

Achieving Waiting Time Targets For Echocardiography

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NHS Improvement Plan

- Maximum 18 week start to treatment waiting time by December 2008
- 13 week target for echo by March 2007
- 6 week target for echo by December 2008
- If targets not met, then originating provider must have alternative source for diagnostic scan ('Choice of Scan')

Echocardiography

- Relatively cheap, quick and safe assessment
- Provides detailed information on heart size, function and valves
- Considered an essential investigation for patients with coronary artery disease, suspected heart valve disease and suspected heart failure
- ‘Virtually all new cardiology referrals need an echocardiogram’

Choice for echocardiography service

- Local Hospital
- GP Led Service
- Local Private Companies

Ealing Hospital

- District General Hospital with population of 350 000
- 90 000 AE patients per year
- 127 426 outpatients and 26650 inpatients per year
- 16000 operations
- Designated CCU and 30 bed cardiology ward and acute chest pain assessment unit
- Full non invasive facilities, including rapid access chest pain unit
- On site cardiac catheter lab.

Cardiac Department

- 5 Consultants
- 3 Cardiac Specialist Registrars
- 10 Cardiac physiologists
- 5 trained cardiac sonographers
- 2 cardiac echo machines and one portable machine
- 2 designated echo rooms

Problems with Ealing Echo

- No clear coding as to which patients were new and follow up
- Previously poor data collection with no regular audit of activity
- Not all available echo slots always used
- A lot of outpatient activity being taken up by inpatient scans
- Echo reporting not uniform
- No guidelines for requesting echocardiography
- Long waiting times for inpatients and outpatients
- No scope for employing more scanners

Challenges

- Significantly reduce existing in-patient and out-patient waiting times
- No extra staff provided for this
- Achieve targets without compromising the quality of each scan
- Continue to meet increasing demands for more advanced echo services: stress echo, 3-Dimensional echo and complex heart failure device assessment

Inpatient Echocardiograms

- No longer performed in the echo department but on ward with portable machine
- All scans performed according to a 'Focal Echo' proformer to reduce scanning time and increase the number of scans per list
- All scans performed by cardiology SPRs and not by cardiac physiologists
- Training for cardiology SPRs provided by myself and senior cardiology physiologists
- Guidelines formed for emergency echo requests for in patients with stroke and requiring non cardiac surgery

Results

- In – Patient waiting times reduced from 8 days in June 2006 to 24 hours by December 2006
- Proportion of patients receiving echocardiography after a heart attack increased from 10% to 86%
- Cardiac technicians and departmental time freed for an extra 10 new referral outpatient echo scans per week
- Cardiac registrars gain valuable training in echocardiography

Outpatient Echocardiograms

- Standardisation of echo scans and reports
- Regular appraisal of all echo scans
- Once weekly departmental echo meetings
- Increased number of echo scans and reports per session from 3 - 4 per list to 5 – 6 per list
- Number of requests for review of echo on same patient decreased from 4 per week to 1 per week

