

Less is More

Lean Improvement in Handling Laboratory Investigation Reports in NTEC GOPCs

AUTHORS: Fung WM, Lam PH, Leung WK, Chiu CWH, Leung MKW, Kwok FL, Hui EMT, Hui Elsie.

AFFILIATION: Department of Family Medicine, New Territories East Cluster, Hong Kong

With growing services and attendance, GOPC has to handle a lot of laboratory investigation reports. A typical clinic handles more than 1,000 pages of laboratory investigation reports per day. A long handling time of average 417 minutes for each laboratory investigation report was observed. Such long redundant process, involving many personnel of clerical, supporting staffs and doctors, may increases the risk of error. With the aim to reduce the risk of missing or unseen abnormal laboratory investigation reports, the workflow of handling laboratory investigation reports was streamlined and the quality was monitored continuously.

Objectives

To reduce the risk of missing or unseen laboratory investigation report in GOPC

Methodology

Doctors and nurse in-charges of GOPC were engaged to review the current workflow of handling laboratory investigation reports for system vulnerability and identify possible improvement area. The workflow was streamlined with emphasis on **1S4D**.

Standardized management of laboratory investigation reports, including collection, distribution and abnormal result management.



Designated printer for printing of laboratory investigation reports - the printer was labelled clearly "Do Not Switch Off" to prevent interruption to the printing of the reports.



Designated folder for filing the laboratory investigation reports to individual doctor for screening - screened normal and abnormal laboratory investigation reports were collected in separated files to enhance alertness of abnormal laboratory reports.



Designated staff to handle the laboratory investigation reports - designated clerk distributed and collected laboratory investigation reports. All pages of the reports were rechecked and ensured to be screened before taking relevant follow-up action.



D4

Designated area and duration for storage of screened normal and abnormal laboratory investigation reports respectively.



In addition with the documentation of abnormal laboratory result in CMS to enhance follow up action, the revised workflow was implemented in Lek Yuen GOPC (LYGOPC) as pilot project in May 2017.

Result & Conclusion

Evaluation after 3 months post pilot implementation revealed positive outcome with no incident related to missing or mishandling of laboratory investigation reports in LYGOPC.

The processing time was significantly decreased by 34%, which in turn greater efficiency in handling the laboratory investigation reports was achieved after the lean improvement. With this encouraging result, all GOPCs in NTEC adopted the revised workflow of handling laboratory investigation reports in 2018.

A department based audit in 2019 shown an overall good compliance, particularly in improvement area 1S4D.

It is worth to continuously monitor the workflow, quality and compliance as we strive to sustain zero tolerance of any missing laboratory investigation reports. Patient safety and timely treatment is always our utmost concern.