

SIMULATION OF A PHLEBOTOMY STATION IN AN OUTPATIENT CHEMOTHERAPY INFUSION CLINIC

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- The Team
- Background
- Blood Draw Station
 - Organization and Layout
 - Operation and Process Flow
- Discrete Event Simulation
 - Data Collection
 - Design and Logic
- Table-Top Simulation
- Current/Future Work

The Team

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Computer Science Student
Industrial and Operations Engineering Student
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Patient & Family Advisory Board (PFAB)
Professor, Internal Med., Hematology/Oncology
Clinical Care Coordinator, Infusion
Nursing Student
Supervisor, Department of Pathology
Industrial and Operations Engineering



The Team

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Harry Neusius

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Nurse Supervisor, Infusion

Manager, Department of Pathology

Industrial and Operations Engineering

Nursing Graduate

Associate Supervisor, Department of Pathology

Nursing Graduate

Nurse Manager, Infusion

Operations Manager, Infusion

Medical Director, UMCCC

Pre-Medical Student



- Second leading cause of death in the United States
- In 2015, there will be an estimated 1,658,370 new cancer cases diagnosed and 589,430 cancer deaths in the US.

Source:

Centers for Disease Control and Prevention (2015) <http://www.cdc.gov>

American Cancer Society (2015) <http://www.cancer.org>

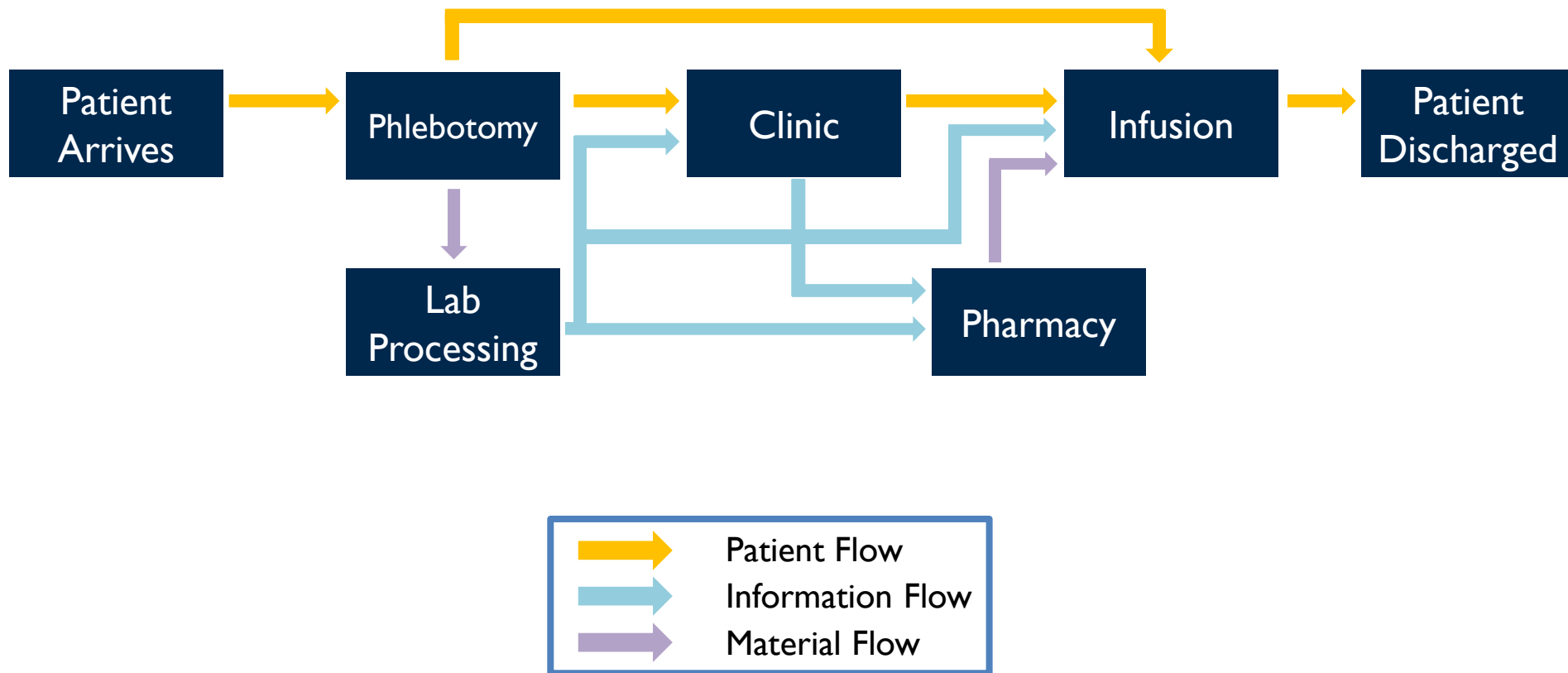
- In 2014, over 50% of outpatient visits in the UMCCC resulted in chemotherapy infusion treatments:
 - 97,147 outpatient visits
 - 58,419 infusion treatments
- Variable infusion treatment times (30 min – 8 hr)

Source:

U of M Comprehensive Cancer Center (2015)

