



ORIGINAL ARTICLE

Impact of a do-not-do intervention on 12 laboratory measurements^{☆,☆☆}



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KEYWORDS

Patient safety;
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Abstract

Objectives: In recent years, various scientific societies and healthcare organizations have created recommendations aimed at decreasing the use of healthcare interventions that have shown no efficacy or effectiveness. The aim of this study was to assess the impact of an intervention on 12 do-not-do recommendations regarding the laboratory in 7 hospital centers.

Methods: Before-after study conducted in 7 hospital centers of Cordoba and Jaen during 2015 and 2016. Based on the recommendations of existing scientific societies, a consensus was reached on various actions regarding laboratory measurements. We analyzed the number and cost of measuring 6 tumor markers (carcinoembryonic antigen, prostate-specific antigen, carbohydrate antigen [CA] 15.3, CA 125, CA 19.9 and alpha-fetoprotein), thyrotropin, T3, T4, glycated hemoglobin, urea, ferritin and antiigliadin antibodies, before and after implementing the consensus.

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Results: Compared with the previous year, there were 55,902 fewer laboratory measurements (-19%) in 2016, with an overall savings of €82,100. The reduction in the number of measurements occurred mainly in plasma urea (-50.3%) and in the tumor markers CA 125 (-16%), CA 19.9 (-11.6%) and CA 15.3 (-10.5%). The most pronounced savings were achieved in the measurements of urea (-€21,002), thyroid hormones (-€12,716) and thyrotropin (-€7638).

Conclusions: The adoption and consensus of do-not-do recommendations among healthcare levels resulted in a significant reduction in unnecessary measurements.

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PALABRAS CLAVE

Seguridad del paciente;
Sobreutilización;
Costes

Impacto de una intervención de «no hacer» en 12 determinaciones de laboratorio

Resumen

Objetivos: En los últimos años distintas sociedades científicas y organizaciones sanitarias han generado recomendaciones orientadas a disminuir las intervenciones sanitarias que no han demostrado eficacia o efectividad. El objetivo de este estudio es evaluar el impacto de una intervención acerca de 12 recomendaciones de «no hacer» referidas al laboratorio en 7 centros hospitalarios.

Métodos: Estudio antes-después llevado a cabo en 7 centros hospitalarios de Córdoba y Jaén durante los años 2015 y 2016. Se consensaron según las recomendaciones de las sociedades científicas existentes diferentes actuaciones referidas a determinaciones de laboratorio. Se analizaron el número y coste de las determinaciones de 6 marcadores tumorales [(antígeno carcinoembrionario, antígeno prostático específico, antígeno carbohidrato (CA) 15.3, CA 125, CA 19.9 y alfa-fetoproteína)], tirotropina, T3, T4, hemoglobina glicada, urea, ferritina y anticuerpos anti gliadina, antes y después de la implantación del consenso.

Resultados: Se dejaron de hacer en el año 2016 respecto al año anterior 55.902 determinaciones de laboratorio (-19%), con un ahorro global de 82.100€. La reducción en el número de determinaciones se produjo principalmente en la urea plasmática (-50,3%) y en los marcadores tumorales CA 125 (-16%), CA 19.9 (-11,6%) y CA 15.3 (-10,5%). El ahorro más acusado se obtuvo en la determinación de urea (-21.002€), en la de hormonas tiroideas (-12.716€) y tirotropina (-7.638€).

Conclusiones: La adopción y consenso de recomendaciones de «no hacer» entre niveles asistenciales conlleva una reducción significativa de las determinaciones innecesarias.

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Background

In April 2013, the Ministry of Health presented the initiative known as “Commitment to the Quality of Spanish Scientific Societies”, whose main objective is to decrease the use of unnecessary healthcare interventions, defined as those that have not shown efficacy, have little or questionable effectiveness or priority or are not cost-effective. This project sought the collaboration and joint effort of Spanish scientific societies for the continuous improvement of the quality of healthcare. To this end, each society established 5 “do-not-do” recommendations based on a preliminary list of scientific, evidence-based recommendations obtained from clinical practice guidelines as the main source. The results so far are more than 140 recommendations proposed by 28 Spanish scientific societies. Approximately 20% of these recommendations refer to laboratory tests.¹

Meanwhile, various societies have established a series of recommendations regarding the minimum intervals for repeating laboratory tests, based on the best current

evidence and healthcare practices. One of the most common causes of inadequacy in laboratory measurements is the repetition of requests, which has been estimated at 16–30% of all tests performed.^{2,3}

In overall terms, the impact of do-not-do recommendations on the daily conduct of health care is poorly known, and there are few studies on this topic.⁴ The main objective of this study was to assess the impact of an intervention on 12 do-not-do recommendations regarding the laboratory in 7 hospital centers.

Material and methods

Setting

The study was conducted in the 7 public hospitals managed by the Guadalquivir Healthcare Agency (Government of Andalusia), distributed in the provinces of Cordoba (Hospital of Montilla; High-resolution Hospital of Puente Genil; and

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