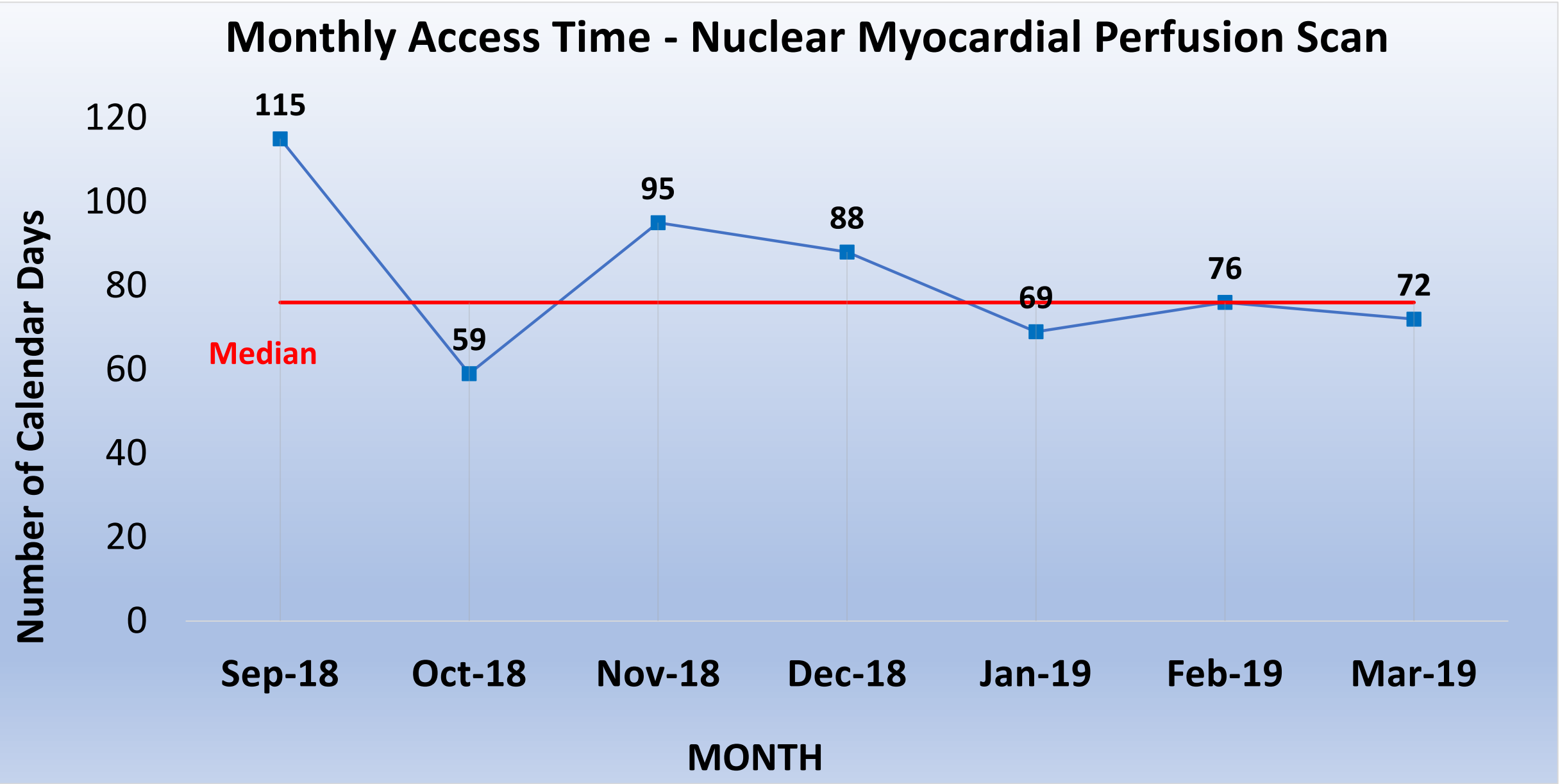


IMPROVING ACCESS TIME IN NUCLEAR CARDIOLOGY TOWARDS