Background, Problem Statement and Goal Statement: The Canadian Choosing Wisely campaign recommends against routine complete blood count (CBC) and chemistry testing in the face of clinical stability in the inpatient internal medicine setting. An estimated >20% of lab tests are ‘inappropriate’ currently.

Problem Statement:
On University of Alberta Hospital (UAH) general internal medicine (GIM) units, CBC and basic chemistries account for more than 50% of all laboratory testing. Upon admission to GIM units, CBC and basic chemistry are commonly ordered on a repeating daily basis. On UAH Unit SD2 there is no standard process for laboratory test ordering to be reviewed upon admission and during inpatient care. This process increases the number of inappropriate and over utilized laboratory tests which creates system-wide wastes, increases operational costs and negatively impacts patient experience.

Baseline Data:
Lab data - 6 months: 60.3% of lab tests ordered were CBC, electrolytes, creatinine, urea and prothrombin time.

Problem Statement:
Residents are unaware of lab ordering behaviour, practices and system impact

On UAH general internal medicine (GIM) units, CBC and basic chemistries account for more than 50% of all laboratory testing. Upon admission to GIM units, CBC and basic chemistry are commonly ordered daily and then every 4 weeks. *Feb 27-April 10, Project Champion did weekly follow up and system impact

Baseline Data:
All medical staff will be made aware of what the lab Kardex is (lists lab test ordered and frequency) and the unit staff will print the lab kardex daily (started January 17, 2017) and highlight all daily lab orders on the lab kardex such that the physician can reassess (started March 3, 2017)

Baseline Data:
No formal lab conversation during rounds

Unit staff notified medical team of labs ordered daily x 3 for review after the 3 days has occurred (started June 7, 2017)

Baseline Data:
A formal lab conversation will be encouraged only to occur during rounds, and notes charted in the progress notes.

Baseline Data:
Upon ward admission, if blood work is ordered daily an auto-substitution label is attached for the physician to review and sign off (started June 7, 2017)

Baseline Data:
Unit staff notified medical team of labs ordered daily x 3

Baseline Data:
Review of labs ordered daily x 3 for review after the 3 days has occurred

Baseline Data:
A form update is expected to further decrease both lab test volume and costs.

Baseline Data:
A conservative cost saving estimate

Baseline Data:
1981 1686 14.90%

Baseline Data:
15463 13923 10%

Baseline Data:
$81574 $73038 $8,536

Baseline Data:
Lessons Learned:
-Cultural change is difficult and requires dedication, persistence and patience
-Control Unit SD4 also indicated an improvement of 13.6%, demonstrating unintentional spread
-Sharing lab test cost with the residents was eye opening as very few knew what tests cost

Baseline Data: