Improving Access to Elective Coronary Intervention in the Catheterization Lab at the Heart Hospital, Qatar

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Aim

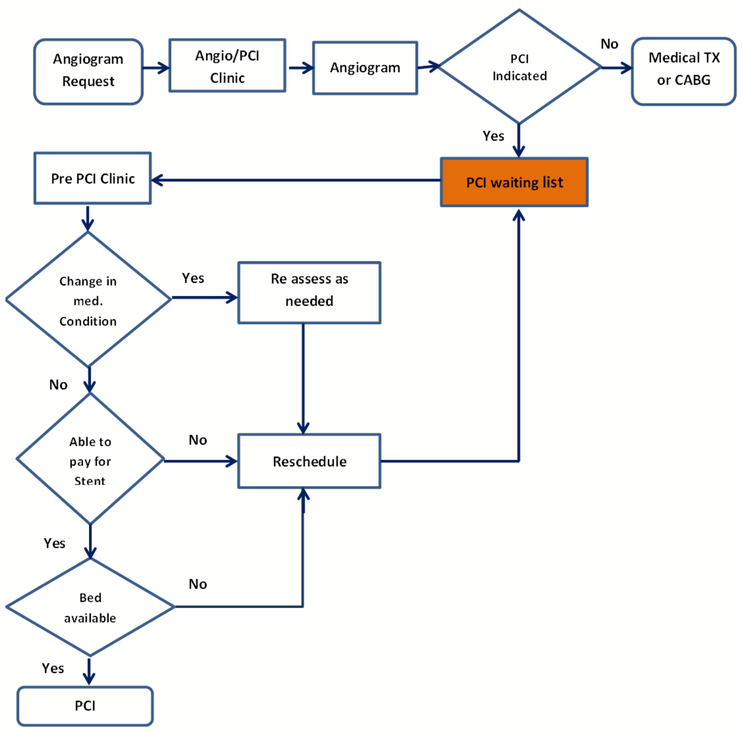
- To improve scheduling process for elective coronary intervention procedures in the Cardiac Catheterization (CATH) Lab(reduce waiting time).
- To facilitate patient access to elective procedures in timely manner with high quality of service provided.

Background

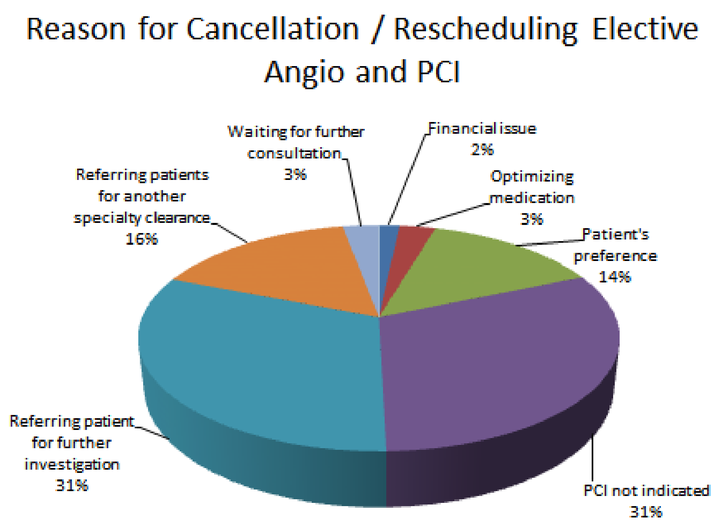
- On average the CATH Lab receives more than 4,000 requests per year for angiography and percutaneous coronary intervention (PCI).
- More than 20% of the requests are for elective (planned) procedures. Large number of requests for elective procedures was from other HMC hospitals such as Hamad Hospital, Alwakra Hospital and Al Khor Hospital.
- Scheduling for the elective procedures was based on first come first serve. Due to the limited resources and busy schedule in the CATH lab, patients waited up to 8 months for their procedures to be scheduled as a day cases. This leads to adverse medical and social consequences on the patients and their families.

