

Reducing Waiting Times for New Breast Cancer Consults with Dedicated Injection-Clinic

Adnan Rajeh, FRCPC, Medical Oncology Fellow, UWO
Centre for Quality, Innovation, and Safety, Schulich School of Medicine & Dentistry,
Western University, London, ON, Canada



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AIM Statement: By September 2023, for new breast cancer consults awaiting to be seen by a medical oncologist, increase the percentage of patients seen within two weeks of referral by 35%.

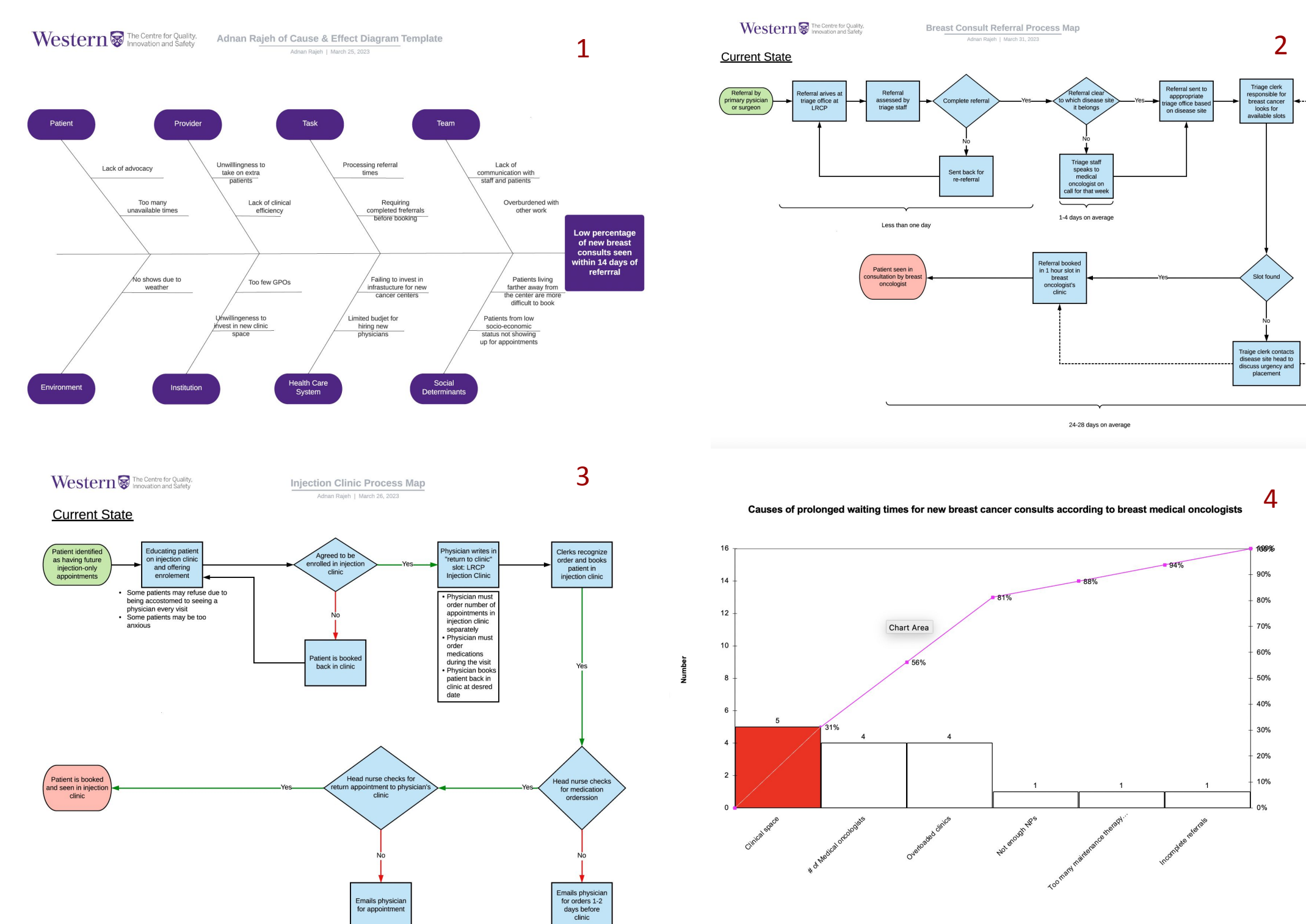
PROBLEM DEFINITION

Breast cancer patients are commonly referred to medical oncology for either adjuvant, neoadjuvant, or metastatic treatment. The recommended time for patients to be seen within is two weeks. Delays beyond that period of time affect patient care and treatment outcomes as demonstrated through multiple studies over the last few decades (1,2). Currently, the percentage of referred new breast cancer consults is less than 40%. The organizational goal is for 75% of new consults to be seen within two weeks of referral. The average waiting time for a new breast cancer consult is 4-6 weeks at LRCP which is twice to three times what is recommended.