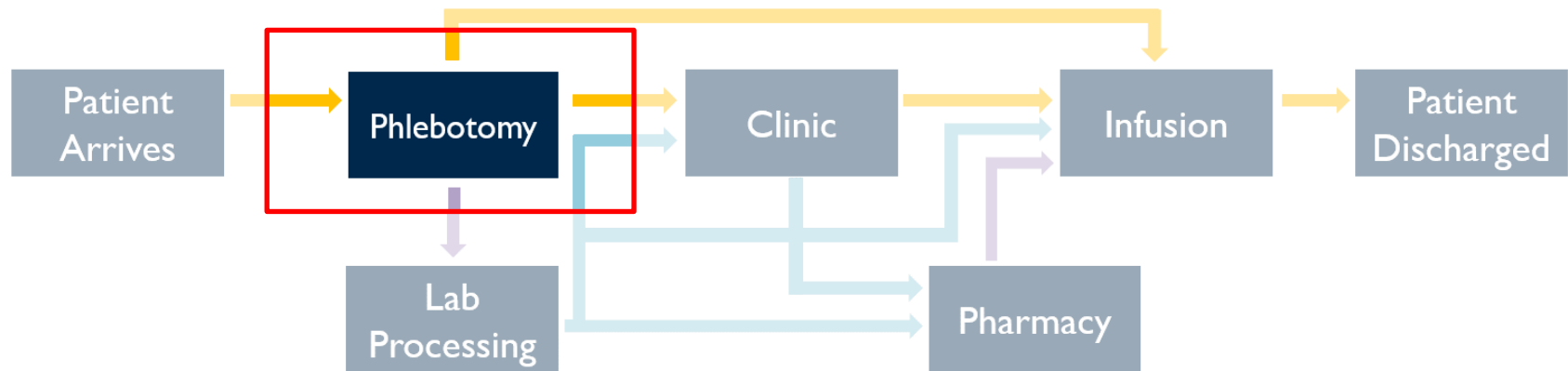
<http://www.mcancer.org>

Infusion Overview

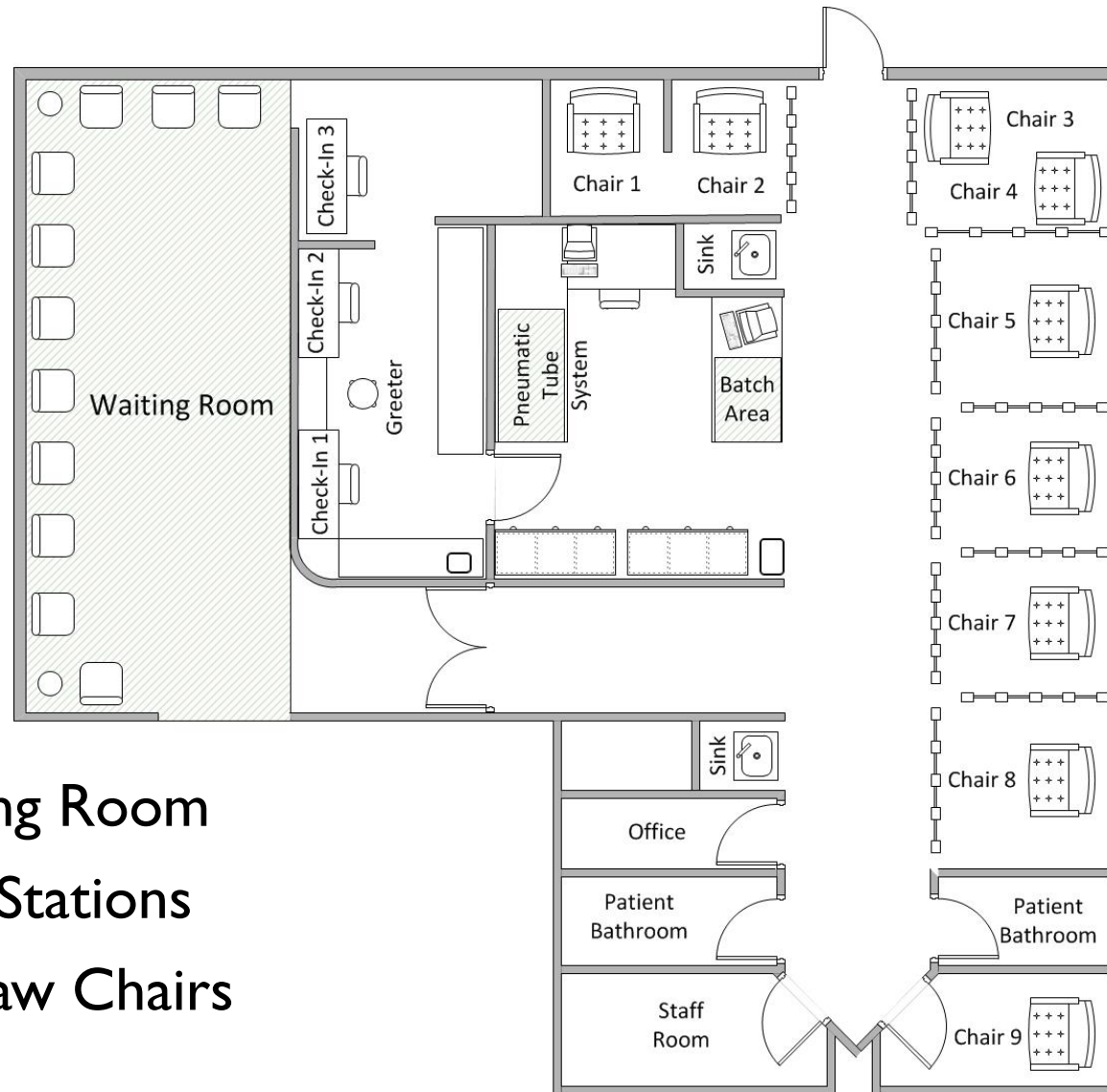


Lab results needed within **1 hour** window by:

- by **provider** before clinic appointment to assess patient
- by **pharmacy** to initiate drug preparation



