

Decreasing Wait Time to Chemotherapy Administration in Outpatient Infusion Clinic

Inna Sabirzhanova, RN BSN OCN Taylor Swing, DNP, CPNP- PC Lynn Marie Bullock, DNP, RN, NEA-BC

Problem Statement

Patient waiting time for healthcare services is identified by the World Health Organization (WHO) as one of the key measurements of a health system.

Many patients receive treatment while working and living an active lifestyle, there is a growing pressure on ambulatory clinics to deliver treatment timely and efficiently.

The need for changes was identified in clinical practice to decrease waiting time to chemotherapy administration.

Purpose of Project/Goals

The purpose of this quality improvement initiative is to reduce adult cancer patients' wait time to chemotherapy infusion by implementing a "call ahead" initiative to allow early preparation of chemotherapy in the outpatient infusion clinic.

Process Goal:

100% of eligible patients will call the clinic before their infusion appointments

Outcome goal:

100% of patients will achieve a 50% reduction in infusion wait time

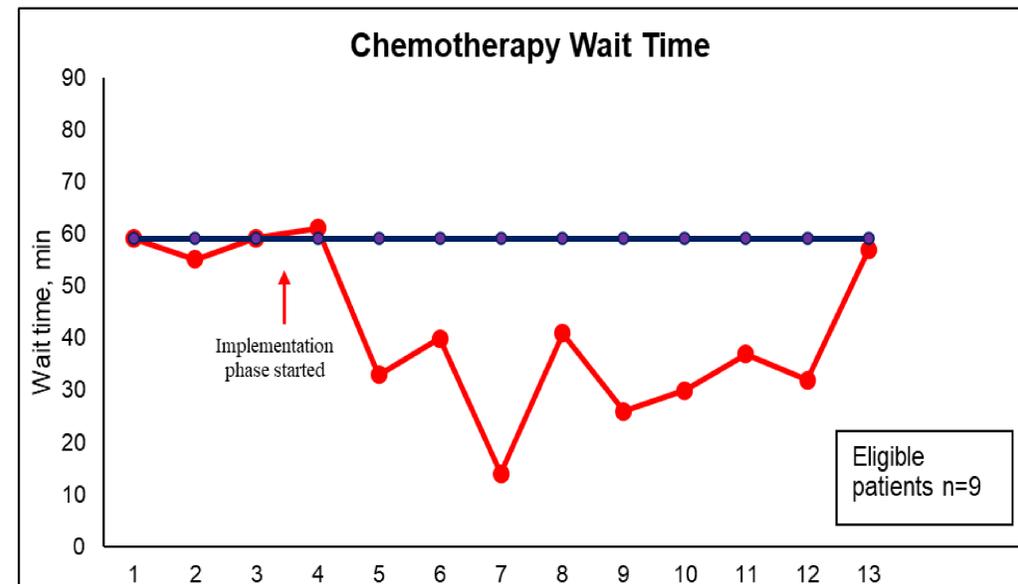
Methods

Setting: 35-chair outpatient oncology infusion center in a large academic medical center

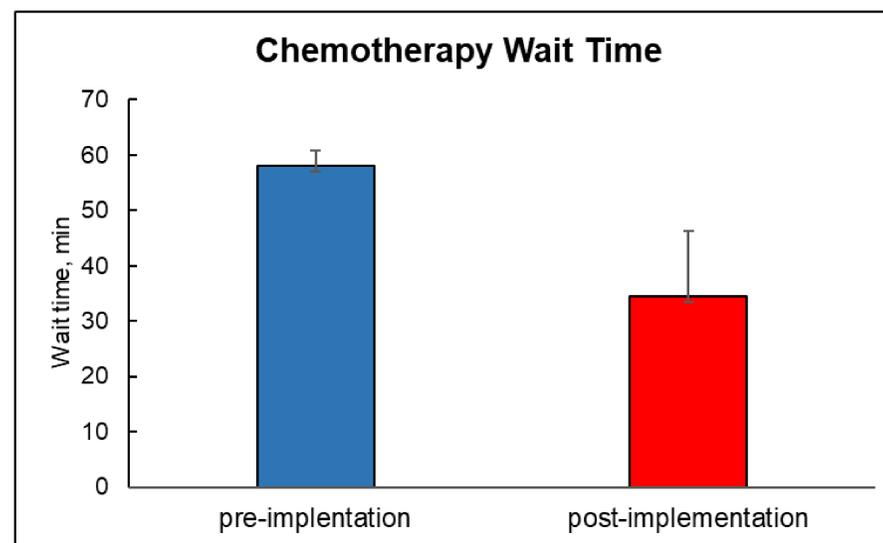
Target population: Adult patients ages 18 and older with cancer diagnosis receiving Abraxane, Faspro, or Velcade, who were not requiring laboratories on the day of infusion appointment, and cleared by their oncologists for chemotherapy infusion

Implementation: Eligible patients were instructed to call the infusion clinic 30 minutes to 60 minutes prior to their infusion appointments to confirm arrival and to allow for the pharmacy to begin making their chemotherapy agent earlier

Results



Run chart of wait time to chemotherapy administration



After intervention, wait time to chemotherapy was decreased by 40.66% from 58.04 ± 2.68 minutes to 34.44 ± 11.75 minutes (p= 0.000185)

Acknowledgements

Sincerely appreciate the support and continued guidance of Kimberly Peterson, MSN, APRN-CNS, ACCNS-AG, OCN

Discussion

- The average baseline wait time to chemotherapy administration was 58.04 ± 2.68 minutes. After intervention, wait time to chemotherapy administration was decreased to 34.44 ± 11.75 minutes by 40.66% (p= 0.000185).
- Although our goal to reduce the infusion wait time by 50% was not achieved, we showed that a phone-based procedure for early chemotherapy preparation is safe and effective way to decrease wait time for chemotherapy administration.
- Studies have most often demonstrated that phone calls constitute a feasible strategy for reducing of patient wait time.

Conclusions

Practice Implications:

This project achieved the aim of reducing patients' wait for the administration of chemotherapy. We were successful in decreasing our time to chemotherapy initiation by 40.66%. The strength of this project is that it was a simple change in workflow and did not increase the financial burden of the institution.

Recommendations:

- Maintain and increase the number of champions
- Inclusion of education about a new workflow in new staff orientation

References

