**CONFIDENTIAL** This information is confidential and protected from disclosure to third parties. This information may be re-released internally only to the extent necessary to carry out the purposes of this review.

**ORGANIZATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Staff changes: | New laboratory staff: * Lab Services: 8 (Phlebotomists: 8 Lab assistants: 0 )
* Clinics: 2 (Phlebotomy/PLL: 2 LA’s: 0)
* Technical Staff: 1 (East: 0 West: 1)
* SPT’s: 0 (East: 0 West 0)
* Specialist: 1
* Logistics: 1

Departed staff:* Phlebotomists: 14
* Lab assistants: 1
* Technical Staff: 1
* SPT’s: 0
* Specialist: 0
* Logistics: 0
 | **13**8021011**16**1411000 |  |  |  |
| Turnover rate (Annualized):HR data | Clinical Laboratory Director (7): | 0% |  |  |  |
| Technical Staff Manager (69): | 17.39% |  |  |  |
| Laboratory Quality Manager (9): | 0% |  |  |  |
| Laboratory Services Manager (78): | 14% |  |  |  |
| Laboratory Outreach Manager (3): | 18.75% |  |  |  |
| Laboratory Logistics Manager (9): | 0% |  |  |  |
| Productivity  | YTD Avg: ~95% | 95% |  |  |  |
| Staff changes: Organization chart changes | * Logistics Manager hired and added to organization chart
 | 1 |  |  |  |
| Identification of new / revised international, national, accreditation, and local requirements | * None
 | 0 |  |  |  |
| Significant changes to laboratory services | 1/6 – New blood culture LSQA form2/17 – TM tubes 10 mL to 6 mL pink1/24 – P2Y12 live2/1 – Clinic courier logs2/1 – West Hematek live2/6 – CDM’s < 60 live2/6 – Green bins at clinics live2/7 – Careselect Phase 2 live2/7 – AV for blood gases reinstated2/10 – Lithium interfaced to RPS2/13 – BMP DKA and GLU DKA live2/18 – Hospital Epic live 2/23 – Discontinued stocking thawed AB plasma East campus3/6 – TB Quantiferon to ARUP3/7 – Aspergillus and Histo to ARUP3/7 – Fern testing discontinued 3/13 – ED default lab collections to STAT live3/24 – New study started3/27 – Mg and Lipids split on Atellicas3/28 – Kratom testing live3/28 – New HDL and Trig live on Atellica’s3/30 – No more masks3/31 – Begin leadership office moves to West campus. | 23 |  |  |  |

**CUSTOMER FOCUS**

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| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Survey results: External customer information – Rate Facility  | Outpatient Satisfaction:*Customer Service Team**Goal: 85%* | 88.4% |  |  |  |
| Courier errors that resulted in recollects  | Courier errors: 4Patients recollected: 2All events followed up with ProMed* New staff training
* Education to dispatch/couriers
* Quality Plan to address universal location for all pickups and courier log.
 | 2 |  |  |  |

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| **Topic** |  | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Survey results: Internal customer information |  | Physician Satisfaction: 1. *Overall, I am satisfied with the performance of laboratory services. (1-5 scale)*
2. Hospital overall physician engagement
 | 2019:4.302019:93%ile | 2020:4.192020:84%ile | 2021:4.172021:77%ile | 2022:2022: |
| Stroke Alert Lab TAT (Standard: POC CHEM8 results reported <45 minutes of patient arrival)Outliers:  4 (Total for Q1)* Jan - (0 outliers)
* Feb - (1 outlier)
* Error message, test not repeated. No Creatinine result reported.
* Mar - (3 outliers)
* Difficult draw. Resulted within 47 minutes of arrival.
* Error message, test not repeated. Incident Report Entered. (Twice in March, different days).

