

How Real-Time Analytics Improved Lab Performance and Helped Reduce Readmissions Due to Fewer False Positives in Sepsis Testing

April 30, 2024, 8:30am

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Clinical Pathology
Laboratories, OMCH**



Today's Agenda

TIME	TOPIC
0830-0835	Ochsner Health and Laboratory Services
0846-0910	<p>Data Analytics Projects and key Lab performance indicators</p> <ul style="list-style-type: none">• ED Turnaround Times and workout• Lab Utilization and Key stockholder actions• Volume for Staffing analytics-Management of Labor• Sepsis Management-preventing false positive Blood Culture workups and contamination reductions to drive cost avoidance• Future Visiun[®] Enhancements
0910-0920	Q&A and Closing

Our Values

Our enduring beliefs and inspired behaviors.



Patients are always our **First** priority.



Inclusivity inspires us to do our best.



Always act with **Integrity**.



Excellence is an ongoing journey.



Approach every experience with **Compassion**.



Teamwork makes us stronger.

Our Mission

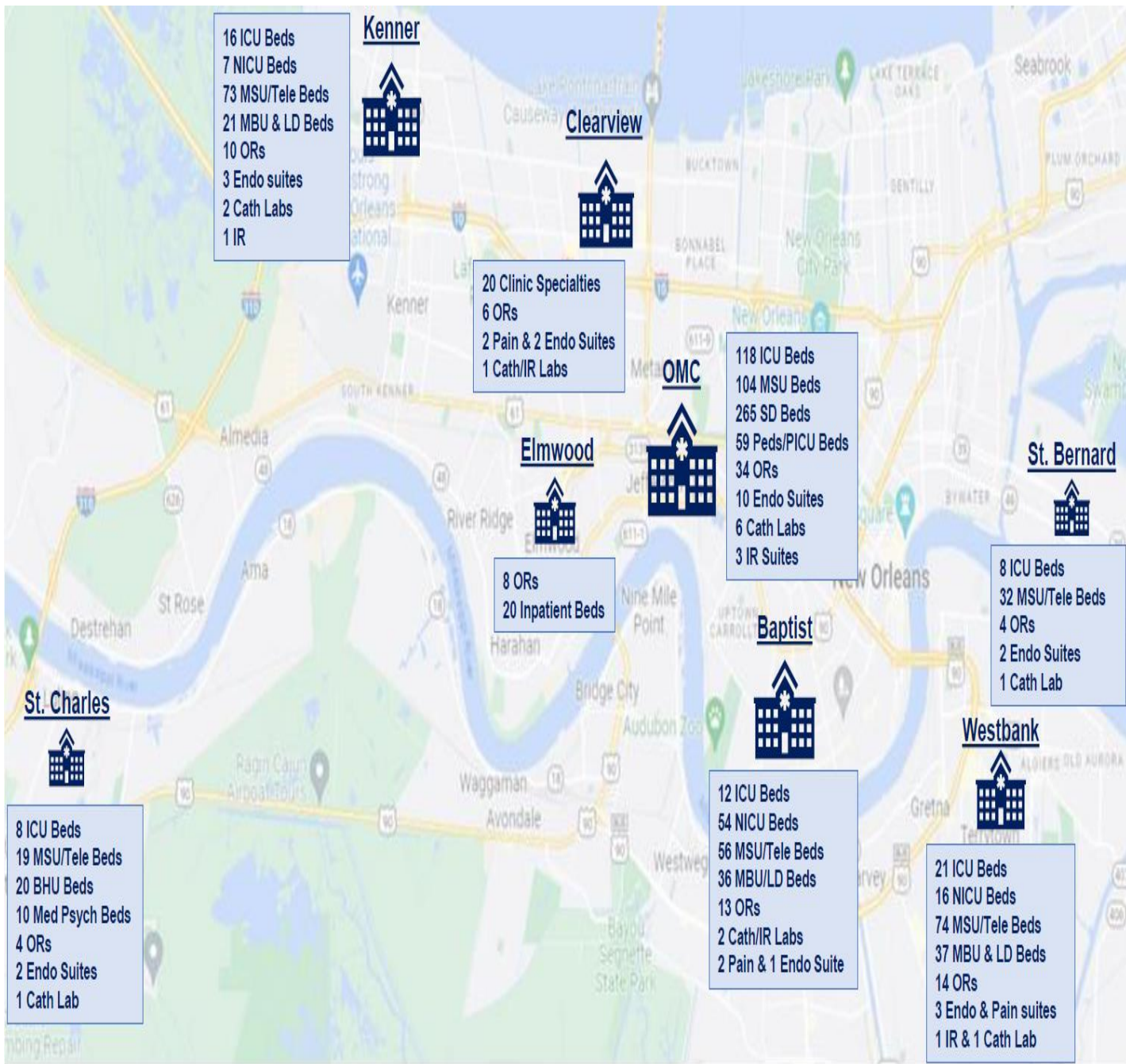
We serve, heal, lead,
educate and innovate.

Our Vision

Inspiring healthier lives
and stronger communities.

Ochsner Health

A Quick Background of our Health System and Laboratory Service Line



- Ochsner Health services Louisiana, Mississippi and Gulf South Region
- U.S News and World Report- Top Hospital in Louisiana and Top Children’s Hospital
- Ochsner Medical Center, OMC-750 Bed Hospital
- Leap Frog A/RAMI goal of 0.84
- OMC-Laboratory is a consolidated site for the South Region
- 5.5 Million Laboratory Tests performed

2023 OMC-JH Achievements

- Turnover Reduction
- Financial Turnaround
- Inpatient and Outpatient Quality Improvement
- RAMI Improvement
- Leapfrog A and USNWR Top Hospital
- TJC Survey
- LOS below 6, OBS LOS down 10hrs
- Diversion Reduction
- SNF Silver Distinction and USNWR
- Discharges, Surgeries, IR procedures, GI procedures, and Imaging studies all UP!
- Agency Reduction
- Hospital Medicine Colocation
- Multi-D Discharge Huddles (no McKinsey needed...)
- Insourced Physician Advising
- Salvation Army Partnership
- Car-T
- OR Efficiency and Stability
- AP TAT and Lost Specimen Reduction
- Micro and Molecular Test Insourcing
- CRNA Student Recruitment
- Navigated a significant RIF...and reorganized

