

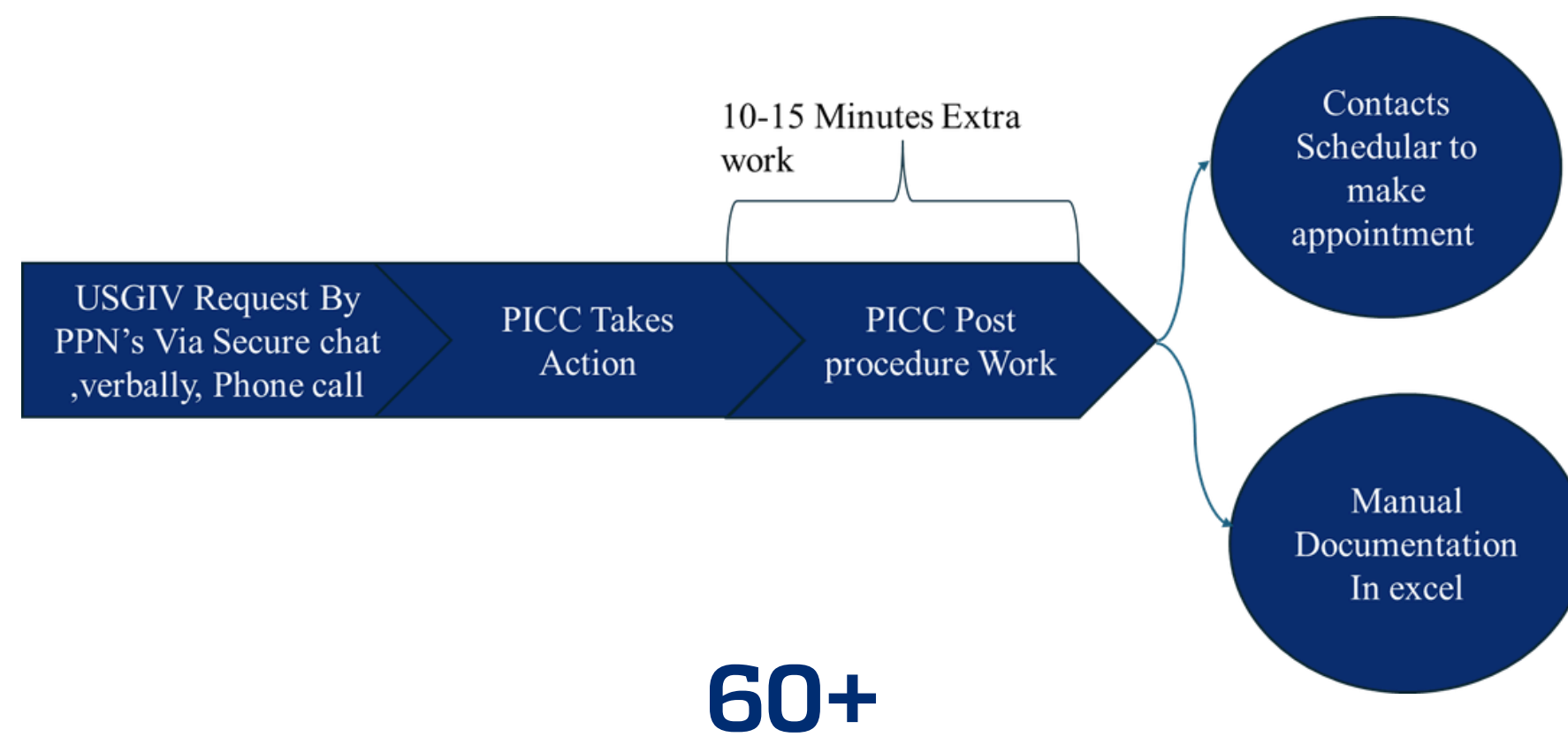
Streamlining UGSIV Patient Tracking Process

A workflow redesign initiative to improve UGSIV patient tracking, reduce administrative burden, and enhance cross-department coordination through Epic integration.

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The Clinical Problem We Faced

In hospital oncology units, UGSIV (Ultra-sound Guided Specialized IV) line placements are performed by a specialized PICC (Peripherally Inserted Central Catheter) team. When a routine IV attempt fails, nurses must escalate to this team but there is currently no standardized digital process to do so.



minutes wasted daily per staff member managing UGSIV requests through fragmented, manual processes like phone calls, verbal hand-offs, and Excel spreadsheets.

Objectives

DEPARTMENT IN FOCUS – Johns Hopkins Oncology Unit

Oncology patients require timely, precise vascular access – delays in UGSIV placement directly impact chemotherapy administration schedules and patient outcomes. Meanwhile, nurses shoulder excessive administrative burden managing requests manually, pulling them away from direct patient care

What we set out to achieve

1.) Identify root causes of inefficiency in the Oncology Department's UGSIV escalation and tracking process – specifically the manual, multi-channel communication burden on nurses

2.) Design a standardized Epic-integrated workflow for both unscheduled walk-in patients and phlebotomy-referred patients, eliminating verbal hand-offs and Excel documentation

3.) Implement a pilot framework that reduces nurse workload and ensures oncology patients receive timely UGSIV placement without delays caused by process gaps

Central Design Question

How Might We... free Oncology nurses from manual coordination work and ensure every patient, whether a walk-in or phlebotomy referral, receives timely UGSIV care through one standardized Epic pathway?

