our institution's anatomic pathology laboratory to determine the effect of monitoring the completeness of information filled in the requisition forms by clinicians.
Methods: We randomly selected and reviewed records in each quarter from August 2017 to January 2019. All records were obtained from one hospital site and included requisition forms for specimens from inpatient and outpatient surgical operating rooms. The percentage of incomplete or improperly filled forms was tracked each quarter and feedback is provided to clinicians with insufficient information in the forms.
Results: A total of 70 requisition forms from 7 quarters were reviewed. Five different physicians were responsible for all the requisition forms without complete information. One physician was responsible for 33.3% of all requisition forms with incomplete information. Commonly recurring missing information in requisition forms were preoperative diagnosis (40%), postoperative diagnosis (35%), type of procedure (15%), and indications for procedure (10%). There was a remarkable improvement on completion of requisition forms from 60% at the beginning of the review period to 100% at the end of the review period ($P < .0001$).
Conclusion: Long-term review of requisition forms submitted to the laboratory and provisional feedback to clinicians are associated with sustainable improvement on information provided to pathologists to ensure specimen identification, integrity, and accurate interpretation.

Status of Histopathology Services in Ethiopia

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Objectives: The main purpose of this study is to evaluate the accessibility of pathology services in Ethiopia.
Methods: Checklist was prepared for the assessment of the availability of histopathology services in Ethiopia, types of equipment, turnaround time (TAT), and intended number of population to use it.
Results: There are 13 histopathology laboratories in the Ethiopia and a survey was conducted at all facilities in the nation. Out of 13 institutions, 7 (53.8%) of them are located in the capital, Addis Ababa. Six (46.2%) of them are out of the capital located in four different regions. No service is given in regions of afar, Somali, Benishangulgumuz, Gambella, Harari, and Diredawa city administration where 40,239,100 population resides.
Conclusion: There are very limited histopathology laboratories in the country; as a result, diagnosis and prevention of cancer diseases are inadequate throughout the country.

Choosing Wisely: Persistent Amylase Concurrent With Lipase Testing at Multiple Academic Health Systems

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Objectives: *Choosing Wisely* is a multidisciplinary effort to reduce unnecessary tests and procedures. Evidence-based guidelines advocate using serum lipase to diagnose acute pancreatitis; concurrent amylase and lipase tests provide minimal benefit compared to either alone. Serial measurements after the first elevated test are ineffective for tracking disease course. Our study determined the number of concurrent amylase/lipase tests and unnecessary serial tests to examine adherence to *Choosing Wisely* recommendations at four academic health systems. We also identified provider-ordering patterns and quantified the variable and total costs of unnecessary tests.
Methods: We analyzed deidentified laboratory data from four academic health systems in the Greater Plains Collaborative for all serum amylase and lipase tests from 2017, including results, timing, and patient-encounter location. We defined concurrent tests occurring within a 24-hour period and unnecessary serial inpatient measurements occurring after the first elevated result.
Conclusion: While the majority of providers adhered to *Choosing Wisely* recommendations obtaining 58,693 lipase-only tests, 85.8% of amylase tests were obtained in parallel with lipase (20,771 concurrent tests; amylase only, 3,447; total amylase tests, 24,218). Encounter location revealed concurrent rates of 43%, 32%, and 5% for ambulatory, inpatient, and emergency department settings, respectively. Ambulatory clinics from multiple services obtained concurrent tests, with Family Medicine obtaining 48%. Services with order sets containing both amylase and lipase were associated with higher rates of concurrent testing. Inpatient unnecessary serial testing resulted in 413 amylase and 1,266 lipase tests occurring in 33% and 31% of inpatient encounters for amylase and lipase, respectively. Unnecessary amylase and lipase tests resulted in $31,195 variable costs and in $86,297 total costs. Targeted education to clinicians/services ordering unnecessary amylase/lipase tests and revising order sets could decrease costs and improve quality of care by decreasing the volume and frequency of blood draws. Funded by UL1TR002645 and the Greater Plains Collaborative.

Quality Management: Institution of Incident Reporting in the Clinical Laboratory

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DOI: 10.1093/ajcp/aqz124