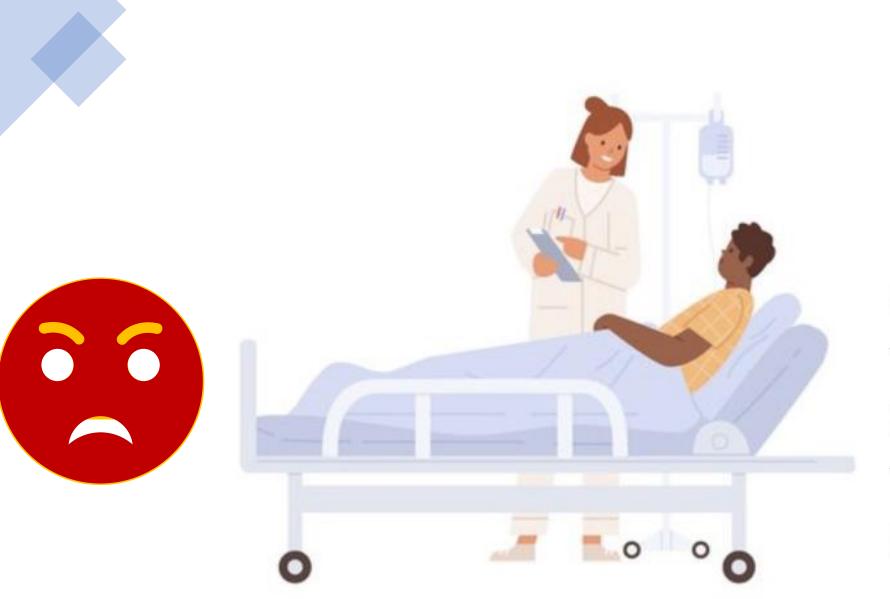
Choosing Labs Wisely: Using the EPIDEM model to reduce unnecessary Daily laboratory testing at ECU Health System *Pranaya Pakala*

> ECU Health Quality Improvement Symposium February 1, 2023

Choosing Labs Wisely

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HAVE You LOST Your DAMN MIND.