QUALITY DELIVERY OF HEALTHCARE SERVICES

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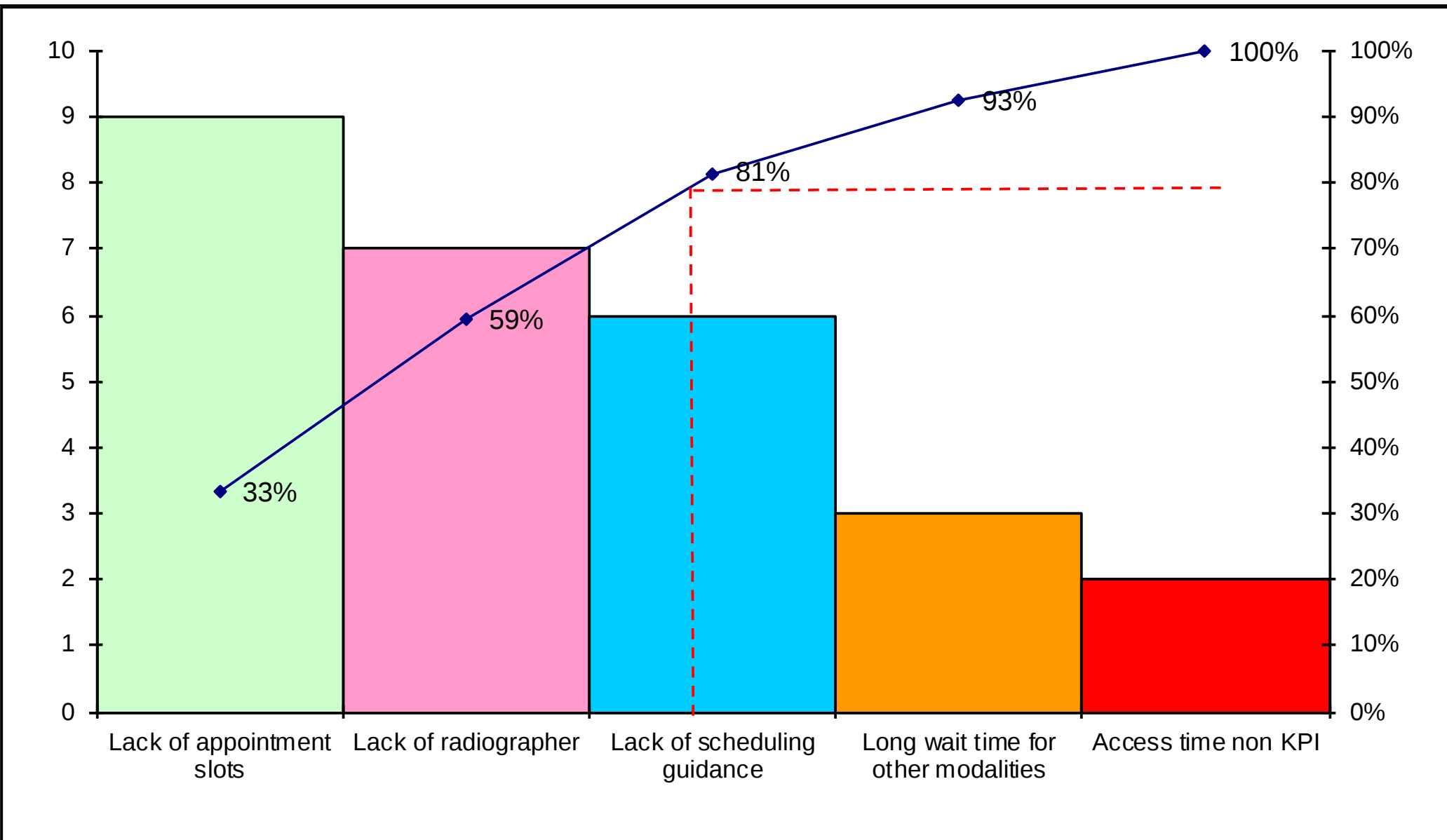
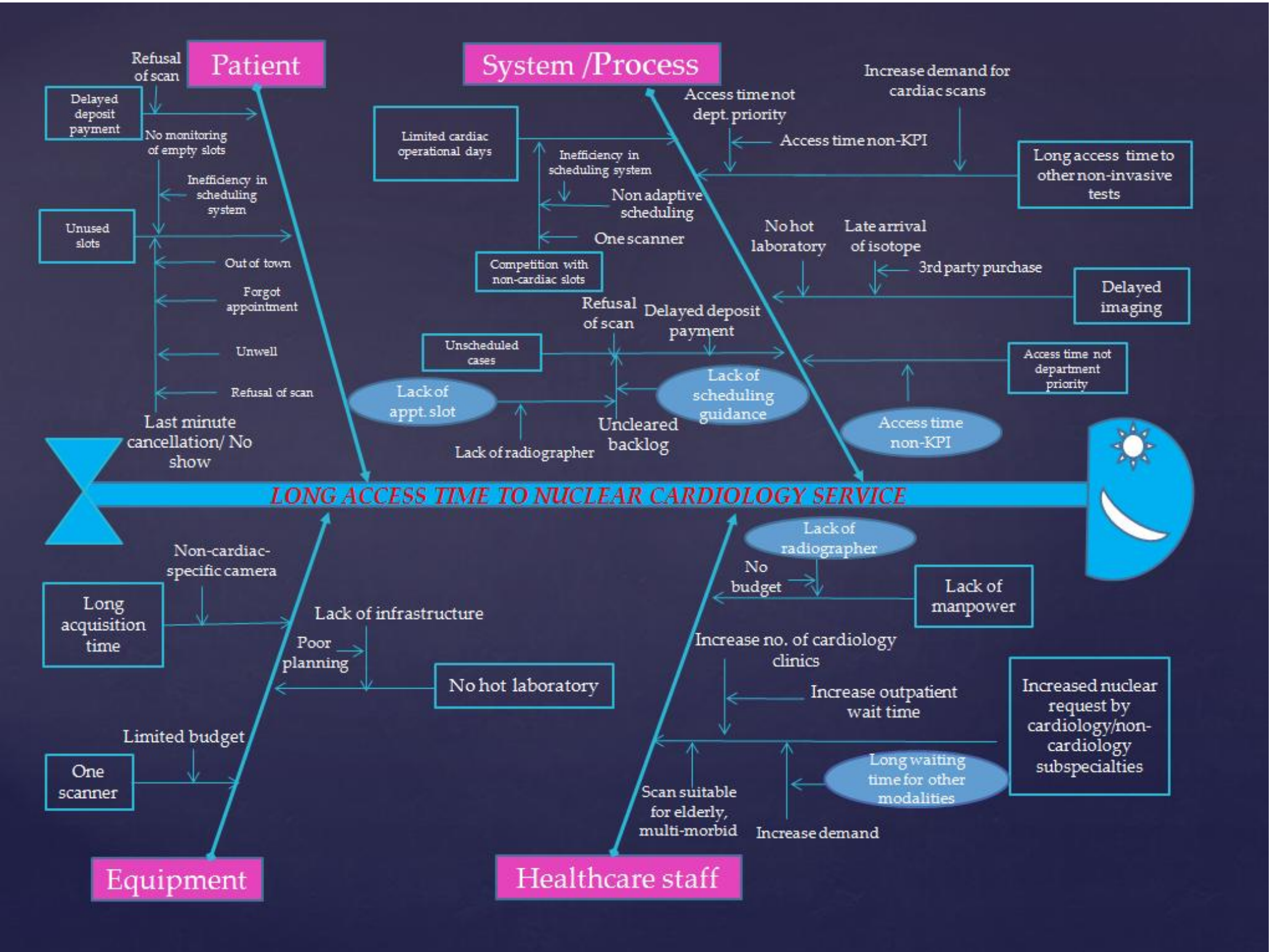
1 INTRODUCTION

