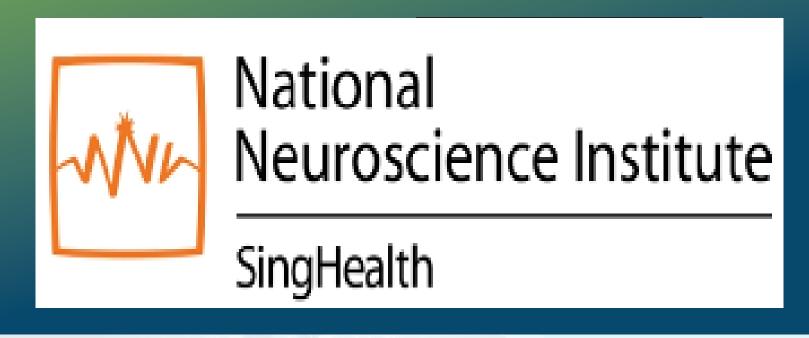
Quality Improvement Conference

Enhancing MRI Outpatient Scheduling and Clinical Operations through Improved Work Processes at Neuroradiology Department

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Problem Statement

- ➤ Due to the growing demand of Magnetic Resonance Imaging (MRI) request, averaged MRI waiting time at National Neuroscience Institute (NNI), Neuroradiology stands at 17 weeks.
- This poses a challenge in scheduling urgent or early scans (which ranges from within few days up to 2 weeks).
- Due to the long waiting time, patients who requires urgent or early scans were put on MRI waitlist.
- MRI waitlist gets longer over time, burdening the over-stretched MRI appointment.

Project Aim

- Maximize the MRI slots and shorten the MRI waiting time.
- Early detection of under declared active implants.
- Early rectification of ordering and logistics matters.
- Implement changes in clinical operations and monitor for any improvement, 3 months post implementation.

Lessons Learnt

- This multi-team collaboration has effectively tackled the number of patients on MRI wait list to zero.
- With improved MRI clinical operations, MRI technical teams able to perform more efficiently and thus reduce scanner idle time, scan delay and improvement in patient's experience.

Challenges:

Each team needs to be well versed and keep up with their assigned duty.

Tips:

Prepared a reference guide and description of assigned duty for each team .

Potential Solutions

Multi-team collaboration was implemented 3 days prior to patient's MRI appointment.

| Team | Assigned activity | Days in advance |
|--------------|---|-----------------|
| Nurses | Check Creatinine test and risk factors | 3 |
| PSA | Call patients for confirmation of MRI attendance | 2 |
| Radiologist | Vet and protocol of MRI request | 2 |
| Radiographer | Pre- screening of MRI Safety Questionnaires | 1 |
| RA | Match protocolled request forms with pre-screened MRI Safety Questionnaires | 1 |

Outcomes & Impacts

- Monthly, averaged patient on MRI waitlist dropped from 30 to zero.
- ➤ On average, a 41% dropped in wasted MRI slots from 110 to 65.
- ➤ Before implementation: monthly, average of 8 cancellation and rescheduling of scan due to undeclared active implants, incorrect order or duplicate scans on patient's arrival. Post implantation, numbers dropped to zero.
- Pre-procedural times shortened by 50% due to prescreening of MRI safety Questionnaires.

Monthly improvement (on average): Pre and Post Multi-team collaboration

| Collaboration | | | |
|--|--------------------|---------------------|--|
| Improvement in clinical operations | Pre implementation | Post implementation | |
| Patient on MRI wait list | 30 | 0 | |
| Wasted MRI slot | 110 | 65 | |
| Cancellation of MRI appointment on arrival | 8 | 0 | |
| Pre Procedural time (minutes) | 10 | 5 | |