Unnecessary Lab Testing



Does not improve patient outcomes

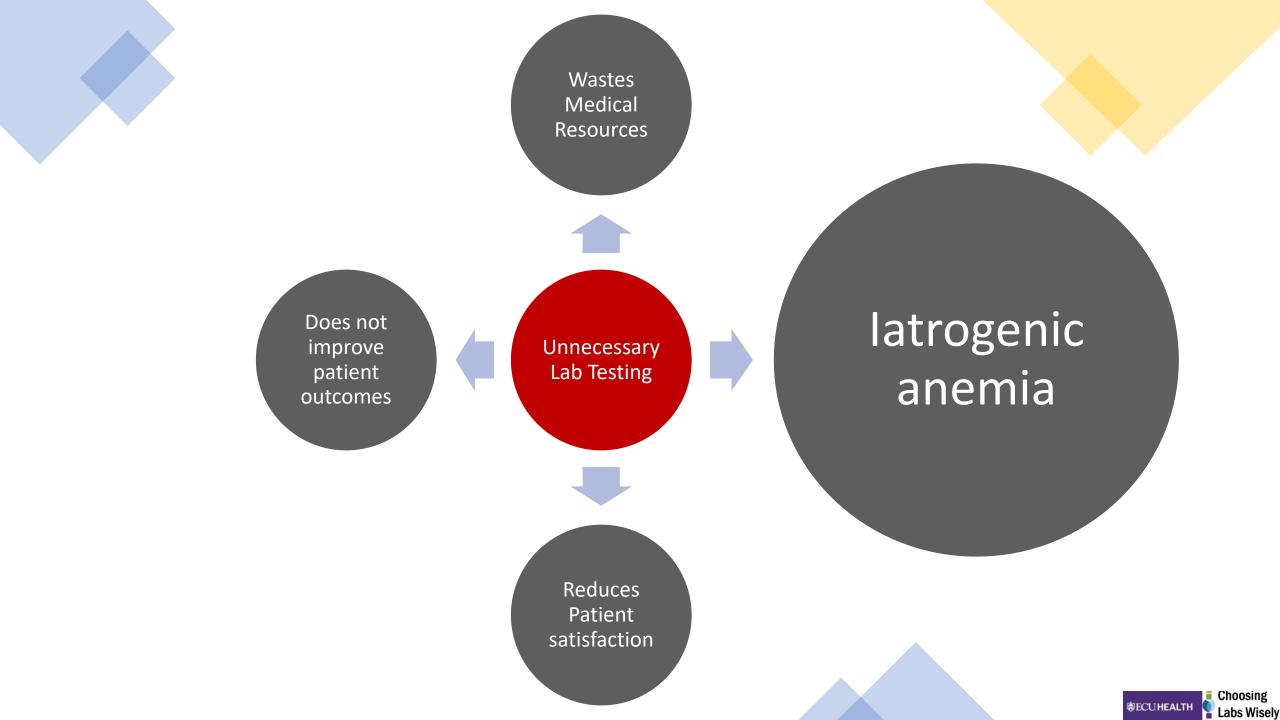
Unnecessary Lab Testing

Wastes Medical Resources

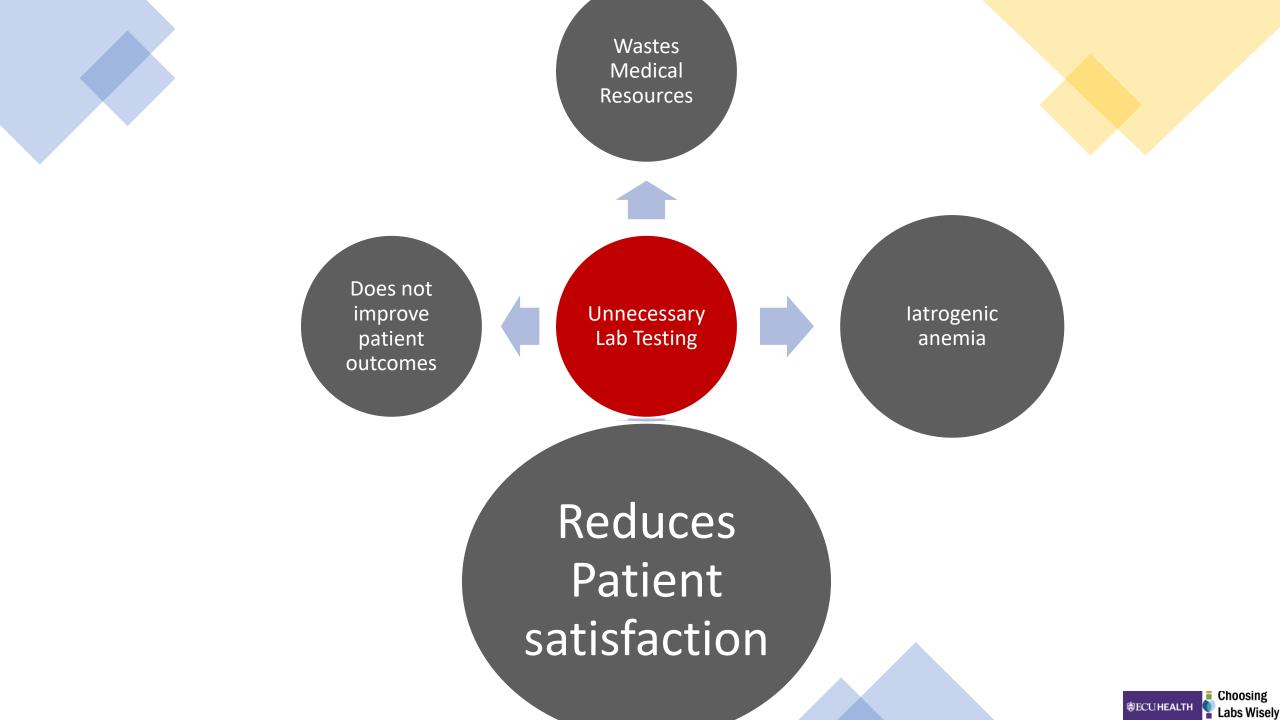
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Reduces Patient satisfaction

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Does not improve patient outcomes Wastes Medical Resources

Unnecessary Lab Testing

Reduces Patient satisfaction latrogenic anemia





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AMERICAN ASSOCIATION ∮CRITICAL-CARE NURSES

Critical Care Societies Collaborative - Critical Care







Five Things Physicians and Patients Should Question

An initiative of the ABIM Foundation

5

Don't order diagnostic tests at regular intervals (such as every day), but rather in response to specific clinical questions.

