Project Title

Breast Services One Stop Shop Quality Improvement Project

Project Lead and Members

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Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Medical, Nursing, Allied Health

Applicable Specialty or Discipline

Breast Surgery, Radiology

Aims

The Breast Surgical and Radiology services wish to achieve a One-stop shop model of care for all patients attending Breast Clinic, NTFGH from under 70% to 80% within 6 weeks of commencement of intervention on 7 October 2019, because we want to create a patient-centric cost effective approach of assessing breast referrals at NTFGH.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Breast Services One stop shop is the Gold standard care in Breast clinics which allows same day imaging and reporting, saving the trouble of multiple visits. This did not affect the total clinic time or the wait time for elective breast imaging.

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Access to Care, Referral Rate, Waiting Time

Keywords

Breast Clinic, Same Day Imaging

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BREAST SERVICES ONE- STOP SHOP QUALITY IMPROVEMENT PROJECT (QIP)
-*A COLLABORATION BETWEEN DEPT OF GENERAL SURGERY AND RADIOLOGY*

MEMBERS: A/PROF PHILLIP IAU, DR BERNARD WEE, DR TAN CHUAN CHIEN, DR DANIEL CHEE, EVELYN LOW, FANG LI WEI, FRANCO LEOW, IVENA SETIAWAN, ER SOH HOON, SITI NORAISAH BTE LATIF, SITI MASLINDA BTE WAHAB

- ☐ SAFETY
- ✅ QUALITY
- ☐ PATIENT EXPERIENCE
- ☐ PRODUCTIVITY
- ☐ COST
- ☐ TEAMWORK
- ☐ COMMUNICATION

Define Problem, Set Aim

Problem Statement/Opportunity for Improvement

Breast Clinics have been operating at Ng Teng Fong General Hospital since opening on June 2015, however patients are required to attend multiple visits from presentation, getting their breast scans to getting the results of scans by the surgeon. Breast Services One stop shop is the Gold standard care in Breast clinics. This implies operationally same day imaging and reporting. Plans to implement Breast Service One stop shop have been in place for the last 2 years but still a significant proportion of patients are required for multiple presentations before getting their scan results. (only 70% patients get one-stop shop service)

