DO IT RIGHT AT THE FIRST TIME
REDUCTION IN REJECTED BLOOD SAMPLE

An initiative in Coronary Intensive Care Unit, Heart Hospital

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BACKGROUND

BACKROUND

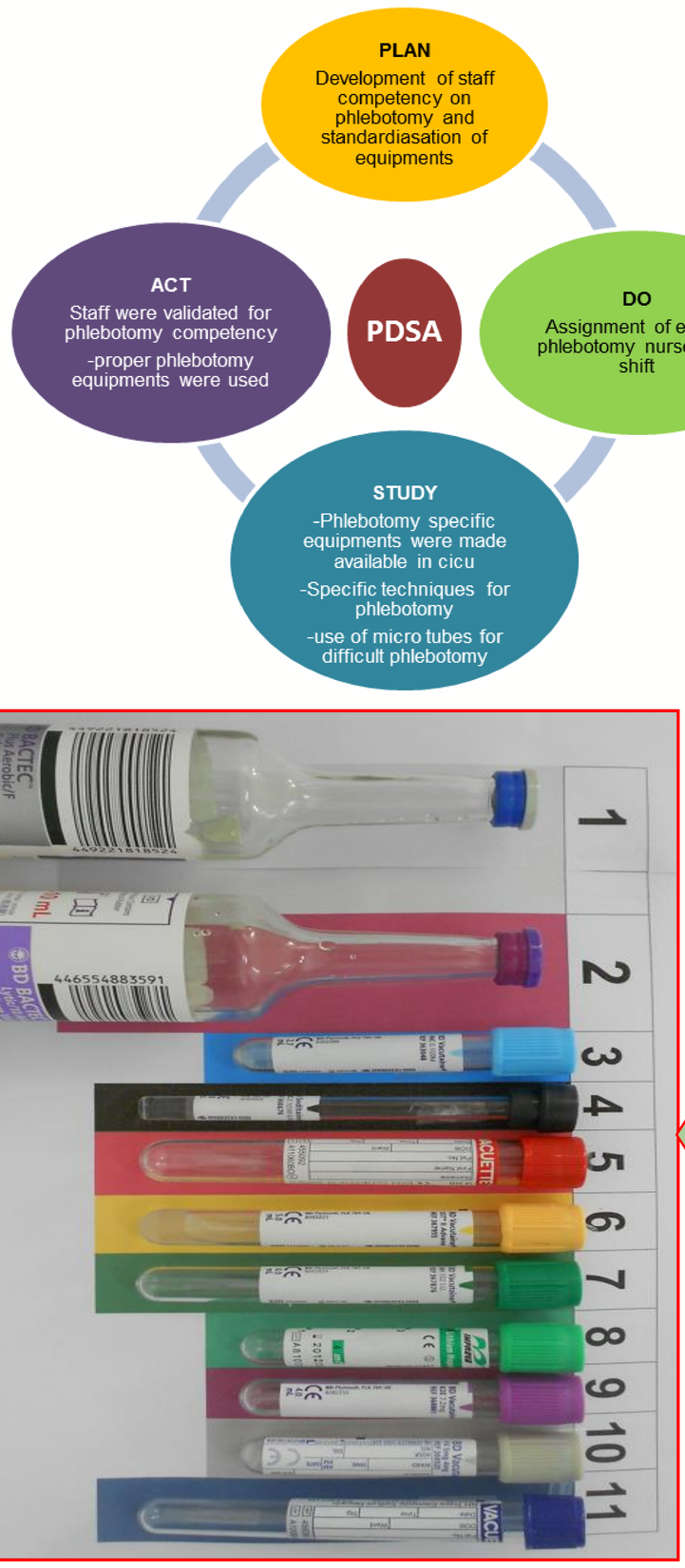
At Heart Hospital's Coronary Intensive Care Unit (CICU), blood extraction and test are a daily affair. The more patient's condition worsens, the more blood tests are needed. Every additional prick adds to the pain and burden of the patient. The rejected blood samples area common problem, and it has been on the rise at CICU.
When samples are hemolysed (the breaking down of red blood cells), they produce unreliable laboratory results that may falsely indicate or disguise a life-threatening abnormality. In January 2016, the rejected sample rate in the CICU was 1.7 percent. Which is above the benchmark

AIM

To decrease the rejected sample rate below Bench mark (0.4) by December 2016 and sustain our gain..

INTERVENTIONS

- Developed A multidisciplinary task team to look into current practices and the team met weekly then monthly to develop strategies for improvement
- Evidence based articles and education was given to all nursing staff , CICU
- Appropriate resources were ordered as per the recommendation of laboratory personnel
- Super users were selected and trained by the Laboratory Phlebotomist
- All CICU nurses were revalidated to skills and knowledge regarding Phlebotomy, order of draw and reasons for rejection.
- Posters were displayed in the unit to raise awareness of rejected samples
- Dedicated trolleys were prepared for Phlebotomy
- In the initial 3 months dedicated expert nurses were assigned to perform phlebotomy
- Every rejected sample incidence were investigated to identify the root cause of rejection
- Journal clubs were conducted to raise awareness
- Compliance monitoring is done monthly.
- Data was communicated all nursing staff to raise awareness of the current status
- Success was celebrated monthly.