Many diagnostic studies (including chest radiographs, arterial blood gases, blood chemistries and counts and electrocardiograms) are ordered at regular intervals (e.g., daily). Compared with a practice of ordering tests only to help answer clinical questions, or when doing so will affect management, the routine ordering of tests increases health care costs, does not benefit patients and may in fact harm them. Potential harms include anemia due to unnecessary phlebotomy, which may necessitate risky and costly transfusion, and the aggressive work-up of incidental and non-pathological results found on routine studies.

Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability.

Hospitalized patients frequently have considerable volumes of blood drawn (phlebotomy) for diagnostic testing during short periods of time. Phlebotomy is highly associated with changes in hemoglobin and hematocrit levels for patients and can contribute to anemia. This anemia, in turn, may have significant consequences, especially for patients with cardiorespiratory diseases. Additionally, reducing the frequency of daily unnecessary phlebotomy can result in significant cost savings for hospitals. Choosing Wiselv CUHEALTH

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Critical Care Societies

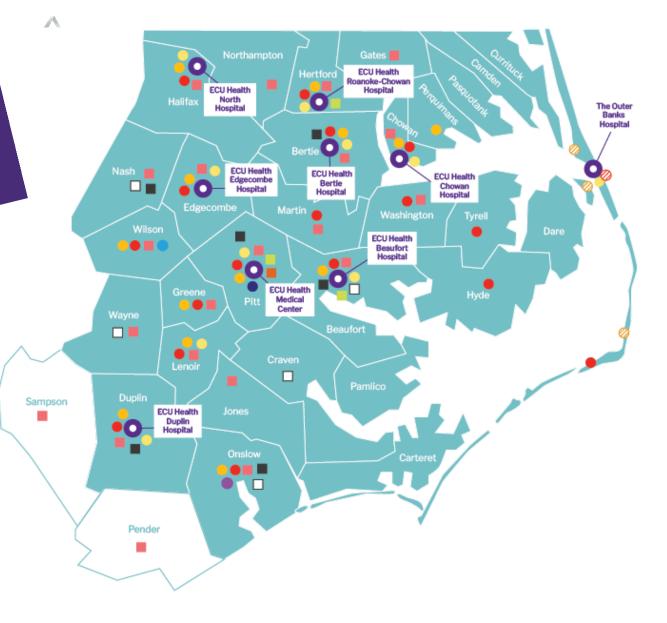
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ECU Health Choosing Labs Wisely Team



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Choosing

Labs Wisely

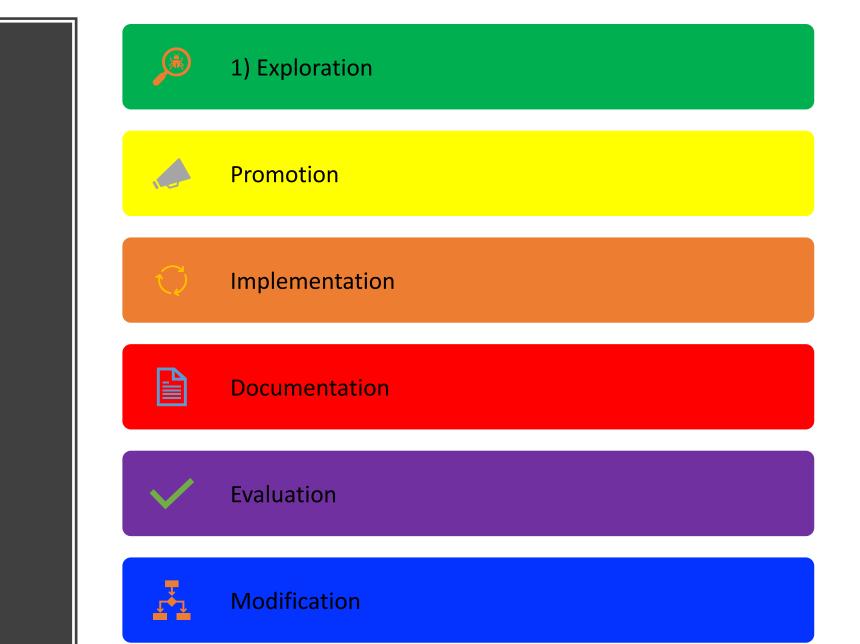
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EPIDEM MODEL