Current Layout

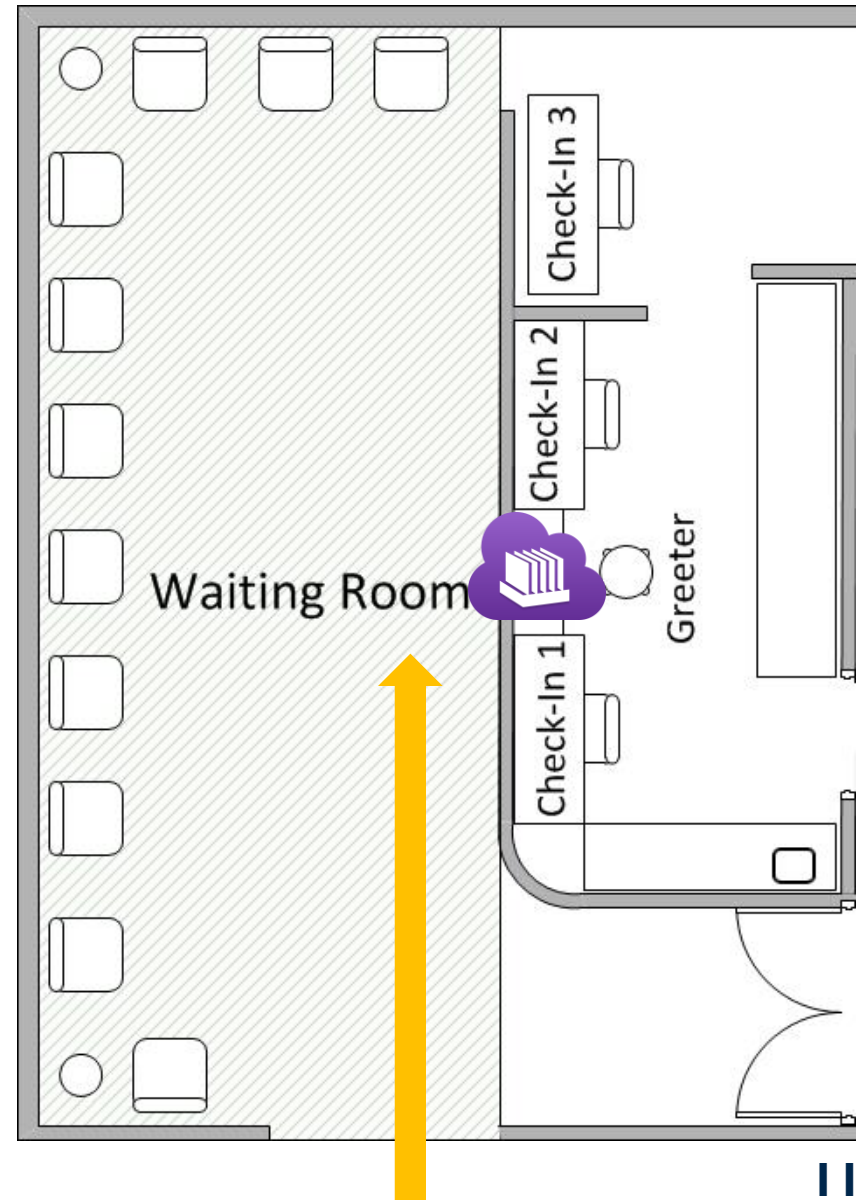


- Large Waiting Room
- 3 Check-In Stations
- 9 Blood Draw Chairs

- Official (rotating schedule):
 - Check-In
 - Greeter
 - Draw
 - Clinic Sweep

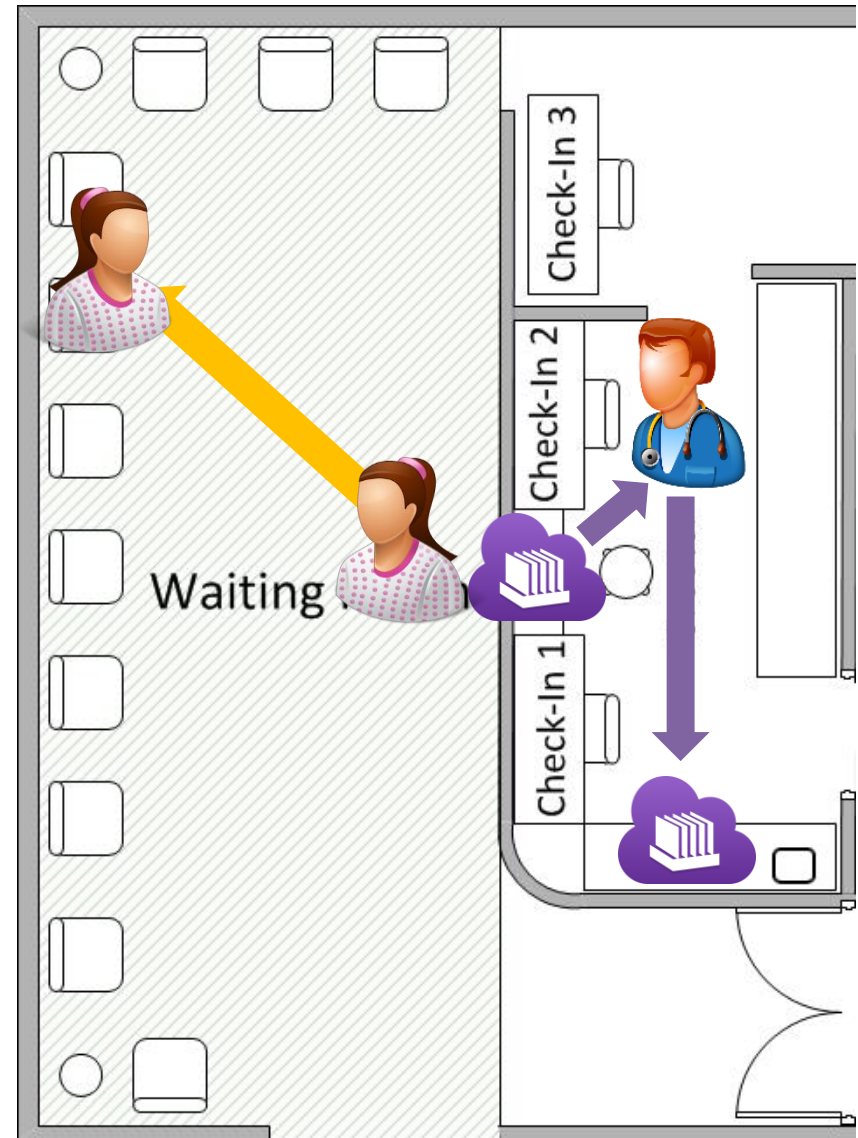
Current Workflow

- ✓ Patient arrives to check-in area
- ✓ Places ID in a rack at the check-in desk



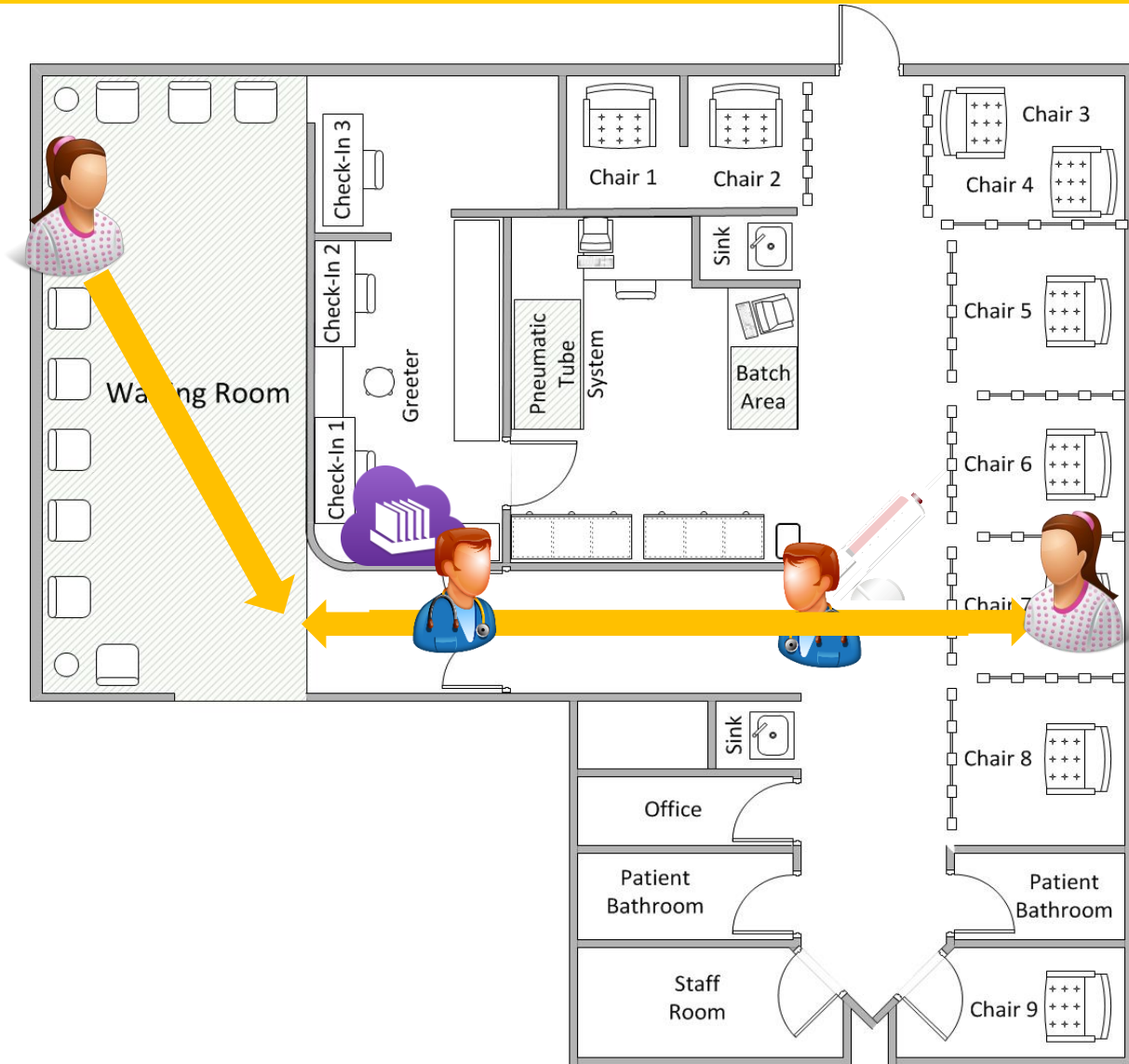
Current Workflow

- ✓ Patient goes to waiting area
- ✓ Available phlebotomist gets first card/slip on the rack
- ✓ Reviews patient information and prints information
- ✓ Reviews orders and prints labels
- ✓ Puts documents in the next queue



Current Workflow

- ✓ Documents in 2nd queue are picked on a FIFO basis by a phlebotomist
- ✓ Patient is called and walked to the back
- ✓ Draw blood
- ✓ Patient leaves
- ✓ Phlebotomist wraps up, labels tubes, places tubes in a bin



- Special cases:
 - Patients can request specific phlebotomists
 - Staff dynamically rotate through roles
 - Staff can be interrupted to complete unofficial roles:
 - Stock Stations
 - Send Samples

