Choosing Wisely Challenge Submission Example:

Name: Natalie Tapaskar, MD

Is your team is interprofessional and how?

Our team consists of residents, fellows, nurses, and faculty members across many departments including Internal Medicine, Pathology, Surgery, Nursing, and Phlebotomy and Pre-Analytical Services.

List all Collaborators

- Vineet Arora MD, MAPP, Associate Professor of Medicine, Assistant Dean for Scholarship and Discovery, Director of GME Clinical Learning Environment Innovation
- Tipu S. Puri, MD, PhD, Department of Medicine, Executive Medical Director for Clinical Operations
- Edward KY Leung, Department of Pathology, Medical Director of Phlebotomy and Pre-Analytical Services
- Shannon Martin MD MS, Department of Medicine, Associate Program Director, Internal Medicine Residency Program
- Maximo Marin, MD, Department of Pathology, PGY4
- Kyle Parker, MD, Department of Pathology, PGY1
- Elizabeth C. Poli, MD, Department of Surgery, PGY3
- Stephenie Blossingame, RN
- Natalie Tapaskar MD, Department of Medicine, PGY1

Choosing Wisely Challenge Description

Excessive inpatient laboratory testing can lead to poor hospital sleep, hospital-acquired anemia, unwarranted interventions, and unnecessary health care costs. These are targets of the Society of Hospital Medicine and American Academy of Nursing’s Choosing Wisely Campaign. With this in mind, we will identify clinical instances in which routine morning phlebotomy draws may be replaced with evening phlebotomy draws or foregone entirely in stable patients that have demonstrated minimal laboratory fluctuation. The target audience for this campaign is adult patients admitted to University of Chicago Medicine on the general medicine services and the general surgical services, currently excluding intensive care unit teams. On an average weekday at the University of Chicago Medical Center (UCMC), 244 patients have 4 AM lab draws. With an average of 11 phlebotomists working during the 4 AM shift, approximately 75% of patients are drawn before the next sweep. Unfortunately, only approximately 50% of the labs ordered actually result by 7 AM (the approximate time that many general medicine teams are pre-rounding). The majority of these draws are ordered in a recurrent fashion with no specific end date or time resulting in disrupted sleep for patients on a daily basis throughout their hospital stay. With this campaign that will use the COST (Culture, Oversight, Systems, Training) framework, we aim to encourage a more mindful approach towards routine morning laboratory draws. To address culture, we plan to hold small focus groups with our colleagues in general medicine and surgery in order to understand current laboratory utilization practices on the
various medical services and ways to better promote more judicious ordering of labs. To build a systems change with oversight, we propose collaborating with IT to create a selective drop-down menu in Epic for lab ordering. The drop-down would require justification for placing a 4 AM and/or recurring morning lab orders with a goal of encouraging mindfulness. To create the drop-down, we will use the results of the focus groups and engage our group of collaborators in creating evidenced based clinical pathways and scenarios in which recurrent routine morning labs would be reasonable and clinically warranted. This dropdown would include “other” and specify boxes, which would enable oversight reporting to the Lab and allow for Pathology review to ensure that labs are appropriate. Finally, we will train both ordering providers and laboratory staff. A variety of educational platforms will be utilized such as presentations during noon conference and morning report, visual aids such as posters and pocket cards, and audio-visual tools such as the Picmonic Learning System. Success of our campaign would be measured by a decrease in the utilization of routine morning phlebotomy draws overall. In addition, to capture a subset of “stable” patients, we will explore a collaboration with eCART investigators to see how many patients with low eCART scores are receiving daily recurrent 4AM labs. We plan to analyze the data on laboratory utilization prior to and post implementation of this campaign and provide updates to ordering providers.