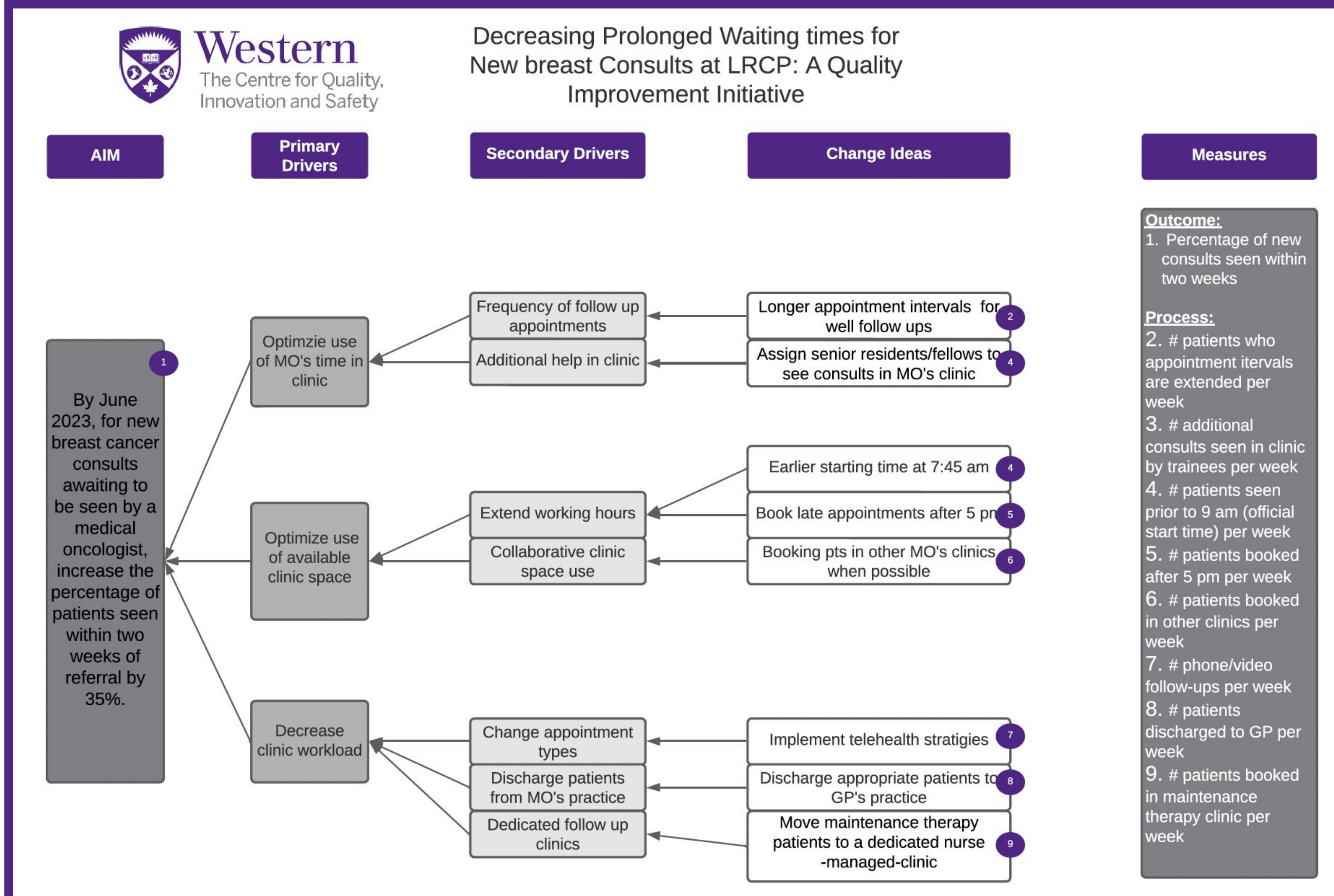
ROOT CAUSE ANALYSIS

1. Cause & Effect Chart used to identify potential causes of prolonged waiting times.
2. Process Map for new breast cancer consults from referral to MO appointment.
3. Process Map for enrollment in injection clinic.
4. Pareto Chart identifying causes of prolonged waiting times for new breast cancer consults according to the breast medical oncologists at LRCP.

Through the stakeholder analysis it was found that nursing staff were concerned over proper medication orders and return-to-clinic appointments, the possibility of a power chat plan, and patient education before enrollment in the injection-only clinic. Clinic management staff expressed concern regarding the booking process, space availability, and patient expectations. They also needed assurance that there would be a physician on call for the clinic if nurses needed help. Building management were concerned about flow in the area designated for the clinic to prevent interference with other functioning clinics and chemo suites. Physicians were concerned about the booking process and ensuring it went through when the orders were put in. We were able to address all these concerns and challenges through a series of education and feedback sessions with all staff involved.