Real time Data Analytics

- Started our Journey in Visiun[®], 2021
- Turnaround time data
- Hospital and ED Quality Metrics that impact:
 - Patient Satisfaction scores
 - Length of Stay
 - Delay in treatments
- Lab utilizations:
 - Identify key Stakeholders or Specialties needing Education about testing
 - Staffing appropriate for the volume- Use for forecasting Holidays and/or weekends
 - Blood Sepsis Management

Hospital Quality Metrics

MTSU	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2024	2023
Hand Hygiene Compliance	99%	98%	98%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98%	97%
Compliant	757	665	787	0	0	0	0	0	0	0	0	0	2209	6836
Total	766	679	802	0	0	0	0	0	0	0	0	0	2247	7059
Secret Shopper Goal	9	9	9	9	9	9	9	9	9	9	9	9		
Trained Secret Shoppers	5	5	5	0	0	0	0	0	0	0	0	0		
Active Secret Shoppers	3	3	4	0	0	0	0	0	0	0	0	0		
Isolation Compliance	80%	90%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	88%
No. Pt. Care Days	999	924	1006	0	0	0	0	0	0	0	0	0	2929	11499
No. CLABSI Infections	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No. CL Days	158	223	188	0	0	0	0	0	0	0	0	0	569	1993
CLABSI Rate	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00	0.00
NHSN CLABSI SIR	Quarter 1			Quarter 2			Quarter 3			Quarter 4				
	0			0			0			0				
CL Utilization	0.16	0.24	0.19	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.19	0.17
CLABSI Bundle Compliance	78%	70%	80%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	76%	71%
No. CAUTI Infections	0	0	0	0	0	0	0	0	0	0	0	0	0	2
No. Foley Days	183	137	101	0	0	0	0	0	0	0	0	0	421	1548
CAUTI Rate	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00	1.29
NHSN CAUTI SIR	Quarter 1			Quarter 2			Quarter 3			Quarter 4				
	0			0			0			-				
Foley Utilization	0.18	0.15	0.10	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.14	0.13
CAUTI Bundle Compliance	75%	88%	70%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	77%	69%
Urine Cultures	14.01	7.58	13.92	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
Blood Culture Contamination Rates	0.00%	0.97%	1.15%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.69%	0.88%
No. HO C.Diff Infections	1	0	0	0	0	0	0	0	0	0	0	0	1	6
C.Diff Rate	1.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.34	0.52
No. MRSA BSI	0	0	0	0	0	0	0	0	0	0	0	0	0	1
MRSA Rate	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00	0.09

$$\text{Infection Rate} = \frac{\text{No. Infections}}{\text{No. Device Days}} \times 1,000$$

SIR = Standardized Infection Ratio
 SIR >1.0 = worse than national average
 SIR <1.0 = better than national average

$$\text{Device Utilization} = \frac{\text{No. Device Days}}{\text{No. Patient Days}}$$

ED STAT Turnaround Times

Report Set Summary

Performance Summary

Page 1

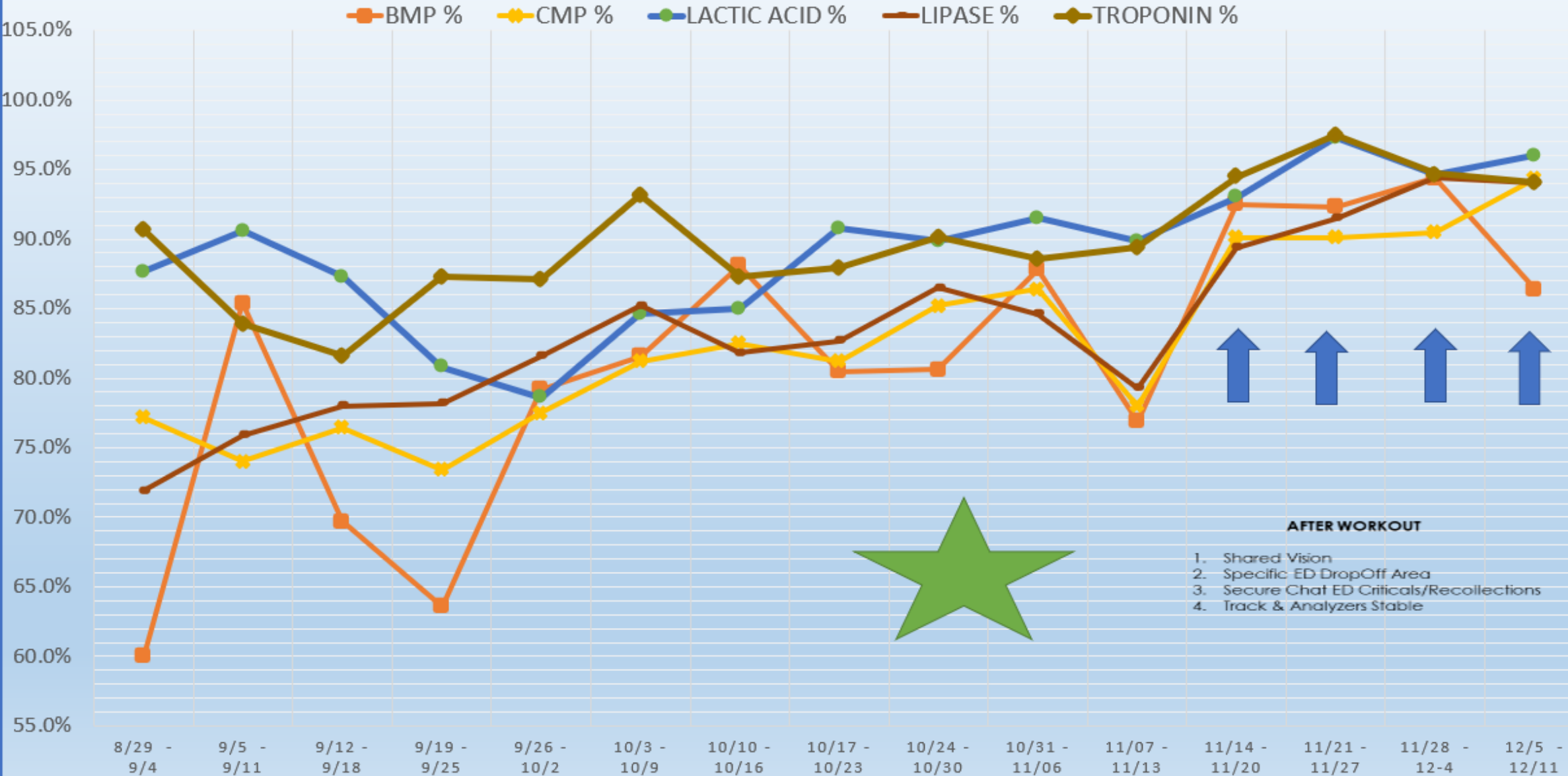


Performance Insight

Set #1061: OCLB TAT STAT ED - Monthly - The Month of March 2024

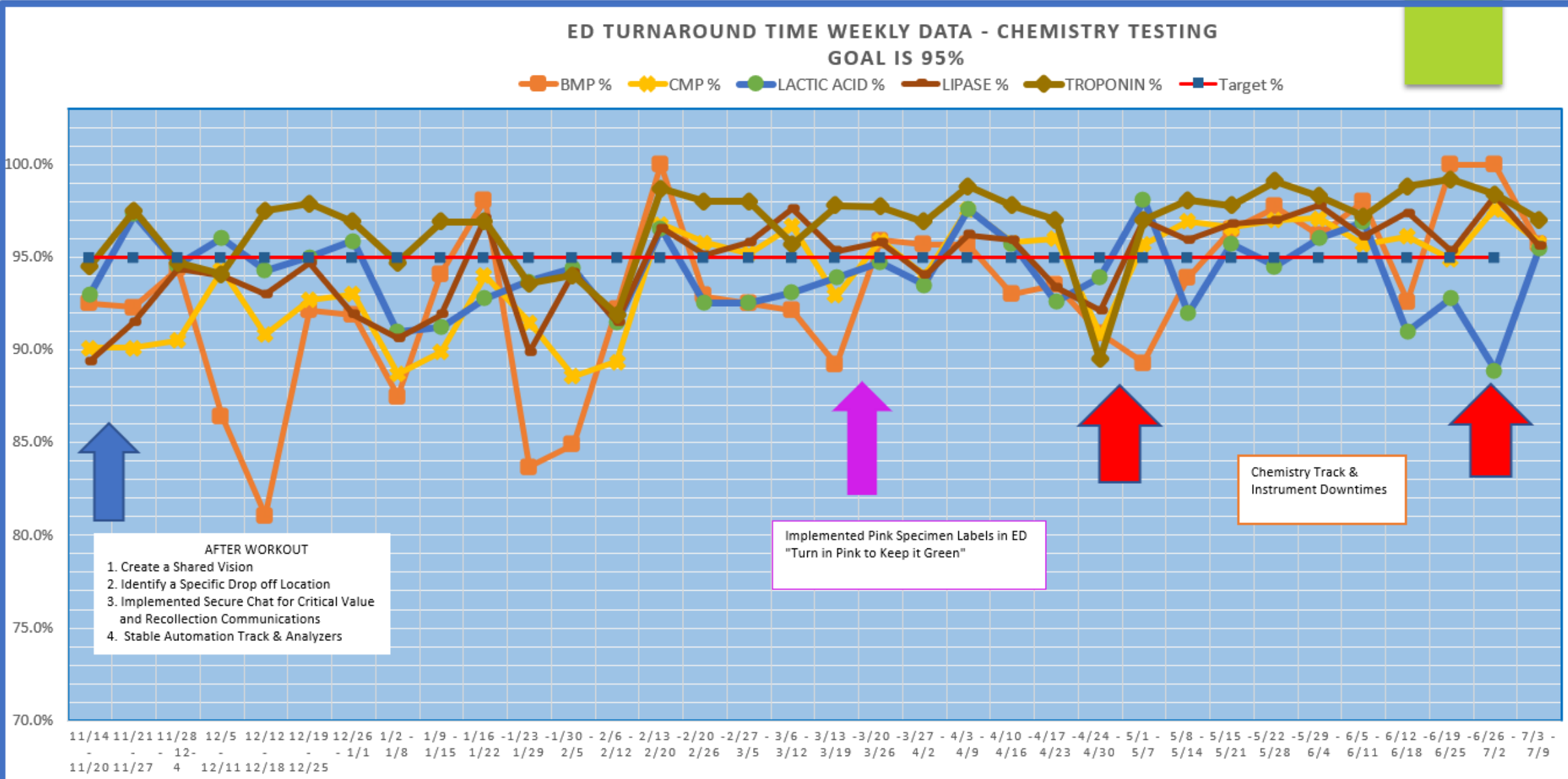
Turnaround Time						
#	Name	Other Info	Pass + Fail = Total	Target	Actual	Status
TI05	01a_APTT Monthly	Receive to Verify	282 + 11 = 293	95% <= 60 min	96.2%	Pass
TI05	01b_BMP Monthly	Receive to Verify	176 + 10 = 186	95% <= 60 min	94.6%	Fail
TI05	01c_CBC CBON CBWD HGB HCT MONTHLY	Receive to Verify	3894 + 173 = 4067	95% <= 60 min	95.7%	Pass
TI05	01d_CMP MONTHLY	Receive to Verify	3690 + 194 = 3884	95% <= 60 min	95.0%	Pass
TI05	01e_DDIMER MONTHLY	Receive to Verify	170 + 5 = 175	95% <= 60 min	97.1%	Pass
TI05	01f_LA Monthly	Receive to Verify	449 + 23 = 472	95% <= 60 min	95.1%	Pass
TI05	01g_LIPAS Monthly	Receive to Verify	864 + 45 = 909	95% <= 60 min	95.0%	Pass
TI05	01h_TROP Monthly	Receive to Verify	1669 + 75 = 1744	95% <= 60 min	95.7%	Pass
TI05	01i_PT Monthly	Receive to Verify	549 + 15 = 564	95% <= 60 min	97.3%	Pass
TI05	01j_PCAL Monthly	Receive to Verify	182 + 9 = 191	95% <= 90 min	95.3%	Pass

ED TURNAROUND TIME WEEKLY DATA CHEMISTRY GOAL IS 95%



- AFTER WORKOUT**
1. Shared Vision
 2. Specific ED DropOff Area
 3. Secure Chat ED Criticals/Recollections
 4. Track & Analyzers Stable

After Work-out and shared Stakeholders:



ED Quality Improvement Indicators-Cancellations

Report Set Summary
Performance Summary
 Page 1



Set #1133: OCLB - Monthly ED Cancel Reports - The Month of April 2023

Quality								
#	Name	Personnel	Counting	Count	Defects	Target	Actual	Status
QU09	OCLB Hemolyzed Monthly ED Canceled	Phlebotomist	Pat. Collections	6,094	270	2.00%	4.43%	Fail
QU09	OCLB Clotted Monthly ED Canceled	Phlebotomist	Pat. Collections	6,094	58	2.00%	0.95%	Pass
QU09	OCLB QNS Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	40	2.00%	0.36%	Pass
QU09	OCLB Contaminated Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	1	2.00%	0.01%	Pass
QU09	OCLB Unlabeled Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	10	2.00%	0.09%	Pass
QU09	OCLB Mislabeled Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	0	2.00%	0.00%	Pass
QU09	OCLB Signatures Monthly ED Canceled Initials	Phlebotomist	Pat. Collections	11,050	4	2.00%	0.04%	Pass
QU09	OCLB Spec Containwer Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	7	2.00%	0.06%	Pass
QU09	OCLB Light Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	3	2.00%	0.03%	Pass
QU09	OCLB Ice Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	4	2.00%	0.04%	Pass
QU09	OCLB Overfilled Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	1	2.00%	0.01%	Pass
QU09	OCLB Too old Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	0	2.00%	0.00%	Pass
QU09	OCLB Time Limitations Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	0	2.00%	0.00%	Pass
QU09	OCLB Leaking_Broken Monthly ED Canceled	Phlebotomist	Pat. Collections	11,050	2	2.00%	0.02%	Pass

Collectors that caused Hemolysis- Avoid Recollection reduces ED LOS

TestID	ResultCode	OrderTime	Collect	Receive	Verify	Scheduled collect	PhlebID
CMP	ALB	4/22/2023 4:35:00 PM	4/22/2023 4:51:00 PM	4/22/2023 5:08:00 PM	4/22/2023 6:23:00 PM	4/22/2023 4:25:00 PM	ACOSTA,NANCY
CMP	ALT	4/10/2023 4:41:00 PM	4/10/2023 5:07:00 PM	4/10/2023 5:40:00 PM	4/10/2023 6:39:00 PM	4/10/2023 4:35:00 PM	ACOSTA,NANCY
LIPAS	LIPAS	4/10/2023 4:41:00 PM	4/10/2023 5:07:00 PM	4/10/2023 5:40:00 PM	4/10/2023 6:39:00 PM	4/10/2023 4:35:00 PM	ACOSTA,NANCY
CMP	ALB	4/15/2023 9:03:00 PM	4/15/2023 9:11:00 PM	4/15/2023 9:18:00 PM	4/15/2023 10:06:00 PM	4/15/2023 8:26:00 PM	ALLEN,ABBY
CMP	AST	4/13/2023 8:20:00 PM	4/13/2023 8:48:00 PM	4/13/2023 9:04:00 PM	4/13/2023 9:49:00 PM	4/13/2023 7:57:00 PM	ALLEN,ABBY
CMP	GLU	4/6/2023 2:59:00 PM	4/6/2023 3:01:00 PM	4/6/2023 3:33:00 PM	4/6/2023 4:39:00 PM	4/6/2023 2:49:00 PM	ANDERSON,KIMBERL
CMP	GFRNR	4/10/2023 1:07:00 PM	4/10/2023 1:20:00 PM	4/10/2023 1:35:00 PM	4/10/2023 2:23:00 PM	4/10/2023 1:00:00 PM	ANDERSON,KIMBERL
LA	LA	4/10/2023 10:19:00 PM	4/10/2023 10:21:00 PM	4/10/2023 11:03:00 PM	4/11/2023 12:46:00 AM	4/10/2023 10:19:00 PM	ANDERSON,KIMBERL
CMP	NA	4/26/2023 12:38:00 PM	4/26/2023 12:53:00 PM	4/26/2023 1:17:00 PM	4/26/2023 2:12:00 PM	4/26/2023 12:29:00 PM	ANDERSON,KIMBERL
LIPAS	LIPAS	4/26/2023 12:38:00 PM	4/26/2023 12:53:00 PM	4/26/2023 1:17:00 PM	4/26/2023 2:12:00 PM	4/26/2023 12:29:00 PM	ANDERSON,KIMBERL
BMP	GFRBL	4/1/2023 5:34:00 PM	4/1/2023 5:36:00 PM	4/1/2023 5:45:00 PM	4/1/2023 6:19:00 PM	4/1/2023 6:00:00 PM	ANDERSON,KIMBERL
CMP	BUN	4/20/2023 10:07:00 PM	4/20/2023 10:43:00 PM	4/20/2023 10:47:00 PM	4/20/2023 11:22:00 PM	4/20/2023 8:12:00 PM	ANDERSON,KRISTIN
CMP	GFRBL	4/6/2023 7:41:00 PM	4/6/2023 7:54:00 PM	4/6/2023 8:09:00 PM	4/6/2023 8:51:00 PM	4/6/2023 7:32:00 PM	ANDERSON,KRISTIN
LA	LA	4/6/2023 7:42:00 PM	4/6/2023 7:54:00 PM	4/6/2023 8:09:00 PM	4/6/2023 8:51:00 PM	4/6/2023 7:32:00 PM	ANDERSON,KRISTIN
LIPAS	LIPAS	4/6/2023 7:42:00 PM	4/6/2023 7:54:00 PM	4/6/2023 8:09:00 PM	4/6/2023 8:51:00 PM	4/6/2023 7:32:00 PM	ANDERSON,KRISTIN
CMP	NA	4/17/2023 2:41:00 PM	4/17/2023 2:52:00 PM	4/17/2023 3:03:00 PM	4/17/2023 3:49:00 PM	4/17/2023 2:28:00 PM	ARELLANO-RIVERA,
BMP	GLU	4/16/2023 3:27:00 AM	4/16/2023 3:46:00 AM	4/16/2023 3:54:00 AM	4/16/2023 4:57:00 AM	4/16/2023 3:12:00 AM	ARNETTE,JOSEPH
LA	LA	4/2/2023 9:31:00 AM	4/2/2023 9:37:00 AM	4/2/2023 9:40:00 AM	4/2/2023 10:28:00 AM	4/2/2023 8:57:00 AM	BARNES,THERESE
CMP	CREAT	4/28/2023 3:33:00 PM	4/28/2023 3:37:00 PM	4/28/2023 3:50:00 PM	4/28/2023 4:34:00 PM	4/28/2023 3:25:00 PM	BARNES,THERESE
LIPAS	LIPAS	4/28/2023 3:33:00 PM	4/28/2023 3:37:00 PM	4/28/2023 3:50:00 PM	4/28/2023 4:34:00 PM	4/28/2023 3:25:00 PM	BARNES,THERESE
CMP	BILIT	4/14/2023 8:01:00 AM	4/14/2023 8:07:00 AM	4/14/2023 8:14:00 AM	4/14/2023 9:29:00 AM	4/14/2023 7:39:00 AM	BARNES,THERESE
BMP	BUN	4/21/2023 11:15:00 AM	4/21/2023 11:42:00 AM	4/21/2023 12:04:00 PM	4/21/2023 1:28:00 PM	4/21/2023 11:06:00 AM	BIRCHFIELD,CHAQU
CMP	GFRNB	4/19/2023 12:35:00 PM	4/19/2023 12:45:00 PM	4/19/2023 1:05:00 PM	4/19/2023 1:57:00 PM	4/19/2023 12:29:00 PM	BIRCHFIELD,CHAQU
LIPAS	LIPAS	4/19/2023 12:35:00 PM	4/19/2023 12:45:00 PM	4/19/2023 1:05:00 PM	4/19/2023 1:57:00 PM	4/19/2023 12:29:00 PM	BIRCHFIELD,CHAQU
CMP	CL	4/5/2023 2:33:00 PM	4/5/2023 2:53:00 PM	4/5/2023 3:09:00 PM	4/5/2023 3:57:00 PM	4/5/2023 2:29:00 PM	BLANCHARD,MONA