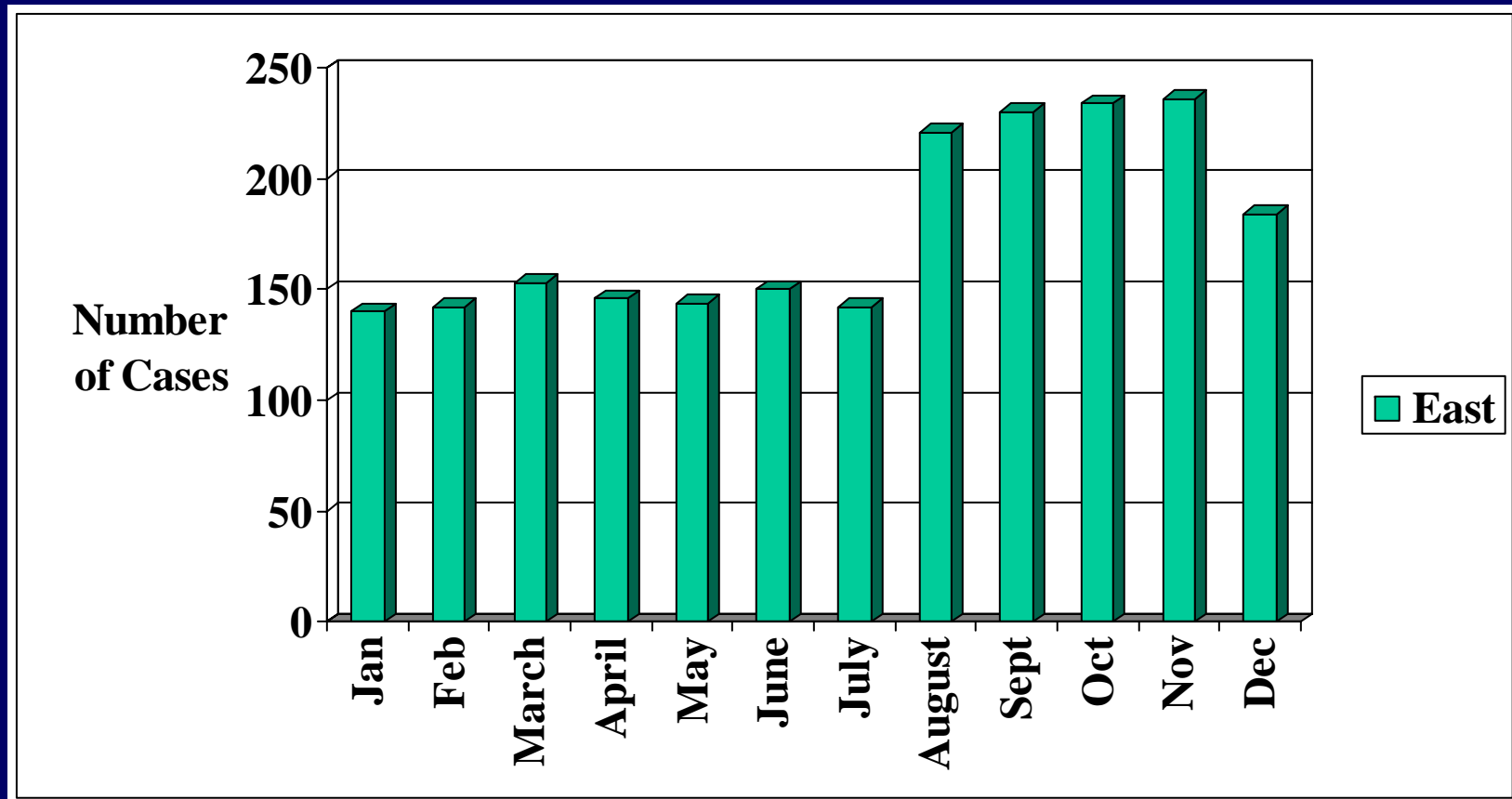
Stress Echocardiograms

- Number performed for each session increased from 3 to 5
- Cases performed in cardiac catheter lab recovery area with nurse support
- One extra list freed in cardiac department for outpatient echo
- Patients receiving stress echo no longer required an additional outpatient echocardiogram

Partial Booking

- Complete change in booking of echocardiograms for new patients to reduce DNAs
- Required an extra administrative staff member and a 4 week training period for existing staff members
- All new echo referrals clearly marked by cardiologist
- Patient put on a list within 24 hrs and an initial letter sent
- 10 slots per week available for new echo patients. Within 1 week a further letter sent asking patient to phone in to organise a date for scan
- If no reply a reminder sent after 1 week
- If still no reply taken off list.

