

# CHI Learning & Development System (CHILD)

## **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

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- 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)



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 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 mangers.
- 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.



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• This Plan-Do-Check-Act (PDCA) was useful to deep-dive into and address settingspecific 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

# Name and Email of Project Contact Person(s)

Name: Jeanne Sng, Principal Medical Technologist, Department of Pathology, TTSH

Email: Jeanne sng@ttsh.com.sg