

QUALITY IMPROVEMENT PROJECT COMPLETION DOCUMENT

Please include the PROJECT CHARTER and PROJECT UPDATES with submission of this document

IMPACT

Describe the EVALUATION of the outcomes of the project as they relate to the project's aim and deliverables.

The single change of removing calcium from the abdominal pain provider order entry, for patients presenting with a CEDIS complaint of abdominal pain significantly reduced the overall incidence of calcium testing. Post intervention data showed a reduction in unnecessary calcium testing of 33%. The preintervention monthly median for ordering Calcium blood tests at TGH ED is 2044. Testing done post intervention in April was 1530 samples with a further reduction to 1363 seen in May. These numbers are a marked reduction in comparison to pre-intervention testing numbers in the month of March totalling 2213 tests. The period of April and May 2018 showed a cumulative cutback of 1195 tests. The monetary savings generated in the first 2 months since intervention through not running these 1195 calcium tests on the provider order entry abdominal panel is \$2151 applying a cost per test of \$1.80. Consistently achieving this 33% monthly reduction in non-discriminatory testing across 12 months will result in savings of \$14,580 at the TGH site alone.

MILESTONES

Describe the various MILESTONES delineated in your project charter and when/how they were achieved.

A request to Decision Support / SIMS to obtain 6 months of retrospective data was made by Debra Davies in March 2019. After analysis we met and requested removal of Calcium from the abdominal panel within the provider order entry protocol page. The change by Decision Support / SIMS took place on April 4, 2019. After the change was made, the request for calcium orders for CEDIS complaints of abdominal pain, for the month of April and May, were acquired. On June 8, a request was made to the Laboratory Medicine Program to obtain 12 months of retrospective data on Calcium (total) tests undertaken by TGH ED.

LESSONS

Describe the LESSONS, individual or organizational, learned through this project.

A lesson learned from this project is to take a critical look at how an interface functions in the clinical setting. Decisions need to be made regarding how productive certain blood tests are for specific primary complaints. As best practice develops, intermittent assessment of these preset order selections needs to be up to date. Lastly, a good take away is to not do things based on work culture, but rather actions that align with best practice.

RECOMMENDATIONS

Describe the IMPLICATIONS of this project for patient care or for future projects.

This project has shown that a small evaluation of the ordering process and improvement of interface function, can reduce excessive and unnecessary blood testing. This change can benefit patient care as these fiscal resources can be redirected where it is most needed.

Some implications for future projects may relate to changes that can be applied with a less wasteful, best practice approach. These improvements can open up opportunities to evaluate the types of blood tests required for specific primary complaints within the emergency setting.

DISSEMINATION

Describe the completed or planned steps for DISSEMINATION of this project's findings (e.g., presentations, posters, manuscripts, etc).

The findings of this project will be presented on June 27, 2019 at the QI award celebration.