- Patient perspective:
 - Lack of interaction with phlebotomists at check-in
 - Long waiting times
- Phlebotomist perspective:
 - Stress
 - Privacy concerns
- Clinic and Infusion perspective:
 - Late patient arrivals
 - Late lab results

Value Stream Map (2014)

Value Stream Map for Processing of CBCD STAT Specimens from the Cancer Center

Last Updated: 9/5/2014

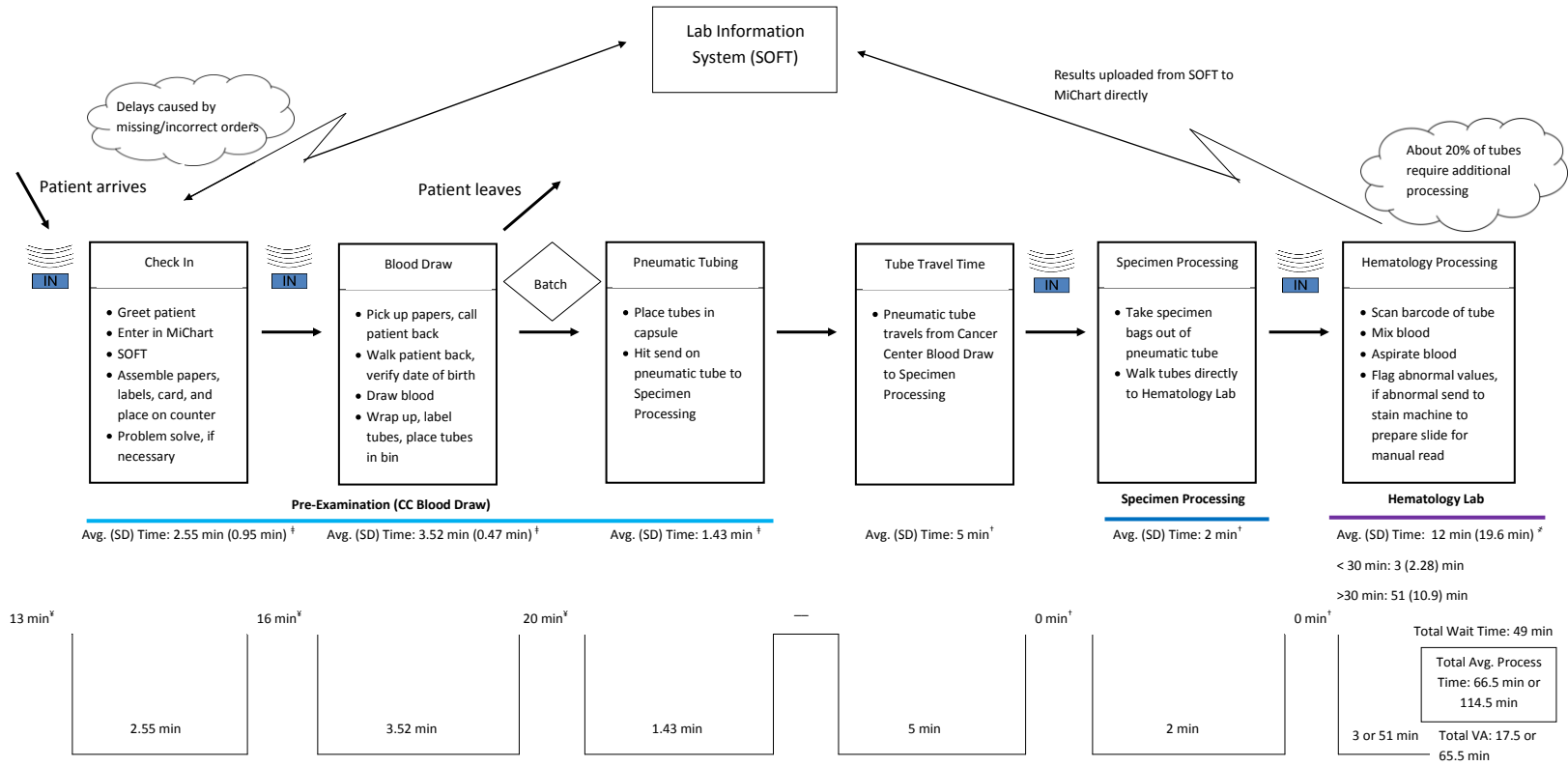
Data Sources:

‡: Time study performed by Corrie Pennington-Block

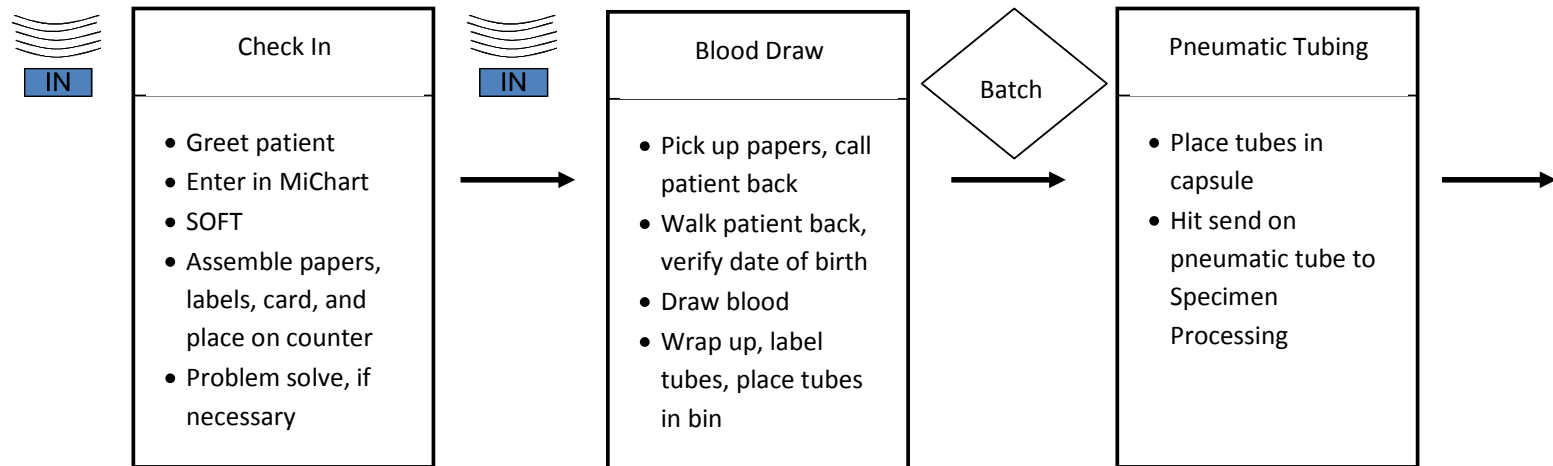
†: Time study performed by Sarah Bach

×: Hematology TAT data (Aug 2014)

¥: Cancer Center Blood Draw TAT Data (July 2014)



