but there are challenges in operationalizing this endeavor. Many groups are interested in reducing inpatient lab utilization, and excessive inpatient laboratory testing can lead to:

- Unnecessary healthcare costs
- Uncomfortable blood draws
- False-positive results
- Unwarranted interventions
- Hospital-acquired anemia

Many groups are interested in reducing inpatient lab utilization, but there are challenges in operationalizing this endeavor.

OBJECTIVES

To reduce the number of phlebotomy draws per patient per day by at least 5%:

- Scope: Patients on the Internal Medicine teaching service at a large tertiary-care academic medical center (8 teams with a total mean daily census of 88 patients)
- Timeline: 2014-2015 academic year with 2013-2014 academic year used as comparative data

METHODS

The project was publicized to housestaff, nurses, and faculty with an educational campaign including:

- Introduction of phlebotomy reduction strategies during monthly housestaff orientation sessions
- Posters, buttons, and pens featuring the slogan “Think Twice, Stick Once.”
- A “Facilitator’s Guide” for attending physicians with suggestions for discussing appropriate use of lab tests with trainees
- Discussions at monthly didactic sessions regarding best practices for lab ordering as well as a strong emphasis on the patient experience of phlebotomy

Team-based phlebotomy data abstracted from Epic 2012 was reported twice monthly to members of all 8 Internal Medicine teams, including data from peer teams for comparison (Figure 1). The project was adopted by the medical center’s “QI Incentive teams, including data from peer teams for comparison (Figure 1)

The project was designed and led by Internal Medicine residents with support from Hospital Medicine faculty

RESULTS

The average phlebotomy usage over time for all 8 teams on the Internal Medicine service can be seen in Figure 2. During the academic year prior to project implementation (Jul ’13 – Jul ’14), the average phlebotomy usage was 2.10 draws per patient per day.

In the first three months of the 2014-2015 academic year (Jul ’14 – Sep ’14), there was minimal change in average phlebotomy use as the average rate was 2.07 draws per patient per day.

During the subsequent five months (Oct ’14 – Feb ’15), the average dropped to 1.90 draws per patient per day, a reduction of 9.5% from the baseline established in 2013-2014.

The phlebotomy reduction goal has been met in 5 of 8 months; the project is ongoing.

CONCLUSIONS

We present a novel, resident-led approach to phlebotomy reduction that features a system of timely, regular, team-based performance feedback.

Choosing to measure phlebotomy frequency rather than number of lab tests ordered may help frame the problem from a patient-centered perspective and provide clinicians with a compelling reason to reduce unnecessary testing.

Resident-led educational campaigns and financial incentives can also be used to change the culture of inpatient laboratory testing.

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