

Project Title

Workflow Improvement with the Use of Sysmex TS500 Sorting and Reflex Rerun Rules

Project Lead and Members

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Project members: Mary Gan Shi Ying, Margaret Frans Go, Tung Moon Ley

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Allied Health

Applicable Specialty or Discipline

Medical & Laboratory Technology

Project Period

Start date: Apr-2019

Completed date: Jun-2019

Aims

To utilise existing equipment to further streamline the process for full blood count testing and to cut down the time needed for manual sample checking. The section also hopes to prevent future miss out of erythrocyte sedimentation rate samples by implementing the optimized sorting method.

Background

See poster attached/ below

Methods

See poster attached/ below



CHI Learning & Development System (CHILD)

Results

See poster attached/ below

Lessons Learnt

Human errors can be eliminated by automation and workflow optimisation

Conclusion

See poster attached/ below

Project Category

Technology, Medtech, Care & Process Redesign, Value Based Care, Productivity, Quality Improvement, Workflow Redesign

Keywords

Full Blood Count testing, Sysmex TS500 Sorting

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WORKFLOW IMPROVEMENT WITH THE USE OF□SAFETYSYSMEX TS500 SORTING AND REFLEX RERUN☑PRODUCTIVITYRULES☑PATIENT EXPERIENCE☑QUALITY

