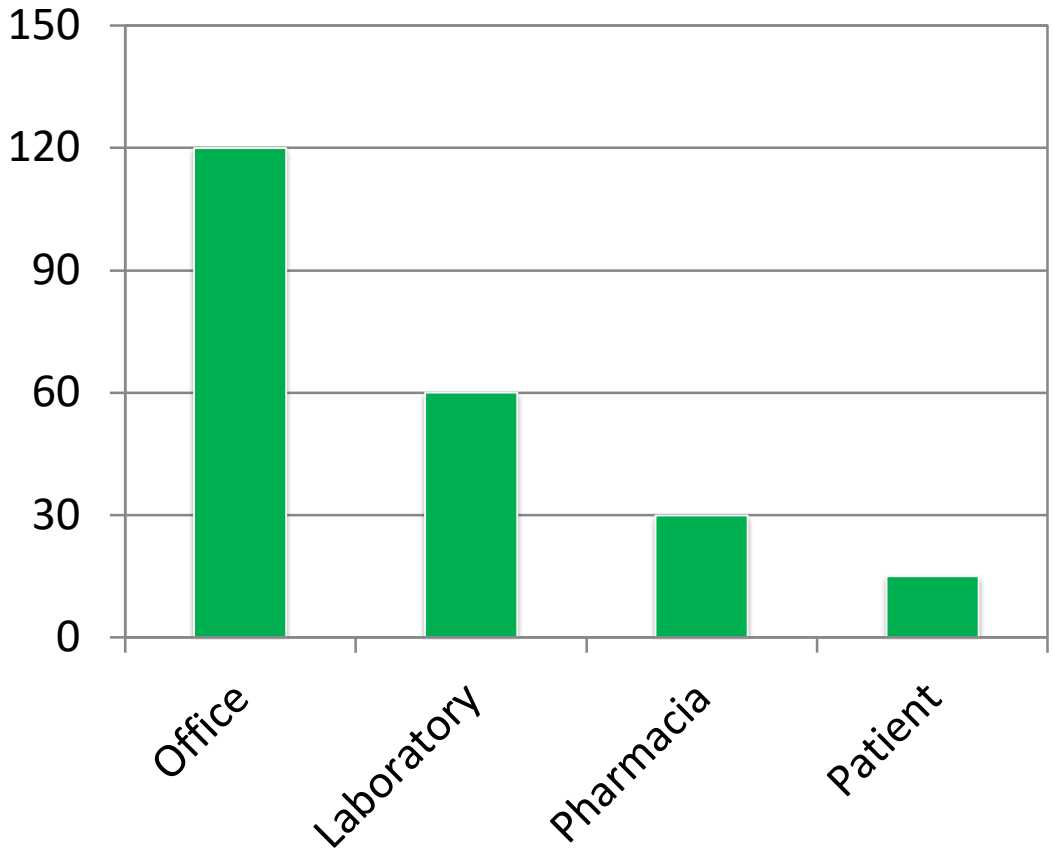
Diagnostic Data

Office: 120 minutes
Laboratory: 68 minutes
Pharmacy: 30 minutes
Pacient: 15 minutes

Note: estimated delay



Diagnostic Data

Laboratory

Day*	Tickets	Median from arrived to extraction	Median from extraction to results	Global time	Lab incidences
D 14	90	25,8	60,3	86,2	
D 15	48	9,3	47,9	57,2	
D 16	44	9,2	111,1	120,3	Take off samples to HURS Lab
D 17	50	4,7	49,9	54,7	
D 18	14	12,8	53,9	66,6	
Summary	246	14,6	64,5	79,1	

