

One Less Prick

Improving the Quality of Pathology Orders

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PATHOLOGY COSTS ARE GROWING

- Inpatient pathology costs ↑12.2% (YTD Dec 2012)
- NSW Health Pathology and Activity Based Funding
- Reporting not linked to activity
- *Encouraging Quality Pathology Ordering in Australia's Public Hospitals**
 - Overuse
 - ‘Appropriate’ use hard to define

*NCOPP Final Report Feb 2012



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NOT JUST AN ISSUE OF COST

Patients

- More pricks
- Higher care costs
- Complications pursuing irrelevant results

Pathology

- Increased workload (Phlebotomy and Lab)
- Slower turnaround times
- Reduced surge capacity

Doctors

- Risk of missing abnormal results
- Wasted time ordering unnecessary tests

HOW INNOVATION CAME ABOUT

- CEC Executive Clinical Leadership Program
- Clinical Practice Improvement methodology
- Aim:

Reduce inpatient pathology activity at Concord Hospital by 10% within 6 months by improving the quality of pathology orders



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THE TEAM – CONCORD HOSPITAL

ANGUS RITCHIE
Clinical
Superintendent

MARGARET JANU
Diagnostic
Pathology Unit

ELSA JUREIDINI
Intern

PAM LOW
Chief
Phlebotomist

PRUE FARRELL
Clinical Liaison
Manager (Nurse)

