

# QI Project:

## *Reduced Operating Room Wait Times*

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# The Problem

*Operating Room (OR) wait times are historically **greater than 6 months** for patients of UCLA Children's Dental Center (CDC), resulting in lack of timely care, decreased quality of care, and further progression of active disease process.*

*Pediatric dentistry residents have considerable temporal constraints and existing responsibilities, resulting in **challenges in collection, completion, and submission of necessary consultations** for patients needing to be treated in the OR*

# What are Medical Consults?

For us:

- A document detailing the planned dental treatment to a specialist
- Verifies if any treatment modifications need to be made
- Verifies accuracy of a patient's medical history.
- Relevant in order for a patient to be medically cleared to be scheduled for dental treatment in the OR

**UCLA CHILDREN'S DENTAL CENTER**

UCLA School of Dentistry  
Box 951668  
Los Angeles, CA 90095-1668

Phone: [310-825-5619](tel:310-825-5619)  
FAX: 310-825-8728

**MEDICAL CONSULT**

Date: 10/10/2019  
Patient: XXXXXX  
DOB: 02/21/14

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**Dr. Name**  
P: (562) 253-5449  
F: (562) 490-9909

Our mutual patient Joe Bruin is a 5 year old female with a medical history significant for allergies and developmental delays. She presented to our clinic at UCLA CDC with extensive dental decay. She will require a thorough clinical and radiograph examination and may possibly need restorations and/or extractions. Due to the patient's behavior and complex medical history, we have decided it is best if the patient is **treated under general anesthesia in the OR Hospital at UCLA Ronald Reagan**. Please comment on the accuracy of medical history and any **contraindications or precautions** to drugs used or any treatment modification.

**Please respond including most recent visit notes from your office and all treating specialists.** Thank you!

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Allergies: No known drug allergies.  
Medications: Mother reports medications for allergies and constipation, but did not indicate which ones

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**M.D. Response**

Please comment below on the accuracy of the above mentioned medical history, this patient's ability to tolerate dental treatment, and any special precautions that need to be taken. Please address any specific requests made above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In addition, check any of the areas that apply:*

Patient requires antibiotic premedication prior to dental procedures  
Medication: \_\_\_\_\_ Recommended Dosage: \_\_\_\_\_

Patient has no contraindications or precautions to treatment and requires no treatment modification

Patient can only tolerate emergency treatment at this time

Patient can only be treated in an OR setting

Patient requires stress reduction protocol with early morning appointments

Patient should not be subjected to routine dental care until systemic condition present is under control

Patient requires double dose of steroid therapy before invasive dental treatment

OTHER: \_\_\_\_\_

Please contact the UCLA Children's Dental Center at [310-825-5619](tel:310-825-5619) if you have any questions.  
**Please fax this form directly to the UCLA Children's Dental Center at 310-825-8728.**

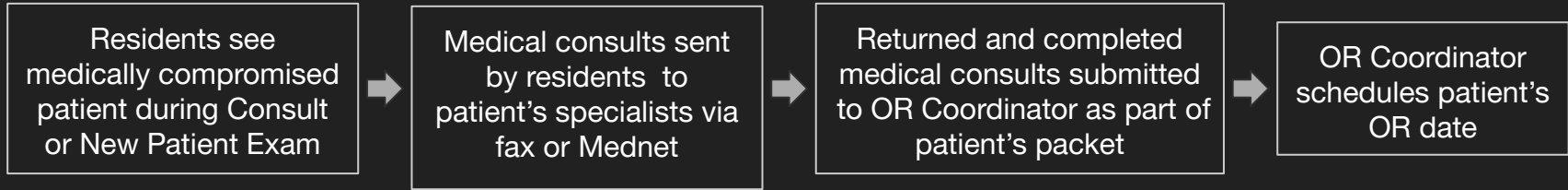
Thank You,  
Molar Bear, DDS

**Physician Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

# How does this (currently) work?

- 1. Resident provider sees patient in clinic and that patient is identified as requiring treatment in the OR**
  - a. Gathers contact information for all specialists
  - b. Relevant clinical information
- 2. Resident provider fills in gaps of incomplete contact information for specialists**
  - a. Using Google
  - b. Calling hospitals for specific office phone numbers or fax numbers
- 3. Resident provider drafts and sends medical consult to specialist**
- 4. Specialist, at their convenience, responds to medical consult, and return them to our clinic**
  - a. Accuracy of contact information (is consult being sent to the correct number?)
  - b. Forgotten consults
- 5. Consults gathered and submitted to OR Coordinator as part of complete packet**
- 6. OR Coordinator contacts parents to schedule OR date**

# Current State



- More in control over this period
- This phase is more provider-dependent and predictable

