

## **Sunnybrook Hospitalist Quality Improvement Abstract**

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### **Background:**

Choosing Wisely's recommends reducing blood frequency on stable medical ward patients.

**Aim:** To reduce the frequency of routine blood work on a Hospitalist ward by 5% by September 2014.

**Improvement/Innovation:** We used audit, process mapping, root cause analysis, stakeholder engagement, and identified that 45% of our patients arrive to our ward with a predetermined blood frequency established. We discovered the idiosyncrasies of our blood ordering system, and the associated challenges in cancelling daily blood orders. We used several rapid cycle (PDSA) changes (including daily discussion at bullet rounds, cancelling admission blood work, allied health huddles) to achieve our aim.

### **Measures:**

**Outcome measure:** #CBC, Electrolytes, Creatinine per patient per day

**Process Measure:** % of Patients with Recurrent blood work on admission to our ward

**Project Impact:** At the initial audit, our patients had on average, 0.61 CBCs drawn per day.

Our first PDSA intervention was to reassess the need for daily blood work initiated in ER/Critical Care for each patient admitted to our ward. The second PDSA involved discussing the need for reoccurring blood work at daily interprofessional bullet rounds. The third PDSA involved reconciling the phlebotomist log against the EPR record.

Repeated audits on the frequency of daily blood work from May-July reveal fluctuating frequency in daily blood work. In the course of 3 audits, the frequency initially dropped to 0.35 but was not sustained. We used statistical process control to describe the change in blood work frequency per patient in the course of interventions.

### **Lessons Learned:**

We discovered how labour intensive it is to discontinue daily blood work order initiated prior to admission to our hospital ward. Our 3 PDSA cycles targeted the provider ordering pattern by bringing awareness, reviewing orders at admission, at bullets and through interprofessional huddles. Patients and organizational factors were not targeted at this stage.

### **Conclusions:**

For change to be sustained, the habit of ordering recurring blood orders, set in a large part in the ER, must be discouraged prior to transfer to the medical ward. We suggest a forced function in the electronic patient record to limit the frequency of recurrent orders.