Results Fifty-nine percent (1206/2046) of targeted patients were reached. Of those 89% confirmed and 10% canceled or rescheduled their appointment. The overall no-show rate for RCC appointments in (AY) 2019 decreased to 23%, p<0.01, 95% CI [21.6% to 25.0%], resulting in additional 283 completed visits and $40,000 in revenue. Higher no-show rates correlated with lower percentage of patients reached. Patients on government-assisted insurance (76%) and African-Americans (61%) had higher no-shows and a major barrier was transportation.

Conclusions To our knowledge this is the first study showing that targeted phone outreach for high-risk patients can decrease NSR for RCC appointments, augmenting resident learning opportunities and revenue.

OUTCOMES OF CREATING AN AUTOMATED REPEAT LACTATE RULE IN SEPSIS PATIENTS WITH LACTATE LEVELS ≥2
Mary Ayad, Siddharth Karanth, Michelle Narat, Katharine Luther, Bela Patel. UT Health - MGovern Medical School, USA
10.1136/bmjooq-2019-ihi.23

Background Sepsis is a complex disease process that possesses a socioeconomic burden in the U.S. Serum lactate and lactate clearance form an important component of the sepsis resuscitation bundle and high levels correlate with worse outcomes. Previous studies emphasized the importance of utilizing lactate monitoring to guide resuscitation to improve mortality.

Objectives We aimed to enhance lactate monitoring and lactate guided resuscitation in sepsis patients with lactate levels ≥2 mmol/L in order to improve outcomes.

Methods An EMR automated Q2 lactate repeat orders for sepsis patients who have an initial lactate level ≥2 mmol/L was implemented. Lactate dashboards showing all patient-level lactate values during initial resuscitation was incorporated into Hospital Sepsis Committee Multi-Disciplinary meetings.

Results We included 1774 adult sepsis patients admitted from the ED to MICU from October 2014 to September 2018 who had an initial lactate level ≥2 mmol/L. We aimed to compare the median time from ED arrival to lactate reduction to <2 mmol/L, median time from 1st elevated lactate result to lactate <2 mmol/L and the median length of stay (LOS). Post-intervention, the time from ED arrival to lactate <2 mmol/L for those patients with an elevated lactate significantly reduced by 10.56 hours and the time from first elevated lactate to lactate <2 mmol/L significantly reduced by 9.51 hours. LOS reduced by 3 days post intervention.

Conclusions Implementing an automated repeat lactate order for sepsis patients along with a multi-disciplinary review of dashboards resulted in an improvement in lactate clearance and a reduction in LOS. Further studies are needed to investigate this finding.
and Health officers for patients and attendants in the waiting areas twice a week.

Results we saw an increased number of community TB detection by HEW and we achieved our objective.

**Conclusions** Almost all hospitals in developing area face problems and challenges, but more than half of them can be solved by using model for improvement and a creative change idea.