

Reducing Unnecessary Routine Bloodwork at Vancouver General Hospital

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BACKGROUND

Standing daily bloodwork in clinically stable patients is unnecessary and is associated with:

- ✗ Iatrogenic anemia
- ✗ Poor patient experience
- ✗ ↑ length of stay
- ✗ ↑ morbidity & mortality

A multidisciplinary team consisting of representatives from internal medicine, hospitalist medicine, laboratory, quality, and data analytics examined the appropriateness of routine bloodwork at Vancouver General Hospital (VGH).

HOW MUCH IS TOO MUCH?

20% of patients had >14 consecutive days of daily bloodwork.

Longest consecutive run of daily bloodwork was

125 Days

Patients with daily lab orders had no ↓ in bloodwork frequency as they approached their discharge date.

Chart review revealed that daily orders were renewed on stable patients without clear directives from providers.

WHY? A DEEPER DIVE

- Daily bloodwork was the default option on most order sets.
- Bloodwork orders were often interpreted/assumed as daily orders by unit coordinators.
- Providers commonly lost track of bloodwork frequency.
- Daily bloodwork may be ordered by trainees to avoid “missing” clinical instability.

CHANGING CLINICAL PRACTICE

Educational posters + presentations

Short Term

Implement **site-level policy** to limit daily bloodwork orders to **3 days**

Medium Term

Build **forcing function** in electronic health records to prevent daily orders >3 days

Long Term

KEY LEARNINGS

Engage broad disciplines for feedback, input and buy-in, but keep a core team to maximize efficiency.



Small-scale chart auditing is sufficient to reveal key issues; analyzing system datasets is a greater undertaking but helps assess system-level impact and scalability. A hybrid approach is often needed.

Unit coordinators are key to planning and implementation.



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