Improved Patient Access to Spine Procedures
A Radiology & Spine Center Collaboration

The Problem

Pain procedures performed by the Spine Center require fluoroscopy guidance. The Spine Center performed these exams one day a week on SCC3 by utilizing a C-arm primarily assigned to the Urology service when it available. The Spine Center quickly saw an increase in referrals for pain procedures. In order to meet these requests, more procedure/fluoroscopy time was needed, but it was not available within the Urology unit. As a result, patient wait times for procedure appointment were lengthy (30 days).

Patients who required more immediate attention were scheduled to remote, off campus locations. Also, an additional Physiatrist was being recruited, and space for both the outpatient practice and injection service was severely limited. There was an immediate need to find another location that would allow additional procedure time with fluoroscopy available, as well as an area for patient reception and exam recovery.

Aim/Goal

Improve access and reduce patient wait times for Spine injection service appointments.

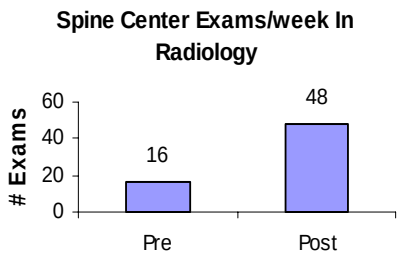
The Team

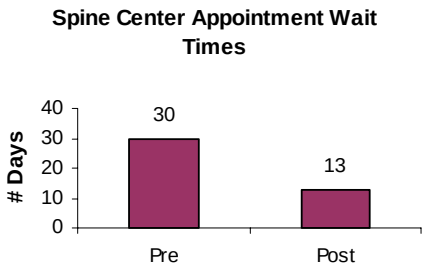
- Donna Hallett, Radiology Operations Director
- Kelly Orlando, Director, Ambulatory
- Allen Reedy, Radiology Business Director
- Betsy Grady, General Diagnostic Radiology Mgr.
- Amalia Gonzalez, Neurology/Spine Center Mgr.
- Peter Cousins, Radiology Support Service Mgr.
- Mary Anne Humphrys, R.N., Radiology Nursing
- John C. Keel, M.D., Spine Center Physiatrist

The Interventions

- Identified and removed end-of-life Radiology Fluoroscopy unit at Rabb 3
- Prepped room with patch and paint
- Assessed the ability of the reception and patient holding area to absorb the increased patient volume
- Received approval for an additional c-arm due to maximized c-arm allocation by the Feldberg and Shapiro OR's.

The Results/Progress to Date……





- Improved utilization: another Physiatrist added to the schedule
- Improved quality and safety: Radiology Nursing available to provide nursing care for the more complex exams that previously were not performed

Lessons Learned

- Careful choice of location can minimize the need for duplicate support services (reception, recovery, etc.)
- Think creatively about the use of underutilized space.
- Multi-departmental requests for the c-arm were more compelling than a request from Radiology or the Spine Center alone.

Next Steps/What Should Happen Next:

- Monitor wait times/patient access.
- Review financial results for possible future expansion.

Beth Israel Deaconess Medical Center | A teaching hospital of Harvard Medical School | The Silverman Institute For Healthcare Quality and Safety

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