Lab Stewardship- Utilized QU03 help promote the utilization of Iron profile panel

Result2	FER Order Date	Differe
M5/2023 6:35:00 PM	12/27/2023 2:12:00 PM	-355.81736
M5/2023 11:35:00 AM	12/21/2023 2:35:00 PM	-350.125
M3/2023 1:20:00 PM	12/19/2023 10:30:00 AM	-349.88194
M2/2023 8:18:00 PM	12/18/2023 1:19:00 PM	-349.70903
M4/2023 12:10:00 PM	12/18/2023 1:19:00 PM	-348.04792
M3/2023 12:53:00 PM	12/14/2023 2:02:00 PM	-345.04792
M8/2023 1:17:00 PM	12/18/2023 1:19:00 PM	-344.00139
M15/2023 9:55:00 PM	12/25/2023 3:33:00 AM	-343.23472
M10/2023 5:33:00 PM	12/19/2023 6:43:00 AM	-342.54861
M10/2023 2:04:00 PM	12/18/2023 1:54:00 PM	-341.99306
M23/2023 8:05:00 PM	12/30/2023 9:09:00 PM	-341.12778
M1/2023 12:18:00 PM	12/18/2023 10:21:00 AM	-340.91875
M15/2023 3:30:00 PM	12/19/2023 6:43:00 AM	-337.63403
M25/2023 2:38:00 PM	12/28/2023 3:58:00 PM	-337.05556
M19/2023 12:28:00 PM	12/20/2023 6:27:00 PM	-335.24931
M18/2023 10:22:00 PM	12/19/2023 7:06:00 AM	-334.36389
M29/2023 7:31:00 PM	12/29/2023 6:45:00 PM	-333.96806
M5/2023 3:26:00 PM	12/5/2023 1:16:00 PM	-333.90972
M17/2023 10:44:00 AM	12/14/2023 1:14:00 PM	-331.12292
M24/2023 5:52:00 PM	12/21/2023 3:21:00 PM	-330.89514
M10/2023 10:19:00 AM	12/6/2023 10:16:00 AM	-329.99792
2/1/2023 10:59:00 AM	12/28/2023 7:49:00 AM	-329.86806
M18/2023 6:02:00 PM	12/14/2023 8:57:00 AM	-329.62153
M13/2023 4:12:00 PM	12/7/2023 2:08:00 PM	-327.91389
M12/2023 8:20:00 PM	12/5/2023 9:54:00 AM	-326.56528
M30/2023 1:33:00 PM	12/22/2023 8:40:00 PM	-326.29653
M29/2023 2:13:00 AM	12/20/2023 8:01:00 PM	-325.74167
M3/2023 3:20:00 AM	12/22/2023 9:51:00 AM	-325.27153
M/2023 11:55:00 AM	11/22/2023 9:38:00 AM	-324.90488
M27/2023 1:21:00 AM	12/15/2023 10:47:00 AM	-322.39306
M3/2023 10:53:00 AM	12/19/2023 2:09:00 PM	-322.13611
2/10/2023 8:54:00 PM	12/29/2023 6:45:00 PM	-321.91042
2/3/2023 5:56:00 PM	12/12/2023 3:21:00 PM	-320.89236
M22/2023 1:06:00 PM	12/7/2023 2:08:00 PM	-319.04306
M1/2023 1:17:00 AM	11/24/2023 1:27:00 PM	-317.50694
M1/2023 10:15:00 PM	11/24/2023 3:19:00 PM	-316.71111
M9/2023 11:05:00 PM	11/22/2023 9:38:00 AM	-316.43958
M24/2023 12:35:00 PM	12/6/2023 1:51:00 PM	-316.05278
M9/2023 7:59:00 AM	11/20/2023 7:29:00 AM	-314.97917
2/6/2023 12:31:00 PM	12/18/2023 10:55:00 AM	-314.93333
M20/2023 4:53:00 PM	12/1/2023 3:07:00 PM	-314.92639
M1/2023 3:20:00 PM	11/22/2023 11:55:00 AM	-314.85764
M1/2023 12:06:00 PM	11/22/2023 7:46:00 AM	-314.81944
M19/2023 11:00:00 AM	11/29/2023 3:18:00 PM	-314.17917
2/7/2023 10:48:00 AM	12/18/2023 1:54:00 PM	-314.12917
M/2023 5:27:00 PM	11/10/2023 11:12:00 AM	-312.73958
2/9/2023 5:50:00 PM	12/18/2023 12:08:00 PM	-311.7625
2/18/2023 10:21:00 PM	12/27/2023 8:01:00 AM	-311.40278
2/12/2023 4:24:00 PM	12/20/2023 6:27:00 PM	-311.08542
2/14/2023 2:10:00 PM	12/22/2023 11:36:00 AM	-310.89306
M3/2023 3:15:00 PM	12/8/2023 12:07:00 PM	-310.86944
M4/2023 1:48:00 PM	11/10/2023 4:15:00 PM	-310.10347
M3/2023 11:47:00 AM	11/9/2023 11:49:00 AM	-310.00139
M3/2023 2:25:00 PM	12/7/2023 2:08:00 PM	-309.98819
M3/2023 2:26:00 PM	12/7/2023 2:08:00 PM	-309.9875
M25/2023 9:19:00 AM	12/1/2023 8:48:00 AM	-309.97847
2/23/2023 10:02:00 PM	12/30/2023 9:09:00 PM	-309.96319
M1/2023 3:30:00 PM	12/10/2023 0:55:00 AM	-309.36075

