

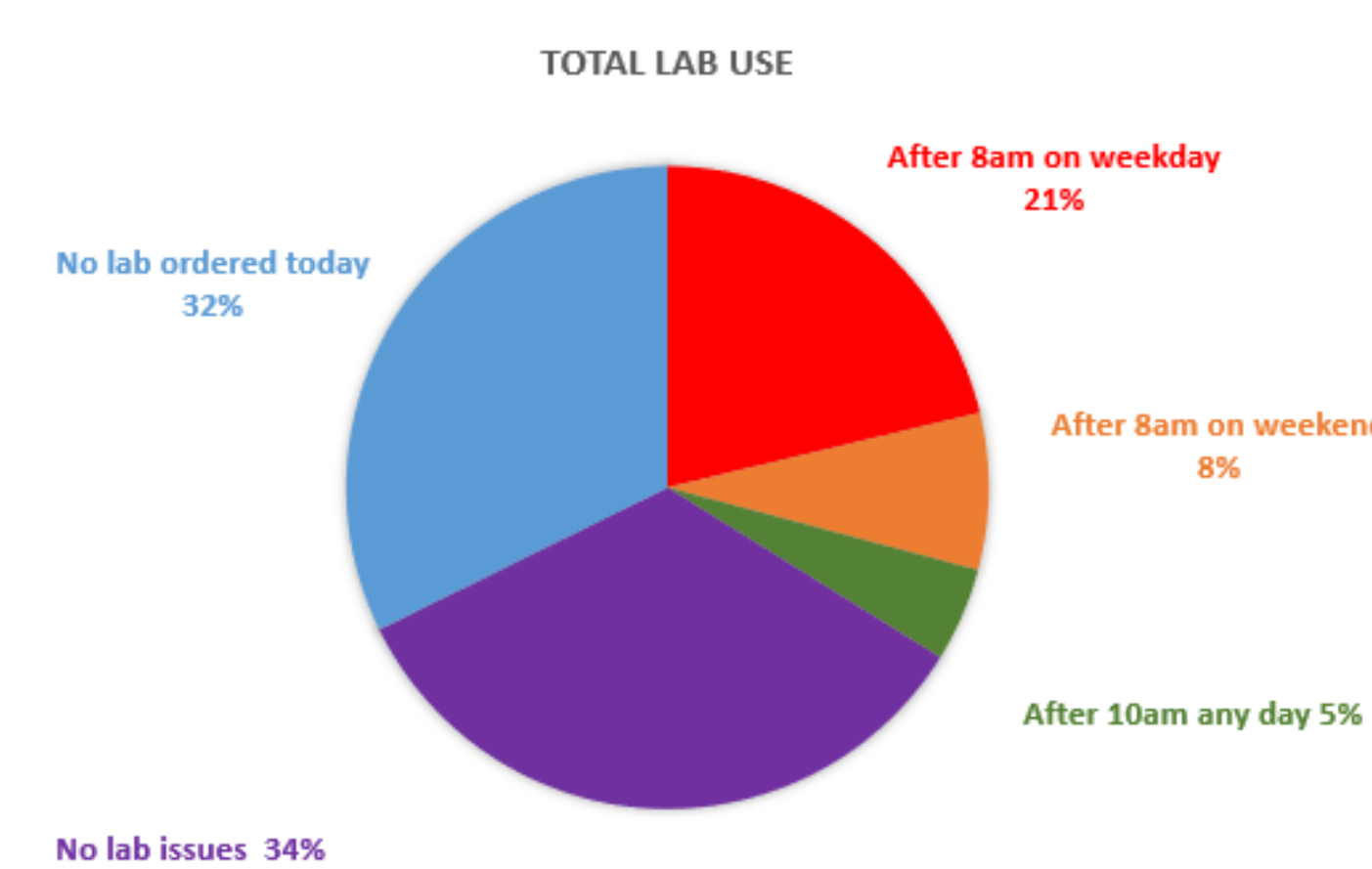
Labile Labs and Late Results

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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 lab results after 0800.