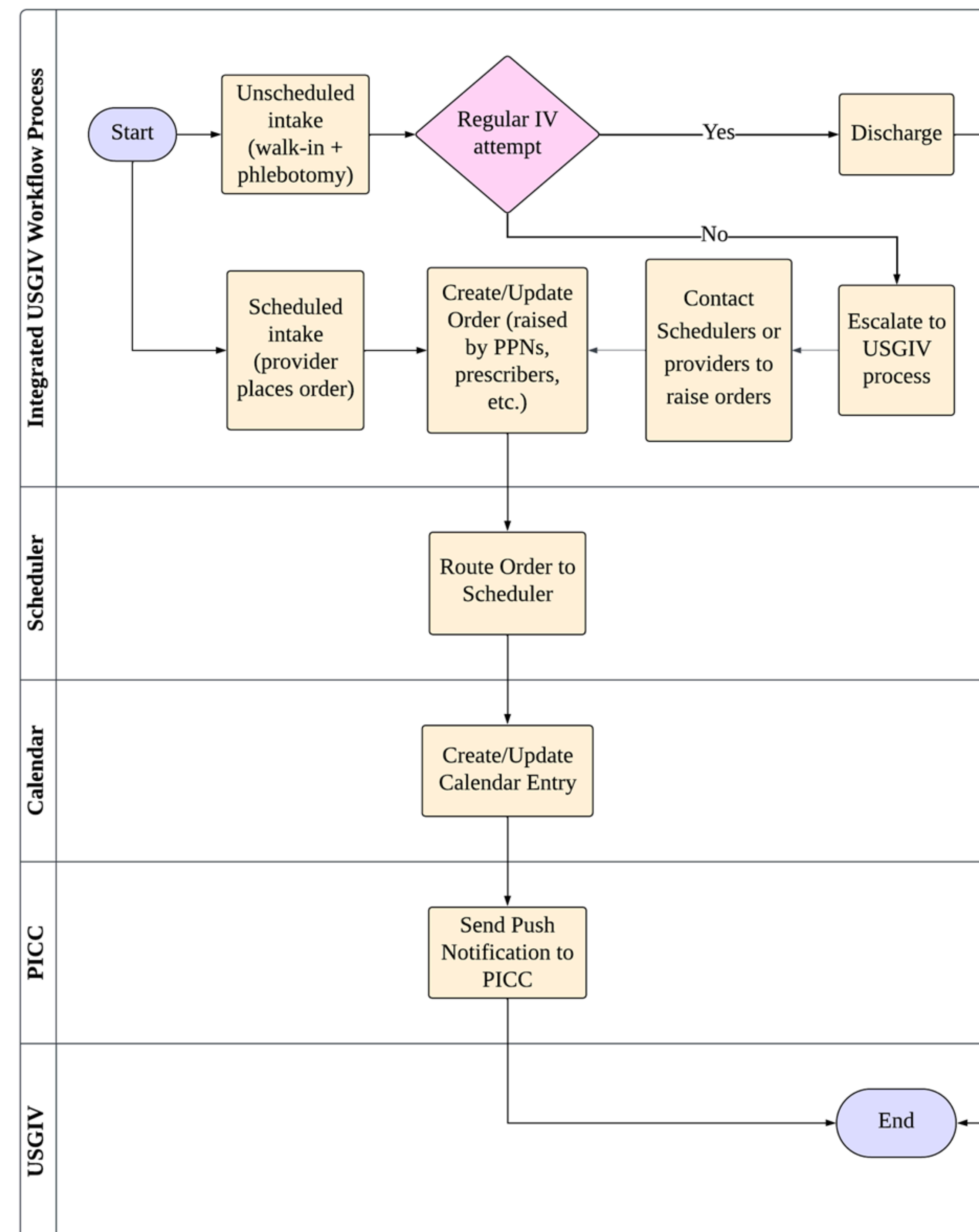
Results or Findings

Proposed Solution



Key Findings from Workflow Analysis

- 1.) Fragmented Patient Tracking:** Requests are not consistently entered into Epic, reducing real-time visibility
- 2.) Informal Communication Dependency:** Secure chat, verbal, and phone-based coordination bypass structured workflows
- 3.) Limited Scheduler Visibility:** Walk-in and unscheduled patients are not visible to schedulers
- 4.) Manual Coordination Burden:** PICC team performs retrospective documentation and scheduling
- 5.) No Standardized Intake Process:** Unscheduled patients follow inconsistent pathways
- 6.) Order Dependency Delays:** Workflow cannot begin without Epic order entry



Operational Impact of Proposed Solution

60+ mins time saved per day	365hrs/year free in clinical capacity
Faster Response mobile alerts	Better Coordination standardized workflow

Metric	Current	Future
Request Channel	Chats/calls	Epic only
Documentation	Retrospective	Real-Time
Alerts	Manual	Push Notifications
Visibility	Limited	Shared Workflow

Recommendation

Recommendation	Impact	
Epic-based order entry	Reduce retrospective work	1.) Epic-Based Order Entry: All requests entered through Epic before the procedure begins
Single communication pathway	Fewer missed requests	2.) Centralized Communication Flow: One standardized pathway across departments
Mobile alerts	Faster response time	3.) Automated Nurse Alerts: Instant mobile notifications to the PICC team
Standardized workflow	Better cross-team coordination	4.) Workflow Standardization: A consistent process for scheduled and same-day cases

Limitations



Wi-Fi dependency for mobile notifications



Scheduler capacity may create bottlenecks



Risk of notification fatigue



Staff Adoption
Requires consistent staff adoption