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)*[x]  Contained or reduced costs[ ]  Improved productivity[x]  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  |

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| **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
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| **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’dSarfinaz HanbazazaRichard HernandezSamer Dardas |