

How can working with our pathology partners improve our test turnaround time and patient care within the ED?

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#### Objective:

To describe the methods used in engaging a key stakeholder to review process and efficiencies to reduce Emergency Department pathology tests turnaround time (TAT) to under 1hour.

#### Background:

The project is being undertaken in an outer metropolitan hospital with a single site Emergency Department (ED). The ED services on average 220 patients per day, and in the last financial year saw 72,000 pt, to date. Pathology results were taking 2 plus hours, pathology tests were being ordered as emergency tests despite having no impact on ED disposition decision, admitted patients subsequent tests were all being billed to ED as patient identification labels were not changed from ED admission. This meant that ED was bearing the cost of many inpatient tests and was \$400K over budget, the ED recollection rate for tests was inaccurate and the test turnaround time was delayed and above the benchmark.

#### Method:

The implementation of a revised pathology system occurred in stages. Our primary focus initially was to build a relationship with our pathology contractors, and understanding the business implications for the contractor. Secondary was to gather data from both pathology and the ED to gauge the current test turnaround times. We investigated and learnt the pathology systems and processes and the challenges the pathology lab face. Next we identified the priority tests for ED vs tests for admitted patients, and how we could identify between the two streams.

#### Results:

Test turnaround time has reduced impacting on patient care and disposition, number of ED ordered tests has reduced, cost to ED has reduced.

Utilisation of Li based tubes has ensured compliance with ED tests, and a more accurate representation of ED pathology data can be determined.

#### Conclusion:

Pathology results within the ED are a crucial factor for many patients regarding admission or discharge, especially for the cohort of patients that are not clear discharges until confirmed with pathology. Therefore the more efficient the results the more timely a patient can be discharged or referred to the admitting unit.