MEMBERS: KL FENG, SY GAN, MF GO, ML TUNG

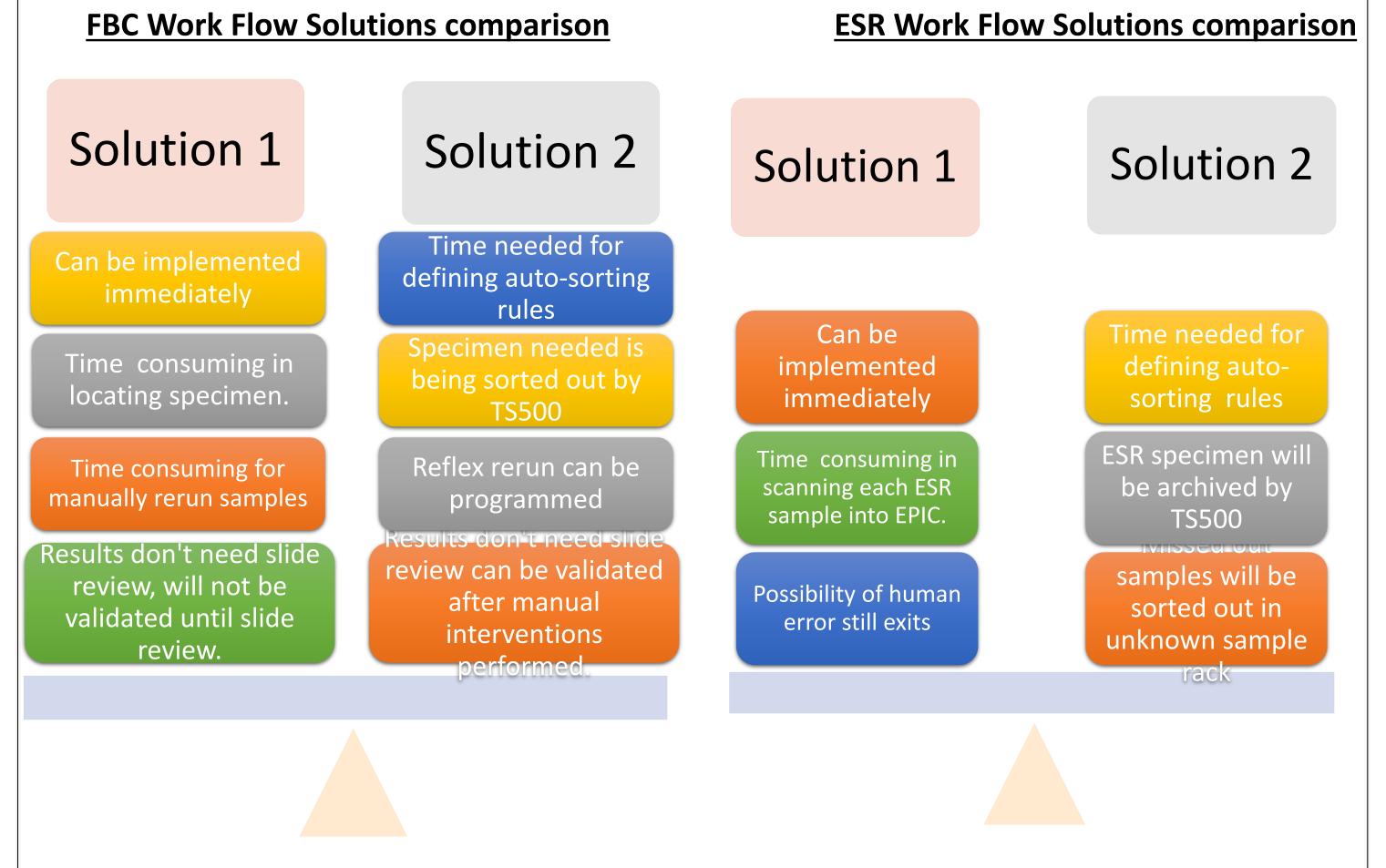
Define Problem, Set Aim

Ng Teng Fong General Hospital (NTFGH), laboratory medicine(haematology section) is looking into the possibility of utilizing existing equipment to further streamline the process for full blood count (FBC) testing and to cut down the time needed for manual sample checking (eg. Clot checking and rerunning sample of critical results). The section also hopes to prevent future miss out of erythrocyte sedimentation rate(ESR) samples by implementing the optimized sorting method.

By further defining the auto-sorting and reflex rerun rules, the Sysmex TS500 auto tube sorter can be utilized to its optimum to sort out mainly specimens that need manual interventions. Moreover, reflex rerun will be done for specimens that meets the auto-rerun criteria. By implementing these improvements, time required for manual sample checking and re-running can be decreased up to 70% or more. Thus, results will be available to clinicians promptly to avoid delay of providing treatment to patients.

