Imaging Bottlenecks to Capacity Solutions

Using Power BI to move from “we think” to “we can show” — and then act

Precon | Imaging breakout discussion

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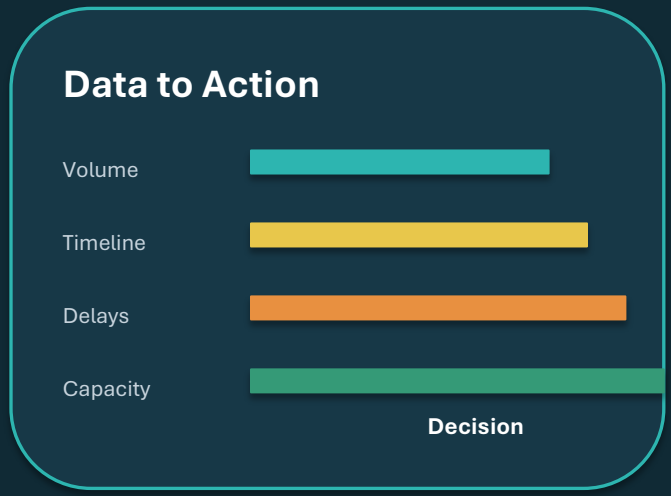

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WHY IMAGING BECAME THE CONSTRAINT

Imaging became the early, measurable rate-limiter

A complex structural heart pathway depends on imaging being available, complete, and visible early enough to act.

245
2025 TAVRs

29
2025 TEERs

442
2025 WATCHMAN

7
2025 TTVR

Echo identifies severity → MDT review → **CTA sizes anatomy & access** → **CTA sizes anatomy & access** → Office visit → Treatment

What we were seeing

- Referral-to-treatment timelines stretched
- Program volume increased without matching imaging capacity
- Delay discussions relied too heavily on anecdotes

What visibility gave us

- A shared view of the patient journey
- Objective data on delays and wait times
- Trend monitoring over time
- Evidence to justify targeted operational changes

FROM INSIGHT TO ACTION

How data guided capacity expansion

2023

1. Identify the bottleneck

- CTA wait times increased
- Cath-to-CTA delays emerged
- Power BI quantified the constraint

2023–2025

2. Implement solutions

- Protected TAVR CT slots
- Radiology alignment
- Additional facility capacity discussions
- Same-day CTA opportunities after cath

2026

3. Measure results

- Median cath-to-CTA reached 0 days
- Faster progression through the pathway
- Capacity gains sustained through routine review

Mar 2023

Avg 17 / Med 18
Cath-to-CTA med 11

Discussed radiology; blocked TAVR spots

May 2023

Avg 12 / Med 8

Dec 2024

Avg 18 / Med 15

Expand TAVR CTA capability discussion

Jun 2025

Avg 8 / Med 1

Same-day CTA post-cath reminder opportunity

Jul 2026

Cath-to-CTA med 0

CAPACITY SOLUTIONS IMPLEMENTED

Four capacity levers we could act on

When one imaging door is constrained, build a playbook that creates safe, reliable alternate doors.

1

Expand existing capacity

Sister-site CT access

2

Create new access opportunities

Same-day CTA after cath

3

Protect priority access

Dedicated structural CT blocks
Utilization trend monitoring
Rebalance based on demand

Common theme: every intervention started with a measurable bottleneck and a defined owner.

BREAKOUT HANDOFF

What every program can do tomorrow

A dashboard does not solve the bottleneck by itself. It makes the bottleneck objective enough to manage.

1. **Find one bottleneck** — Where is the patient actually waiting?
2. **Measure it** — Use a timeline metric everyone can understand.
3. **Assign ownership** — Who watches it? Who can escalate it?
4. **Test one solution** — Protected time, alternate sites, inpatient imaging, referral triggers, or queue review.
5. **Monitor the outcome** — Review the same metric routinely and adjust.