Blood Draw Phase

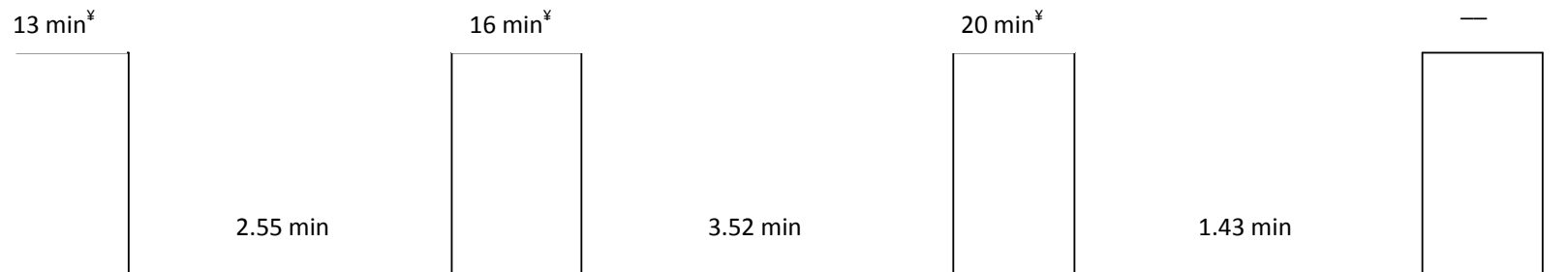


Pre-Examination (CC Blood Draw)

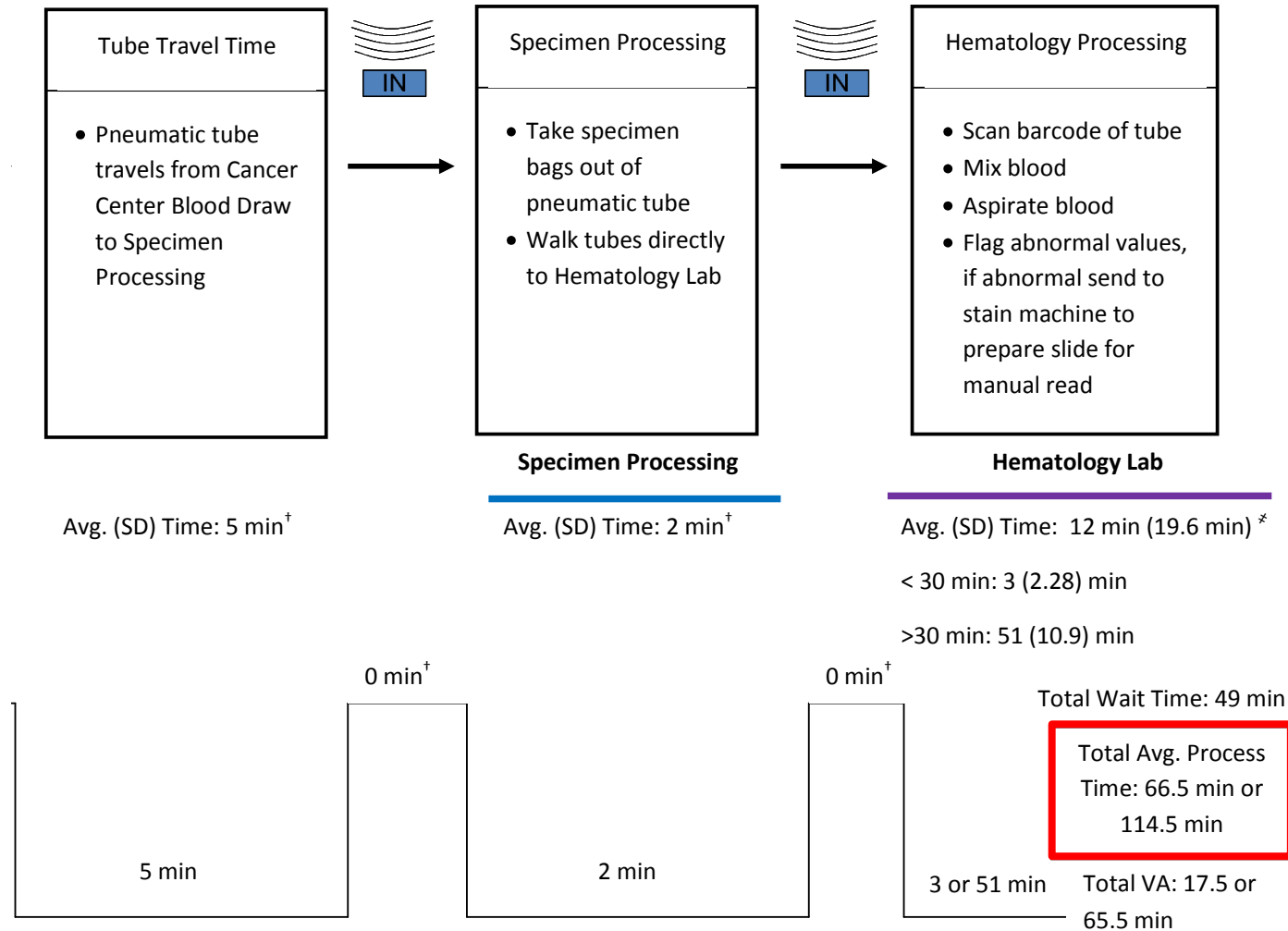
Avg. (SD) Time: 2.55 min (0.95 min) [†]

Avg. (SD) Time: 3.52 min (0.47 min) [†]

Avg. (SD) Time: 1.43 min [†]



Lab Processing Phase



Our Goal



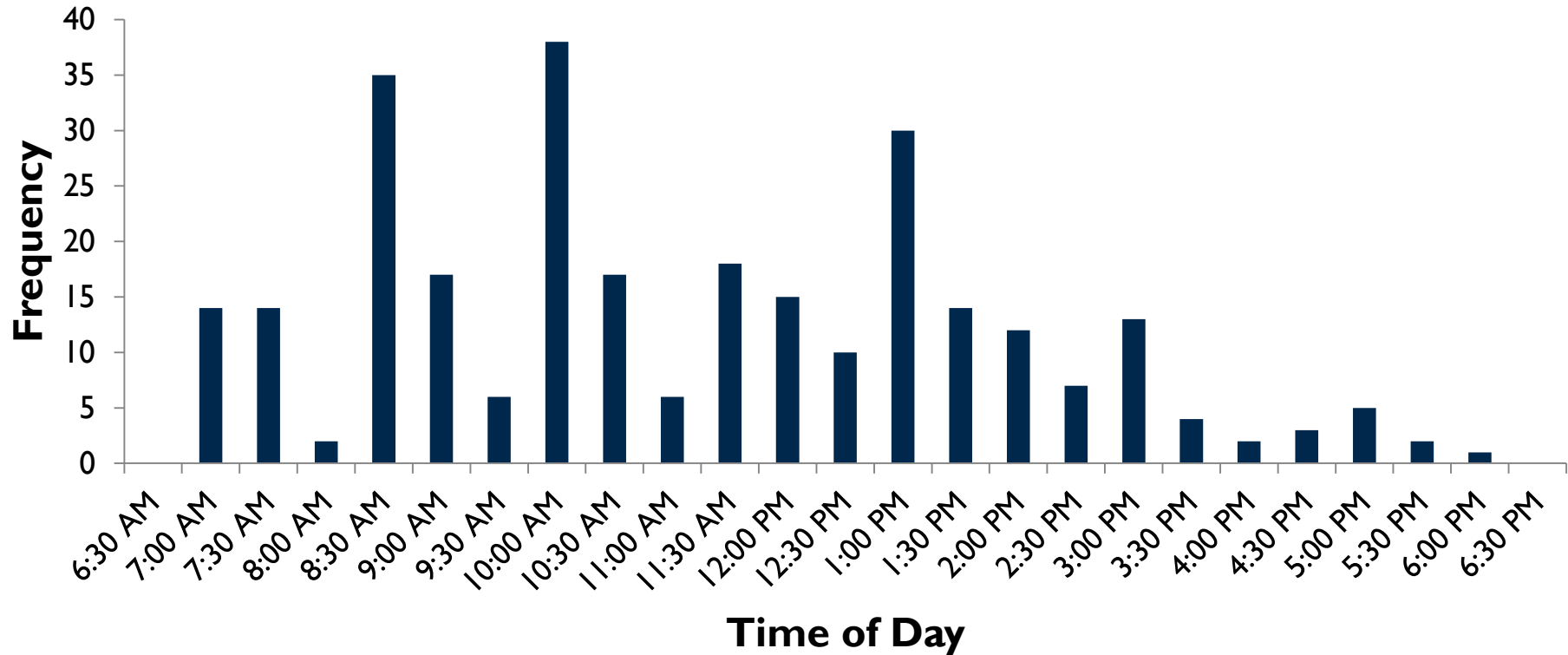
Improve workflow and reduce
wait times in blood draw phase.

