2017 Performance Improvement Report

STRATEGIC PRIORITY

2. Increase capacity and patient access

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| **Project Name** | | | |
| Reduce Percentage of Unnecessary Electrophoresis Orders | | | |
| **Site** | | **Department** | |
| Jeddah | | Pathology/ Hematology department | |
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| **Project Status** | **Project Start Date** | | **Project End Date** |
| Completed | 03-27-2017 | | 10-30-2017 |

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| **Problem:** Why the project was needed?  Unnecessary orders of electrophoresis are orders when no indication for the need of the test By reviewing previous electrophoresis and CBC results, we found that 53.6% of orders has no diagnostic value and this consider waste of resources and time (Medical technologist hand on time for this particular test is 6 hours per run.) | **Aims:** What will the project achieve?  Reduce the percentage of unnecessary Electrophoresis Orders from 53.6% to < 15% (after testing) and to decrease % of cancelled test orders before testing |
| **Benefits/Impact:** What is the improvement outcome?  *(check all that apply)*  Contained or reduced costs  Improved productivity  Improved work process  Improved cycle time  Increased customer satisfaction  Other (please explain)  Click or tap here to enter text. | **Quality Domain:** Which of the domains of healthcare quality does this project support?  *(Select only one)*  **Efficient** |

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| |  |  | | --- | --- | | **Measures:** Performance metrics to be evaluated | **Targets:** Expected outcomes | | Percentage of Unnecessary Electrophoresis Orders | Reduce the percentage of unnecessary Electrophoresis Orders from 53.6% to < 15% (after testing) and to decrease % of cancelled test orders before testing | |
| **Interventions:** Overview of key steps/work completed   * Review all patient recent and previous results in different departments (chemistry; iron, ferritin…) so all results can be related together * All patients with normal results are excluded from being tested and sent to head department for review and initial approval for cancellation * Discussing with ordering physician the test requirement and what is the diagnostic value of the test and if it can be ordered as a monitoring tool or not by the head department. * Based on discussion and agreement with ordering physician , order will be cancelled and comment will be added as: “ Discussed with ordering physician (ID# xxxxxx) and Cancelled by Hematology section head” * Decrease unnecessary test orders; save reagent coast, save time (of running specimens) and save time of reviewed results by the pathologist * Started from 27/03/2017 plan was implemented, orders were reviewed and whenever physician approve the test will be cancelled after the discussion with the head department of hematology. * All cancelled orders reviewed and documented manually |
| **Results:** Insert relevant graphs and charts to illustrate improvement pre and post project  *(insert relevant graphs, data, charts, etc.)*   * In 2016, there was 53% (out of 655 total ordered electrophoresis) identified as unnecessary test for patient diagnosis and management after testing. Calculated waste test cost = 57,915 SR. * In 2017; after improvement; the total unnecessary test that cancelled before testing 30% (out of 592 total ordered electrophoresis). Calculated saved test cost = 29,370 SR. * 6.1% tests should be cancelled after testing in 2017 (Goal was <15%).   Limitations:  The improvement process done completely manually and it caused 6% to be tested although it had no diagnostic value.  Recommendation: Team leader and hematology section head will recommend this test to be under authorized/restricted order |

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| **Project Lead** | **Team Members** |
| **Name**  *(person accountable for project)* | **Names**  *(persons involved in project)* |
| Abdeghani Maulawi | Luay Moh’d  Sarfinaz Hanbazaza  Richard Hernandez  Samer Dardas |