Hospitalist Survey (March 2017)



Problem statement

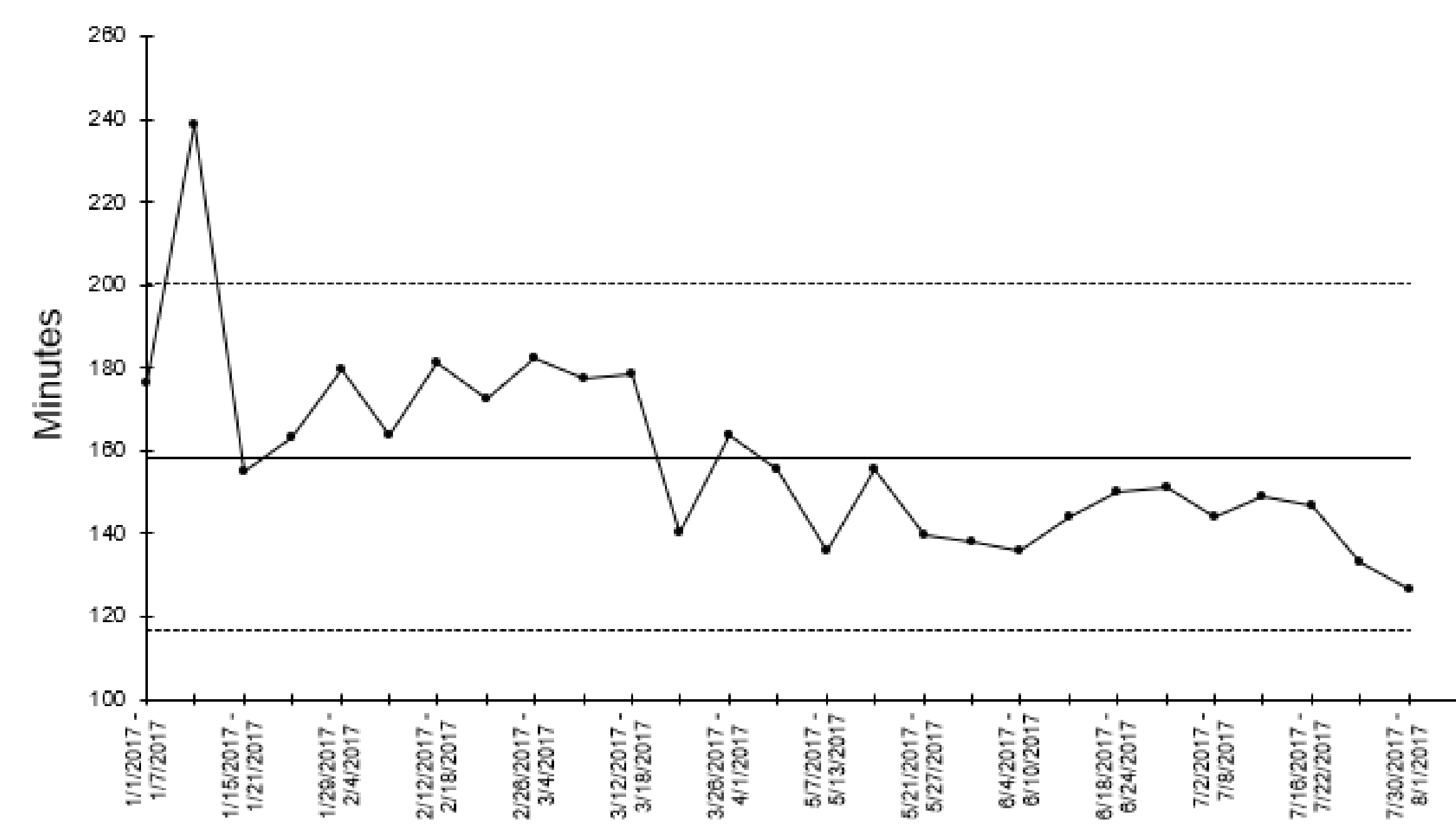
Routine AM lab draws in the hospital result in a sub-optimal time for making medical decisions for rounds and for making decisions about hospital discharges.