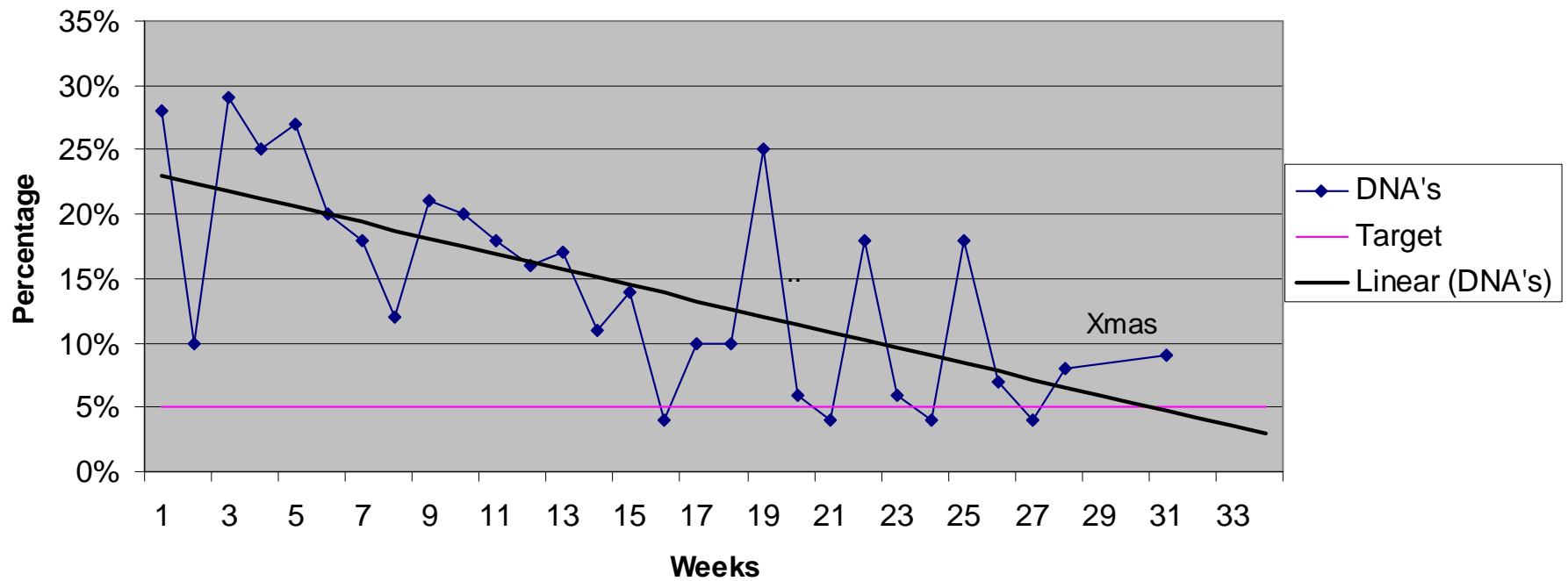
Outpatient Echos for 2006



DNA Patients

- In patients: letters sent to GP inviting new outpatient referral if considered to be still necessary
- Outpatients: letters sent to GP or referring consultant requesting repeat referral if considered appropriate