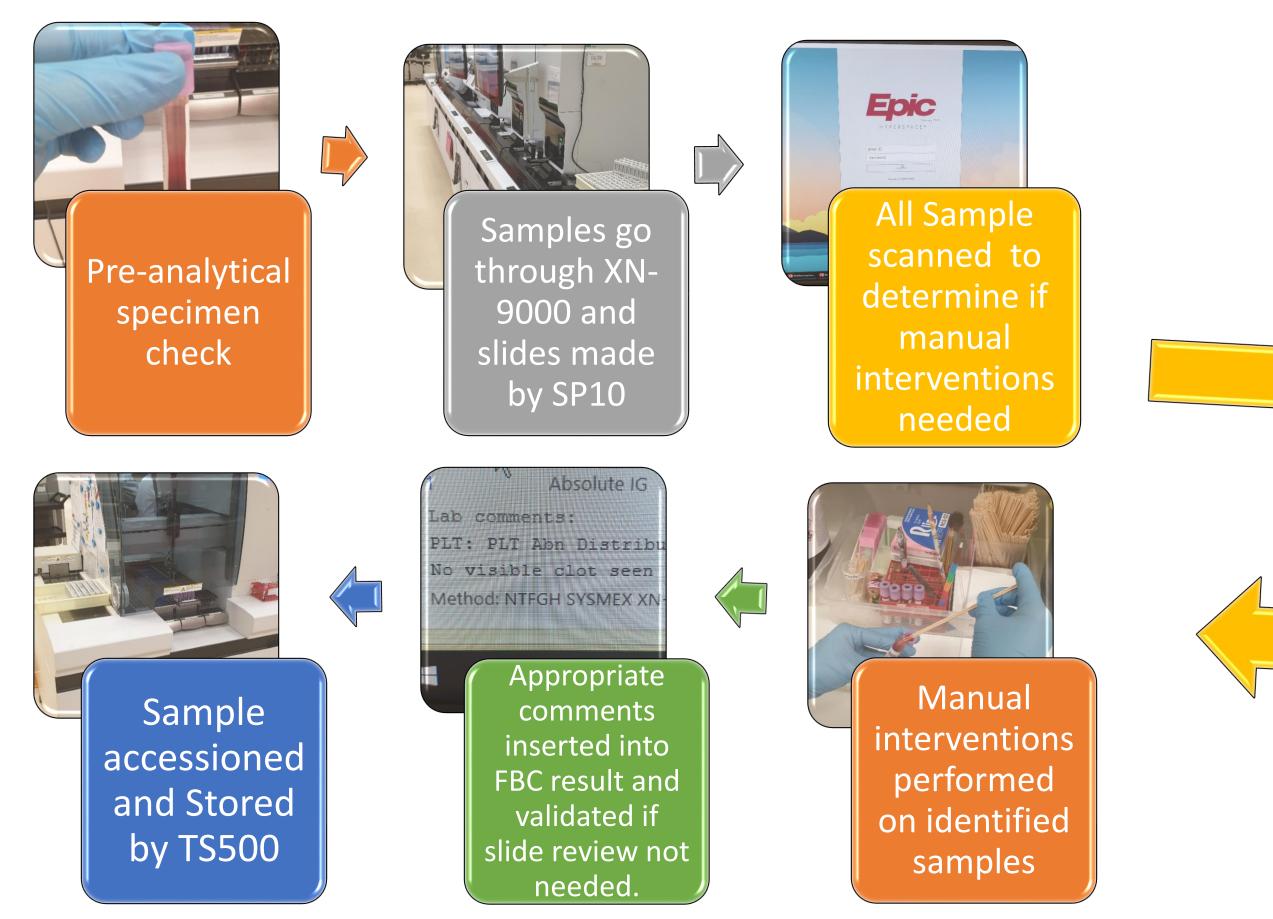
Select Changes

VALUE



Establish Measures & Analyse Problem





<u>Conclusion</u>

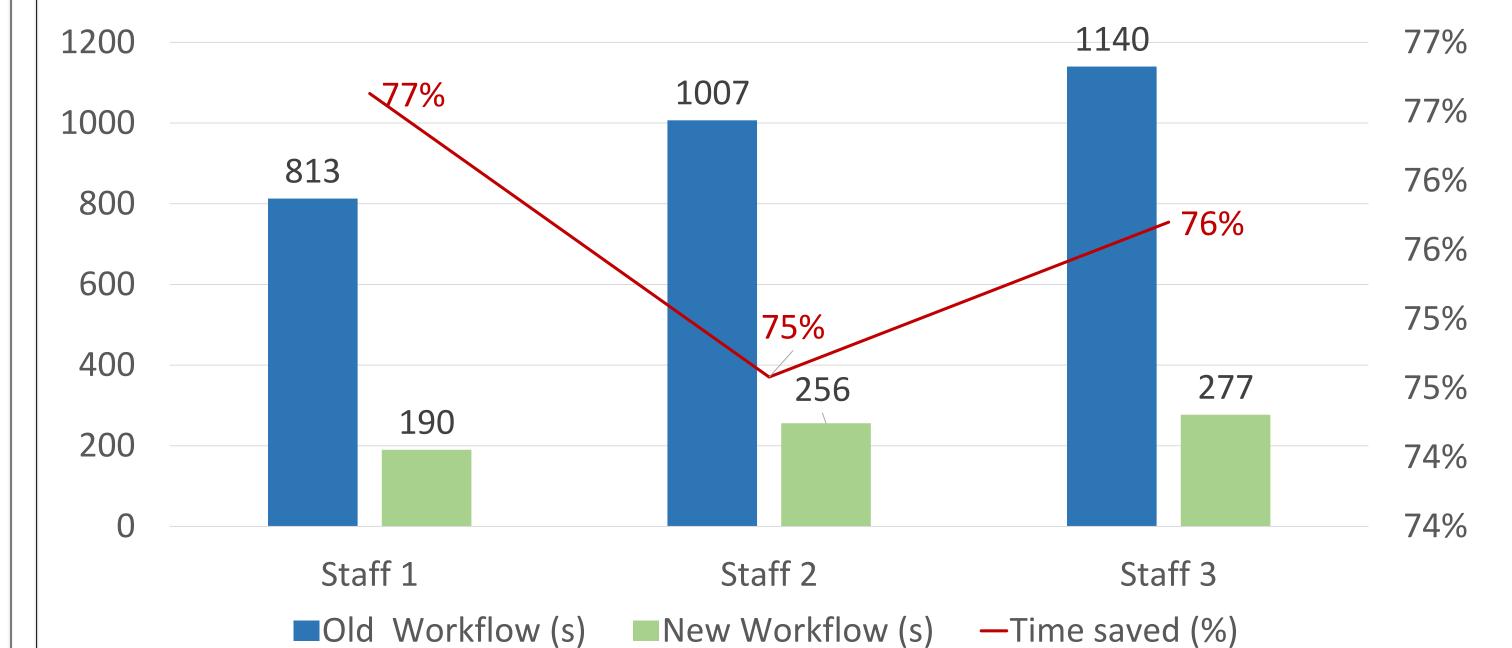
As the aim of the project is to dramatically cut down time needed to perform manual interventional, solution 2 is chosen

Conclusion

As the aim of the project is to prevent future ESR sample miss out, thus, solution 2 is chosen as it eliminates the possibilities of future human error.

Test & Implement Changes

• Time used to performed manual interventions on 3 sets of 50 random samples by 3 different staff using the old method and the improved method were compared in the chart below.



