Improving patient and staff satisfaction with Cardioversions and TEE

The Problem

Lack of coordination in scheduling Cardioversions and TEEs between cardiology and anesthesia caused an increased patient length of stay in the holding area and led to patient and staff dissatisfaction.

Aim/Goal

Our goal was to provide efficient quality care for patients undergoing Cardioversions (CV) and TEEs by:

- Minimizing patients NPO status by 3 hours
- Decreasing time spent in the holding area by 3 hours
- And ultimately increasing patient satisfaction by decreasing wait times by 2 hours

The Team

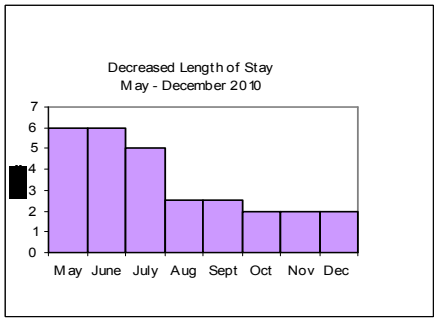
- Elizabeth Kirwan RN - Resource Nurse for the Holding Area
- Belinda Morse RN - Clinical Advisor, Electrophysiology Department
- Robin Ball RN - Interventional Cardiology Nurse Coordinator
- Jennifer Donovan RN - Interventional Cardiology Holding Area
- Lisa Hird RN - Nurse Manager, Interventional Cardiology
- Mark Josephson MD - Chief, Cardiovascular Medicine/Electrophysiology
- Alan Lisbon MD - Anesthesia, Vice Chair for Critical Care
- Warren Manning MD - Section Chief, NonInvasive Cardiac Imaging
- Holding area nurses/Electrophysiology nurses

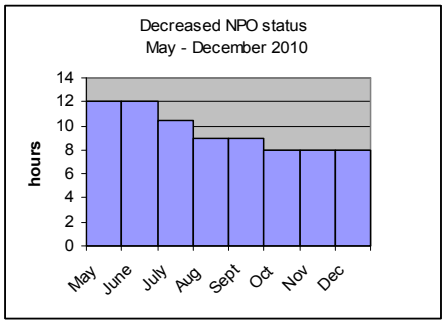
The Interventions

- CV/TEE scheduling is now centralized to a dedicated team who coordinates with anesthesia daily
- Anesthesia department receives email the day prior to the scheduled CV/TEE
- Anesthesia consents patients prior to 8am
- TEE start time changed from 8:30 am to 8am
- INR obtained the day prior to scheduled cardioversion
- Consistent RNs assignments implemented to coordinate CV/TEE program
- Performance measurement and monitoring is ongoing
- Geographical location designated for CV/TEE patients
- Team leader assigned daily to assist with real time problem solving

The Results/Progress to Date

In September 2010, the revised CV/TEE program was implemented. Length of stay for outpatients scheduled for CV/TEE was decreased which resulted in a reduced length of time patients were required to be NPO. Patients have noted improvements in scheduling.





Lessons Learned

- Close relationships between interdisciplinary teams improves care coordination.
- The overall flow in the interventional cardiology department has improved by streamlining patient care.
- Small incremental changes lead to improvement in customer satisfaction.

Next Steps/What Should Happen Next

- Continue partnership among all health care providers involved in this program
- Establish call back protocol to review patient experience with CV/TEE

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The Silverman Institute For Healthcare Quality and Safety

For More Information Contact

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