*1 week explored,
February-2019

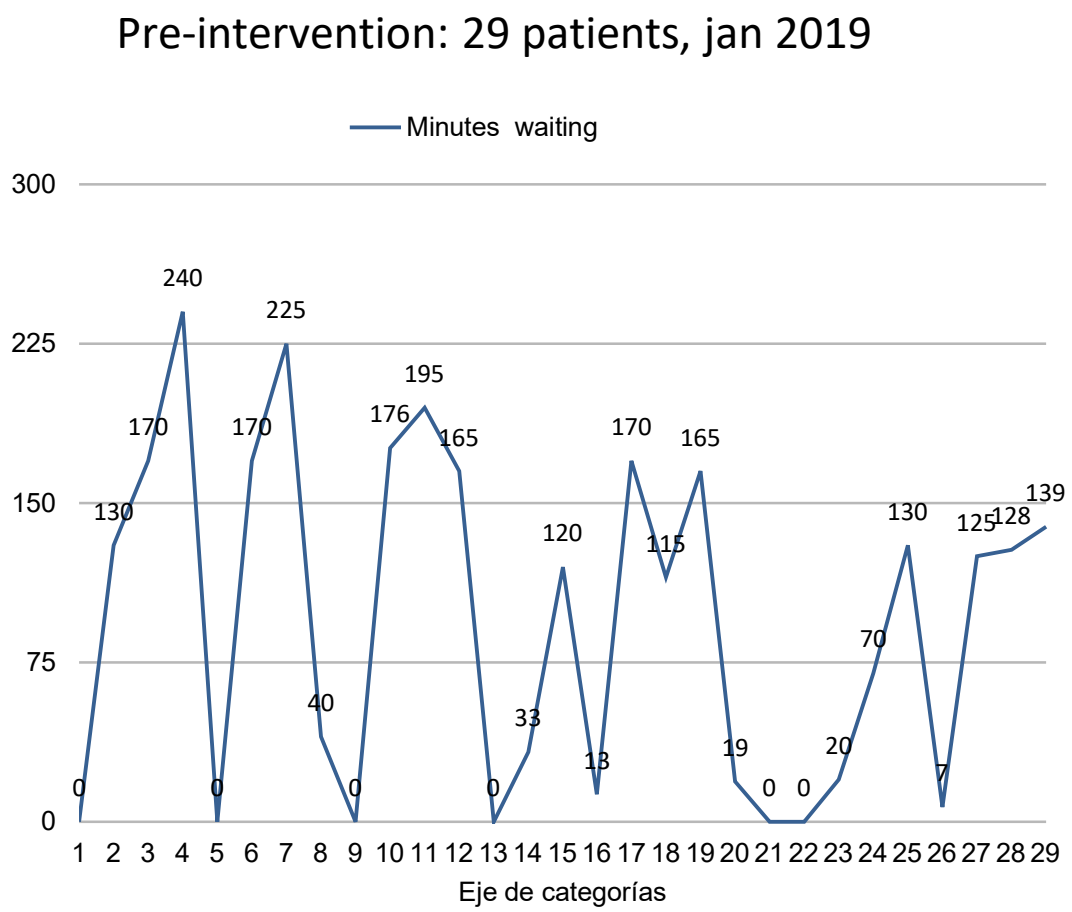
Diagnostic Data

Pharmacy

Around 30 minutes.
Stimation of the
Chief of Pharmacy Service

*1 week explored, February-2019

Diagnostic Data



Waiting times for (median)
Median time from Lab place to results: 79 min

Median time to attendance (Rooms): 120 min

Median time to Pharmacy dispensation: 30 min

Aim Statement

Endpoint: to reduce waiting time to oral drugs dispensation/administration in 30%

Date: march 2019

Measures

- ✓ **Measure**: Waiting time for consultation and treatment prescription; time to admission labs, time from Farmis® prescription to pharmacy validation, time for pharmacy dispensation.
  - (Data sources: GIPI web-Lab app, DIRAYA citation, FARMIS® prescription program)
- ✓ **Patient population**: Patients attended at office number 9 Medical Oncology (specific unit of lung cancer and sarcomas) for oral chemotherapy
- ✓ **Exclusions:** Patients programmed to combination schedules with oral and endovenous treatments

Measures

- ✓ **Calculation methodology**: Qualitative analysis of the waitting time
- ✓ **Data source**: Data from Diraya program (timeouts office attention), prescription form/order on Farmis® program (timeouts Pharmacy validation)
- ✓ **Data collection frequency**: Recollected data from one week list
- ✓ **Data quality(any limitations)**: Incomplete surveys or lost, difficulty in measuring Pharmacy waiting times (estimation).

