Reducing Stool Ova and Parasite Testing in Patients Admitted to the Hospital with Acute Diarrhea

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Introduction & Background: A significant number of patients are either admitted to the hospital for acute diarrhea or develop diarrhea during their admission. Frequently stool O&P testing is ordered as part of the workup for acute diarrhea when it is not clinically indicated, leading to an increased financial burden on both the patient and the hospital.

Aim & Significance: To reduce the overuse of inpatient stool O&P testing by instructing residents on the appropriate criteria for ordering this test in patients with acute diarrhea.

Methods & Design: Infectious Disease Society of America and American College of Gastroenterology guidelines for acute diarrheal infections in adults were reviewed and a simplified flowsheet was created based upon their recommendations for indications for Stool O&P testing. The flowsheets were then placed in easy to view locations in the resident work rooms. Baseline data was collected by pulling the number of stool O&P tests ordered by the resident teaching service for the 3 months leading up to the intervention. Data from the same teaching services were pulled once again 3 months after the intervention had been performed.

Results: After the intervention, there was an 18% decrease in stool O&P orders placed by the resident teaching services.

Discussion: Overutilization of stool O&P testing and the associated financial burden can be reduced by providing education regarding the appropriate indications for ordering this test in patients with acute diarrhea.