

Project Title

Axing Rejected Pathology Specimens From Inpatient Wards

Project Lead and Members

Jeanne Sng

Organisation(s) Involved

Tan Tock Seng Hospital

Project Period

Start date: Sept 2015

Completed date: Dec 2016

Aim

To reduce rejected pathology specimens from inpatient wards to 1% by December 2016

Background

Pathology investigations are often initiated for diagnosis of cancer.

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- Pathology investigations are often initiated for diagnosis of cancer. Given that treatment options for cancer are often radical, the consequence of mix-ups in patient identity and resultant misdiagnosis is extremely dire.
- Every specimen rejection involves clarification and rectification. The time elapsed affects specimen integrity. Extension of time to reporting exacerbates patient anxiety and anguish.
- Although a rapid improvement event (RIE) took place in 2013, the specimen rejection rate fell but remained above 1% (international best practice)

- Pathology specimen rejections primarily stem from inpatient wards (70% of total rejections).

Methods

- Minimising likelihood of non-submitted pages of request form by setting to duplex printing on both sides of paper.
- Disseminate need for submission completeness check to unit nurse managers.
- Timely feedback when rejection incidents occur with feedback loop for local investigations and involvement of staff concerned to promote learning and retention stickiness.
- Open circulation of monthly rejections with breakdown by department, to celebrate the achievement of rejection-free departments, while using peer pressure to keep all departments on their toes
- Systemic inclusion of “Safe Labeling and Despatch of Pathology Specimens” into the new nursing orientation program to create awareness amongst new joiners.

Results

Pathology specimen rejection rate maintained within the range of 0.2% to 0.8% since February 2016.

Lessons Learnt

Regular feedback, openness to try new ideas and commitment among team members are key factors to successful improvement project.

Conclusion

- This project created a culture of inter-departmental engagement and continuous improvement. The team continues to share outcome data openly on a monthly basis to analyse rejection trends and new findings, align and strengthen initiatives in a non-punitive manner.

- This Plan-Do-Check-Act (PDCA) was useful to deep-dive into and address setting-specific issues.

Additional Information

This project won Merit Award for 2017 TTSH QI competition.

Project Category

Quality Improvement, Process Improvement

Keywords

Process Redesign, Quality Improvement, Process Improvement, Tan Tock Seng Hospital, Inpatient Nursing, Laboratory, Pathology Investigation, Allied Health, Quality Improvement Methodology, Rapid Improvement Event, Plan-Do-Study (Check)-Act, Specimen Rejection, Specimen Integrity, Rejection Rate Analysis, Pathology Specimen, Safe Labeling, Open Communication, Timely Feedback, Inter-departmental Engagement

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