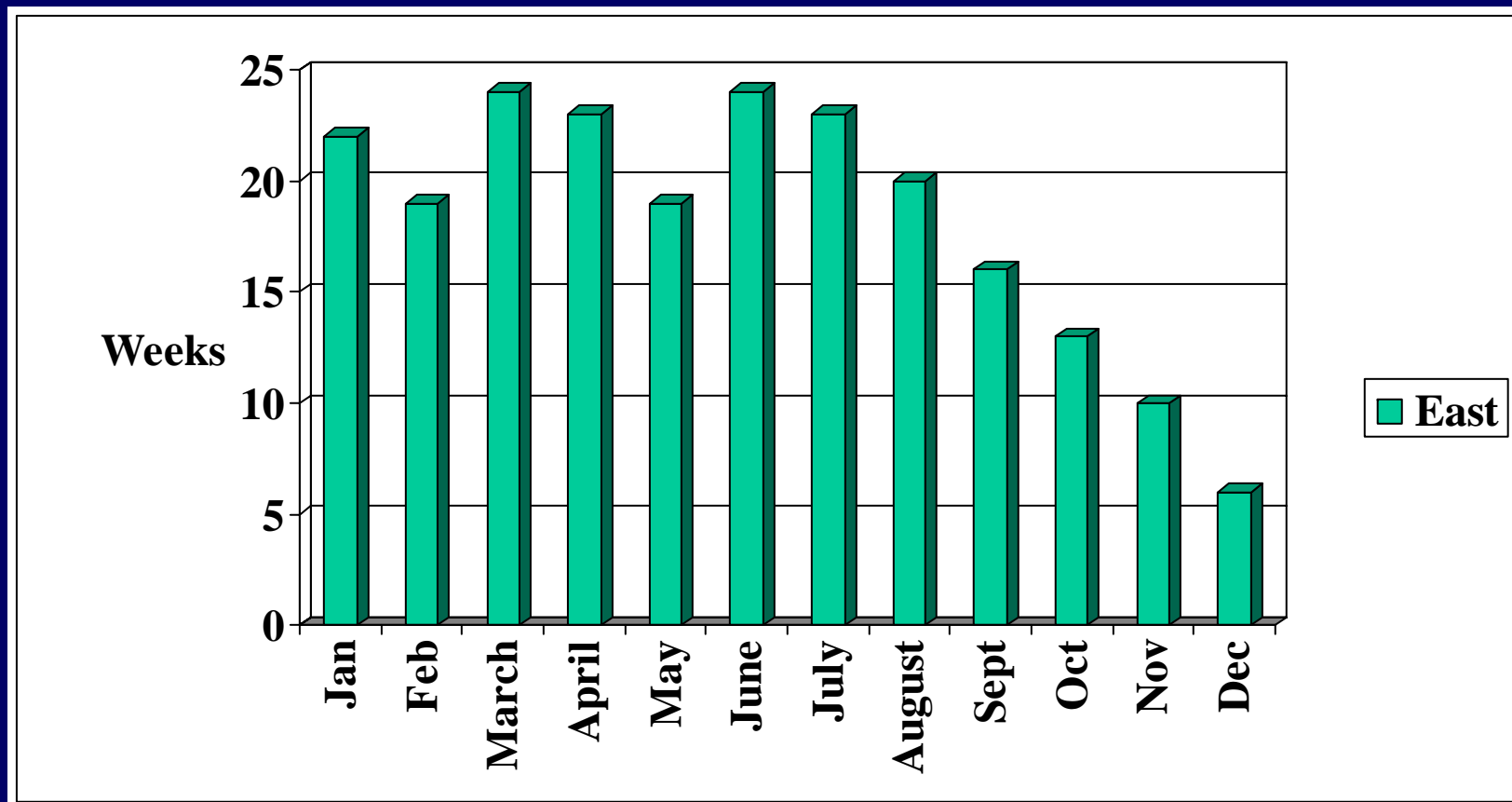
DNA Rates



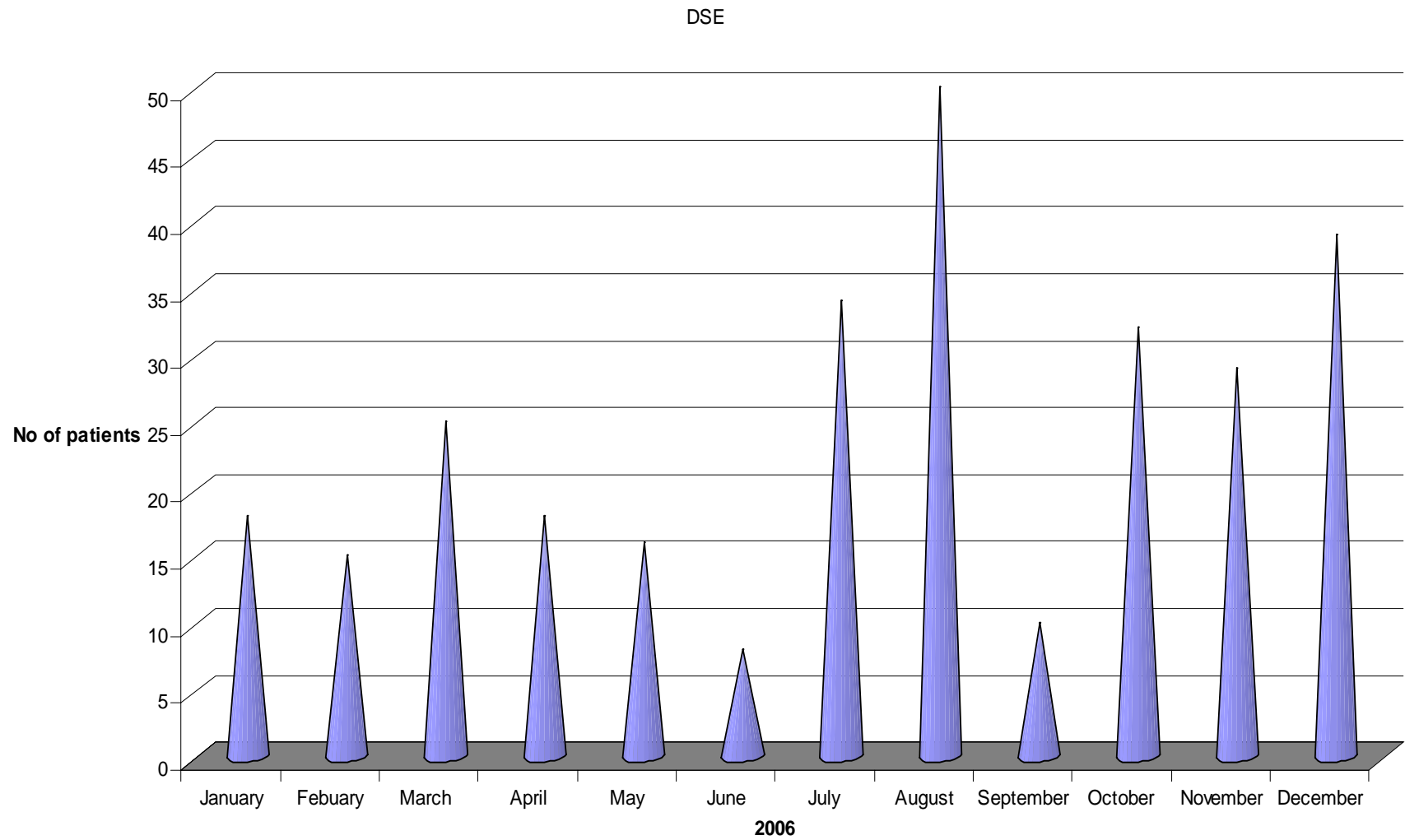
Staff Morale

- Essentially asked to provide increased service with no obvious incentive
- Relied on recognition rather than financial reward
- Agreed mutually acceptable key performance indicators with the team
- All members involved at all times with all reforms creating an inclusive environment
- Departmental meeting once weekly to improve education
- All cardiac physiologists involved in echo research
- National and international echo meetings funded by Ealing Echo Training Courses.
- Regular informal conversations with team to check progress, motivation levels and address problems before they became serious issues

Echo Outpatient Wait 2006



Stress Echo Activity



Conclusions

- Achieving echo targets has been possible thus far without the need for additional staff
- Targets have been achieved without compromising the quality of scans
- More advanced echo imaging has still been possible despite increased echo demand
- Continued validation and audit required to ensure service maintained over a long period of time
- Essential to provide incentives for all staff before implementing effective change

Future Challenges

- Achieve a 3 week outpatient echo wait
- Continue to expand advanced echo imaging
- Set up an open access echo service
- Develop a reliable data collection and reporting mechanism of echo activity that reflects the work actually done in the department