Aim Statement

The Breast Surgical and Radiology services wishes to achieve a One-stop shop model of care for all patients attending Breast Clinic, NTFGH from under 70% to 80% within 6 weeks of commencement of intervention on 7 October 2019, because we want to create a patient-centric cost effective approach of assessing breast referrals at NTFGH.
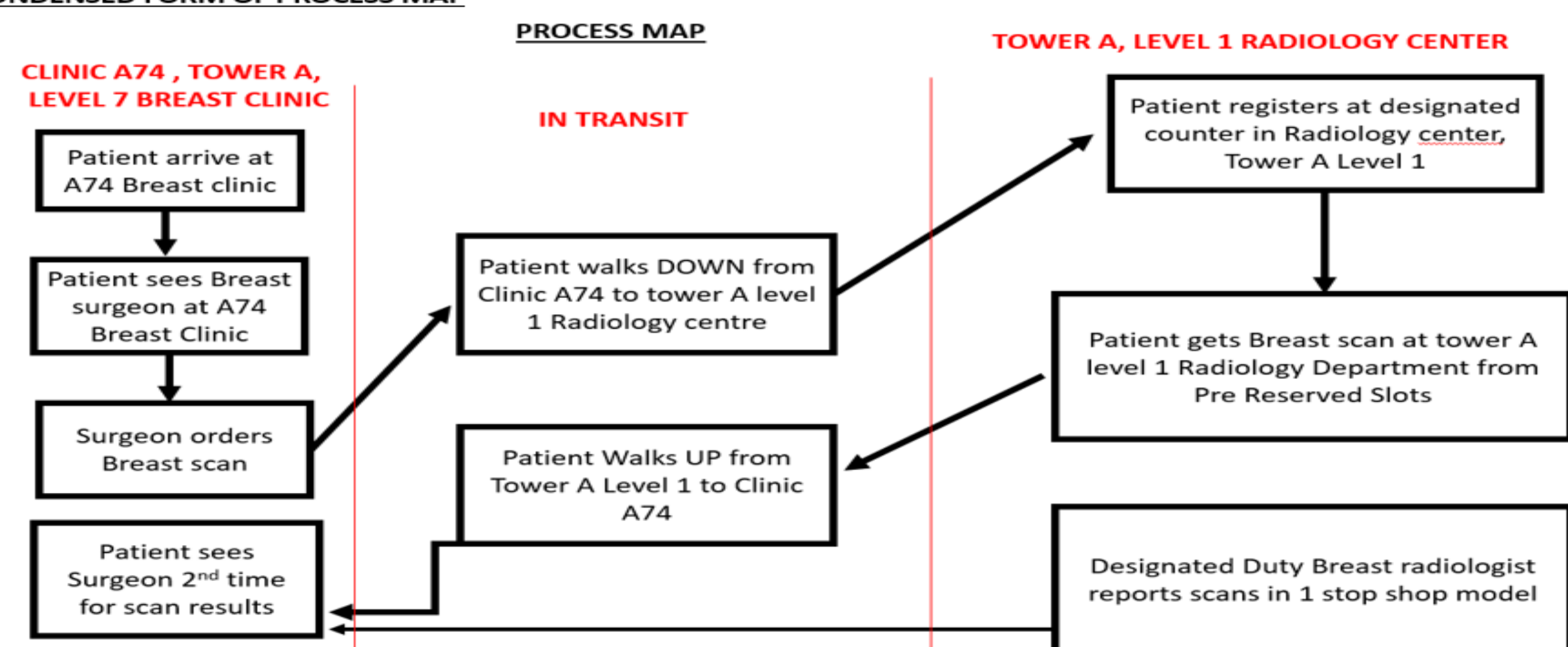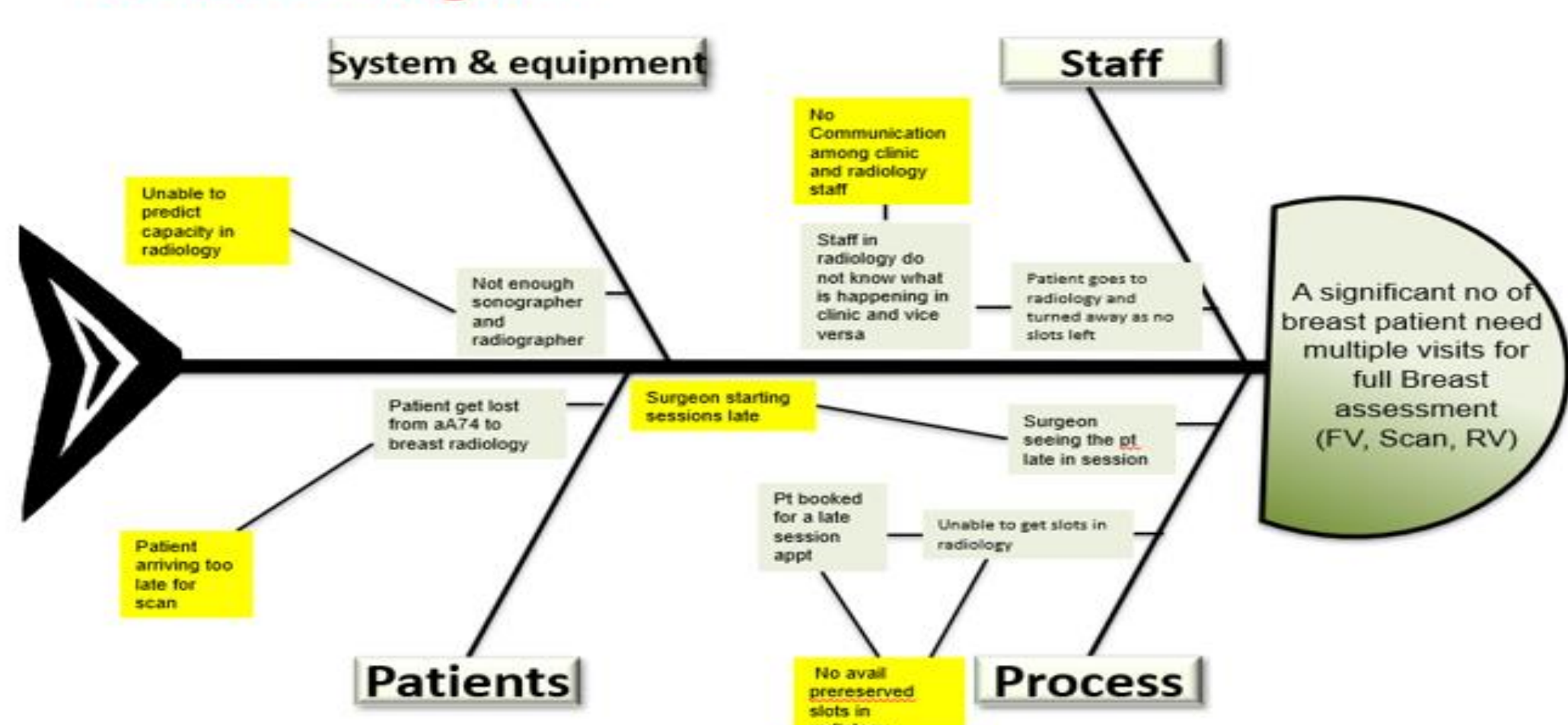
Establish Measures
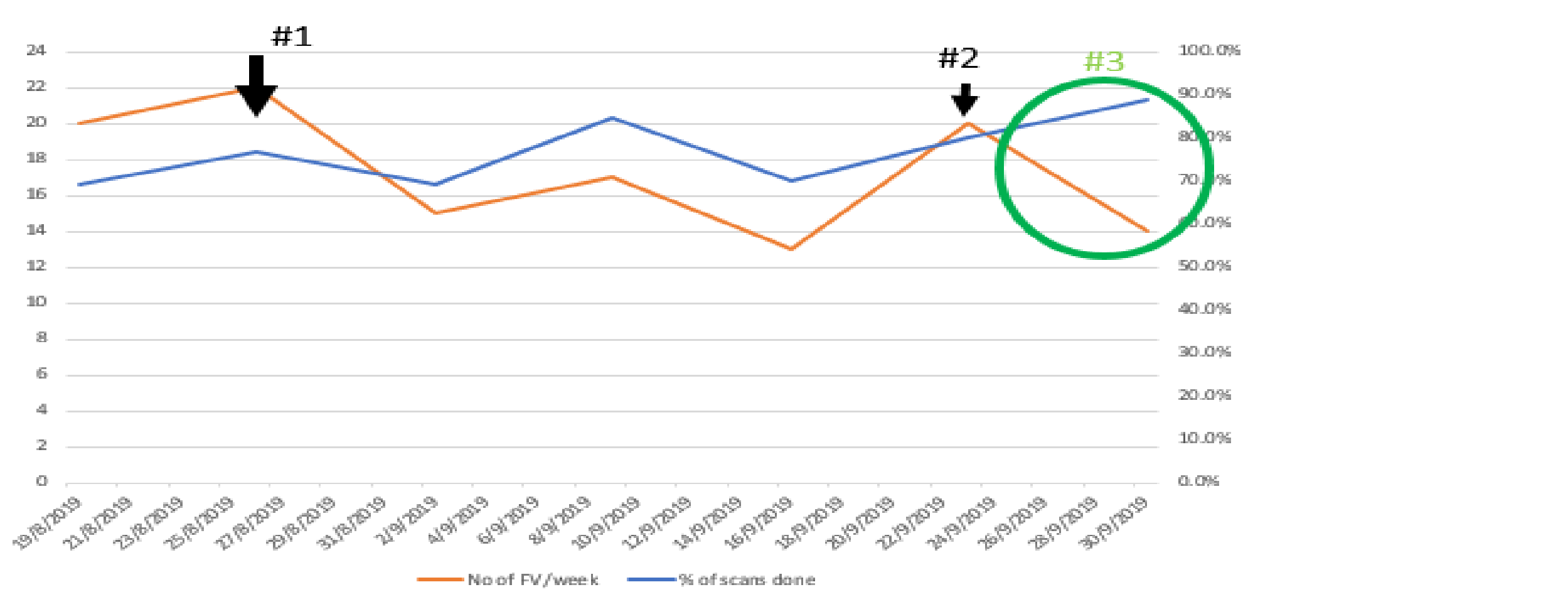
#1 – PRE INTERVENTION MEETING/ FORM TEAM. INCREASE AWARENESS OF PROBLEM
#2- SECOND PREINTERVENTION MEETING. FINALISE NEW WORKFLOW
#3- INCREASE IN OUTCOME MEASURE MAY BE DUE TO : I) AWARENESS (II) DROP IN FV NUMBERS

