
Informational flyer created and disseminated by the housestaff-led Choosing Wisely steering committee, Vanderbilt University Medical Center, 2014

**REDUCE UNNECESSARY LABS IMPROVE PATIENT CARE**

**GET TO KNOW THESE NUMBERS:**

| **250** | Estimated charge for “routine” daily labs (per patient, per day) at VUMC |
| **100** | Volume (mL) of phlebotomized blood leading to a 2 point drop in a patient’s hematocrit |
| **50**  | The average volume (mL) of blood removed by phlebotomy per day in an ICU patient |
| **5**   | The volume (mL) of phlebotomized blood required to increase a patient’s risk for moderate to severe hospital acquired anemia by 20% |

The five most common “routine” labs ordered on a recurring basis are:

- CBC, BMP, calcium, magnesium, phosphorous

An intervention aimed at reducing unnecessary ordering of these labs achieved the following results:

- 12% fewer inpatient tests
- 21% fewer inpatient phlebotomies
- A decrease in the average number of patients requiring blood draws during morning phlebotomy rounds from 127 to 84
- An estimated yearly savings of $73,000 just by reducing the amount of chemical reagents needed to perform these five tests

**WHAT’S YOUR DEFAULT?**

**DAILY LABS**

**NO DAILY LABS**

**CHOOSE WISELY.**

Brought to you by the Vanderbilt Choosing Wisely House Staff Steering Committee *

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**References:**


*ChoosingWisely® is an initiative of the ABIM Foundation. We are not affiliated, authorized, endorsed by, or in any way officially connected with the ABIM Foundation.

This flyer was distributed in all intervention service work areas following the study intervention’s didactic session. The content of this flyer was reviewed and approved by the Vanderbilt Internal Medicine Foundation’s Choosing Wisely campaign prior to dissemination.
What if I miss something important?
You won’t. Multiple studies looking at both ICU and floor patients have demonstrated significant (up to 42%) reductions in blood tests without any negative impact on mortality, length of stay, transfer to ICU, readmission rates or ventilator days.1-5 If their clinical status unexpectedly changes you can always order labs at that time.

What will my attending think if I don’t have labs?
They will be impressed with your commitment to evidence based, cost-effective care. They may even give you an “Aspirational” ranking on your ACGME Milestone evaluation (MK2 and SBP3 – “recognize and address common barriers to cost-effective care and actively participates in initiatives”).

What’s the harm in just ordering the labs?
Unnecessary testing can result in several types of harm to the patient: technical errors, injuries, pain, hospital acquired anemia, and risks associated with working up incidental or erroneous abnormal results.1 Hospital acquired anemia due to excessive phlebotomy has been associated with increased morbidity and mortality.6

More labs = better patient care.
Not necessarily. Sometimes these labs will result in unnecessary harm as discussed in Misconception 3. In addition, excessive labs can significantly increase the patient’s bill, interrupt sleep, increase suffering due to needle sticks, decrease patient satisfaction and increase the overall cost of healthcare.

What can I do?
Discuss lab results on rounds with your team. Mention them explicitly when making a plan for the patient. Ask if they are really needed. If in doubt, try not getting labs. You can always order them later. Do you have to have the labs in the morning for rounds? Or can it wait until you have a specific concern based on clinical findings? It is possible to make a difference. Other institutions have successfully demonstrated 20 – 40% drops in the number of tests ordered.1-6