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

Initial results

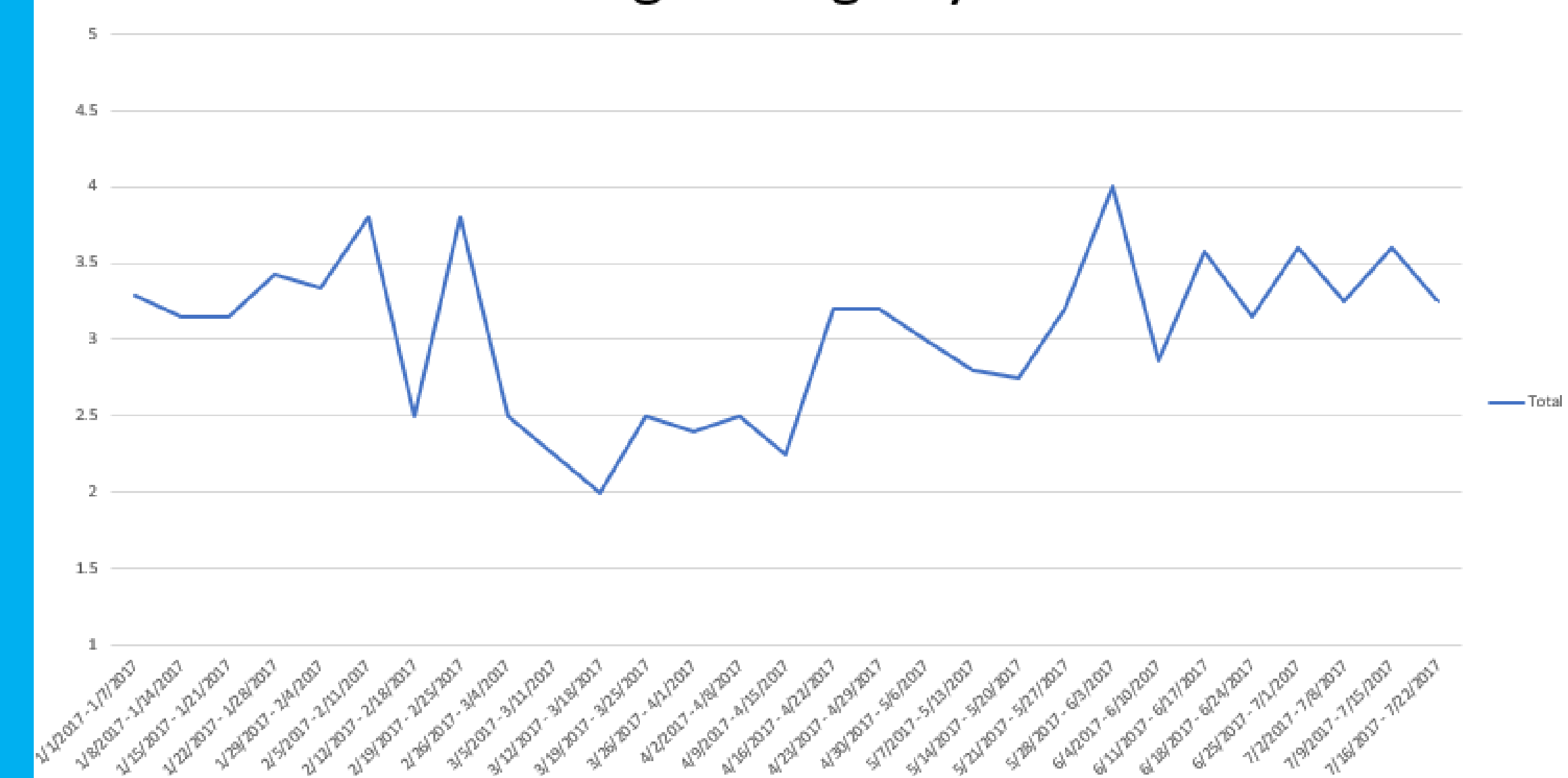
AT-CT (Accession time- Collection time) control chart