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Do

Act Study

Plan

Aim Statement:

We sought to use the EPIDEM model of quality improvement to achieve a 20% reduction in targeted lab tests (CBC, BMP, CMP, magnesium, phosphorous) per inpatient day within 6 months of initiation.



Promotion

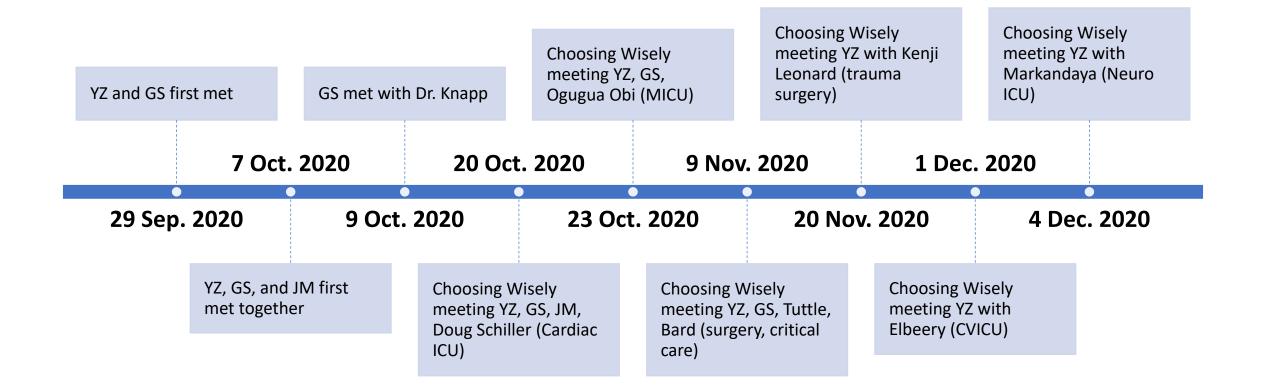
Implementation

Documentation

Evaluation

Modification

Exploration: Academic detailing to share best practices and assess culture of lab ordering (Fall 2020)





Promotion: Institution-wide buy in (Fall - Winter 2020)





Implementation: removed easy tab with option "daily x3" in electronic ordering system (April 2021) Clinical Decision support statement added: July 2021 Daily option removed from drop down menu for frequency: Nov 2021

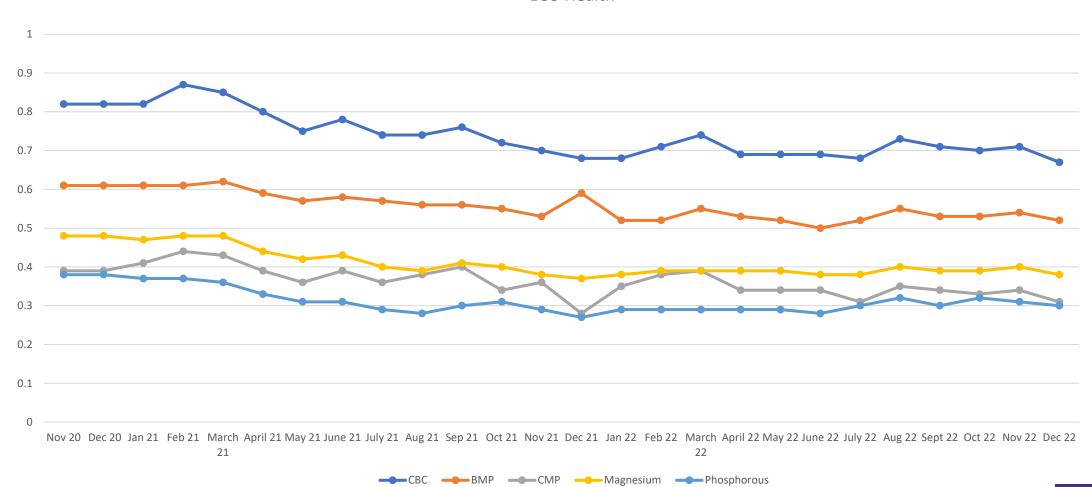
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| | Scheduled Times 🕾 | | - 38 | |
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| agaiii | st of defining labs every day in the face of chillical stability. | | _ ч | |
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Documentation: All steps were carefully documented