# of MCV Results in 2023	71603
# of patients with MCV and FER since Sep 2022	26558
% of patients with MCV and FER	37.09%

Number of cases that ordered FER more than 60 days from MCV result	11,230
Number of cases that ordered FER 60 days before MCV result	2,766
Total	13,996

For all adults (>18 yo) what percentage of unique patients with an MCV <80 (this is a component of the CBC- LAB1748/CBCWD) receive a ferritin or a TIBC order within 60 days of the MCV result	19.55%
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Productivity of staffing to help reduce Overtime

Report Type: PW54
Workflow and Productivity Assessment



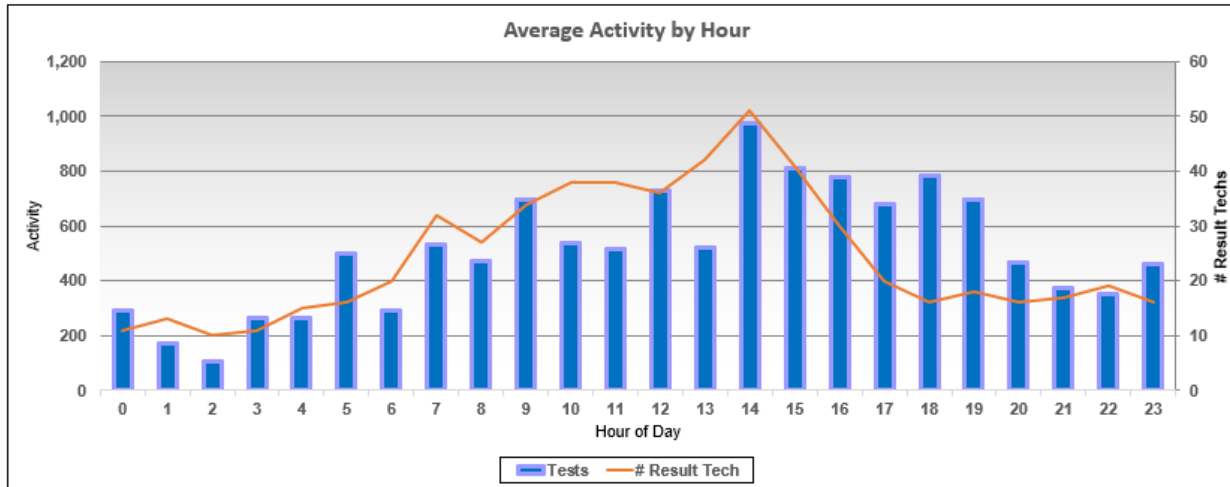
Verify Date: Tuesday, February 14, 2023

Filters:
Test: - All
Lab ID: OCLB

Total Activity: 24,547
 Average Daily Activity: 12,274

Activity Measure: Tests
 Time Stamp: Verify
 Tech Type: Result Tech

Performance Summary		All TechIDs		Per TechID	
Average Daily Total Activity:	12,274	Maximum (per Hour):	1249	90th Percentile (per Hour):	43.0
Average per Hour:	981.9	Median (per Hour):	3.0	Average (per Hour per Tech):	40.0



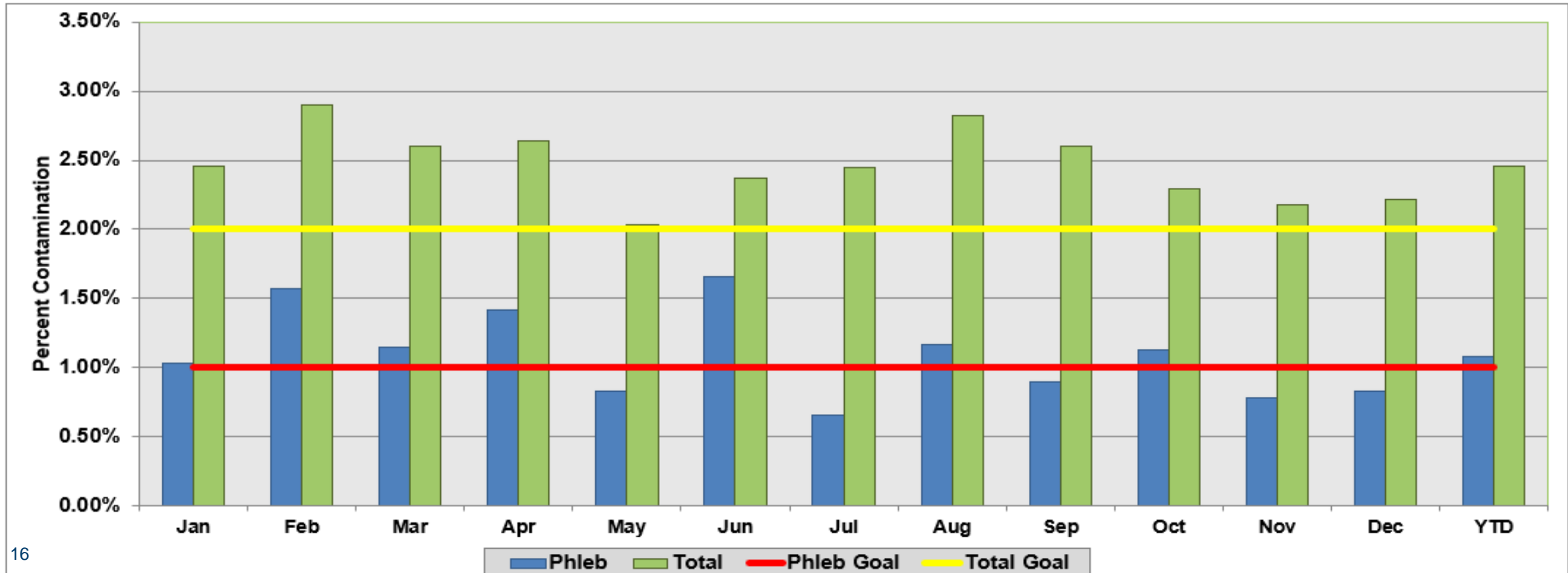
- Labor Analytic Review
- Volume last Mardi Gras to predict how many Techs are needed for the Holiday.