- Do we have enough check-in stations and draw chairs?
- Is the layout efficient?
- Is the phlebotomist workflow optimal?
- Do we have enough staff at the right times?
 - Morning vs. afternoon?

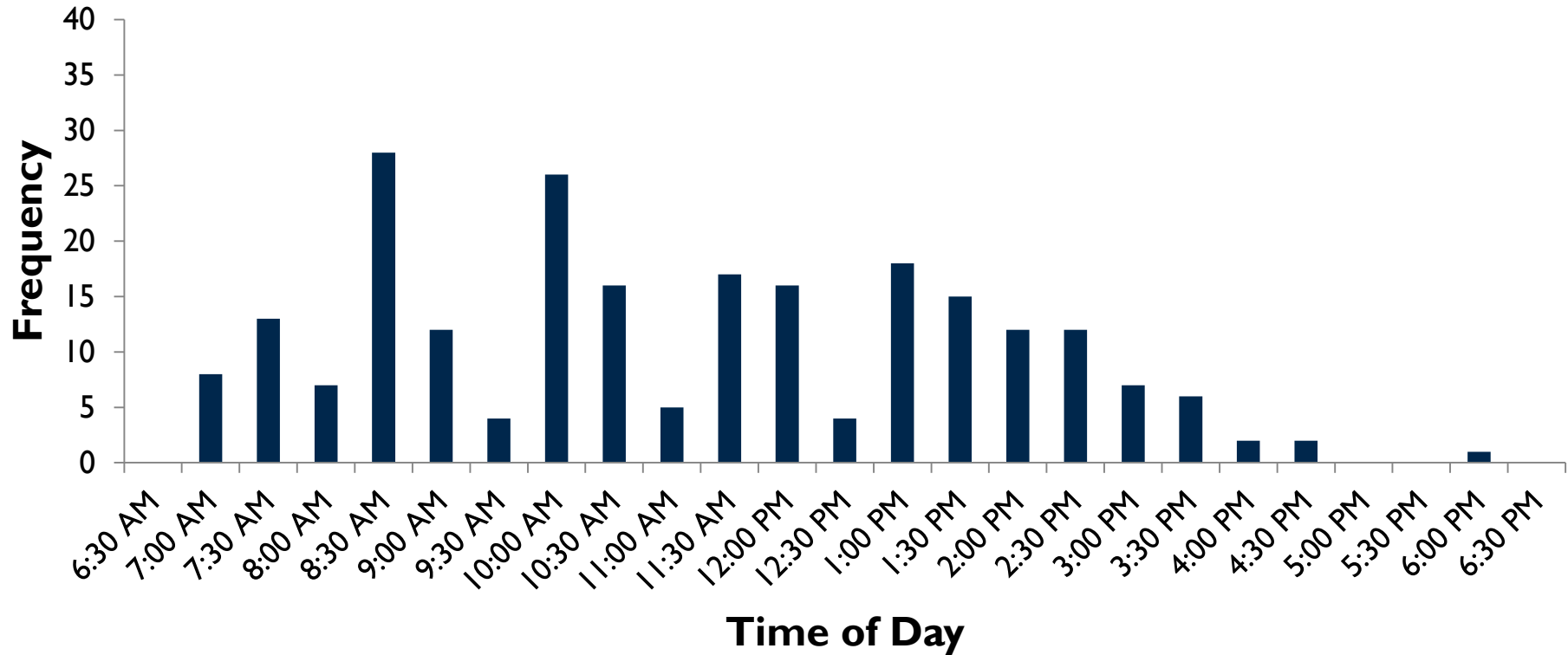
Need to collect data
to answer these questions