- Less control over this period
- Can be unpredictable
- Unable to control volume of patients requiring treatment in OR

## Goal

Decrease OR wait times for patients requiring dental treatment in Ronald Reagan UCLA Medical Center

## Aim

Providers will send medical consults to specialists within 1 week of original consultation appointment (90

- Collaboration with Advanced Clinical Trainees (ACTs)

# Root Cause Analysis

## People

- Parents lack specialist:
  - Names
  - Contact info
- Solely resident responsibility to complete consults

- Perception of different roles of a resident vs ACT

## Environment

- Resident schedule
- Specialist schedule
- Lack of admin. support

- Already a process that involved many checkpoints

## Rules/Policies/Procedures

## Process

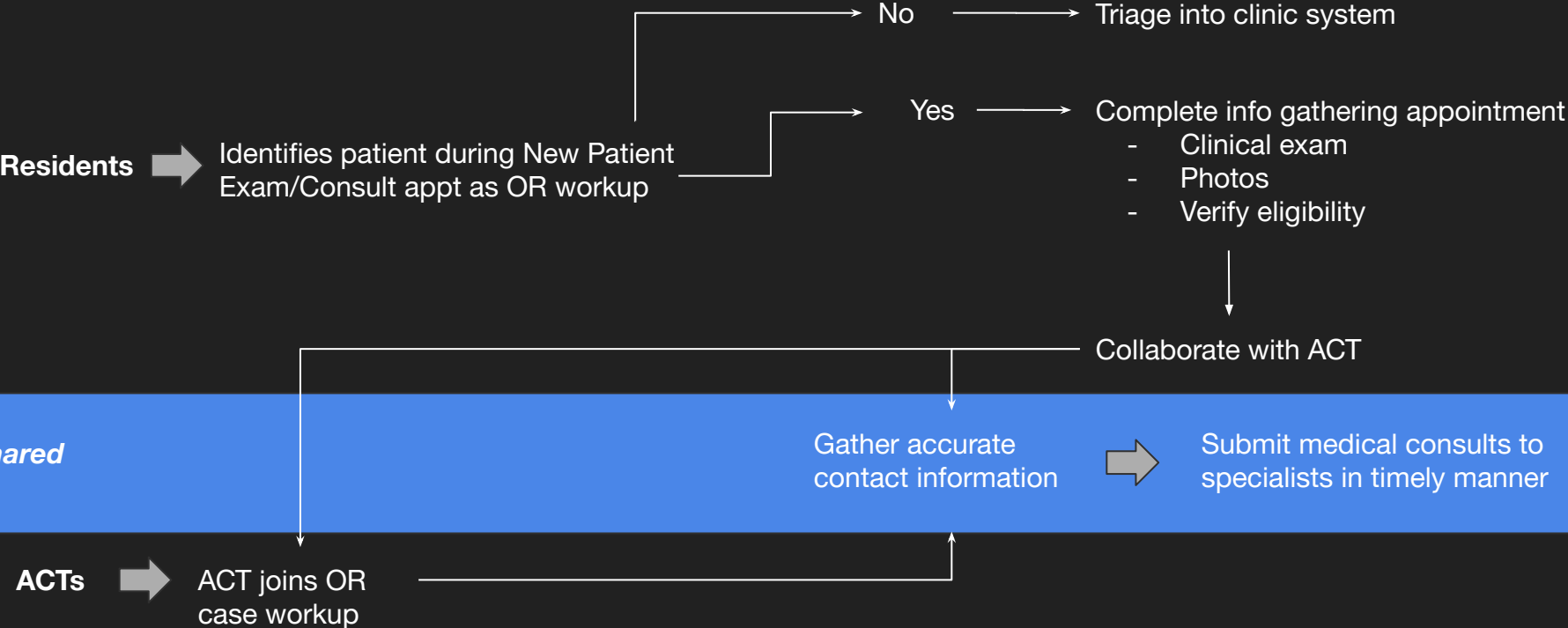
**Problem:**  
Long OR wait times

# Metrics

- Since January 1st, 2020, for all Consultation and New Patient Exam appointments (123 total):
  - **12 (9.75%)** are confirmed patients requiring treatment in the OR
  - **6 (4.87%)** may be patients treated in the OR or within UCLA CDC, though they are still pending
  - **17 (13.82%)** will be treated in-office under general anesthesia
  - **41 (33.34%)** will be treated in UCLA CDC in-office
  - **47 (38.22%)** failed their appointments and have not followed up with rescheduling



# Process Map



## AIM

90% of patients requiring treatment in the OR will have their medical consults **sent** to specialists within 1 week of original consultation appointment

## PRIMARY DRIVERS

Generation of medical consults

## SECONDARY DRIVERS

Understanding of medical history to ask pertinent questions of specialist

Resident availability

Medical consults contain all necessary information

Timely submission of medical consults to specialists

Accurate information from parents (future intervention of front desk prompts)

