Jersey Shore University Medical Center
Neptune, NJ 07754

SUBJECT:	**TITLE:** QA AND TECH LOG REVIEWS
EFFECTIVE DATE: **AUG 1, 2017**	**SECTION:**
APPROVED:	**POSITION RESPONSIBLE FOR REVIEW:** Laboratory Manager or Designee

PURPOSE: These guidelines are meant to aid CLS team members in providing the highest quality results while providing a clear consensus for how all team members, across all shifts, handle common values typically questioned or reviewed by other health allies.

RESPONSIBILITY: All technologists including supervisors are required to examine Quality Assurance and Technologist Logs after each shift.

PROCEDURE:

Printing a QA

Function: QA -> Printer (#)
-> Date (Press Enter for today)
-> Hospital ID (Press Enter to Select All)
-> Accept, Modify, or Reject will then appear on your screen. Select (A) for Accept if the above information is appropriate.

Select option (2, 3, and 4)
2. Delta Failures (Review changes in Hgb, Hct, MCV, PLT, and other incongruent results.)
3. Verify Failures (Review Critical Values)
4. Technical Failures (Review results beyond techical range)

Select Sort (1)
1.By Tech Code
(Note, sorting by patient, option 3, may be better for organization)

TECH: XXXX Your,Name
111112 Autofiling, JSMHEM (Type this code if stationed in Hematology)
111111 Autofiling, JSMCHEM (Type this code if stationed in Chemistry)

LABLOC, TEST, and Worksheet will be the selections that appear next. Press Enter for all three to accept the default settings.

Accept, Modify, Reject will appear for LABLOC, TEST, and Worksheet.
Select (A) for Accept to tell the printer you want a log with the results under your selected Tech Codes.

Printing a Tech Log

Function -> LO
->Printer (#)
->Select Option (6. Tech Result Log)
->Date (Enter, For Todays Date)
->Hospital Id(S) (1.All Hospitals) (Enter For All Hospital Ids)
->Tech Code (1. Xxxx Your, Code)
->Include Test Totals -> Y/N (Enter For Yes)
->Accept

Reviewing QA

1. Examine the print quality. If not legible, print to a new printer number and attempt to troubleshoot the printer after examining the report.
2. Samples that require further immediate action are listed in the Common Editing Mistakes table.
3. Place the appropriate comment on the result from the recommended list of codes in the Helpful Hints Reporting Codes section of this guide after taking the appropriate actions outlined in the Common Editing Mistakes table.
4. After review, place in your collection area so your logs can be reviewed by the tech in charge or supervisor.

QA Rechecks

A Supervisor or tech in charge must recheck QA's daily to ensure highest reporting quality. The organization to handle these reports is recommended as follows:

1. Recheck all QA's that you have not previously reviewed by you personally during the daily shift check. Have designee recheck your own QA and Tech logs.
2. Mark off each result with a written cue on, such as a highlight, slash, half circle, etc., that you have visually deemed satisfactory in any fashion you please without fully obstructing the result. Circle or highlight all results that need further action and mark the report at the top of the page as per the following:
    a. Carelink
    b. Code
    c. Correction
    d. Critical
    e. Technical
3. If a mistake is spotted upon same day reviewing, please hand the result back to the technologist who had edited the result for them to take further corrective action. If the reviewer has caught the result from a previous shift or previous day, it is the reviewer's responsibility to take further corrective action and make it their highest priority. Please see the Common Editing Mistakes table to view this corrective action.

Common Editing Mistakes	Corrective Action	Example
Missing Comment Codes 1. Critical Value 2. Technical Value 3. Hgb Delta Failure 4. MCV	Apply appropriate codes: 1. Append with CVC 2. Append with DILU 3. Append with CALL 4. Append with CKD or VER	1. K: 6.0^C-CVC-; 2. CA119: 84064@H-DILU-IWC1 3. Hgb: 8.0-CALL-; 4. MCV: 70.1-CKD-;
Correction Statement	➔ Call corrected results to the nursing unit w/ CALL code. ➔ Inpatient specimens and non-calculated results only ➔ Place report in Supervisor basket for review.	Previous GLY: 3.4@L Correction GLY: <4.0-CALL-;
Replacement	➔ Apply correction with the right result/code ➔ Follow Correction Statement actions.	Previous: Hgb:12.0g/dl-ALL-; Corrected: Hgb: 12.0 g/dl-CALL-;
Value above or below technical range	➔ Apply correction with the < or > the technical range. ➔ If dilution is applied, code with DILU. ➔ Follow Correction Statement actions.	Previous GLY: 3.4@L Correction GLY: <4.0-CALL-;
Sample Contamination	1. Append with ICV 2. Append with SEC	GLUC: >1500@^C-ICV CA: <2.0*C-SEC
Bad Specimen	➔ Code with BAD if result released, or credit with BADCR if not released. ➔ Tech who had first discovered or been notified is responsible for appending this code in all tests affected (PTI, TNI, CMET, CBC, etc) ➔ Place Carelink under "Collection Issue Wrong Blood in Tube" criteria. This report must be completed by the end of your shift ➔ Place Report with your Carelink File Number in Supervisor's Basket for Review.	