Arrival Rates

Tuesday

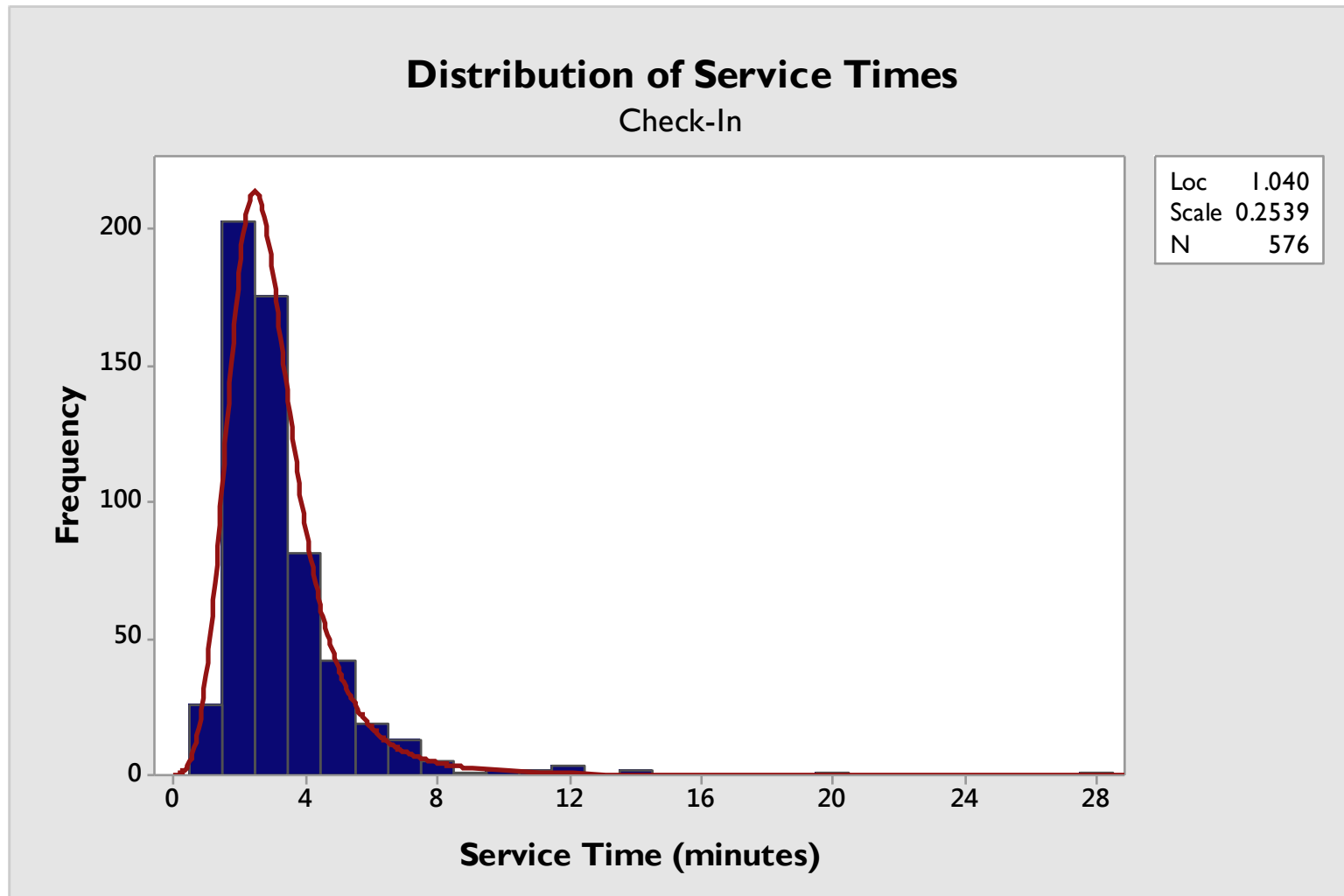


Friday

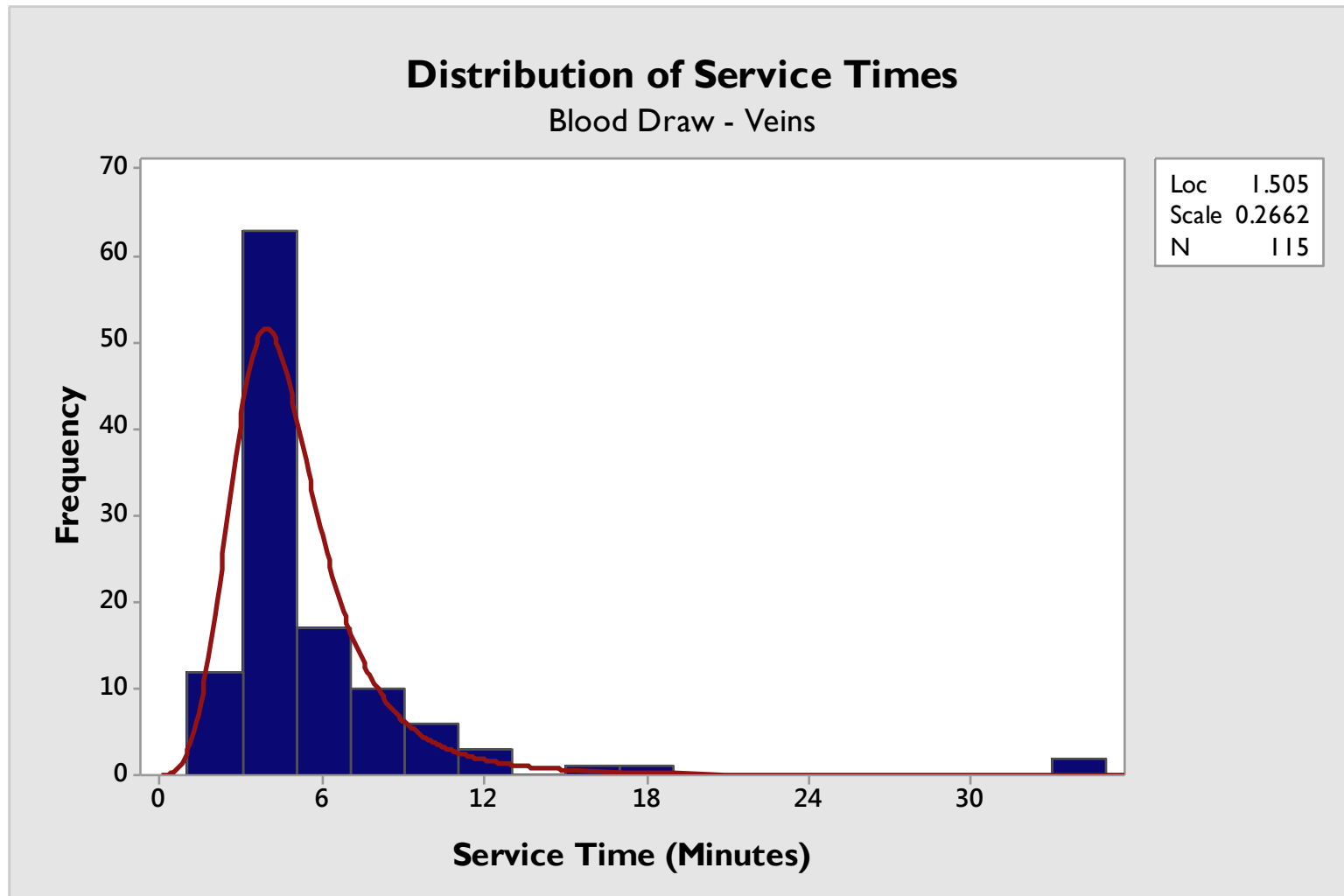


- Conducted from June to August of 2015
- Timestamps collected:
 - Check-in
 - Blood draw
 - Batching of tubes