Baseline Data

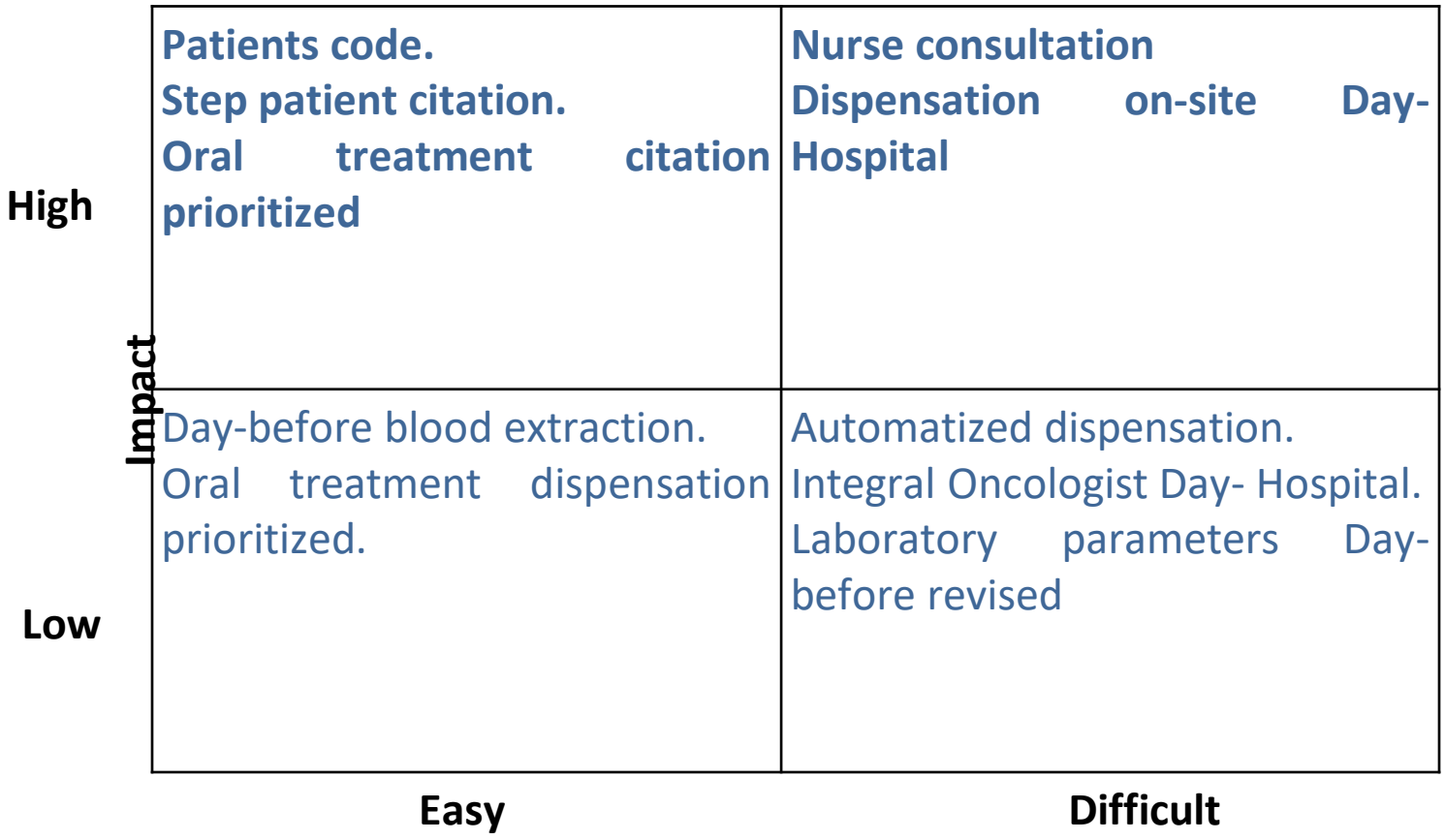
Waiting times for (median)

Median time from Lab place to results: 79 min

Median time to attendance (Rooms): 120 min

Median time to Pharmacy dispensation: 30 min

Prioritized List of Changes (Priority/Pay –Off Matrix)



