

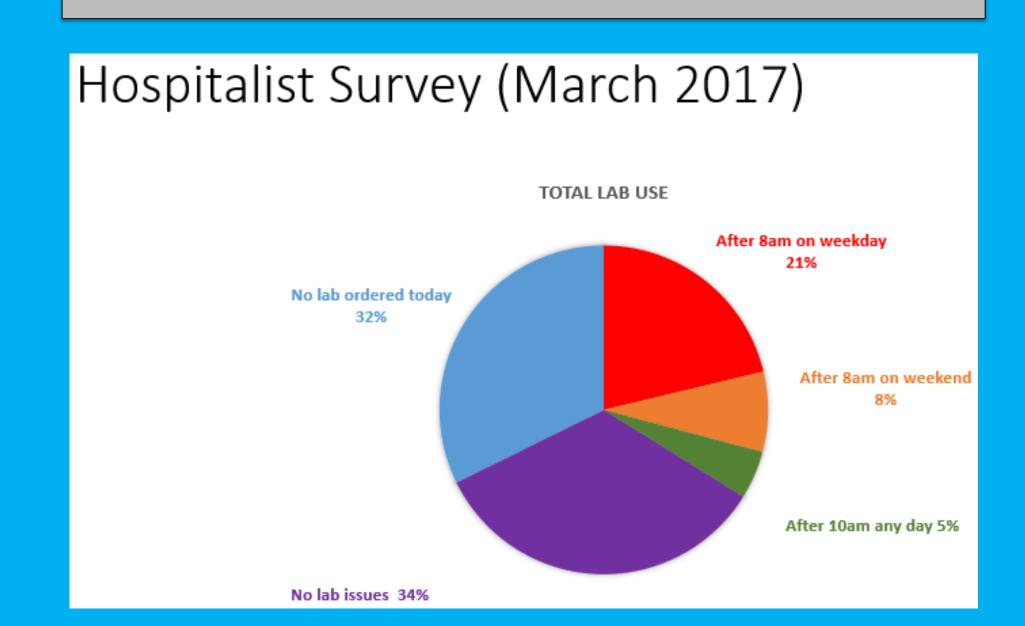


Labile Labs and Late Results

Mario Padilla MD, Anne Smeraglio MD, Matt DiVeronica, MD

Background

The Portland Veterans Affairs Medical Center is a 227 bed hospital with current capacity for roughly 125 admitted patients across all specialties. The patient census results in a plethora of daily labs which can result in anywhere from 50-100 routine non-ICU or ER morning labs that need to be drawn. The number of morning lab draws is synergistic with staffing levels, but even if they are both optimal there can still be delays in lab results. Lab results are often after morning rounds have started, and have been found to delay discharges by the optimal 1000 time. A survey of hospitalists was performed in 3/2017, with 34% reporting getting labs results after 0800.

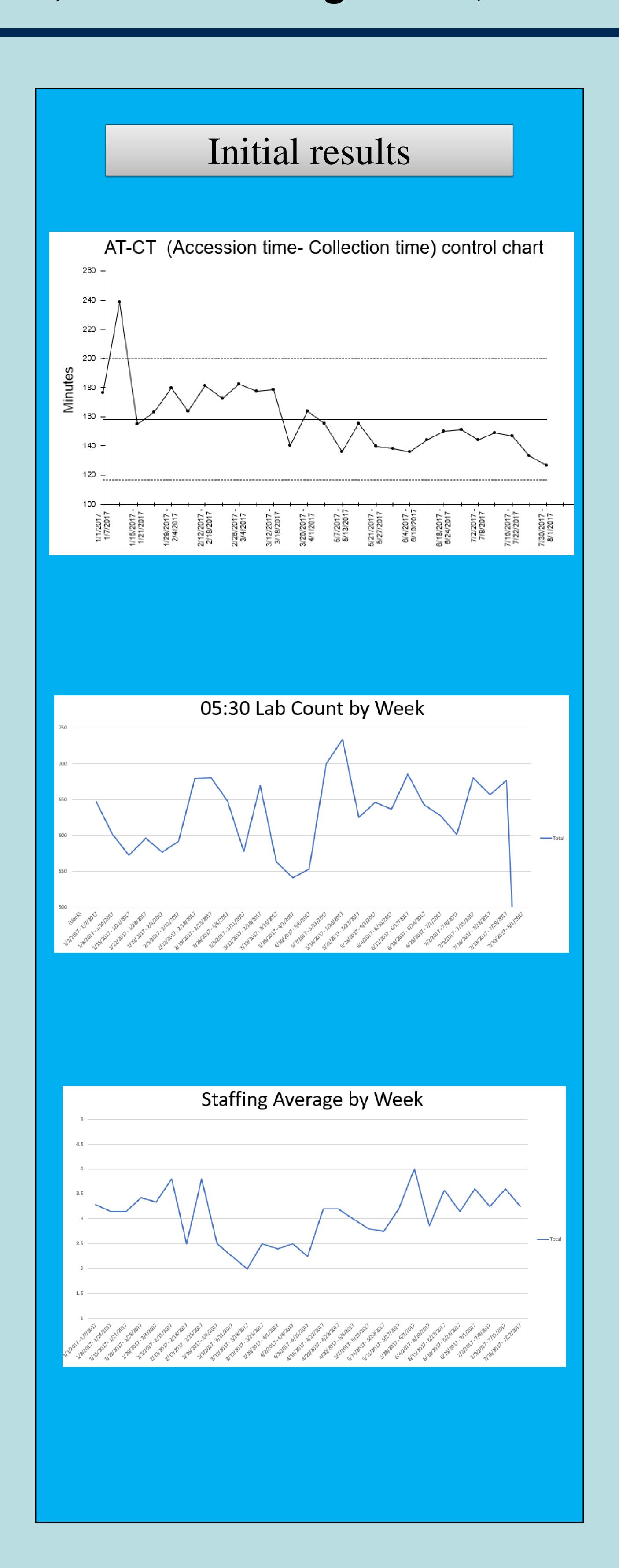


Problem statement

Routine AM lab draws in the hospital result in a sub-optimal time for making medical decisions for rounds and for making decisions about hospital discharges.

Aim statement

By February of 2018, the PVAMC hospital inpatient services will have 75% of all routine lab collect that are timed for 0530 result by 0800. This will require all inpatient labs to be in the lab and running by 0715 at the latest



Process Map Not codified Not always divided by floor May be scattered across Reports of "cherry picking" Surgeon preference for lab results by 06:00 easy sticks or PICC lines · Reports of "5 attempts" · Medicine preference for lab results by 07:30 Travel to floo Carts to always ready Unaware of stat/ward when day team arrives orders until arrival to ward Carts sometimes being used by night LPNs; No extras to "pre-prep" No triaging of importance; typically completed "around the for 1-2 hours (lab goal of <2 hours draw to Stat labs occasionally ordered disrupting flow Patients sometimes not ready or need to use restroom processing) · Rollover slips??? Blood cultures require time between sticks If labs on a single floor drawn by multiple LPNs must wait for all to finish to collect and send down Any un-accessioned labs sent down to lab · Often this will be completed after LPNs have completed their other assigned ward

Discussion

The initial data demonstrate improvement in collection time to lab processing time, but still showed evidence of likely lab result time after 0800. We identified several components of the process which could contribute, and in conjunction with the stake holders identified two processes with which to perform a PDSA cycle: processing labs by a different group than the entire floor, and enabling the night time to draw more than 5 attempts. Unfortunately we have not been able to implement any changes yet. We continue to actively engage in discussion with the stake holders, and are close to a PDSA cycle.