

Are we following the National Minimal Bloods Retesting Intervals Recommendations on Ward D8?

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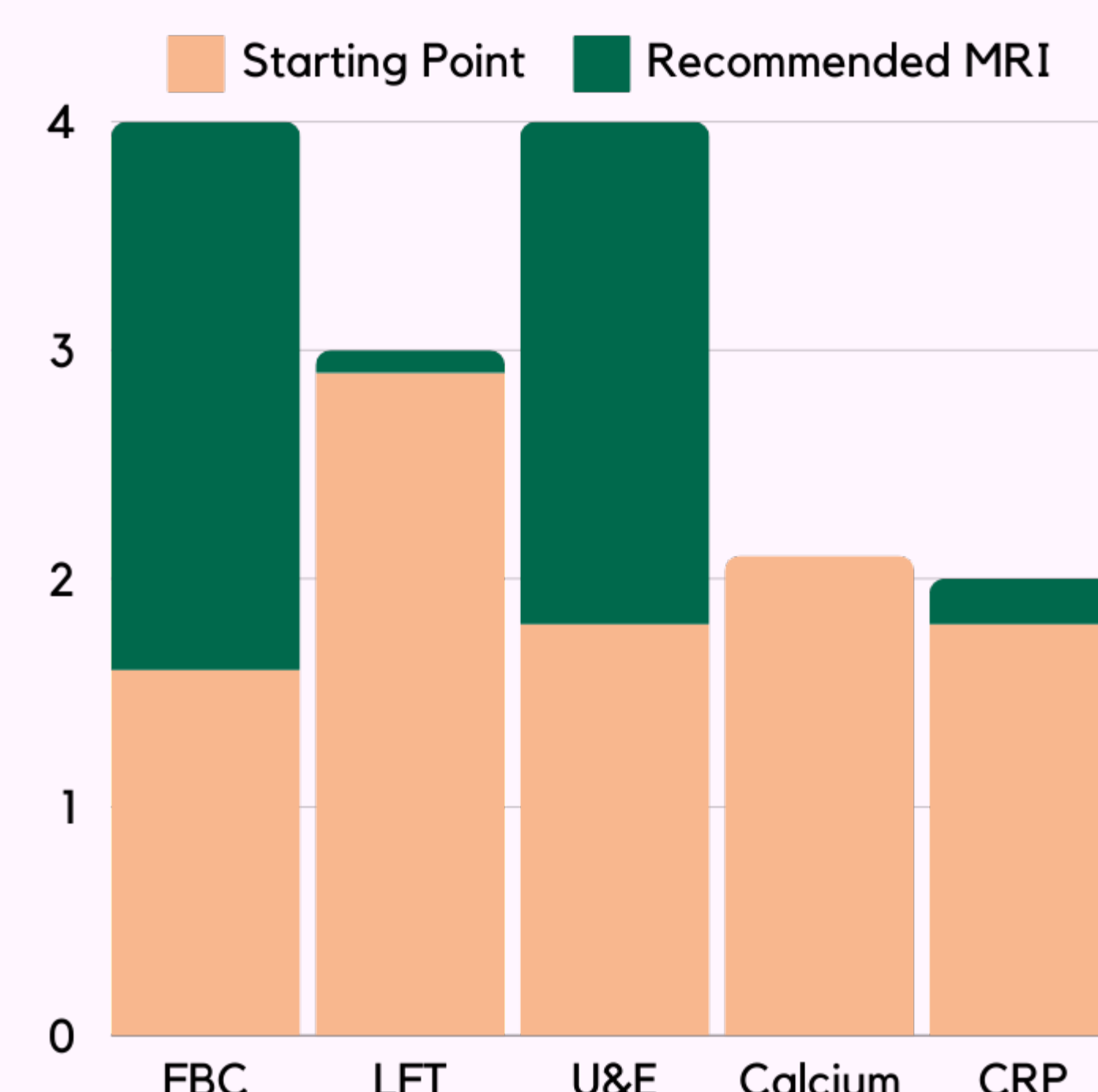
PROJECT AIMS:

- To increase the interval of days between blood tests (FBC, LFTs, U&Es, Calcium and CRP) taken on Ward D8 at DGRI by 20% between 11/1/24 - 26/01/24.
- This goal is aligned with the recommendations of the Royal College of pathologists about minimum retesting intervals published in 2021 [1]

BACKGROUND AND PROBLEM AT HAND

Over a billion tests are run by hospital pathology laboratories each year, costing the NHS around £2.2 billion with the number of tests being performed is increasing at around 10% per year. **Approximately 1/4 of all tests are unnecessary repeats**, with only 32.1% of investigations considered to have made an impact upon patient management.[2]

In Ward D8 at DGRI, preliminary data gathering showed commonly requested blood tests being performed more frequently than the recommended minimum resting intervals (MRIs).