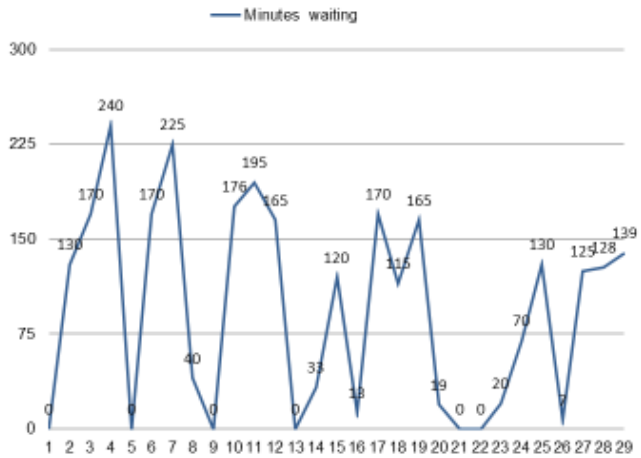
PDSA Plan (Test of Change)

Time	Plan for change		Scope		Results	Action steps
20 Feb 2019	**PLAN**	Define the profile of the patient with oral treatment in consultation with medical oncology of lung and sarcoma	Dr. Moreno	Dr. Moreno Dr. Barneto (HUS)Diraya Citación web	Query coding > 90%	
1 Mar 2019	**PLAN**	Define the schedule of patients with oral treatment and time section	Sistemas de Información (M Sánchez) Dr. Moreno Dra. Gómez	Admisión-Diraya Admnistrativo staff Doctor of the lung oncology unit	Citation TO > 70-80%	Meetings with administrative staff and calendar managers
20 Feb-1 Mar 2019	**DO**	ADECUATE THE USE OF EXTERNAL AND INTERNAL LABORATORIES, SAGRE EXTRACTIONS AND MODIFICATION OF THE SINGLE PROGRAMMED ACT	M J. Arias M. J. Castro	Laboratory technicians Doctor nursing assistants	Extraction some days before > 60% pacients	previous appointment of laboratories and extractions
Mar 2019	**STUDY**	Analyze the data of delays of the different services involved in the act				
20 feb-1 Mar 2019	**ACT**	Transfer oral drug to aramrio of dispensation in the area of consultations and automatic update of list of programmable active patients with oral treatment	M.J. Arias M.J. Castro	Pharmacy technicians Pharmacy Doctor nursing assistants	Dispensation > 70% in consultations	Meetings with Medical Director and Management Meetings with Pharmacy

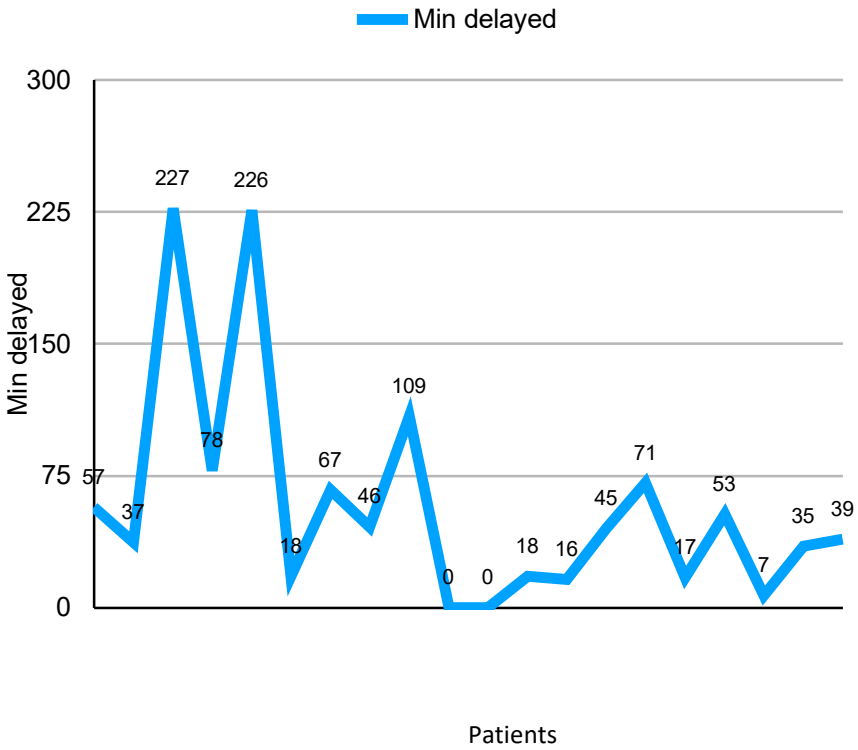
Change Data

Diagnostic Data

Pre-intervention: 29 patients, jan 2019



Post-intervention: 22 patients, march 2019



List revised from 8 to 18/mar/2019

Conclusions

- ✓ Intervened in waiting times for other services
- ✓ Prioritization of pharmacy treatments to reduce dispensing times.
- ✓ It has been possible to reduce the attention times of patients with oral chemotherapy.