2023 Data

Area: Customer Focus

South LA Blood Culture Contamination Rate



Announcement of MRSA and *S. aureus* Detection- August 2022



MRSA and *S. aureus* Detection from Positive Blood Cultures by PCR

We are pleased to inform you that, effective August 29, 2022 at Ochsner Health Medical Center, New Orleans Microbiology Laboratory will implement new testing to detect the presence of both methicillin-resistant *Staphylococcus aureus* (MRSA) and *Staphylococcus aureus* (SA) from positive blood culture specimens in which the Gram stain shows Gram Positive Cocci in Clusters.

Blood culture PCR

- Enables MRSA and SA detection and differentiation in a single test, which delivers valuable information for selecting antibiotic therapy
- Provides results in 62 minutes once test is performed
- Demonstrates high sensitivity and specificity for accurate identification

March 2023- Offered the Blood Culture Identification Panel- 1 hour TAT

GRAM-NEGATIVE BACTERIA

Acinetobacter calcoaceticus-baumannii complex

Bacteriodes fragilis

Enterobacterales

Enterobacter cloacae complex

Escherichia coli

Klebsiella aerogenes

Klebsiella oxytoca

Klebsiella pneumoniae group

Proteus

Salmonella

Serratia marcescens

Haemophilus influenzae

Neisseria meningitidis

Pseudomonas aeruginosa

Stenotrophomonas maltophilia

GRAM-POSITIVE BACTERIA

Enterococcus faecalis

Enterococcus faecium

Listeria monocytogenes

Staphylococcus

Staphylococcus aureus

Staphylococcus epidermidis

Staphylococcus lugdunensis

Streptococcus

Streptococcus agalactiae

Streptococcus pneumoniae

Streptococcus pyogenes

YEAST

Candida albicans

Candida auris

Candida glabrata

Candida krusei

Candida parapsilosis

Candida tropicalis

Cryptococcus

neoformans/gattii

ANTIMICROBIAL RESISTANCE GENES

Carbapenemases

IMP

KPC

Oxa-48-like

NDM

VIM

Colistin Resistance

mcr-1

ESBL

CTX-M

Methicillin Resistance

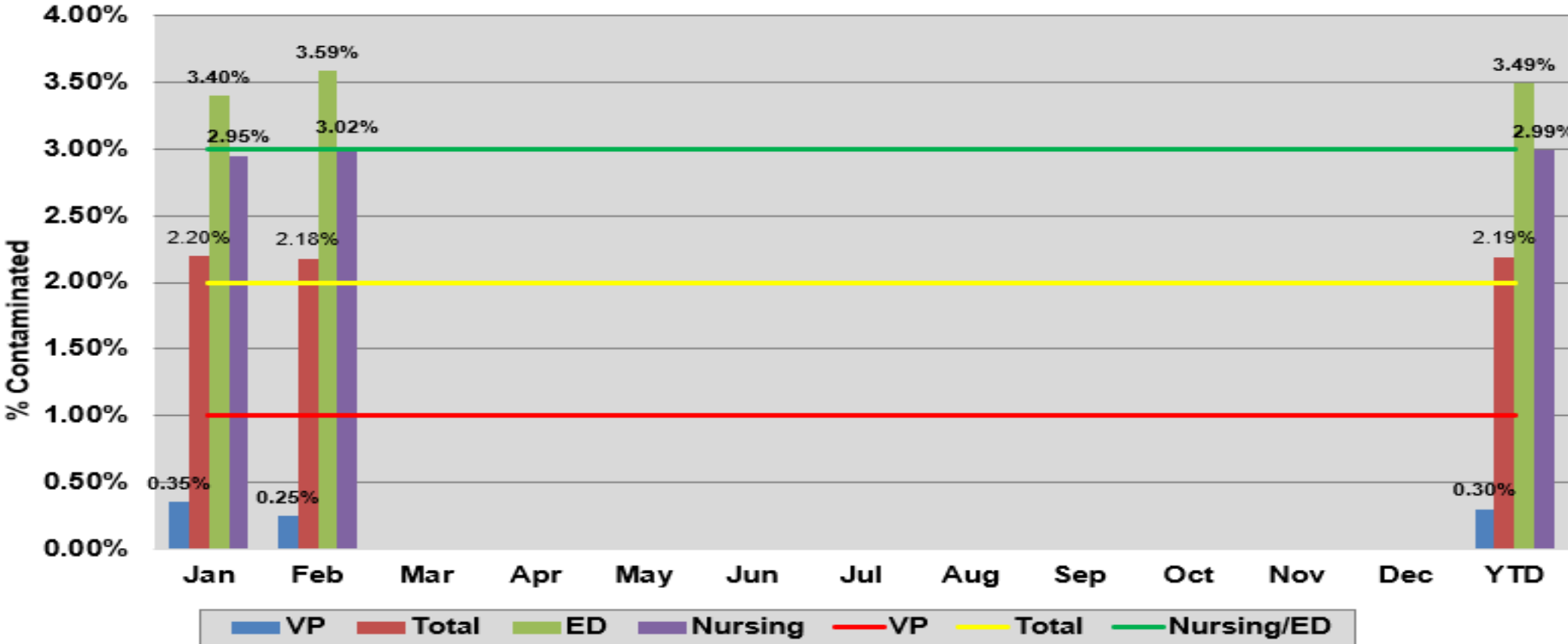
mecA/C

mecA/C and MREJ

Vancomycin Resistance

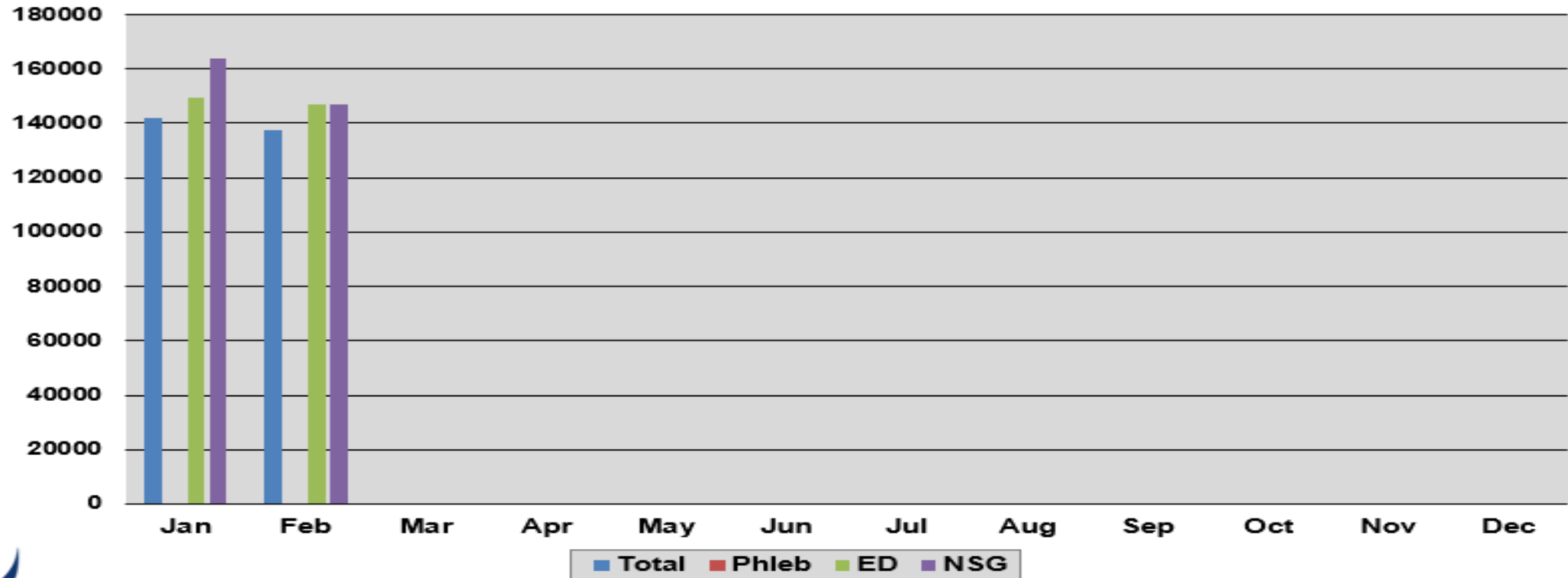
vanA/B

Blood Culture Contamination Rate



