**Text box 6: PDSA cycle to achieve timely clinical management through prompt reporting of haemoglobin values**

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| **Plan** | * Question: Why can we not report Hb values promptly? * Aim: Report Hb value within one hour of sample collection * Prediction: All results can be reported within 1 hour of sample collection   Establish a QI team comprising: two patient representatives, phlebotomist, lab staff, clinician, store man, hospital manager  Complete QI initiative within 6 months including evaluation of impact | |
| **Do** | Baseline audit of time from sample request (recorded on the investigation request form) to providing the result to the patient (recorded in a ledger in the lab reception area) | |
| **Study** | Review findings from baseline audit  Undertake analysis of barriers and causes of delays; present findings in a fishbone diagram (Figure 1) | |
| **Act** | Main elements of QI implementation | |
| *People* | * Ward/clinic staff explain reasons for measuring Hb * Phlebotomist advises patient to return for result to lab reception area in 30 mins * Individual lab staff allocated responsibility for sample transport, recording and Hb measurement * Deputy identified if staff member absent |
| *Environment* | * Coloured signs to sample collection room put-up in hospital * Room, cleaned, painted, provided with benches * Only one parent/guardian per patient allowed in to sample collection room |
| *Materials* | * Daily check on supply of basic reagents and sample tubes * When to re-order from stores clarified |
| *Methods* | * SOP for daily lab set-up; start at 07.30 hours, instrument warm-up and running quality control samples * Tick box on investigation request form to prioritise sick patients (e.g. may need urgent transfusion) * 15 min schedule for sample transfer; designated staff members * Training to ensure all samples awaiting analysis placed on roller mixer |
| *Equipment* | * PCV measured and reported immediately if Hb value not available within 30 mins |
| Re-audit at 6 months. Feedback findings in a hospital meeting. Identify on-going problems to further improve the service. | |