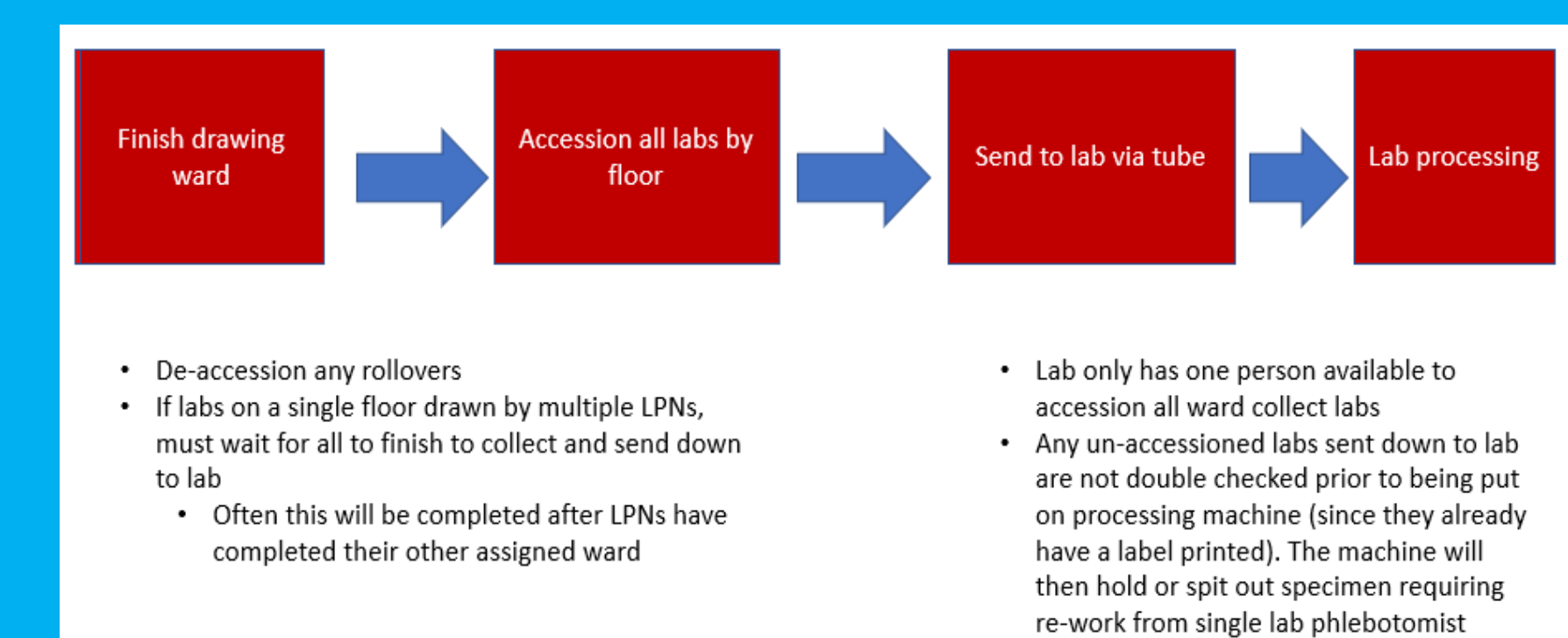
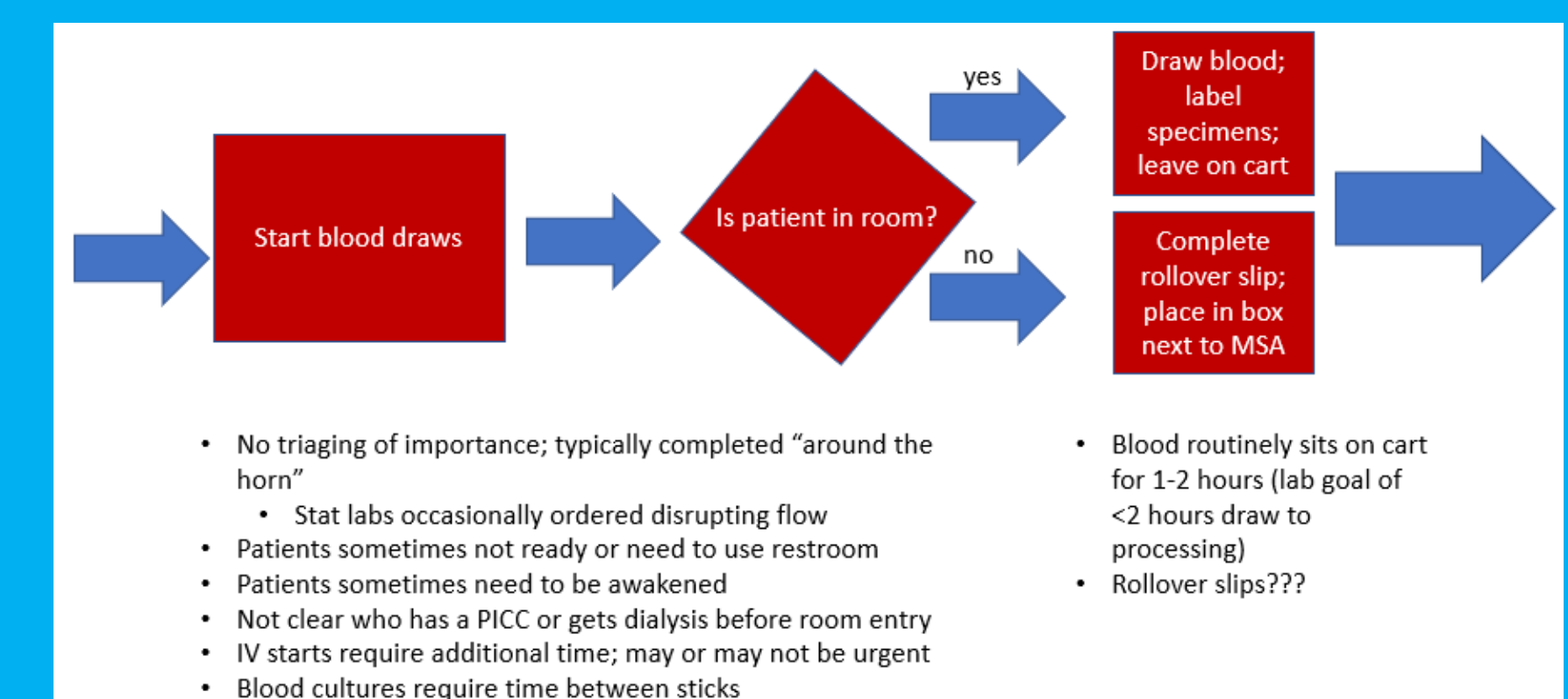