PETER
KATELARIS
Gastroenterologist

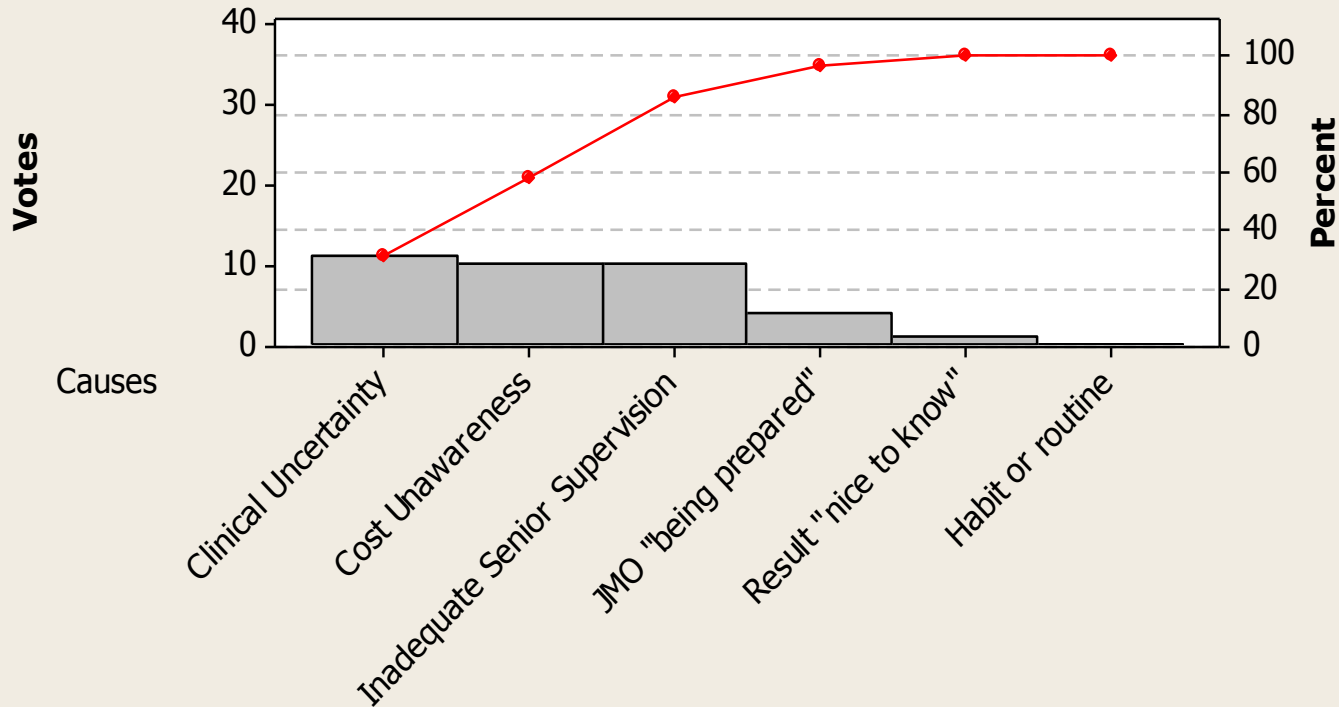
ALESSANDRA
BIANCHI
Haematologist



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ROOT CAUSES

Contributing factors for unnecessary pathology ordering



Votes	11	10	10	4	1	0
Percent	30.6	27.8	27.8	11.1	2.8	0.0
Cum %	30.6	58.3	86.1	97.2	100.0	100.0

KEY PROBLEMS

① DEFINING TEST APPROPRIATENESS

- Patient-level definitions not possible
- Key value proposition – ‘One Less Prick’

② WHAT TO MEASURE?

- Clinically meaningful metric for inpatient pathology activity at a hospital-level?
- Collections per occupied bed day: links routine pathology (“daily bloods”) to activity



COST INFORMATION SHEET

	'ROUTINE' ORDERING	RATIONAL ORDERING
FBC	Daily \$84.75	Second daily \$50.85
Biochem (EUC, CMP, CRP)	Daily \$88.05	Second daily \$53.10
Coags check	"Coags" twice \$40.70	INR alone, once \$13.70
Thyroid function	"TFTs" \$34.80	Screening TSH alone \$25.05
B12 and folate	\$42.95	No order – normal FBC
Iron studies	\$32.55	No order – normal FBC
Vitamin D	Once \$39.05	No order - checked by GP 2/52 ago
Troponin	Two in 24h period \$40.15	No order – no chest pain, normal ECG
Total cost	\$403.45	\$142.70



MONTHLY PATHOLOGY REPORTS

Department: xxx

	May-13			May-12			Change (%)	
	Tests	Cost	OBDs	Tests	Cost	OBD	Tests	Cost
Ward A	1629	\$37,536.50	646	2136	\$51,819.20	687		
Ward B	1757	\$44,428.25	713	1803	\$46,410.45	775		
Total	3386	\$81,964.75	1359	3939	\$98,229.65	1462	-14.04%	-16.56%
Per OBD	2.5	\$60.31		2.7	\$67.19		-7.52%	-10.23%
OBD	Occupied Bed Days							