 List rates and totals: Jan: 0 of 64 for 0.0% failure rateFeb: 1 of 43 for 2.3% failure rateMar: 3 of 59 for 5.1% failure rate | 4 |  |  |  |
| Laboratory Requests from Physicians, Departments and Outside Entities | * Reveal Rapid AST for positive blood cultures
* Additional cultures to determine which vascular access point caused CLABSI
* Clinic moving to Pine Lake fourth floor from current offsite location – requested lab equipment for draw site, will relocate current from offsite location
* Glucometer and supplies for the East ED Internal Waiting Area
* Lab support for a new research study for Heart
* Wound culture testing for ASI (Aesthetic Surgical Institute) office
* Explore USDTL for Umbilical cord toxicology
* Lab processing and draw for research study. Study is IONIS CS5
* Consulting proposal for Hutchison Ks hospital
* Support for rural laboratory
* Abnormal D-Dimer--instrument validation
* Technical Consultant for rural hospital
* External lab order for Millennial urine and buccal drug screening send out tests.
 | 13 |  |  |  |

**FACILITIES AND SAFETY**

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| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Facility changes: expansions, renovations, etc.: | 3rd floor office space | 1 |  |  |  |
| Information from safety accident reports: | Fall on Wet grass transitioning to concrete | 1 |  |  |  |
| Information from Quality, Safety and Ethics reports  | Safety Walkthroughs – **East – 4** * Single use eye drops for first aid kit
* Various areas need paint touchups
* Fire extinguisher sign – PMS area
* Blue data card on floor – POC kits

**West – 7*** Wall by TORCH BSC repair needed
* 3rd floor evacuation route
* Spill kit replenish/refill
* Spill kit for CSR wash station
* Light out above Atellicas
* 2 boxes on floor in Micro
* Box on floor by locker rooms
 | 11 |  |  |  |

**PERSONNEL**

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| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Orientation of new staff: Staff through HR orientation | Percentage of new hires | 100% |  |  |  |
| Orientation of new staff: Staff through lab orientation | Percentage of new hires | 100% |  |  |  |
| Training:Staff training | **Total**Admin: 1 MgrTechnical: 16 areas - 10 MLT/MLS staff SPT’s: 1Lab Services: 8New Phlebotomists – 8Outreach: 2Lab assistants: 0Clinic/PLL Phlebs: 2Specialist: 1 | 22 |  |  |  |

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| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Competency assessments performed and results achieved: | Rolled out: * Gen lab quiz
* Sendouts quiz
* Proficiency quiz
* Safety training/quiz
* Chem direct obs
* Chem problem solving
* POC/Serology directs obs
* POC/Serology quiz
* Micro Kits
* AFB/Fungal limited-KOH
 | Completed: * Gen lab quiz
* Proficiency Quiz
* Safety Quiz
 | 100% |  |  |  |
| Performance appraisals completed and percentage on time: | Managers (0)Laboratory Specialists (0)Technical Staff (0)Lab Services Staff (0)Outreach Staff (0)Logistics (0) | 0/0 |  |  |  |
| Retention meetings: | **30 day:*** Managers (0)
* Laboratory Specialists (1)
* Technical Staff (2)
* Lab Services Staff (6)
* Outreach Staff (2)
* Logistics (0)

**90 day:*** Managers (0)
* Laboratory Specialists (0)
* Technical Staff (3)
* Lab Services Staff (11)
* Outreach Staff (2)
* Logistics (0)
 | 11/11100%100%100%100%100%100%16/16100%100%100%100%100%100% |  |  |  |
| Quality of Hire review: | **Total:**Managers (1)Laboratory Specialists (0)Technical Staff (5)Lab Services Staff (17)Outreach Staff (2)Logistics (0) | 25/25100%100%100%100%100%100% |  |  |  |

**PURCHASING AND INVENTORY**

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| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Supplier qualification:Reagents and supplies that were damaged, not received, or received later than agreed  | Damaged (Replaced): * U-A 2023 survey
* Chem 8 cartridges lot H22345
* Bromelin (Amber color)