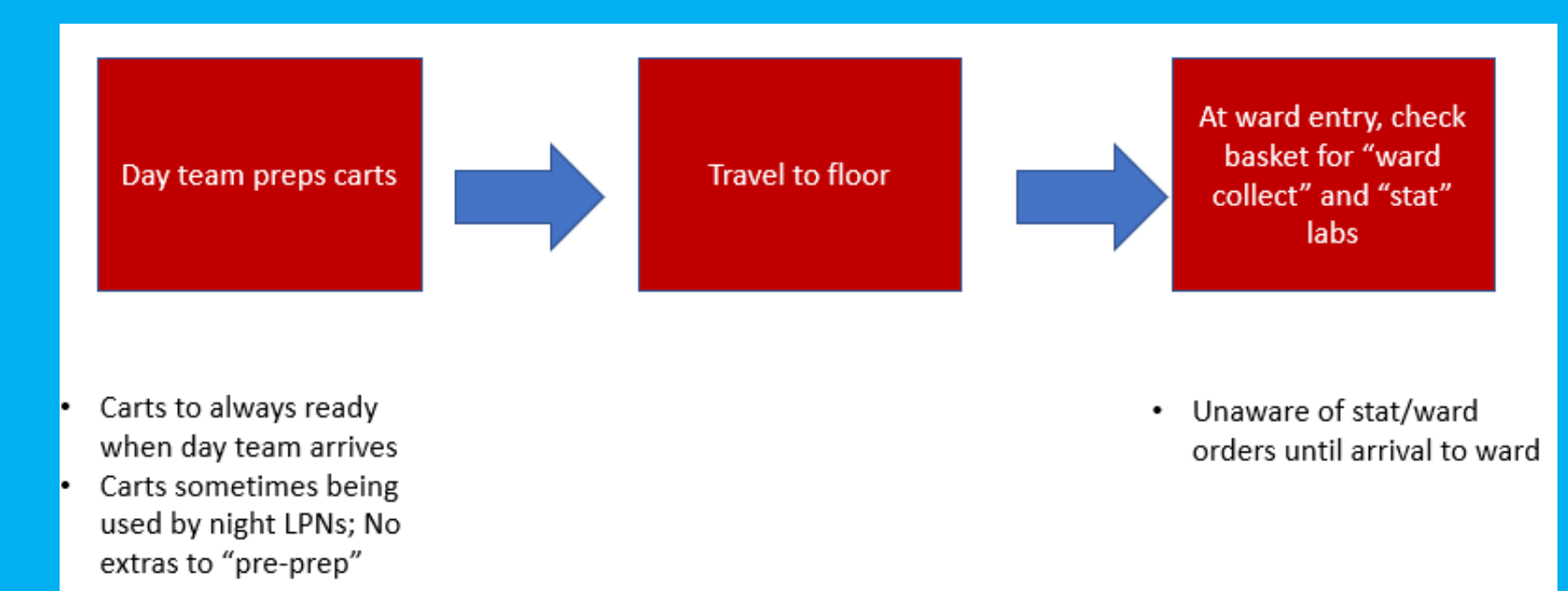
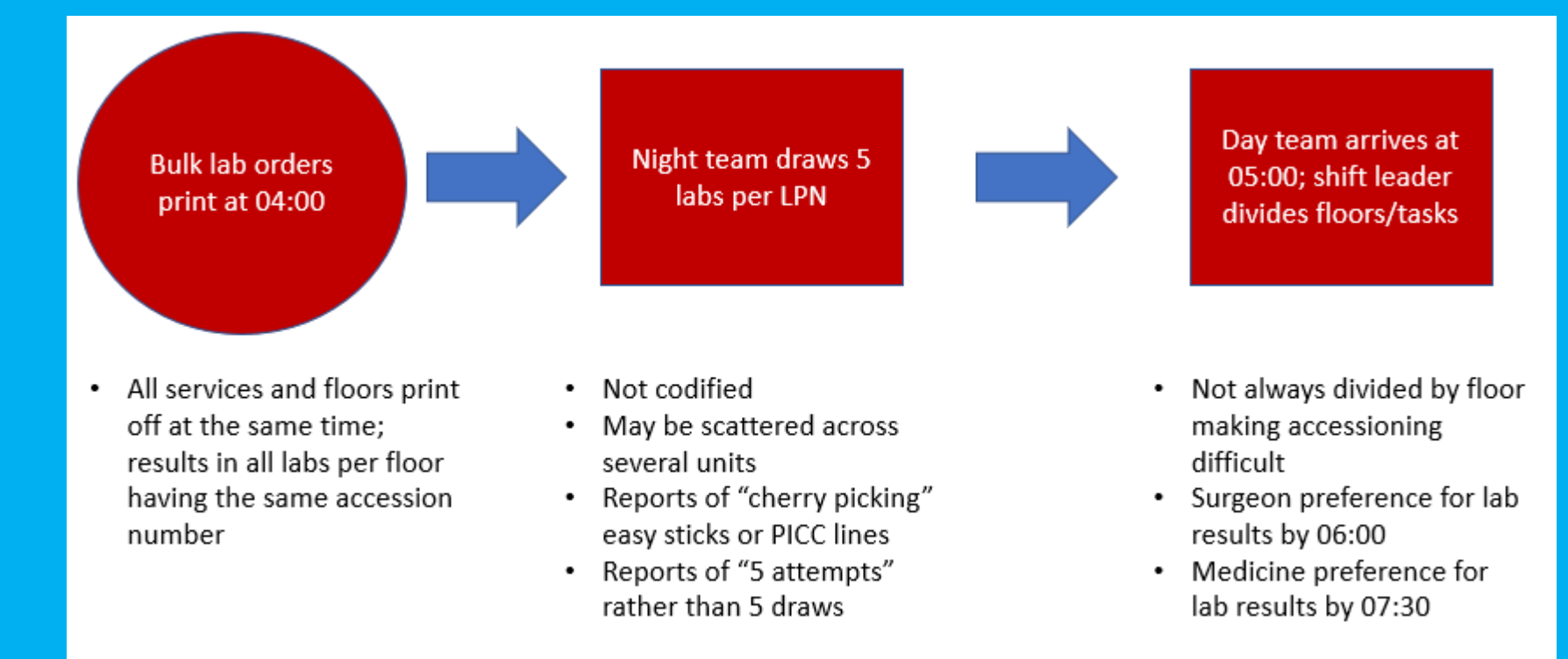
05:30 Lab Count by Week



Staffing Average by Week



Process Map



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.