

QI project reduces unnecessary peds inpatient electrolyte testing

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for nine months, saving an estimated \$292,000 in patient-level charges over the course of a year. For the highest-charge electrolyte panel, use decreased from 67 to 22 percent of testing. There have been no changes in rates of medical emergency team calls or readmission.

"Our improvement [intervention](#) was associated with significant and rapid reduction in [electrolyte](#) testing and has not been associated with unintended adverse events," the authors write.

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(HealthDay)—A quality improvement initiative rapidly reduced unnecessary electrolyte testing among hospitalized pediatric patients, according to a study published online April 4 in *Pediatrics*.

Michael J. Tchou, M.D., from the Cincinnati Children's Hospital Medical Center, and colleagues conducted a quality improvement project targeting use of electrolyte testing among six hospital medicine teams in a large academic children's hospital system. Using the Model for Improvement, interventions included standardizing communication about the plan and education about the costs and risks associated with overuse of electrolyte testing. Pre- and post-intervention comparisons were made.

The researchers found that the mean baseline rate of electrolyte testing was 2.0 laboratory draws per 10 patient days. This rate decreased by 35 percent one month following the initial educational interventions to 1.3 electrolyte laboratory draws per 10 patient days. This decrease has been sustained

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