MEASURES

Ward Search

Looked on clinical portal at all **28 patients** staying on ward D8 and identified patients who had been admitted for a minimum of **3 days**.

Speaking to Staff

Spoke to ward staff to see which patients were waiting for a package of care, on dialysis, or needed more frequent monitoring to exclude them.

Looking at test dates

Used Labs to see the dates each eligible patient had a **FBC, LFT, U&Es, Calcium, and CRP** and put all this data in a spreadsheet.

Over time

This data collection was repeated every 3-4 days from **11/1/24 to 26/1/24** with tests of change being carried out during this time period.

Calculations

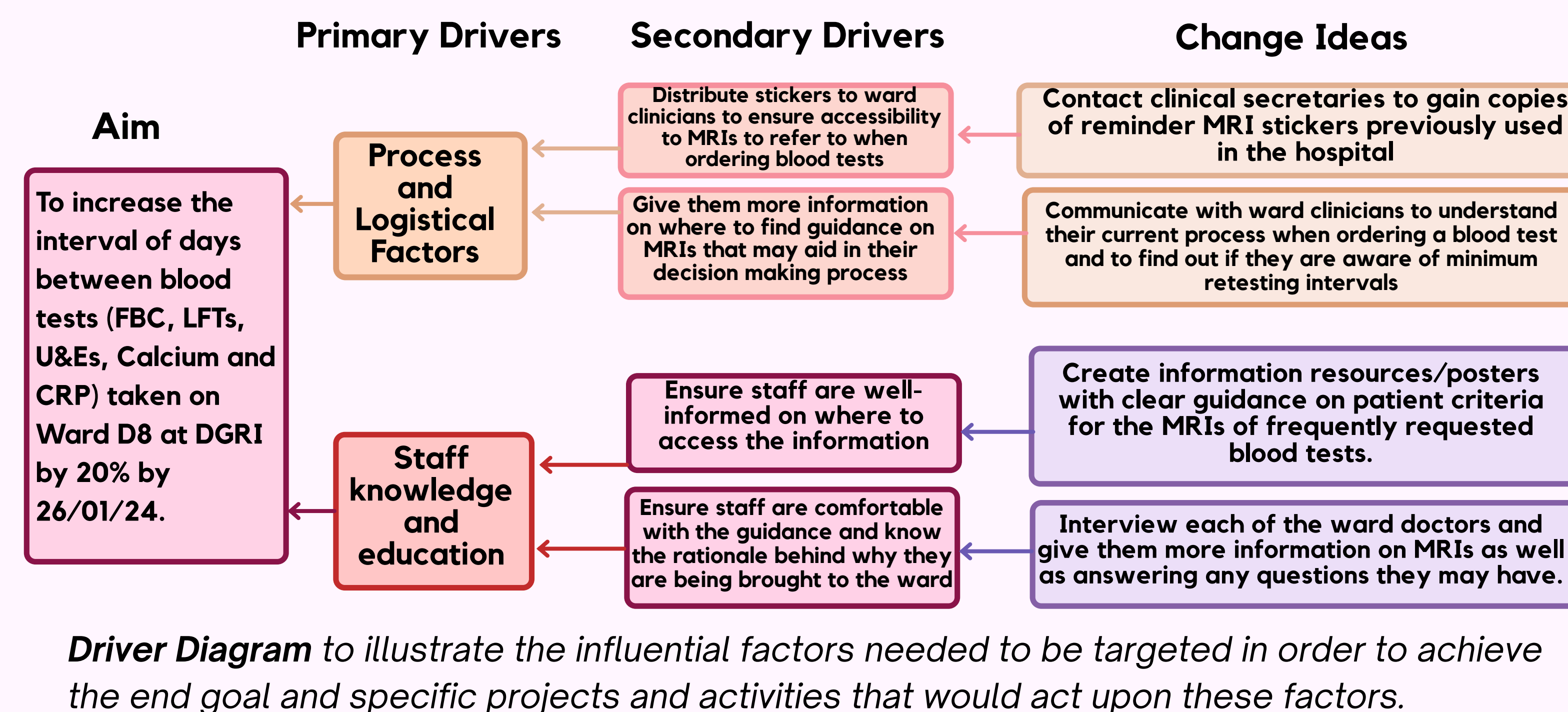
After each data collection the **average interval of days** between each blood test per patient sample was calculated as well as a percentage difference between the baseline and final data collections.

TOOLS AND METHODS

A driver diagram depicted a visual representation of my target areas in reaching my aim.