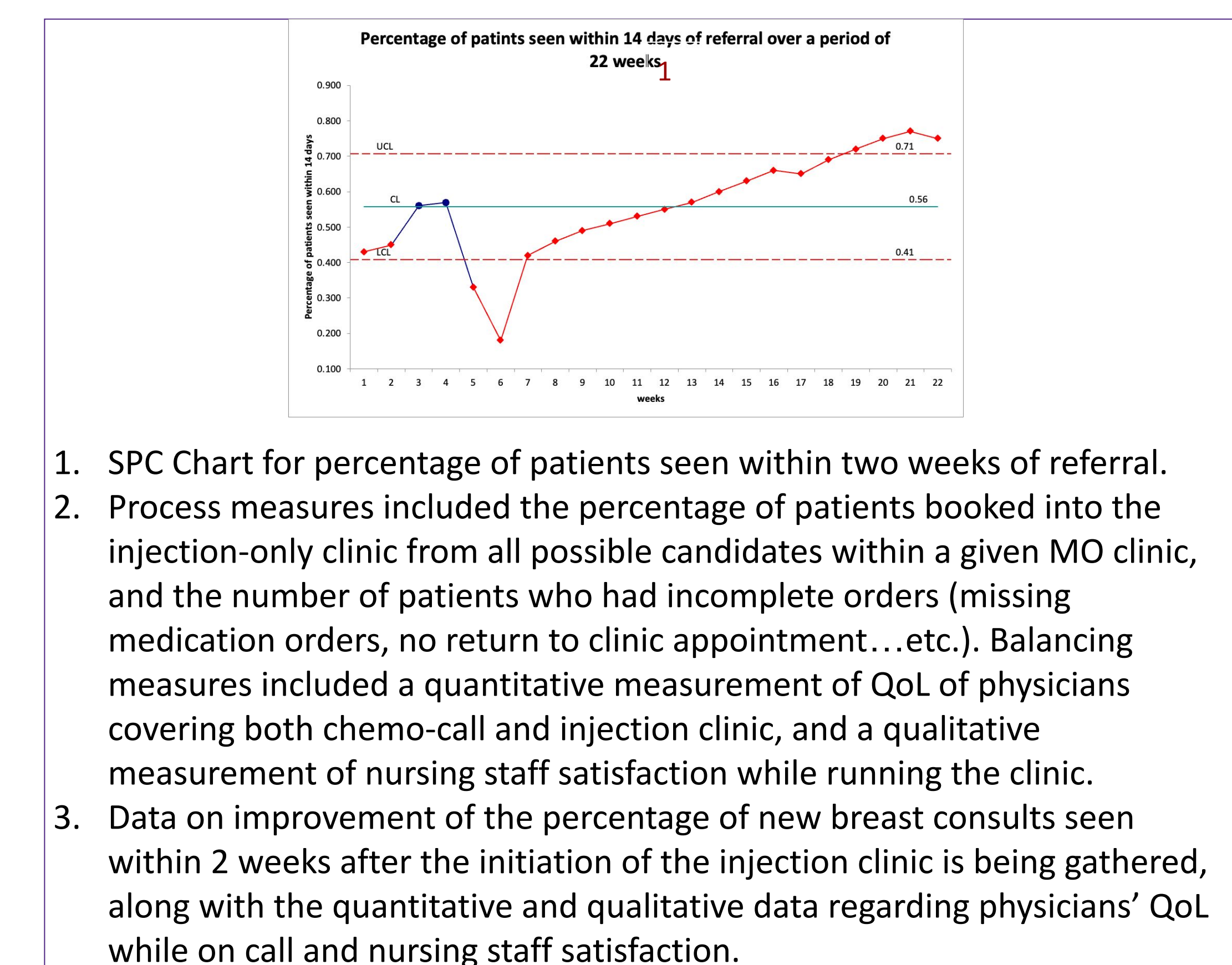
Dedicated treatment-maintenance clinics can help reduce waiting times for new consults by decreasing patient workload for medical oncologists. This approach has limited success and several logistic and staff-related challenges.



IMPLEMENTATION

1. We ran a PDSA cycle to assess the practicality of booking patients into the injection clinic from the perspective of both clinicians and clerks. We found that physicians struggled with remembering to book patients in the clinic, order their medications and clerks failed to book the patients with the proper orders in the dedicated clinic. We took educational measures to reduce the number of errors.
2. We ran another PDSA cycle to assess the flow of the clinic from a nursing staff perspective. We found that there were issues with the room availability. Building management had miscommunicated the clinic's needs to the staff in the chemo unit that is adjacent to the clinic room and there was a space conflict. This was temporarily corrected by using other rooms in the same area that are usually utilized by other clinics. Booking into the injection-only clinic was temporarily suspended until the space conflict was resolved. Nursing staff struggled with patients asking questions about seeing their medical oncologist and they had a difficult time getting the medication ready from the second floor (the clinic is on the third floor).
3. The miscommunication between building management staff and the chemo unit staff on Baines caused the clinic to be delayed regarding its starting date. We dealt with patient concerns by developing a handout about the injection-only clinic to be given to patients prior to their injection appointment to know what to expect when they come to clinic and the location of the clinic (as it is different from their usual MO clinics).

MEASUREMENT & RESULTS



SUSTAINABILITY

1. Executive Sponsor: Dr Karin Hahn (Head of Oncology Division)
1. Process Owner: Monica Ellgisen (Clinic Manager)
2. All patients who require ongoing injections for breast cancer treatment without the need of assessment by a medical oncologist should be booked in the injection-only clinic instead of the medical oncologists' clinic.
3. To monitor progress, bi-monthly reviews of breast cancer clinics will be performed to ensure injection only appointments are being booked in the dedicated clinic by data support and reports will be given to the process owner and executive sponsor.
4. Percentage of new breast cancer consults seen within two weeks will be monitored on a weekly basis to observe the predicted increase.