ACT availability

Functioning technology (ie fax)

## CHANGE CONCEPTS

Reduce wait times

Find and remove bottlenecks

Smooth workflow

Standardization

Minimize handoffs

Optimize level of inspection

Reach agreement on expectations

# PDSA Cycle 1

## PLAN

- Resident/ACT coordinate during and after day of initial consult appointment
- Resident will document time from appt to sending consults

## DO

- ACTs will gather information re: specialists using google, direct calls CareConnect, etc
- Resident will review consults/act as POC before ACTs submit

**Aim: Decrease time between initial appointment and sending consults**

## STUDY

- 13% increase (from baseline 71% to 80%) of residents submitted medical consults to specialists within 1 week of seeing patient
- Evaluate barriers to completion of sending consults (communication)
- Evaluate ACT experience: current format does not offer room to grow

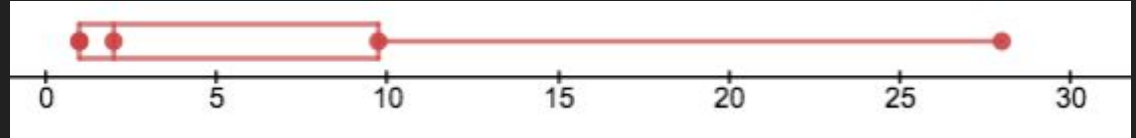
## ACT

- Decrease in submission time with ACT help
- Repeat PDSA cycle over longer time period
- PDSA cycle by resident
- Expand/adapt role of ACT in OR work-up, implement more formalized training process
- Collaborate with
- Address barriers

# Results and Metrics

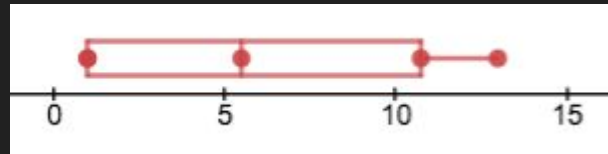
Control (n=8)

- Mean: 6.8 days
- Median: 2 days
- Mode: 1 day

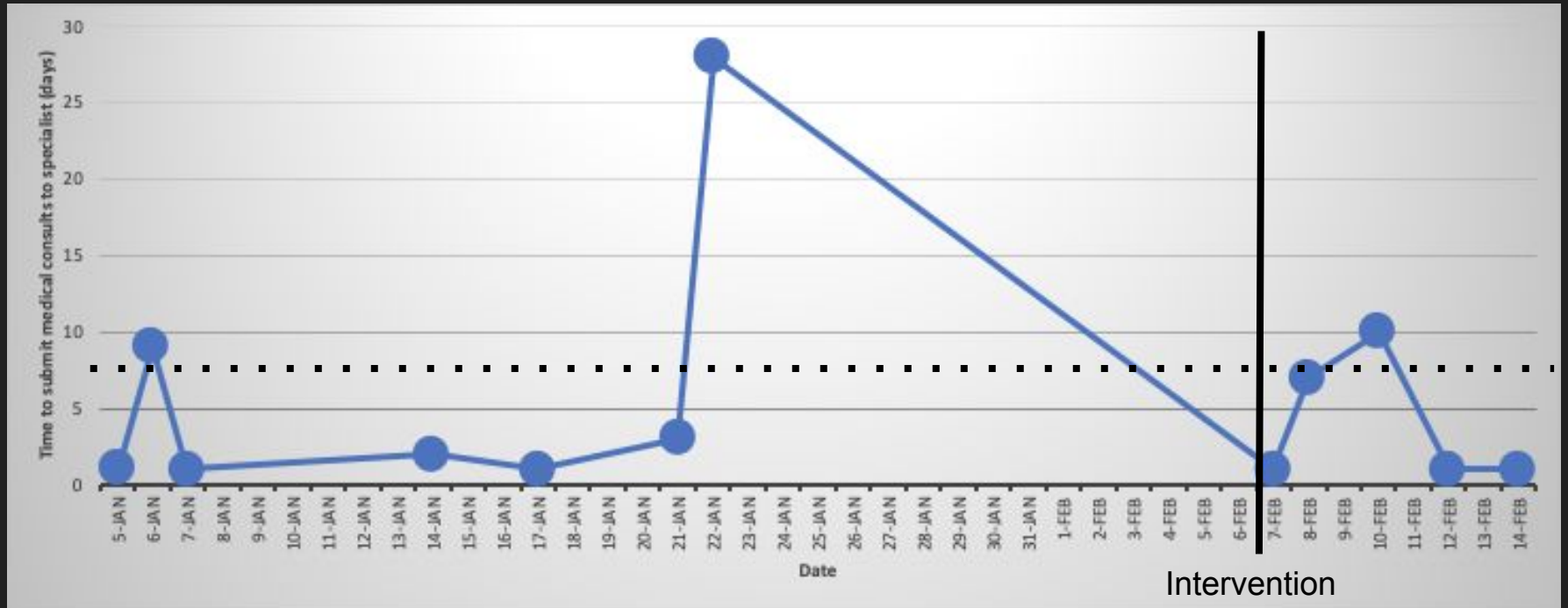


Intervention (n=4)