Evaluation: creation of Choosing lab Wisely "dashboards" (Summer 2021 - Present)

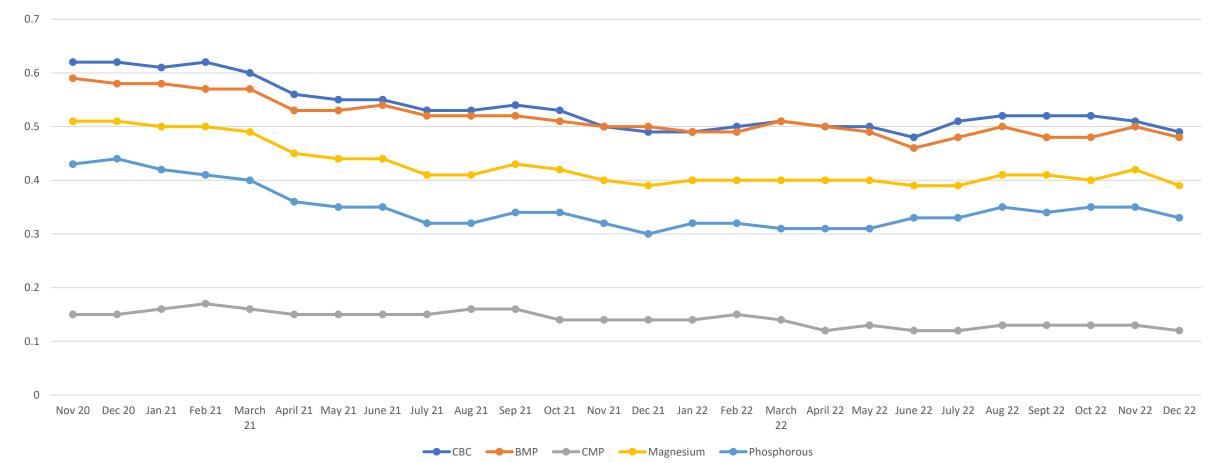


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Evaluation: creation of Choosing labs Wisely "dashboards" (Summer 2021 - Present)

ECU Health Medical Center





Pearls of Wisdom

Success mantra

- Spent significant time exploring local culture and context
- System wide changes to EHR
- Support from leadership and frontline staff
- Team of academic hospitalists and pathologist clinicians from allowed for better exploration and overall execution of the EPIDEM model

Future prospects

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- Optimize dashboards for data collection and share with stakeholders
- Institute an incentive/reward system
- Better marketing, potentially using social media
- Include in curriculum for Graduate Medical Education
- Expand Choosing Wisely to other areas such as pharmacy and radiology

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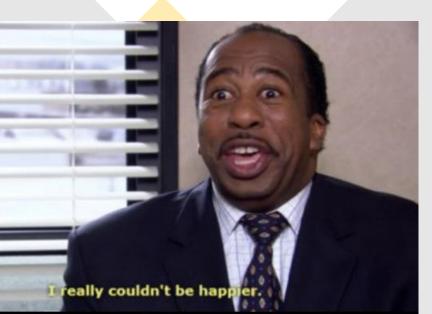
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