

Maximizing Healthcare Value at UCSF Health

1

Ouch! Phlebotomy hurts!

Avoid sticking your patients for unnecessary blood draws. Blood loss from lab testing can lead to hospital acquired anemia which causes patient harm.

"Consolidating blood draws and reducing unnecessary sticks is a simple way to reduced the pain and suffering of being in the hospital."

Karen Sun, MD, Chief, Division of Pediatric Hospital Medicine



2

Does your patient need telemetry?

Telemetry monitoring neither affects how low-risk patients are managed nor improves their clinical outcomes. Avoid telemetry in low-risk patients (i.e., low-risk patients after surgery or chronic, stable atrial fibrillation). Consider whether patients can safely discontinue telemetry on daily rounds.

"Inappropriate use of telemetry is associated with unnecessary testing, treatment and higher cost of care. Arrhythmias detected by telemetry rarely affect clinical management."

Krishan Soni, MD, MBA, Director of Quality & Safety for Heart & Vascular Center



3

Can any radiology or labs be safely deferred to the outpatient setting?

Before ordering radiology or laboratory tests, consider if it is appropriate to defer them to outpatient. Testing that doesn't directly impact the hospitalization may result in redundancies and prevent timely discharge.

"Outpatient imaging can be easier for patients and may allow patients to be discharged earlier."

Rebecca Smith-Bindman, MD, Director of Radiology Outcomes Research Laboratory



4

Does your patient need a daily CXR?

Patients in the ICU, even if intubated, do not need a daily chest X-ray if they are clinically stable. Of course, chest X-rays should be obtained if there is a clinical indication.

"Several trials, including a large multicenter, cluster-randomized, crossover trial, have demonstrated the safety of an "on-demand" chest x-ray strategy for mechanically ventilated ICU patients. Please consider if they can be safely omitted."

Matt Aldrich, MD, Medical Director of Critical Care



5

Converting medications from IV → PO can save time and money!

Whenever possible, consider prescribing PO medications instead of IV (especially pain medications, antibiotics, and proton-pump inhibitors).

"Assess each patient's need for IV therapy daily; studies show that stopping IV therapy when appropriate reduces patient discomfort, risk for line infection, and overall costs of therapy."

Candy Tsourounis, PharmD, Medications Outcomes Center, Department of Clinical Pharmacy



Maximizing health care value happens when you improve care, enhance patient experience, and reduce unnecessary costs.

For more information about the UCSF Center for Healthcare Value, please visit healthvalue.ucsf.edu

UCSF Center for Healthcare Value