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Category: Quality improvement (Systematic and continuous actions leading to measurable improvement in health care service and/or health status)

Title: Improving Turnover Time in Cardiac Catheterization Lab, a multi-disciplinary approach

ABSTRACT BODY

Background : Turnover Time (ToT), defined as ‘time from end of a procedure to the start of next’, can have a significant impact on patient care delivery. Our Cardiac Catheterization Lab's (Cath Lab) mean ToT was 62 mins. By June 2019, Cath lab team aimed at decreasing turnover time by 25 %.

Methods: A multi-disciplinary team with Physicians, RNs and Cardiovascular techs was formed. ‘Plan-Do-Study-Act’ model was chosen. A baseline Process Map was created, Fishbone Plot helped discern roles of staff.

Data collected :

1) Time from procedure end to patient’s exit from Lab (A); from exit to next patient arrival to lab / time spent in Pre-post Room (PPR) (B); from entry into Lab to procedure start (C)

2) Consents and IV access

Interventions, after baseline data analysis :

a) In PPR, responsibility of a specific patient was assigned to one particular RN; b) next patient was brought to PPR as soon as prior patient rolled into lab; c) Consent obtained prior to patient coming to PPR

Results:

Time A decreased from 16 to 11 mins; B from 24 mins to 17 mins

Total Turnover Time improved by 20%, from 62 mins to 50 mins

Conclusion: Multit-disciplinary team approach is crucial in improving efficiency of patient care delivery, which can be achieved without resource intense interventions.

Clinical Implications: improve patient care access with available resources, by making minimal changes to current processes.