Average cost per Contaminant is about \$4000/patient- This helps Leadership focus on driving Contamination rate down for cost avoidance

BCCR Cost in Dollars



Rapid Blood Culture Identification Panels Impact

- Real-time PCR tested patients emailed to Antimicrobial Stewardship daily. Chart review by ASP is executed Monday thru Friday.
- ASP/ID intervention from this data:
 - Exposure to patients that normally not seen before Improved ASP interventions
 - Driving Change from Broad Spectrum Antibiotics to targeted treatment
 - reduce Length of stay- moving IV to PO
 - If Contaminant, like Coagulase Neg Staph discontinue Antibiotics like Vancomycin
 - Reducing total cost of treatment
 - Helping to reduce resistance organism
 - Avoidance of re-admission and projected cost avoidance of \$4000/contaminant
 - Yeast improves Mortality-treatment within in the first 48 hours of Sepsis

TestID	Patient Location	Collection
BCNID	HMSH-ED	3/29/2024 8:21:00 AM
BCNID	NOMH-ED	3/29/2024 1:44:00 AM
BCNID	KNMH-ED	3/29/2024 1:08:00 PM
BCSAS	HMSH-ED	3/29/2024 3:48:00 PM
BCSAS	SBPH-ED	3/29/2024 8:13:00 AM
BCNID	SBPH-ED	3/27/2024 10:07:00 PM
BCSAS	CHAH-ED	3/29/2024 7:25:00 PM
BCNID	WBMH-ED	3/29/2024 11:28:00 PM
BCNID	WBMH-ED	3/29/2024 10:31:00 PM
BCNID	BRMH-ED	3/29/2024 3:30:00 PM
BCSAS	NOMH-ED	3/29/2024 3:23:00 PM
BCNID	OSMH-ED	3/29/2024 6:29:00 AM
BCSAS	NOMH-ED	3/29/2024 6:53:00 PM
BCNID	BAPH-NICU	3/29/2024 8:33:00 PM
BCNID	NOMH-ED	3/28/2024 3:12:00 PM
BCNID	NOMH-TSU	3/29/2024 11:05:00 PM

Lab Utilization Visiun®, V17 upgrades

Test ID	Test Name	Platform	Workload Units	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	Total
CXSYN	Culture Synov			4	1	4	3	6	8	10	36
GRAM	Gram Stain			7	13	5	6	5	7	4	47
CXCSF	Culture CSF			25	24	25	15	11	13	20	133
INDIA	India Ink			5	10	5	2	2	1	5	30
VAGIP	Vaginitis Pane			71	79	46	19	22	82	71	390
COVID	SARS-CoV-2-P			0	0	0	0	0	432	849	1281
Total:				112	127	85	45	46	543	959	1917

- **Visiun V17 enhancement- volume of test month over month**
- **Antibiogram for Microbiology and Antimicrobial Stewardship**
- **Blood Bank Module**
- **AP module**
- **Peer comparisons**



Bringing
Innovation to
LIFE

Open Q&A