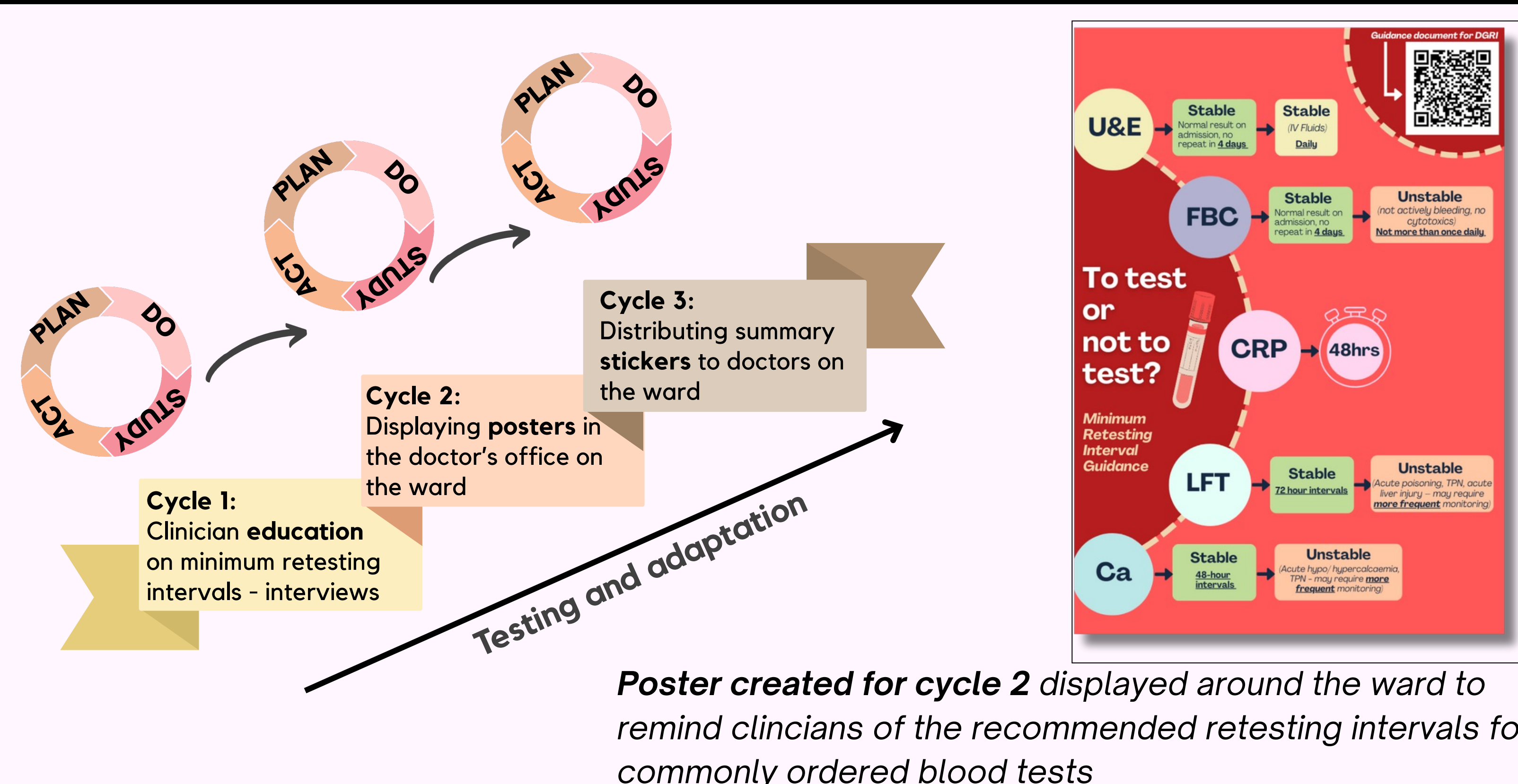
The two main areas of focus were:

- staff knowledge and education around blood testing protocols and MRIs
- the process and logistical factors that may aid in making their implementation easier



INTERVENTIONS

Plan Do Study Act (PDSA) Cycle: illustrating the three changes tested throughout the duration of the project.