Analyse Problem

CONDENSED FORM OF PROCESS MAP

PROCESS MAP

Fishbone Diagram

Select Changes

Root Cause A
Patient arriving too late at the end of finishing session time hence unable to get scan

Potential Solutions

1. Start clinic earlier to enable patients to go down to radiology earlier in the session. AM clinic start 0830 and PM clinic start 1330

2. Redo clinic profile to put First Visits (FVs) in the first part of the clinic and aim for last FV patient to reach radiology department by 1030 (AM clinic) or 1430 (PM clinic)

3. Training of clinic PSA to communication directions from Clinic A74 to Level 1 Tower A Radiology centre

4. Open communication pathway between Breast clinic PSA and radiology PSA

5. Reorganise Radiology booking slots to reflect new workflow

Test & Implement Changes

OUTCOME MEASURES:
% OF PATIENTS WHO ATTEND BREAST CLINIC GET SAME DAY REPORTING
GOAL: 80% WITHIN 6 WEEKS

PROCESS MEASURES:
No of patients who did not get scan ordered by 1030 (for AM clinic) or 1430 (PM clinic)
GOAL: ZERO

BALANCE MEASURES:

1. Did the implementation of the PDSA cycle caused the clinic to overrun-> fatigue, increase workload on medical and admin staff?
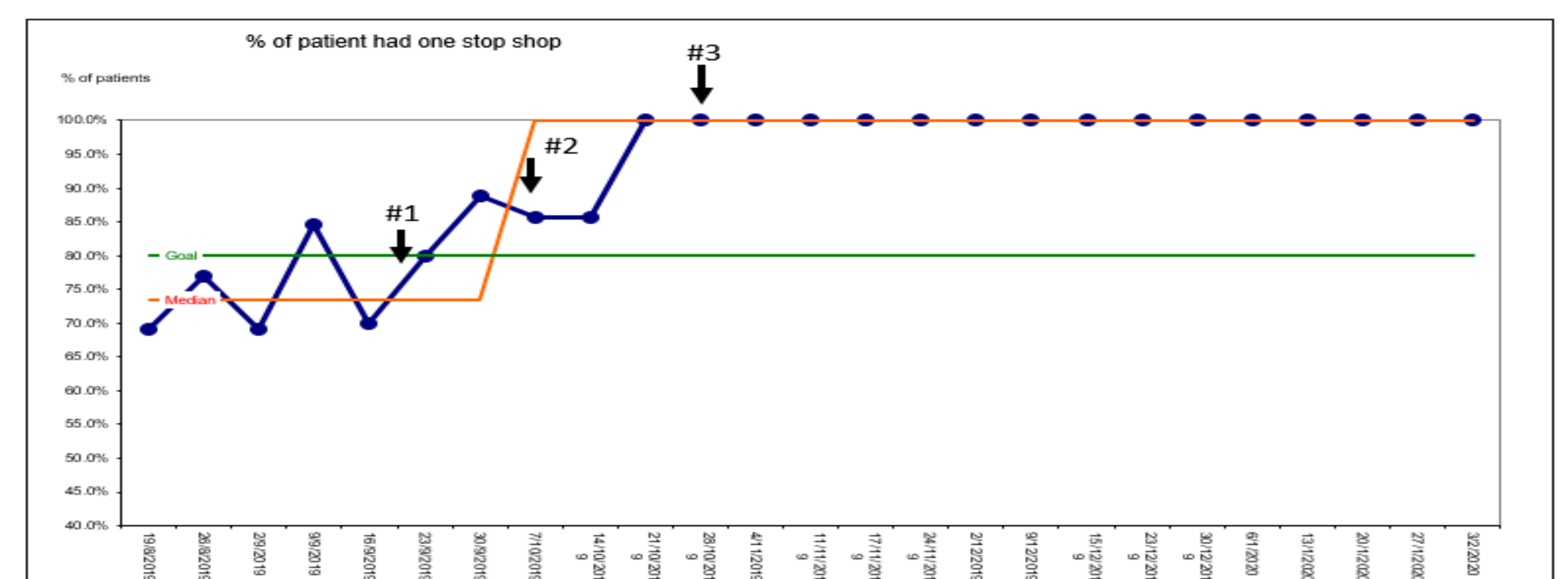MEASURE: Time (minutes) exceeding 1200 (AM clinic finish time)
*note : PM clinic not measured as few FV in PM clinic and PM clinic is infrequent