Order of blood draws

PLAN

Development of staff competency on phlebotomy and standardiasation of equipments

DO

Assignment of expert phlebotomy nurses per shift

STUDY

-Phlebotomy specific equipments were made available in cicu

-Specific techniques for phlebotomy

-use of micro tubes for difficult phlebotomy

ACT

Staff were validated for phlebotomy competency

-proper phlebotomy equipments were used

PDSA

CONCLUSION

The rejected blood sample rates dramatically decreased and met the benchmark by December 2016

SUSTAINING IMPROVEMENT

- Continue compliance monitoring monthly
- Every incident are investigated to identify root cause of rejection
- In services are conducted when needed
- Competency revalidation will be done if needed
- Data is communicated to all staff
- Ensure right supplies are available in the CICU
- Multidisciplinary Team Involvement.

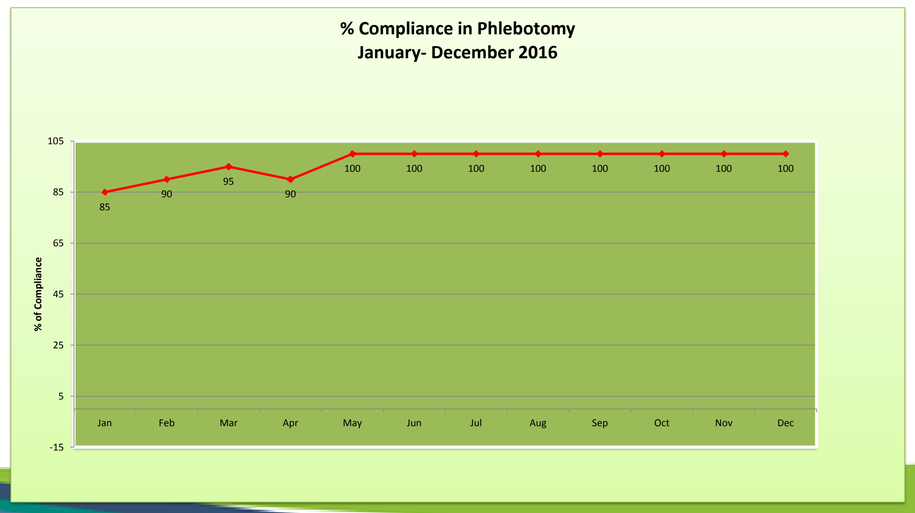
NEXT STEPS

- Continue monitoring for compliance
- Maintain rejected blood sample rate below benchmark throughout 2017

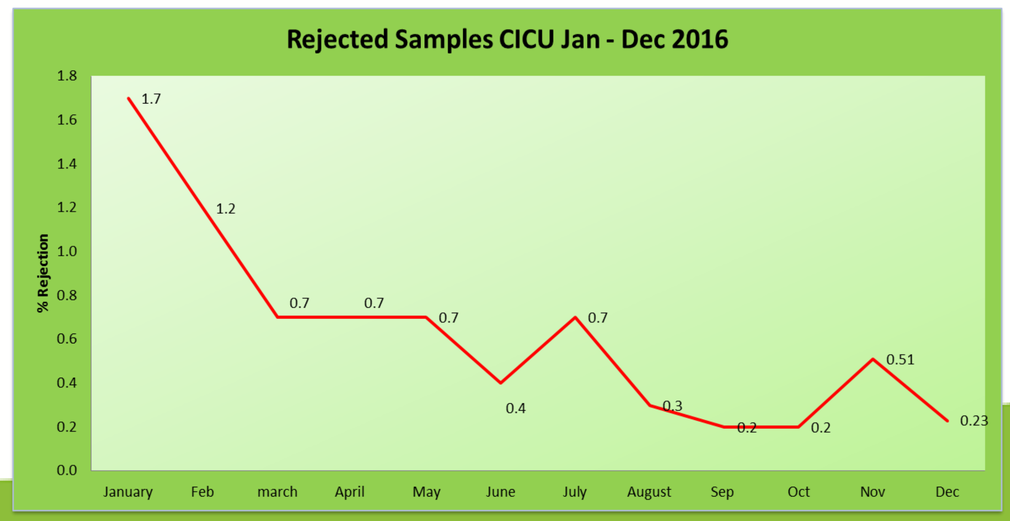
TEAM

1. Dr. Ashfaq Patel, Director, CICU
2. Ms. Mincy Shaji, HN, CICU
3. Ms. Catherine Marshall, DON, CICU
4. Dr. Poonam Gupta, QM
5. Ms. Preethy Sebastian, SN, CICU
6. Ms.Gillrose B Bautista, Lab Technologist
7. Ms. Amani Hamid, Lab technician

PROCESS MEASURE



OUTCOME MEASURE



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References
www.biochemia-medica.com
Lag Quality Confab/Process Improvement Institute

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Institute for Healthcare Improvement

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