



To: Physicians, Nurse Practitioners, CDHA Clinics and Inpatient Units

From: Dr. J.G. Heathcote, District Chief, Department of Pathology and Laboratory Medicine

Date: January 31, 2012

**Subject: Implementation of Urgent Priority Testing and Turn-Around Time Compliance**

---

On December 1, 2011, the Department of Pathology and Laboratory Medicine implemented the Urgent order priority and simultaneously introduced standard turnaround times (TATs) for tests, based on STAT, Urgent and Routine priorities. The Department is monitoring the number of orders that are Stat, Urgent and Routine and auditing its own compliance with the standard TATs for selected tests (posted under the link <http://www.cdha.nshealth.ca/pathology-laboratory-medicine>).

To date there has been considerable progress with implementation of the process changes in both the patient care areas and the Department. Thank you for your patience and support throughout this transition period. The following table demonstrates the shift in ordering practices from our baseline (October and November 2011) to post implementation in December. These data reflect all test orders, including referred-in samples from other Districts.

	<b>Baseline</b>	<b>Dec 2011</b>
<i>Routine</i>	64.00%	70.80%
<i>Stat</i>	26.80%	10.90%
<i>Urgent</i>	0.00%	17.73%

Data is also available by Patient Type and ordering priority; RT is Routine, ST is STAT and UR is Urgent.

		<b>Baseline</b>	<b>Dec 2011</b>
<i>Emergency</i>	RT	3.1%	4.3%
	ST	96.2%	62.4%
	UR	0.0%	33.2%
<i>Inpatient</i>	RT	9.8%	25.0%
	ST	73.0%	22.2%
	UR	0.0%	51.7%
<i>Outpatient</i>	RT	67.3%	73.0%
	ST	26.4%	6.9%
	UR	0.0%	19.0%
<i>Preadmit</i>	RT	5.4%	23.7%
	ST	51.1%	8.1%
	ASAP	38.5%	1.0%
	UR	0.0%	67.0%
<i>Series</i>	RT	41.1%	45.2%
	ST	54.7%	12.6%
	UR	0.0%	41.2%

(Please note percentages will not add up to 100% because of other priorities occasionally used; e.g. Timed. Series patients are recurring outpatients who use the same requests for 3-6 mos.)

Data are also available for each individual care area or clinic throughout the CHDA. We will continue to follow up with specific patient care areas when data suggest opportunities remain to reduce the number of STAT orders. STAT is intended for life-threatening situations and where results are required for the provision of immediate patient care. The STAT priority is only available for hospital inpatients, emergency room patients and hospital clinic outpatients. Urgent is intended for tests needed to inform care decisions within a few hours. All other orders should be Routine.

The Department of Pathology and Laboratory Medicine continues to identify and resolve process issues so diagnostic information is available to clinicians in a more timely way and Capital Health patients are better served. We ask for your continued collaboration to improve the responsiveness of our services by ordering laboratory tests with the **appropriate** priority. In the future we will be seeking your feedback on reports detailing how well the Department is meeting the TAT standards.