Process Map of the Current Work Flow

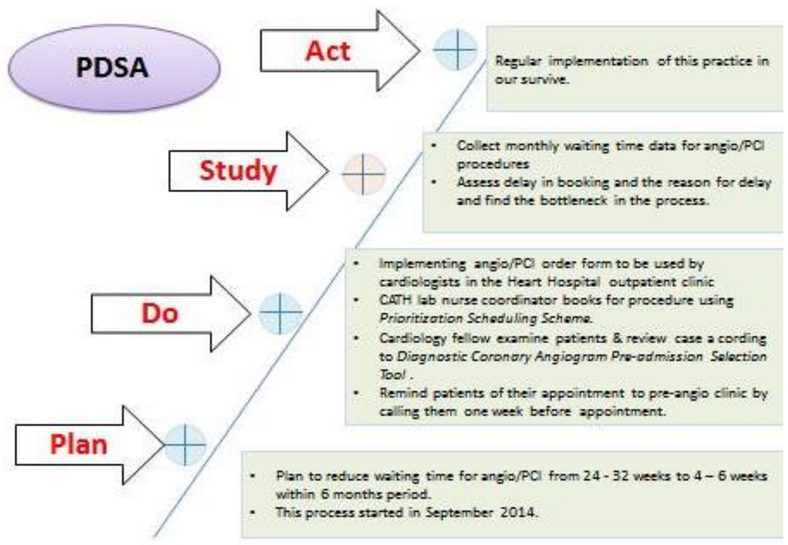
In August 2014 a specific task force was appointed to study the situation and find solution for the elective admission. The first step was to map the process for elective coronary interventions and understand the work flow.



Long waiting list was build up due to cancellation or rescheduling of procedures as a result of many factors such as change in medical condition, in ability to pay and bed crises.



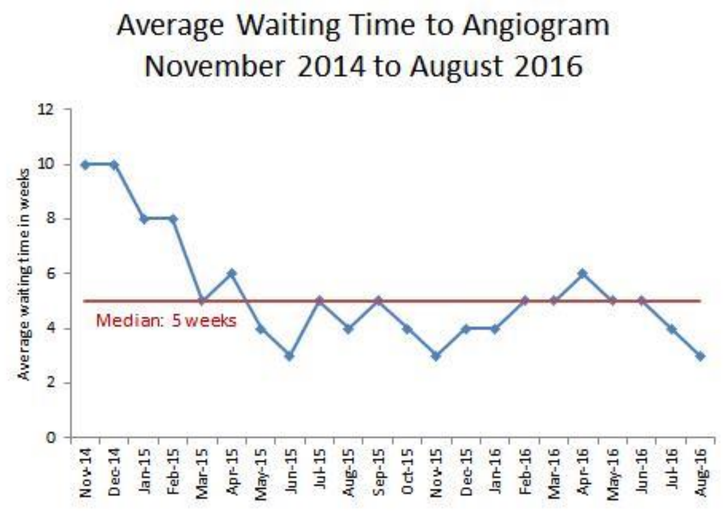
Strategy for Change



Progress and obstacles to the implementation of the intervention were discussed in the weekly CATH lab meeting. Patient satisfaction was collected and results were displayed on the quality boards across the hospital. Any comments from both staffs and patients were taken into consideration and the process was modified.

Evidence of Improvement

Waiting time to angio/PCI appointment was the main outcome for quality improvement



Data showed a significant impact in reducing the waiting time for elective procedures from 24 - 32 weeks in 2014 to 4-6 weeks in 2015 and this has been sustained in 2016 with an average of 4 weeks.

Conclusion

Implementation of clear elective angiogram / PCI process pathway lead to efficient access to high quality of care which spontaneously had a significant impact in improving the patient care experience, improving patient safety, and reducing unnecessary procedures.

Lessons learnt

- Involve frontline staff in problem identification and problem-solving, valuing their experience and encourage them to participate.
- Leader support and involvement is essential for successful improvement.
- Considering patients comments and feedback regarding the process.
- Interventions should be based on evidence as well as experience.

References

- Patel MR, Dehmer JG, Hirshfeld JW, Smith PK, Spertus JA. ACCF/SCAI/STS/ AATS/AHA/ ASNC/HFSA/SCCT 2012 Appropriate Use Criteria for Coronary Revascularization Focused Update. JACC: 2012 Feb 28;59(9):857-81.

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