This research aims to explore the timeliness of access to outpatient myocardial perfusion imaging (MPI) in a nuclear cardiology facility which caters for cardiac and non-cardiac scans. Access is a key health system performance indicator to measure quality delivery of healthcare services at an institutional level¹. The final (impact) outcome is to increase the proportion of patients undergoing MPI within an access time (AT) of 14 calendar days (gold standard) from 23% to 50% (absolute) or higher over 6 months. AT is defined as the interval difference between the MPI request and scheduled appointment in days.



2 METHODOLOGY

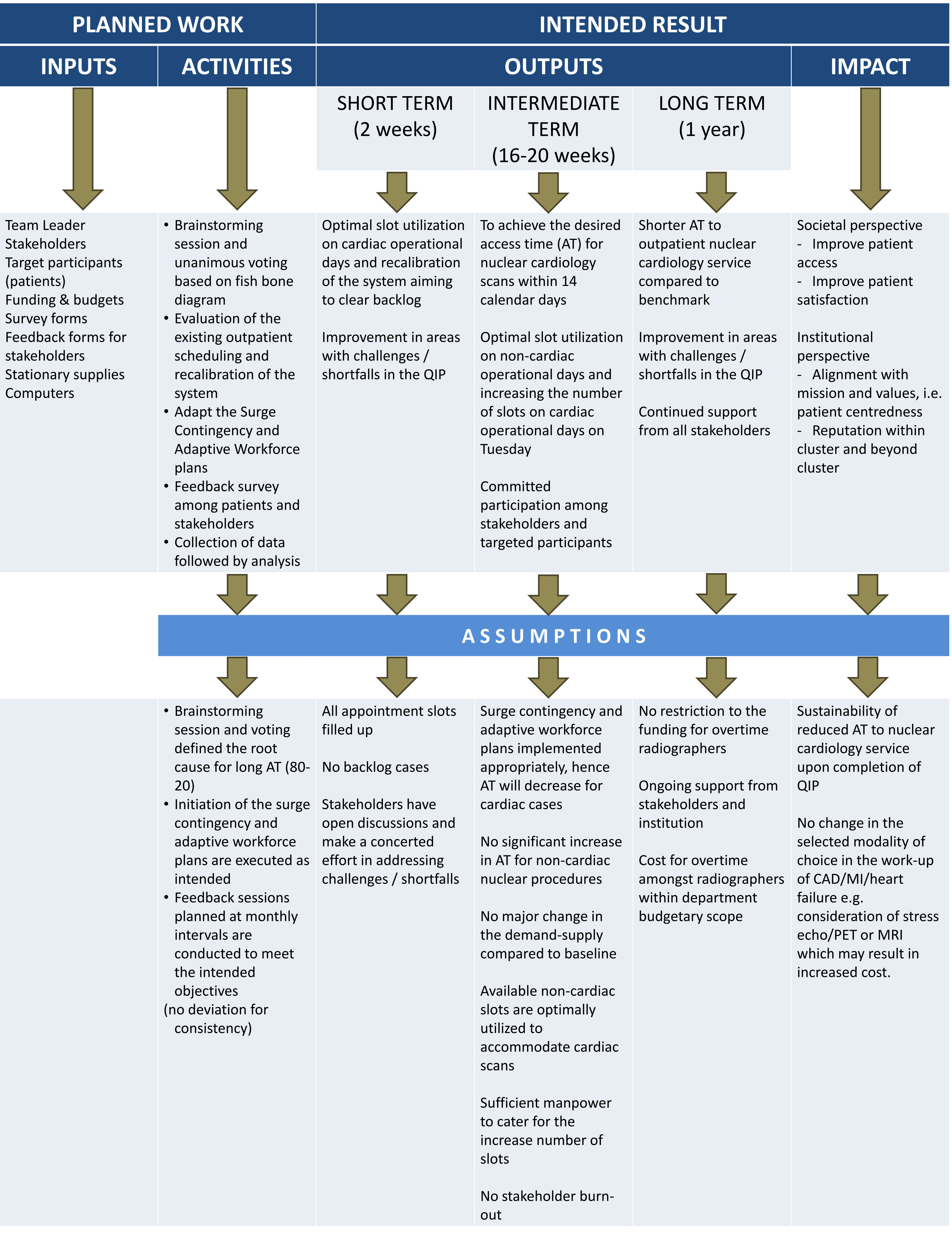
Interventions directed at best practices to address gaps and deficiencies within the system. First, the backlog reduction plan was aimed at elimination of backlog by recalibration of the scheduling system. Secondly, the surge contingency plan enables the utilization of available non-cardiac appointment slots to perform outpatient MPI. Thirdly, the adaptive workforce plan utilizes staggered working hours to accommodate for increase in number of appointment slots.



Pareto Chart

3 THEORY OF CHANGE

A theory of change was developed to outline a road map of the sequence of events connecting the resources to the activities, and how it can lead to the desired short-, intermediate-, and long-term outcomes and impact. A comparative interrupted time series design is used. AT to outpatient cardiac computed tomography will serve as the comparison group to account for any time-varying fixed effect. Data are collected at various points over time before and after an intervention to determine whether the intervention had an effect significantly greater than the underlying trend to demonstrate causal-and-effect and to meet the parallel trend assumption. A qualitative survey will be performed to understand patient expectations on AT.



4 CONCLUSION

Findings are aimed to guide evidence-based policy making in nuclear cardiology prior to wider implementation across other modalities in cardiac imaging for quality improvement and system management.

References:

- Levesque et.al., Patient-centred access to health care: conceptualising access at the interface of health systems and populations. International Journal for Equity in Health 2013, 12:18.