- Mean: 6.25 days
- Median: 5.5 days
- Mode: 1 day



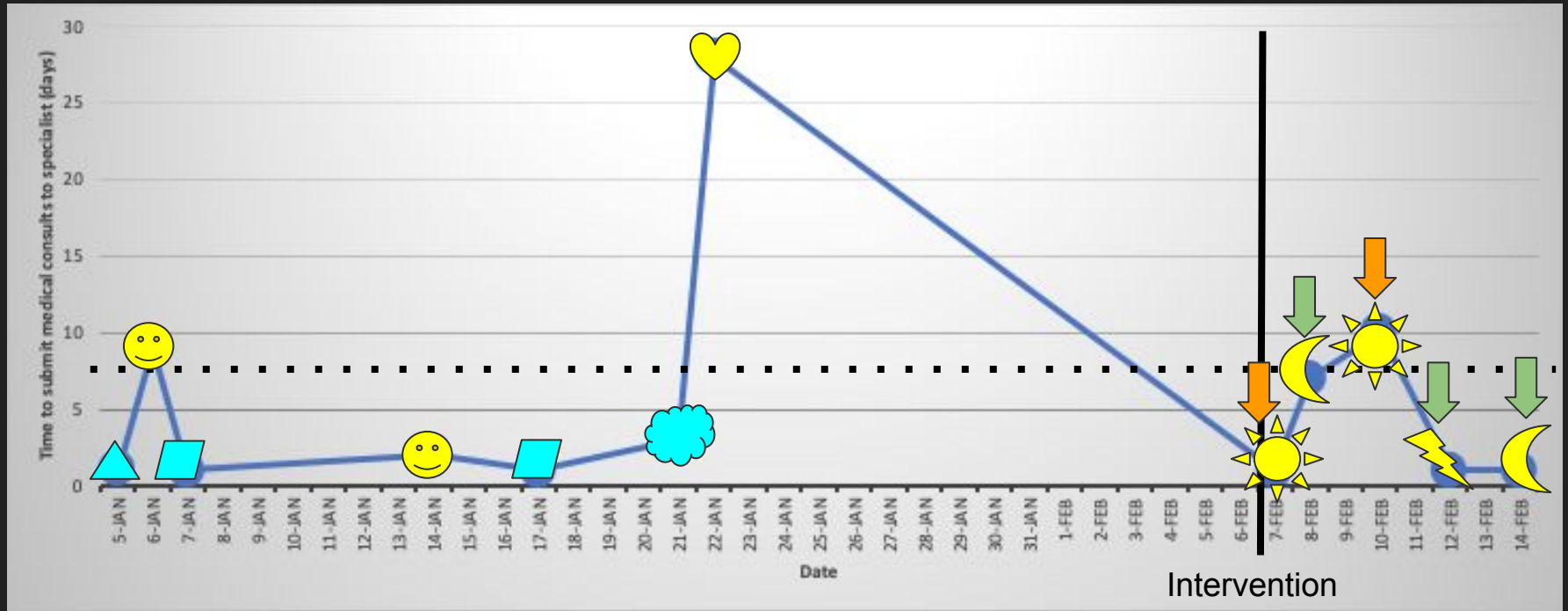
# Run Chart



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## KEY

- Yellow Shape=1st year Resident
- Cyan Shape=2nd year Resident
- Orange Arrow=ACT 1
- Green Arrow=ACT 2



# Barriers

- Rate limited in PDSA cycles by new patients requiring treatment in the OR
- Varying degree of complexity between patients
- Conflicts between resident and ACT schedules
- Maintaining ACTs schedule
- Inadvertently increasing time due to discussions about case with ACTs
- Getting ACTs up to speed with workup process
- Fielding certain questions from parents
- Perception and support of new process

# Future Plans/Steps

- Longer observation period with implementation of changes
- Script/prompt for front desk when patients call for consult
- Reducing time for gaining access to CareConnect
- Allowing ACT access to axium/CareConnect
- Using spreadsheets for all ongoing workups
- Increasing ACT engagement in the consult process
- Increasing ACT familiarity with clinic, its procedures, and our patients
- Formulation of true “care team” and “Patient Navigators”



Any questions?