Backorder:* Orange tourniquets
* Chem Caps
* CT/NG collection swabs
* Siemens carbamazepine
* HMS silver HPT cartridges
* Ped blue tops (Not ordered by BMC)
* Eurotrol LVM

Delay:* 10 mL lav tubes
* PF1-A 2023 survey
* Micro remel supplies (Credit hold)
* Pad Strator (Price discrepancy)
* Bio Rad QC (Credit hold)

Allocation:* AB plasma
* O+ red cells
* O- red cells
* B- red cells
* Atellica chem cal

Discontinued (Replaced):* Cardinal transfer pipettes (Small bulb)

Shipped in error:* Tango cell mixers
* Tango Backtype cells
* iSTAT troponin cartridges
* Erytype S ABD+Rev A1b

Recall:* None
 | 25 |  |  |  |

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| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Supplier qualification:Change in suppliers / product | * Cardinal pipettes new product #
* Butterfly needles
 | 2 |  |  |  |
| Supplier qualification:Product notice | * Atellica CH Total Protein II (TP), Atellica CH Triglycerides (concentrated) (Trig), Atellica CH Triglycerides\_2 (Trig\_2)
* HemosIL Liquid Anti-Xa
 | 2 |  |  |  |

**EQUIPMENT**

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| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| New equipment validations: | * East Hematek 3000
* VerifyNow
 | 2 |  |  |  |
| Retired equipment: | * 12 x 12 platform rotator
* Centrifuge, silencer 2210 Table Top
* Silencer centrifuge
 | 3 |  |  |  |
| Capital requests | Budgeting for 2024:* MGIT 960
* East TM plasma freezer
* West TM plasma freezer
* 2 iSTAT upgrades
* East 3rd path office
* West automated Osmo
* 2 Tegs and Teg manager
* Front end automation and line
* Customer service module (CRM)
* Courier logistics software
* 5 courier cars
* Luminate for ODT
 | 12 |  |  |  |
| Major repairs/maintenance issues: | **TOTAL** Chemistry (43): ECHEM2: 6ECHEM1: 5WCHEM1: 15WCHEM2: 8E Millipore: 1E ABL: 4W ABL: 3ADM: 1HCU (22): E-XN: 9W-XN: 4E 550: 3E UN: 1W UN: 3W AFS15E: 2MICRO (7):Gram stainer: 1Biofire TORCH: 1GI Verigene: 2Vitek 2: 1BACTEC: 2TM (3):W Plasma Thawer: 1E Plasma Freezer: 1E Tissue Freezer: 1POC (1): E Veritor: 1 | 76 |  |  |  |

**PROCESS MANAGEMENT**

|  |  |  |  |  |  |
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| **Topic**  | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| New tests implemented: | New test updates: 12Complete (Method Validation Approved): 5* BD Veritor SARS-CoV-2 & Flu A+B combo kit
* VerifyNow PRUTest (P2Y12)
* Lipid Revised Assays: HDL Cholesterol (HDLC) & Triglycerides\_2 (Trig\_2)
* Hematek 3000 backup slide stainer
* Auto-verification on the ABL825

In progress (Method Validation Plan approved): 1* BHB

Preparation: 6* Flow cytometry
* HBsAb
* HBcAb, IGM
* HBcAb, Total
* HCV Ab
* HAV IgM
 | 12 |  |  |  |

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| **Topic**  | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Method comparison studies: | **See: Semi-annual comparisons report*****TM***:***POCT***: ***Chemistry***:***Heme/Coag/UA:*** 9***Micro***:  | 9 |  |  |  |
| Test delays: | * A1c’s to East (Troubleshooting)
* TSPOT (Storm)
* Carbamazepine sendout to UNMC (Backorders)
 | 3 |  |  |  |
| Quality control problems: | * A1c’s at West.
* Pine Lake ID now and UA controls not being ran
* E manually run iCa QC
 | 3 |  |  |  |