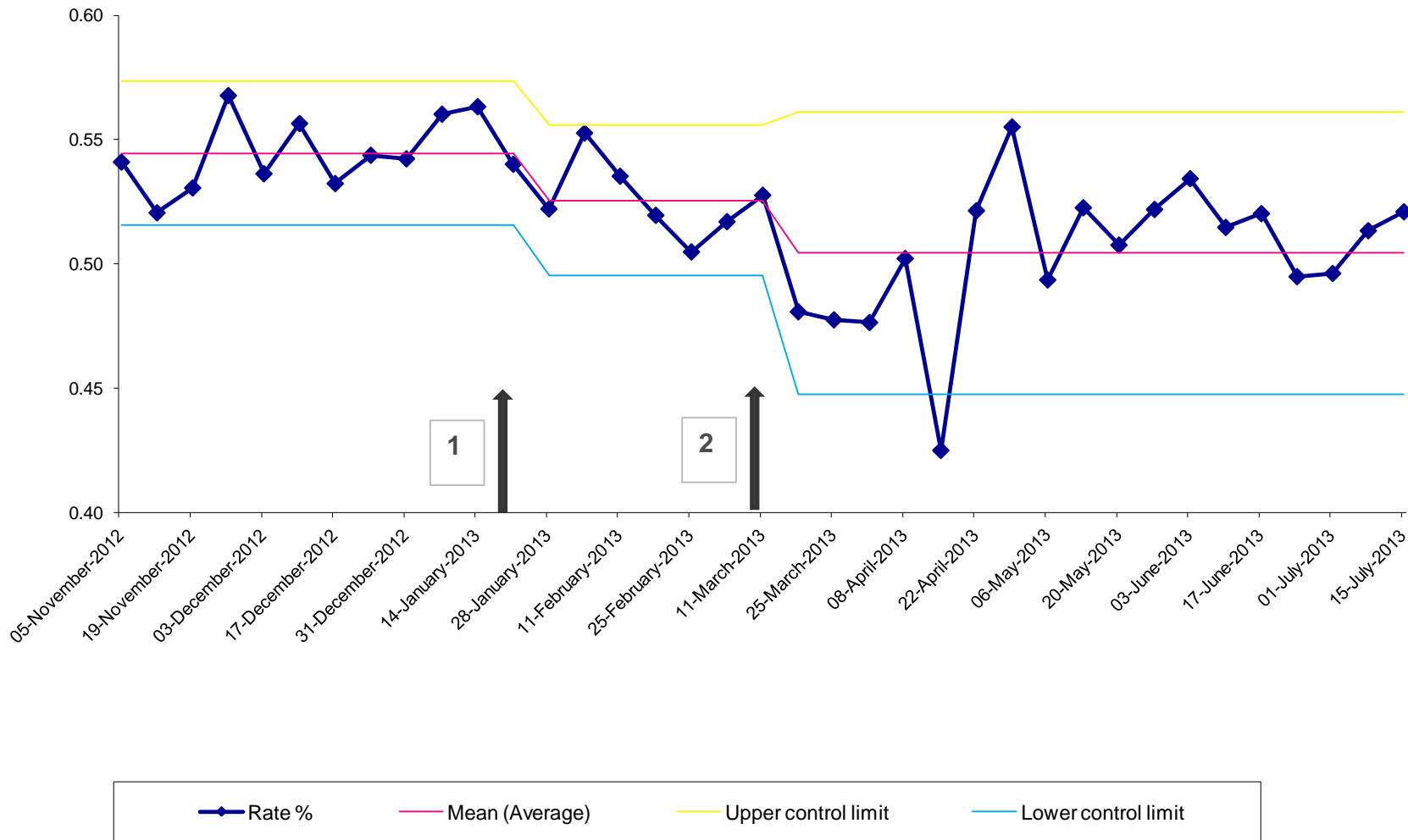


<http://investigate.med.unsw.edu.au>

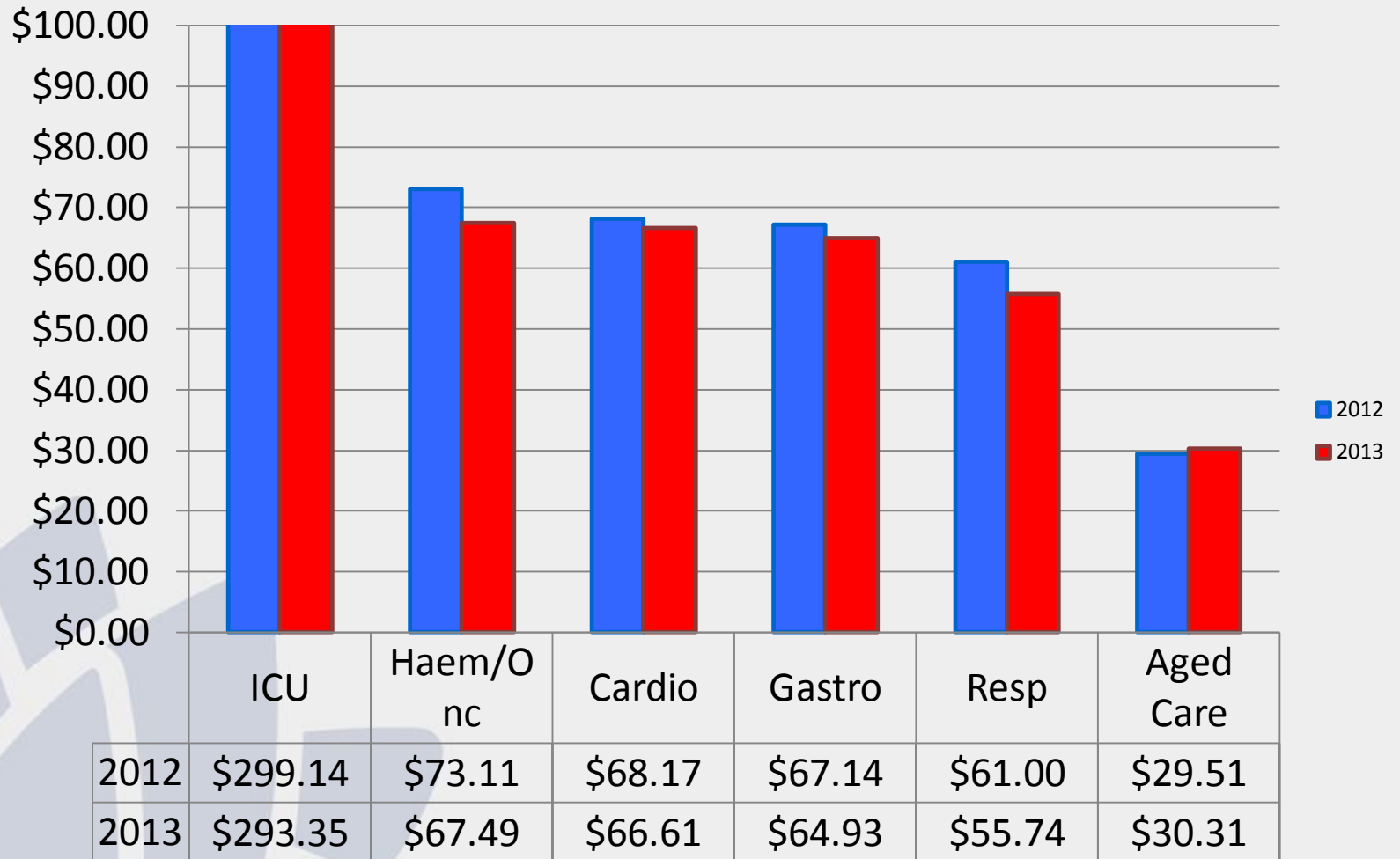


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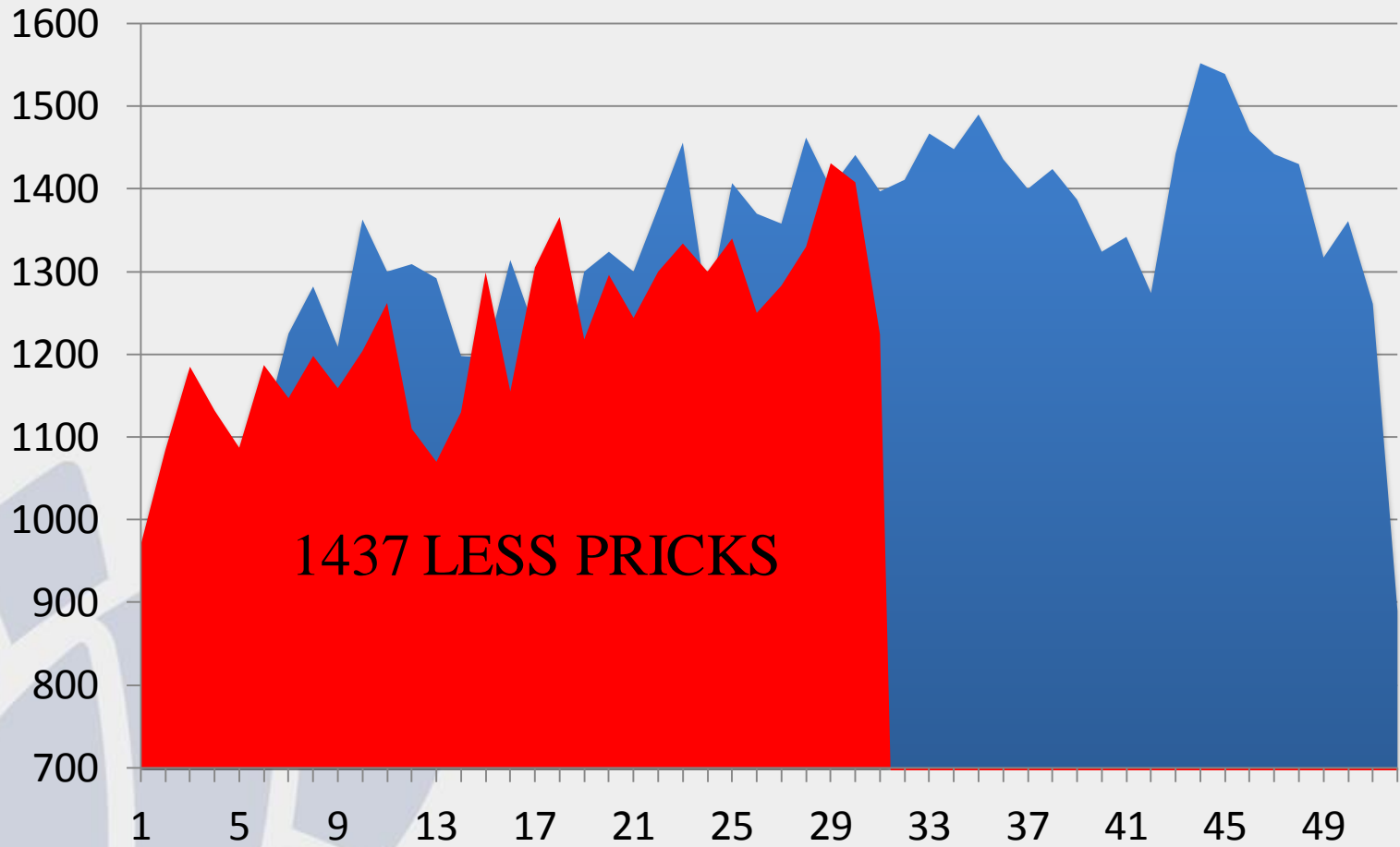
PATHOLOGY COLLECTIONS PER INPATIENT OCCUPIED BED DAY



AVERAGE COST PER OBD - FEB TO JUL (INCL.)



TOTAL WEEKLY COLLECTIONS



1437 LESS PRICKS

■ 2012 ■ 2013



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TAKE HOME ACTION POINTS

- ① PRICE SIGNAL AT POINT OF DECISION MAKING
 - Display test costs in the electronic order catalogue¹
- ② INVESTIGATE INTO LMS
 - Require or induce JMOs to complete modules
- ③ MEANINGFUL FINANCIAL TOOLS FOR CLINICIANS
 - Cost of care on a per patient basis