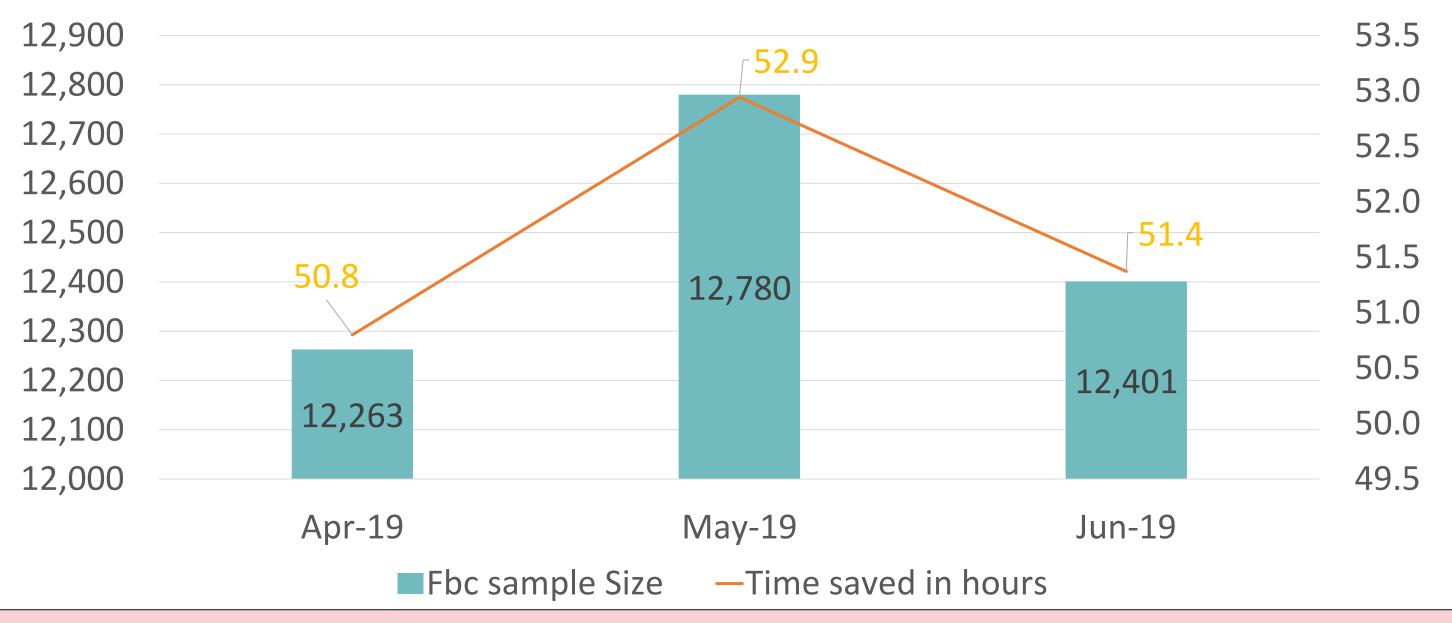
- All samples need to be scanned, resulting in time wasted on samples that don't need manual interventions.
- Identified samples need to be manually retested, which takes time and disrupts running of patient samples.
- Time wasted in this process leads to staff to having less time for other more important tasks (eg. slide review).

Possible Solutions

- 1. Allowed TS500 to archived all samples first. During slide review , samples need manual interventions can then be located and retrieved through Sysmex software. The manual interventions the being performed on the retrieved samples.
- 2. Program TS500 to sort out samples that required manual interventions. After required manual interventions performed, samples can be load into TS500 again and will then be archived.

ESR Work flow Sample loaded ESR sample Sample Sample placed scanned and into analyzer, archived in ESR into ESR sample received by result rack for batch transmitted to sample storage specimen EPIC and being reception area rack running (SRA) verified.

Time saved in terms of workload



Spread Change/ Learning Points

Scenario when missing sample occurs

- When a ESR sample not being received into EPIC by specimen reception area(SRA) staff and placed into ESR sample rack. Haematology staff will assume the sample is being received and ESR will be performed, the sample will then be stored in ESR storage rack.
- Due to the sample not being received into EPIC, it will not appear in pending list and staff will not be able to find out the missing sample until the ward called to enquire ESR result for the sample at a much later time.

Possible solutions

- . Scanned all ESR sample into EPIC before ESR being performed, to ensure all samples being received by SRA.
- 2. Program TS500 to archive all ESR samples received by SRA and those not received or scanned correctly will be sorted out as an unknown sample.

• It is possible to eliminate human errors through automation and workflow optimization.

Without incurring any additional cost to the section, we managed to save more than 50 hours in performing manual interventions on FBC samples each month.



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