**DOCUMENTS AND RECORDS**

|  |  |  |  |  |  |
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| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Total new and revised documents implemented: | Non – MCN : 22MCN: 154 | 176 |  |  |  |
| Document control problems and resolutions: | * 1 – MCN slow opening documents.
 | 1 |  |  |  |

**INFORMATION MANAGEMENT**

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| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Analysis of downtime (if any): | **Epic System Downtime**: (Planned)**DI downtime**: (Planned) and 1 unplanned due to GIRMC go live testing.**Safetrace:**  (Planned) and 1 Unplanned**Telcor:**  (Planned update)**Blood Hub:**  (Planned)**Synapsyis (Veritor):** 1 (East Multiple days)**ABL**: 1 due to GIRMC go live testing | 3 |  |  |  |
| Vendor IT-related notifications: | None | 0 |  |  |  |
| New system additions: | * GIRMC lab live on Epic
 | 1 |  |  |  |
| Interface validation checks: | * All new tests validated in test, prod, and MyChart
* Auto verification rules every two years: June 2024
* Calculations every two years: June 2024
* STS testing complete.
 | N/A |  |  |  |
| Analysis of backup failures: | None | 0 |  |  |  |
| Security or confidentiality breaches (if any): | Phlebotomist  | 1 |  |  |  |

**NONCONFORMING EVENT (NCE) MANAGEMENT**

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| --- | --- | --- | --- | --- | --- |
| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Analysis of reported events: | See Incident Reports:1. Lab Specimen / Blood Product File Count – Prev Qtr
2. Clinical Lab Quarterly QI Summary
3. Critical Value Report

Top 3 volumes: 1. Corrected reports
2. Blood product wasted
3. Specimen acceptability - Mishandled
 | 338 |  |  |  |
| Customer complaints: | * Dr. M - 3 probable contaminants in 2 sets of blood cultures. Requested review of the collection process to ensure that there were no quality control or procedural issues.
* Patient (Pt) Lumbar Puncture and a MRI under anesthesia. Labs were ordered, collected, and sent to lab. Labs were noted in lab section under the encounter for the MRI rather than the Lumbar Puncture procedure. CSF Flow Cytometry was ordered, however, the WBC did not meet threshold for this testing required by Ref lab. Order canceled, staff did not notify provider. LP will be repeated and Noted for send out to RPS of suspected Lymphoma/Malignancy.
* ED ordered STAT lithium test to determine need for hemodialysis. Ordered past cut off time to send to RPS for analysis; equipment issues at RPS further delayed results for 4+ hours. ED complaints to East and West lab. West Lab staff contacted RPS for update. Dr. C noted frustration with the delay in results for this patient.
 | 3 |  |  |  |
| Transfusion Reaction Issues(List missed reactions from BSAFE report and follow up) | * East (0)
* West (0)
 |  |  |  |  |

**ASSESSMENTS**

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| --- | --- | --- | --- | --- | --- |
| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Analysis of quality indicator information: | See Epic reports:* Blood Culture Count by Location
* Number of Contaminated Blood Cultures by Collector
* All Positive Blood Culture Isolates
* QI Monitor Scorecard
 |  |  |  |  |
| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Proficiency testing / External Quality Assessment performance: | West: 1036 Tests, 1 failure:* VM6X – HIV (PTCN)
* Rapid Strep, Pos/Neg

East: 854 Tests, 8 failures:* Hematology Automated-Blood Cell ID, FH901 - HCT, MCV, MCH, MCHC, RDW, (5)
* Clinical Microscopy Misc Color Ph, Glucose low CM-01 (1)
* Automated Urine Microscopy, WBC and RBC high on 01 (2)
 | 99.42%99.06% |  |  |  |
| Analysis of internal audit findings: | ***NEW IQCP: 0******IQCP Reviews/Revisions: 12**** West POCT Abbott iSTAT ACT
* West POCT IP, ER, OR, OP Abbott iSTAT
* West POCT Lab Abbott iSTAT
* West POCT VerifyNow P2Y12
* West C. diff QUIK Chek Toxin
* West IQCP Master List
* East POCT Abbott iSTAT ACT
* East POCT Cath Lab ITC AVOX
* East POCT IP, ER, OR, OP Abbott iSTAT
* East POCT Lab Abbott iSTAT
* East POCT Perfusion (OR) Medtronic HMS Plus
* East POCT TLI fFN