LIMITATIONS:

- ✓ Improved study and data through a quantitative study
- ✓ Application of collected data
- ✓ Variability of the results by different information sources
- ✓ Although we have only been able to act on the consultation agenda, were noticed other problems in the laboratory and pharmacy that have led to analysis and improvement plans that are affordable and acceptable.

Moreno-Vega A.L, MD; Arias M.J, N; Castro M.J, N; Gómez-España M.A, MD, PhD.

Reina Sofía University Hospital, IMIBIC; Cordoba (Spain)

Reducing dispensation of antineoplasic oral treatment delay in UGCOM

AIM: Endpoint: to reduce waiting time to oral drugs dispensation/administration in 30%

Date: march 2019

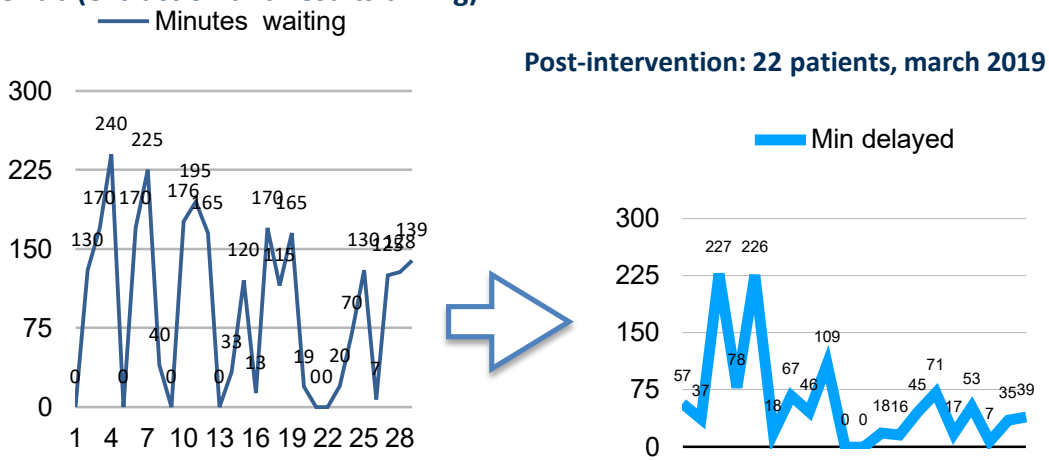
INTERVENTION:
Agenda: time segments citation for oral treatments

Laboratory: Define and request extended time to extraction daily; day-before extraction

Pharmacy: Farmis program implementation.

Role	Name	
Project sponsor	Enrique Aranda	Head Service
Team Leader	Alberto L. Moreno	Medical Oncologist
Core team Member	Maria José Arias	Nurse
Core Team Member	María José Castro	Head Nurse
Core Team Member	Maria Auxiliadora Gómez	Medical Oncologist
QTP Improvement Coach	Dolores Fernández	Quality assessor

RESULTS: Change pre vs post-intervention: 78 min (35%), we are planned changes in the Lab (extraction and results timing).



CONCLUSIONS

Intervened in waiting times for other services
Prioritization of pharmacy treatments to reduce dispensing times.
It has been possible to reduce the attention times of patients
LIMITATIONS:
Improved study and data through a quantitative study
Application of collected data
Variability of the results by different information sources
Although we have only been able to act on the consultation agenda, were noticed other problems in the laboratory and pharmacy that have led to analysis and improvement plans that are affordable and acceptable.
ith oral chemotherapy.
NEXT STEPS: April 8, all patients who need analytical will have an appointment so the waiting time will be reduced to the time of issuance of the results.

In May, the new model of the consultations will be implemented with an appointment after the result of the analysis so that the patient waits less than 60 minutes to be seen by the oncologist.
Target of 120 to 42 minutes 50% approximate reduction.

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Next Steps/Plan for Sustainability

April 8, all patients who need analytical will have an appointment so the waiting time will be reduced to the time of issuance of the results.

In May, the new model of the consultations will be implemented with an appointment after the result of the analysis so that the patient waits less than 60 minutes to be seen by the oncologist.

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Thanks!