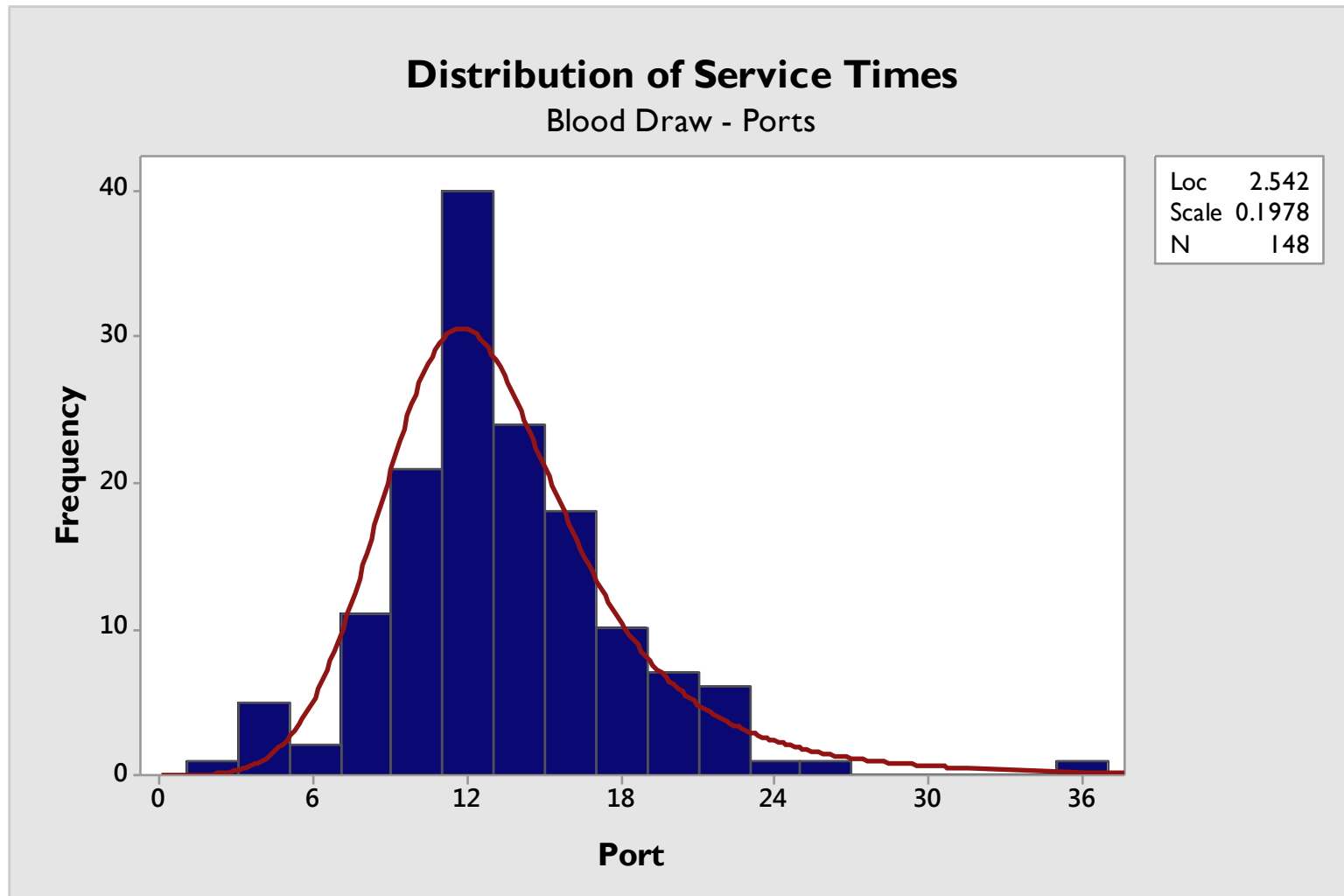
Service Time Distributions



Service Time Distributions



Service Time Distributions



- Discrete event model (C++)
- **Event Queue**
 - Initialized with patient arrivals and phlebotomist schedule
 - Events are created and added to queue during simulation
 - Events in the queue complete in order (priority queue)
- While there are still events in the queue, continue completing them

- Three (3) main event types, each corresponding to an availability queue:
 - **Patient Available for Check-In**
 - **Patient Available for Blood Draw**
 - **Phlebotomist Available**
- As events occur, they are either completed or added to one of the availability queues

Event Queue

<u>Event Type</u>	<u>Participant ID</u>	<u>Time</u>
PatientAvailCI	3948	7:03:42
PatientAvailCI	2084	7:06:12
PhlebAvail	0962	7:15:00
PatientAvailCI	5541	7:16:09
PatientAvailCI	8737	7:20:33

PhlebAvail Queue

<u>Participant ID</u>	<u>Time</u>
-----------------------	-------------

PatientAvailCI Queue

<u>Participant ID</u>	<u>Time</u>
-----------------------	-------------

Event Queue

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2084	7:06:12

Event Queue

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PhlebAvail	0962	7:15:00
PatientAvailCI	5541	7:16:09
PatientAvailCI	8737	7:20:33

*Generate Service Time:
2 minutes 51 seconds*

PhlebAvail Queue

<u>Participant ID</u>	<u>Time</u>
-----------------------	-------------

PatientAvailCI Queue

<u>Participant ID</u>	<u>Time</u>
3948	7:03:42
2084	7:06:12

Event Queue

Event Type	Participant ID	Time
PatientAvailCI	5541	7:16:09
PatientAvailCI	8737	7:20:33
PatientAvailBD	3948	7:17:51
PhlebAvail	0962	7:17:51

PhlebAvail Queue

Participant ID	Time
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PatientAvailCI Queue

Participant ID	Time
2084	7:06:12

Current and Future Work

- Simulation still under construction
- Verify and validate
- Evaluate potential alternative workflows

Table-Top Simulation

- Hands-on activity
- Engage the whole team
- Educational component
- Verification
- Brainstorm alternatives



Thank you!

QUESTIONS?

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- Phlebotomy – 253 patients per day
- Clinic (7 Total) – 311 patients per day
- Infusion – 123 patients per day
 - 20% of infusion appointments are coupled

- Infusion:
 - Total of 51 infusion chairs
 - 123 patients per day
 - 20% of infusion appointments are coupled

Alternative Workflow A



Workflow A

Description Split current check-in process in two

Pros More patient interaction at check-in and no interruptions at order consolidation

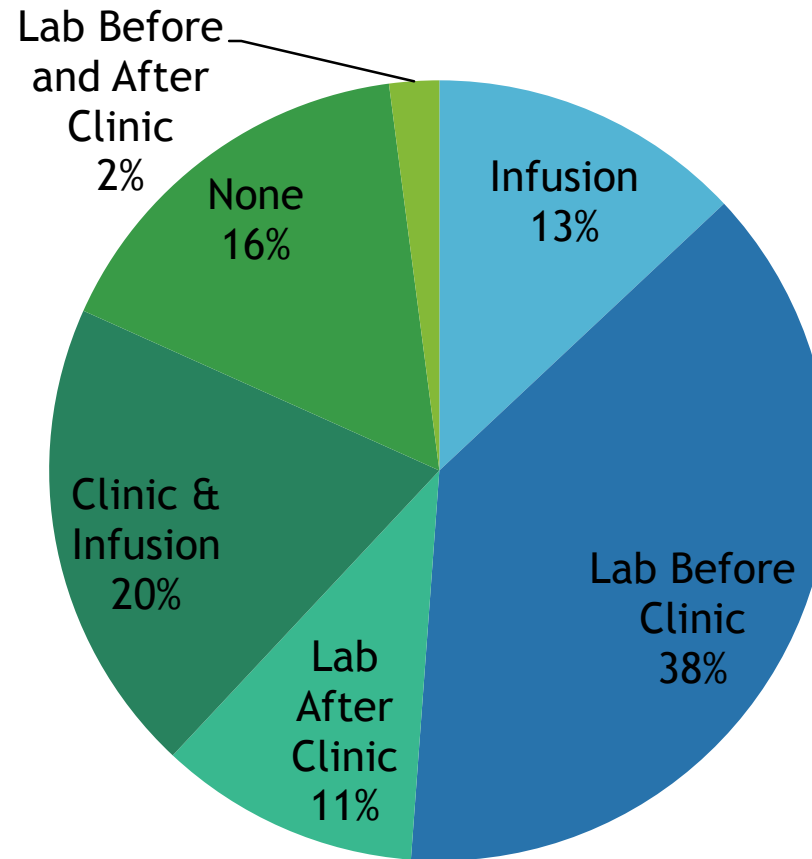
Cons Additional space, change in layout, more hand-offs

Alternative Workflow B



Workflow B

Description	Order review and blood draw in the same area
Pros	2x verification and interaction with patient, fewer hand-offs
Cons	Additional space and equipment/computers



Cancer Center Lab Patient Population

Data Source: May & June 2014 Appointment Data (10,850 patients)

- Staff Schedule

		630	700	730	800	830	900	930	1000	1030	1100
Totals do not include the Associate Supervisor		2	10	12	13	13	13	17	17	17	16
	Front Desk	-2	-3	-3	-3	-3	-2	-2	-2	-2	-2
	Greeter		-1	-1	-1	-1	-1	-1	-1	-1	
	Clinic Sweep				-1				-1		
	Breaks/Lunches					-1	-2	-2	-2	-2	-3
	Part Time/Day Off		-1	-1	-1	-1	-1	-1	-1	-1	-1
	Available to Draw	0	5	7	7	7	7	11	10	11	10

1130	1200	1230	1300	1330	1400	1430	1500	1530	1600	1630	1700	1730
16	15	15	15	15	15	15	14	7	5	4	4	4
-2	-2	-2	-2	-2	-2	-2	-2	-2	-1	-1	-1	-1
	-1				-1				-1			
-3	-3	-2	-3	-4	-2	-2	-2	-2				
-1	-1	-1	-1	-1	-1	-1						
10	8	10	9	8	9	10	10	3	3	3	3	3