ANALYSIS

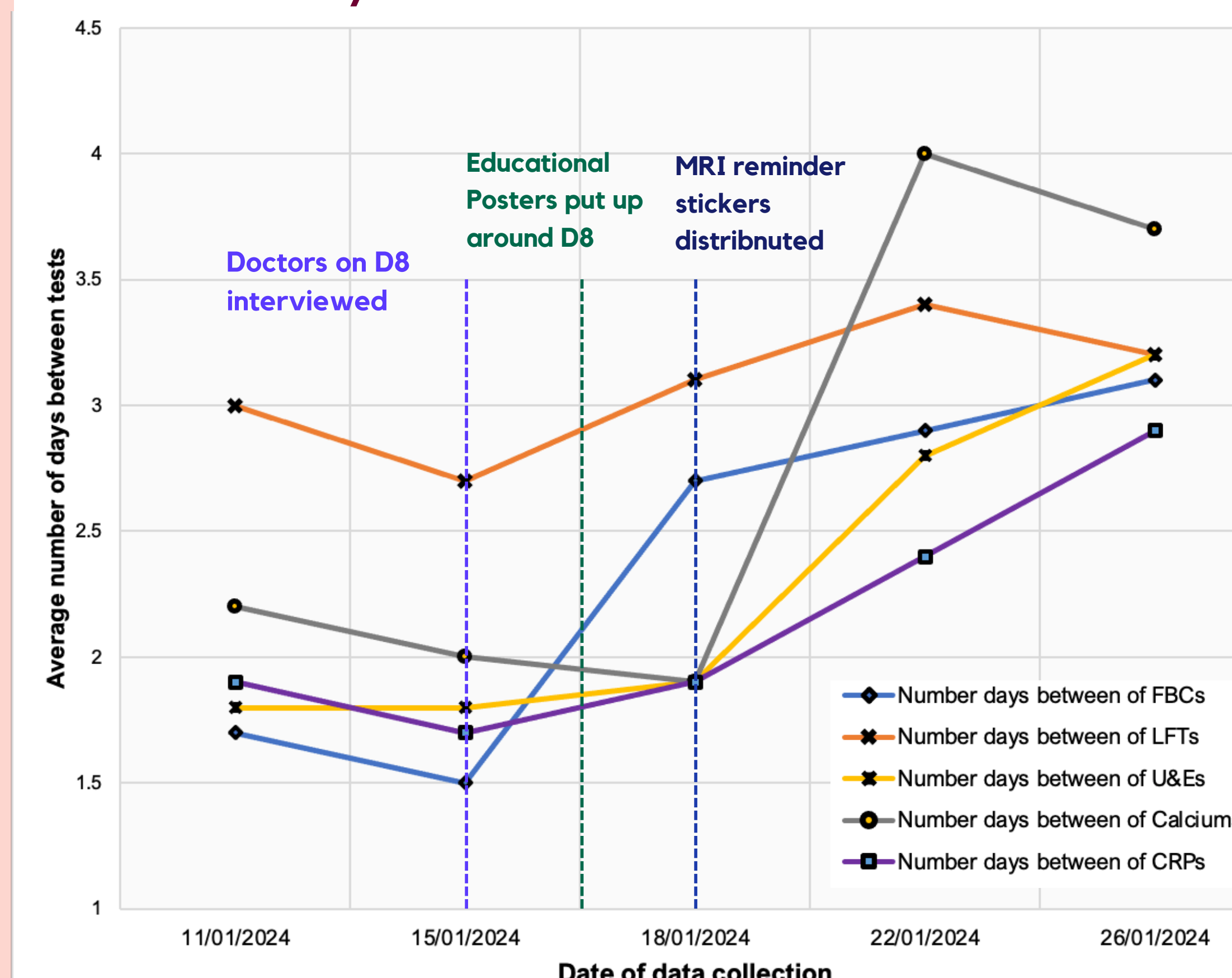
Key findings:

- Over the course of the 2nd week, I implemented the tests of change of interview, posters and stickers, with **all the intervals but calcium increasing**.
- Overall, though there were different impacts on each blood test the trend was that over the course of the project **there was an increase in the average interval of days between each blood test**.

The outcome measure aim of increasing the interval of days between each test by 20% was achieved in 4 out of the 5 blood tests.

**though LFTs did not achieve the aim, it was only very slightly below the MRI at baseline and did achieve this by the end of the data collection.*

Run Graph to show change in average number of days between each blood test over time



	FBC	LFT	U&E	Ca	CRP
Increase in interval of days achieved?	✓	✓	✓	✓	✓
Target achieved?	✓	✗	✓	✓	✓
Minimum Retesting Interval achieved?	✗	✓	✗	✓	✓

CHALLENGES AND FUTURE DIRECTIONS...

Could education around MRIs be given during the new doctors-in-training inductions.

To increase awareness of MRIs around the hospital for those working in wards other than D8 through educational session.

Accessibility to the guidance was a common theme that posed as a barrier to their implementation. Putting the guidance up on the local clinical handbook could be a way of making these easier to access

Data collection could continue with the total number of blood tests being requested being studied over a longer period of time.

- More suitable with a larger patient cohort
- Could see if interventions implemented on a wider scale are successful