## Background, Problem Statement and Goal Statement:

### **Project Goals:**

At the Royal Alexandra Hospital in Edmonton in the Medicine program where there are about 360 beds, we have about 30% of patients who are alternate level of care (ALC) patients (who are waiting in hospital for an institution at a lower level of care). Often the inpatient team neglects to reduce the blood draw frequency as there is no clear process highlighting this.

## **Objective:**

**DO** 

Our objective was to standardize a process to reduce unnecessary blood work.

Challenges: One of the main challenges was to engage stakeholders in this project including physicians, nurses, unit managers and lab managers Active stakeholder engagement led to the forming a QI team which co-designed a process employing consensus and iterative plan do study act cycles (PDSA) to determine impact of the intervention in 13 medicine wards over 9 months. The developed standard label, order book and process was simple yet effective

**Process Assessment:** 

Did you know ... **Approximately 25% - 30%** of Medicine Patients are Non Acute.

**Approximately 90% ALC Patients DO NOT NEED** DAILY BLOOD WORK !!!!!!



UNIVERSITY OF ALBERTA

# A Standardized Order Set with a Structured Process was Effective in Reducing Unnecessary Bloodwork in the Alternate Level of Care Inpatients

## Dr. W. Sia, T. Workineh, B. Romansky, T. Meunier, Dr. J. Minsos, Dr. S. Zia, Dr. N. Bakshi



- The RAH laboratory can perform more than <u>600</u> phlebotomies per day.
- A Non-standardized lab book =up to 1 minute per patient for a phlebotomist to verify.
- Standardized lab books = less than 30 seconds per patient.
- Standardized lab books = time savings of up to 300 minutes or <u>5 hours per day.</u>

	Alberta Health Services Physician's Orders & Progress Report		A	Affix patient label within this box	
	Allergies:  None known				
	Date / Time	Orders Non Acute Status	Noted	Progress Report	
n Acute Status Change Time: cally Non-Acute		Date:Time: Patient is Medically Non-Acute Vital Signs VS q Weekly (Unless otherwise r VS q (Please give ration frequent) Blood Work	specified) nale for why more		
(Unless otherwise specified) _ (Please give rationale for why more		INR(Max 2 times week!     CBC-D/Lytes/Cr    Weekly (Monday)     Every 2 weeks    Other(Please giv     frequent bloodwork)  Physician Signature:	y) e rationale for why more		
(Max 2 times weekly) /Cr y (Monday) 2 weeks (Please give rationale for why more		Transition Coordinator Aware of     O Yes Aware Date:     O No Not Aware Signal	Non-Acute Status		
bodwork) ture:					
rdinator Aware of Non-Acute Status					
e Signature:					





Data: constant pre- and post-intervention.





sing visual cues was an effective tool that was mple to use and can be widely adopted.

Strategic Clinical Improvement Committee Partnerships in Action