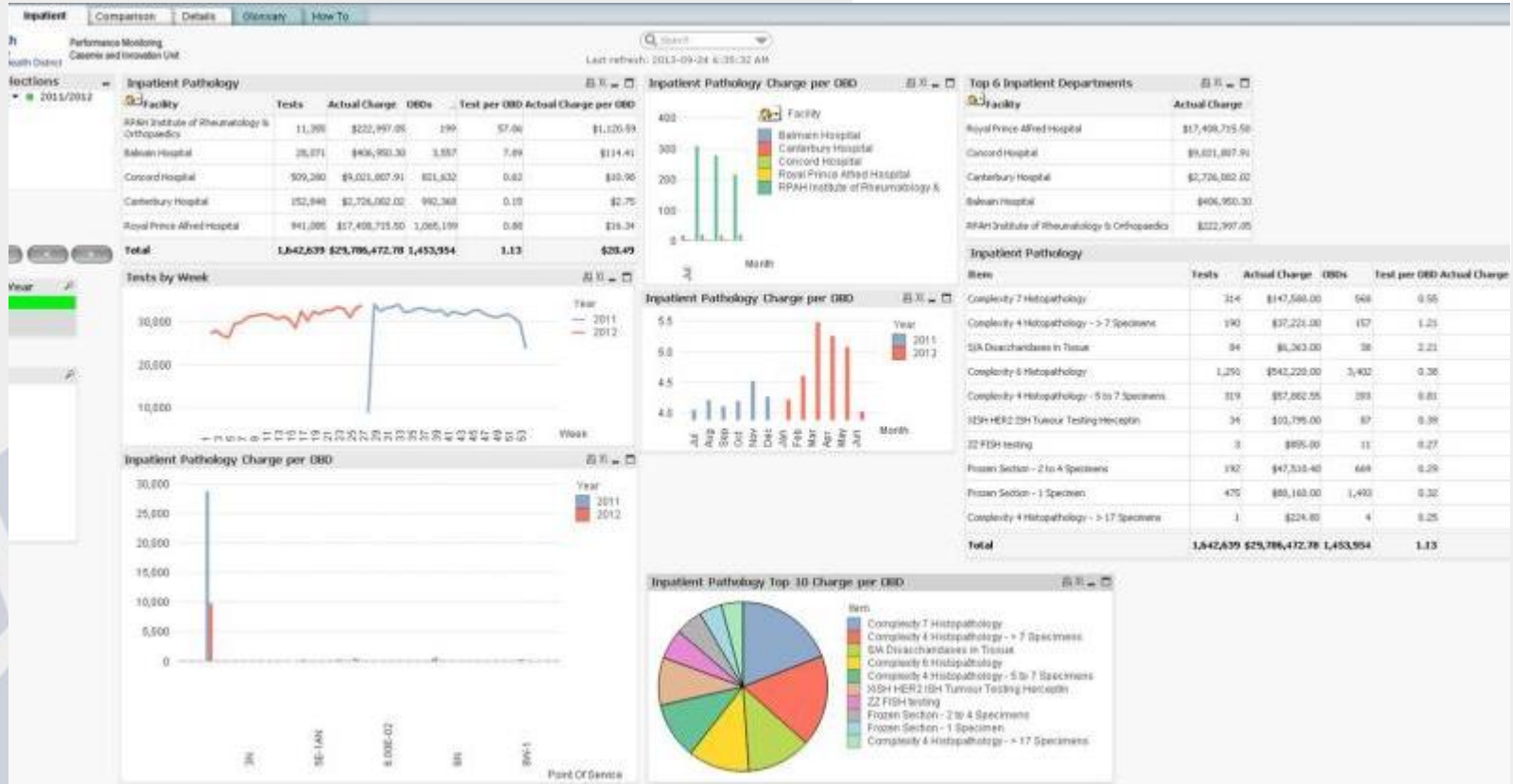
1. Feldman LS, et al. Impact of Providing Fee Data on Laboratory Test Ordering: A Controlled Clinical Trial. JAMA Intern Med. 2013 May 27;173(10):903.

'STARS' IN OUR EYES



STARS

SLHD Targeted Activity & Reporting System



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WHAT DRIVES VARIATION?

Rate of Inpatient Collections per Occupied Bed Day

