Patients with VAD Show Increased Satisfaction with Clinic Flow Initiative

The Problem
Patients with a vascular access device (VAD) experienced long delays from arrival time to clinic to the time when their labs were drawn and the results were entered into the computer. This delay significantly impacted the time that patients waited before starting their chemotherapy treatment. In addition the flow in the treatment area was affected, as patients were not ready for treatment at their designated treatment time.

Aim/Goal
Assure a positive patient experience with minimal wait time and efficient flow through clinic by identifying patients requiring VAD access for lab draws and facilitating draw.
- All patients will be evaluated for VAD and in treatment area within 5 minutes of arrival for access and lab draw
- Have designated RNs available at 7:30 am to accommodate early patient appointments
- Develop a system to identify all patients that have a VAD
- Pilot above program over 4 months

The Team
Hematology Oncology Ambulatory Clinic
Administrators: Michelle McGrory, RN, Sr. Nurse Director Ambulatory Hematology Oncology; Kelly Noonan, Practice Manager Ambulatory Hematology Oncology
The port access task force: Paula Bachner RN; Paddy Connelly RN; Carol Lyon RN
Designated Port Draw RN: Sharon Parkes RN; Patty Forino RN; Julie Foidelli RN; Karen Jenks LPN; Christina Moran RN; Jacey Molle RN; Ryan Sullivan RN
Clinical Oncology Nurses: Nancy Rumplik RN; Susan Keefe RN; Dianne Sullivan RN
Hematology/Oncology Ambulatory Nursing Staff on Shapiro 9
Practice Assistants; Front desk staff and treatment room staff

The Interventions
- Develop system where Primary RNs identified patients who had VAD and attached card that was placed on front of chart with clear pocket
- Retraining front desk staff to identify patients with VAD and send patient to treatment area immediately for port-a-cath access and blood draw.
- Practice assistants in treatment area will identify patients who needed VAD draw and upon arrival call patients back to treatment area
- Assign designated RN to come in at 7:30 to assist with early VAD draw patients
- Early RN to evaluate whether patient has MD appt or treatment appt and direct to appropriate appointment
- Morning treatment appointments who arrive between 7:30 and 9 am will be brought back to treatment area to evaluate if treatment can be started.

The Results/Progress to Date
- We were able to gather retrospective data from the check in time of the patient to the time the labs were drawn.
- The graph below represents the data collected prior to the above initiative and then one month into the project.
- The vertical line represents the average wait time to have lab tests drawn.
- The horizontal line represents the 5 data points when the data was collected.

Patient satisfaction survey
- February 2016, sampled patients that were participants of port draw program with patient satisfaction survey.
- All patients sampled were asked the following questions:
  o Were you asked if you had a port when you checked in today?
  o If you have a port were you sent back to the treatment area immediately to have your labs drawn?
  o Do you find the wait time for having your labs drawn quicker than it was 4 - 6 months ago?

Lessons Learned
- Retraining front desk staff to identify patients with VAD and send patient
- Needed a designated nurse whose sole focus was to draw labs.
- RN start time was changed to 7:30am for lab draws
- Importance of collaboration of front desk staff and nursing
- Impact of early start on overall patient flow

Next Steps/What Should Happen Next
- Continue to monitor patient arrival to lab draw times
- Ongoing patient satisfaction surveys
- Continue to evaluate work flow issues with an eye towards future improvements

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