2. Did the implementation of this PDSA cycle interfere with the normal/routine/elective breast imaging services reflected as a longer lead time (waiting time) for elective breast imaging orders?
MEASURE: Lead time for elective breast imaging ordered (taken every Friday) in days. Readings taken pre and post PDSA cycle

#1: 2nd pre-intervention meeting
#2: 1st PDSA cycle
#3: 2nd PDSA cycle

OUTCOME MEASURE (% PTS WITH 1 STOP SHOP)

% of patient had one stop shop

PROCESS MEASURE: How many patients where scans were ordered outside agreed time?
PDSA #1 – before 1030 in AM clinic and 1430 in PM clinic
PDSA #2 – before 1100 in AM clinic and 1500 in PM clinic

BALANCE MEASURE: Does the intervention reduce the available slots of elective Breast imaging and cause an INCREASE in wait time for elective Breast Imaging?

Elective wait time for breast imaging

Legend: = PDSA cycle

Median 3 days – NO Change in elective breast imaging wait time after introduction of PDSA cycles
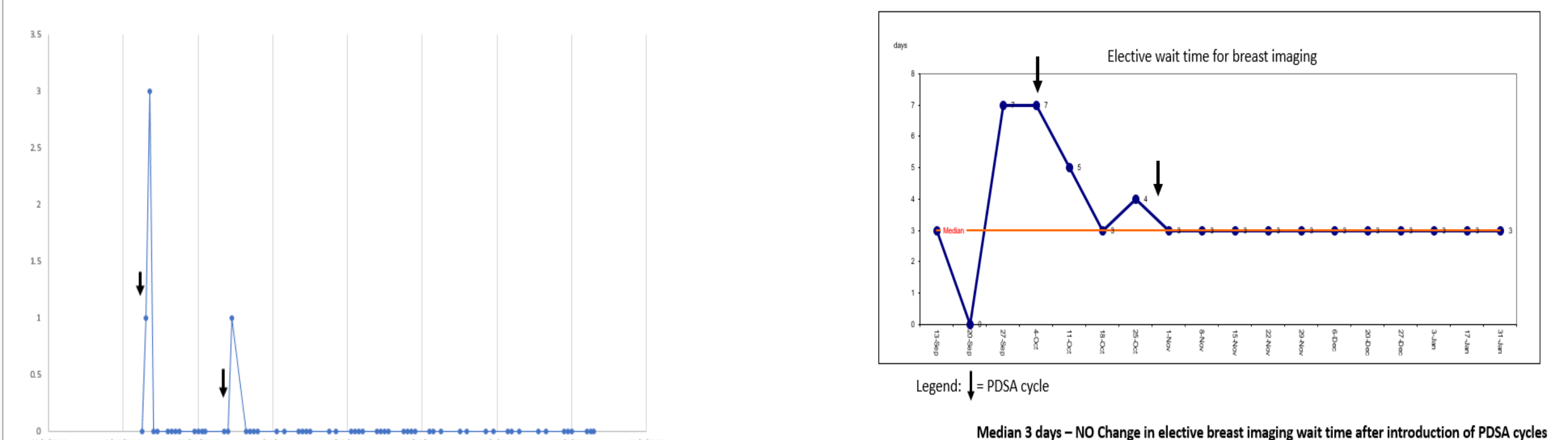
Spread Changes, Learning Points

1. Our aim of Breast clinic One-stop shop is a high quality, patient-centered service delivery approach for a clinic model.
2. We achieved our target within 6 weeks. (80% patients in Breast clinic undergoing One-stop shop.)
3. We exceeded our target within the 1st PDSA cycle. (achieved 100% of pts undergoing One-stop shop)
4. Second PDSA cycle commenced 28 Oct 2019.
5. Continued measurement of outcome measures for a further (almost 4 mths after 2nd PDSA cycle) showed a sustained 100% patients from Breast clinic undergoing this workflow, suggesting this intervention is SUCCESSFUL and SUSTAINABLE.
6. The success (and sustainablility) of the workflow intervention is also reflected in the process measure results.
7. The balance measure outcomes showed:
   (i) the median wait time for elective breast imaging remained at (median) 3 days suggesting that this intervention did not interfere and increase the wait time for patients getting elective breast scans outside the breast clinic.
   (ii) This workflow did not significantly increase clinic time (resulting in late finishes in breast clinic). In fact, the clinic finish time reduced from pre intervention (median) 20.5 mins to (median) 15 mins post intervention.

Ng Teng Fong General Hospital

Jurong Community Hospital