***IQCP Retired/Archived: 0*** | 12 |  |  |  |
| External accreditation assessments findings: | CAP: * COM.01700 (Phase 2) - **West** - PT and alternative performance assessment result evaluation CT5QA 2022 unacceptable results not reviewed and no follow up documented.
* COM.30400 (Phase 2) - **West** - Reagent expiration date not on Accuchek controls in ED and 5th floor.
* CHM.13600 (Phase 2) - **East/West** - AMR verification not signed off every 6 months.
* POC.07550 (Phase 2) - **East** - Monthly QC review for AVOX not completed between January 2022 and June 2022.
* GEN.55500 (Phase 2) – TM **East and West** - Competency assessment elements, non-waived testing. Missing documentation of direct observation of maintenance and function checks.

AABB:* BBTS 5.11.2.1 and TRM.40230 - **East only** - The completed label shall be affixed to the sample container before the person who obtained the sample leaves the side of the patient.
* BBTS 2.1.3 and GEN.55505 - **East and West** - Evaluations of competence shall be performed before independent performance of assigned activities and at specific intervals.
 | 9 |  |  |  |
| Findings from other external assessments (e.g., regulatory): | 3/14 – DHHS/CMS audit in ED3/27 - Insurance audit  | 0 |  |  |  |
| Information from safety audits: | #See information in safety reports | # |  |  |  |
| Findings from internal assessment | None | 0 |  |  |  |

**CONTINUAL IMPROVEMENT**

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| --- | --- | --- | --- | --- | --- |
| **Topic** | **This Quarter’s Details:** | **Q1** | **Q2** | **Q3** | **Q4** |
| Description of continual improvement activities and outcomes. | Quality Improvement Plans: 7* Universalize Courier Pick Up Location/ Documentation - ongoing
* Fungal Antigen EIA BAL testing interfacing - ongoing
* Quantiferon TB Gold Plus interface build - ongoing
* Reduction of Rejected Specimens - ongoing
* MyChart Audit - complete
* Corrected Reports - complete
* Reduce iSTAT Quality Codes - complete
 | 7 |  |  |  |
| Interdepartmental team participation and collaboration | * Sepsis Team (CJ)
* CLABSI (CS)
* CAUTI (CS)
* Order Set Team (ME)
* PCCC (CN)
* POC (CN/KK)
* VTE Team (MB)
* PBM Team (MH/KK/AG)
* Lab/Radiology/ED Collaborative (JE/KK)
* AARCS (JE)
* Antimicrobial stewardship (CS)
* Finance Team (CN/ME/SO/JE)
* Radiation Safety Team (CN)
* Clinical Managers (JE)
* Lab workgroup – CAT subteam (CN/KK/ME)
* Lab Test utilization / CareSelect Team (CN/KK/ME)
* P&T (KK)
* Client Outreach Team (JK)
 | * Environment of Care Committee (KK)
* Out Patient Satisfaction Team (JE)
* Patient Experience Oversight – BMC (JE)
* ED Stroke Subcommittee (EJ)
* Global value analysis (KK)
* Anticoagulation Team (MB)
* GIRMC team – Epic Implementation (KK)
* Infection Prevention Team (CS)
* Legal Compliance Team (KK)
* Pulmonology Team (CS)
* Pandemic Subteam (CN, JE)
* MyChart Activation Task Force (JE)
* Clinical Advisory Team (CN)
* Diagnostic Stewardship Team (CN)
* POCT Committee (KK, JE, CN)
* KRMC team – Epic implementation (KK)
 | 22 | 27 | 27 | 32 |