

Conference abstract

Improving Timely Outpatient Laboratory Follow-Up in a Resident-Run Internal Medicine Clinic: A Quality Improvement Initiative

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INTRODUCTION

Timely follow-up of outpatient laboratory results is critical for patient safety and effective clinical decision-making. In resident-run internal medicine clinics, frequent transitions between outpatient and inpatient responsibilities create workflow gaps that increase the risk of delayed or missed results, diagnostic delays, and preventable patient harm. At our institution, a baseline chart review revealed that only 24% of outpatient laboratory results were reviewed and appropriately addressed within 72 hours of availability.

We aimed to increase the proportion of outpatient laboratory results reviewed and appropriately addressed within 72 hours from a baseline of 24% to 50% over a 15-week period (~3 clinic cycles) in a resident continuity clinic.

METHODS

This project utilized the Plan Do Study Act (PDSA) framework in a resident-run internal medicine clinic. Baseline data were collected from September to November 2025 through electronic medical record (EMR) chart review. A representative sample of clinic sessions across multiple weekdays was included to minimize timing bias.

A root cause analysis identified key barriers to timely follow-up, including workflow inefficiencies, lack of standardized processes, EMR limitations, competing clinical responsibilities, and variability in resident schedules and training levels.

Two sequential interventions were implemented. The first intervention consisted of structured resident education delivered during weekly didactic sessions, focusing on the importance of timely laboratory follow-up, EMR inbox management, patient notification, and standardized doc-

umentation. The second was daily pre-clinic huddle reminders prompting residents to review pending results, endorse findings in the EMR, complete documentation, and notify patients.

The primary outcome measure was the proportion of laboratory results reviewed and appropriately addressed within 72 hours of availability.

RESULTS

At baseline, 62 of 256 laboratory results were appropriately followed (24.4%). Following resident education (PDSA 1), the follow-up rate improved to 43.9% (43/98). During the huddle reminder phase (PDSA 2), the rate was 36.5% (74/203), reflecting competing demands across the academic calendar. Combined across both intervention phases, the overall follow-up rate was 38.9% (115/302), representing a 14.5 percentage-point improvement from baseline ($p = 0.0004$).

CONCLUSIONS

While the 50% target was not achieved, this initiative demonstrates that low-cost, workflow-based interventions can meaningfully improve outpatient laboratory follow-up in resident training settings. Persistent barriers, including competing inpatient responsibilities and reliance on individual effort, highlight the need for sustainable, system-integrated processes. Future work will focus on embedding structured follow-up workflows into the EMR to improve accountability and reliability, with the ultimate goal of enhancing patient safety in resident-based ambulatory care.



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