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Helpful Hints Reporting Codes

1. **–BAD-;[Name* and hour plus date called]**| Indicates patient's sample was mislabeled or drawn with wrong blood in tube. Append to all results with **[Name* and hour plus date called]** on one of the results, preferably to the first result of the lab's accession number. Place this once for each accession number affected. Also place the Carelink File number next to the accession number on your Tech Log.
2. **-CALL-; [Name* and hour plus date called]**| The standard comment used to document called results. Results that need a callback documentation are
    a. Two gram increases or decreases in hemoglobin that are less than or equal to three days
    b. Corrected results for inpatients only
    c. Trauma Results
    d. PT and INR results for Code Neuro/STEMI
3. **-CKD|** Indicates that technologist had confirmed result was investigated. Possible investigations include
    a. Previous specimen was mislabeled.
    b. Previous specimen showed lack of correlation
4. **-CVC-; [Name* and hour plus date called]**| | Translates to "Critical Value called and read back confirmed." If first time positive for patient history, rerun to rule out analytical errors, especially TNI. Append full code to all values critical.
5. **-DILU|** Indicates result has been diluted manually. If still too high after reaching maximum dilution range, append for the result >[Result Technical*Dilution Factor]. This calculation is not applied to Tumor Markers. Tumor Markers also received -IWC1 coding if in-house report.
6. **-HEM|** Means result is too hemolyzed for accurate analysis. May be used as a credit code or to fill in liver enzyme tests that indicate dilution needed, but specimen is grossly hemolyzed.
7. **-HEP**| Appended to patient PTT results whose heparin use has been documented by a CVC comment during their life as a patient. Apply to values between 85 and 110. Patients with unconfirmed heparin status and results greater than 110 should be treated with a CVC coding and this coding to confirm their use of heparin.
8. **-ICV-;|** Indicates result is influenced by TPN, bolus fluid, heparin, or antibiotic additive that has compromised the result. Append to all results individually and then place **[Name* and hour plus date called]** on the abnormal result(s).
9. **-LIP**| Appended to the particular result obtained after a clarifier had been used to eliminate lipemia. The Ultra-centrifuge in Chemistry or Saline Replacement in Hematology are considered clarifiers.
10. **-LOC-;[Name* and hour plus date called]**| Translates as Lack of Correlation, these are results that have no explainable source of change, but appear to be erroneous. These results should be called to bring to the attention of the doctor and other health professionals. Append to all results individually and then place **[Name* and hour plus date called]** on the abnormal result(s).
11. **NIND|** A crediting code used in Sunquest to show the test order was "Not Indicated." Examples to append include Pathology Reviews and Blood bank orders.
12. **-PCV|** Means "Previous result called" and reported. Use for TNI, CREA, and LACT that were previously critical 3 days from the latest data point. If previous is >3d, use CVC coding.
13. **-PLCC|** Placed onto results where platelet clumping has been viewed but platelet had been resulted out. Append to platelet value in function MEM under worksheet AUTOH.
14. **-QNS-; [Name* and hour plus date called]|** Indicates result quantity was not sufficient and therefore no result is present.

15. **-RR-**|Translates to "result repeated." Placed after first time critical results and other checks. Indicates a final result.
16. **-TRAN|** Indicates transfused result. Used for increases in hemoglobin, hematocrit and platelets, and delta changes in MCV
17. **-TPAD**| Translates to the result has been completed by ADL Laboratories. Append to Meconium Drug Screens.
18. **-TPAR|** Means result completed by ARUP. Append to Tumor markers that were sent out due to > max dilution, as well as sent out A1C's, T-Cell panels, and Drug Screens.
19. **-VER-;|** Translates as "Verified". This code means that technologist had confirmed result was investigated. Possible investigations include
    a. Wrong Blood Type, perform ABO blood typing on the current and previous specimen. If the same, append "VER-; [Blood Type] by Blood Bank" next to the MCV. If incongruent blood type, use BAD coding.
20. **UPC|** Indicates platelet clumping on a patient slide, but a normal count viewed. This is if the result has not been selected to be validated in WAM. Remove the numerical value in WAM and replace the result with this code.
21. **UPCD|** Indicates platelet clumping on a patient slide, but a decreased count is viewed. This is if the result has not been selected to be validated in WAM. Remove the numerical value in WAM and replace the result with this code.
22. **UPCI|** Indicates platelet clumping on a patient slide, but a increased count viewed. This is if the result has not been selected to be validated in WAM. Remove the numerical value in WAM and replace the result with this code.

***When communicating, document first initial and last name of the individual you called as per the Critical Results and Values SOP.**

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