

	<b>Outpatient Phlebotomy Quality Assurance Plan</b>  <b>OP-306-08</b>	<b>Dept:</b>	<b>Outpatient Phlebotomy 324306</b>
		<b>Effective Date:</b>	<b>February, 2011</b>
		<b>Revised Date:</b>	<b>February, 2019</b>
		<b>Contact:</b>	<b>Rinard Howard</b>
<b>Name &amp; Title: Greg Pomper, MD Medical Director</b>		<b>Date:</b>	
<b>Signature:</b>			

**1) General Procedure Statement:**

- a. **Purpose:** In order to monitor the quality of services provided to the outpatient phlebotomy patients and providers the following quality indicators will be monitored and reported monthly:
- b. **Responsible Department/Scope:**
  - 1.Procedure owner/Implementer: Outpatient Phlebotomy
  - 2.Procedure prepared by: Rinard Howard, MHA PBT – ACSP
  - 3.Who performs procedure: Outpatient Phlebotomy staff

**2) Quality Monitors:**

1. The number of critical PTPOC results reported and documented with a goal of 100%. The Hematology-PTPOC report will be monitored monthly by the manger or designee to ensure that critical values are called and documented correctly.
2. The average wait times for patients at all outpatient phlebotomy locations with a median goal of 15 minutes or less. The Q-Flow system will be used to generate a report which will indicate the wait times for patients.
3. The number of reported missed or incorrectly collected tests with a goal of less than 3%. The total number of outpatient phlebotomy draws will be pulled from the monthly phlebotomy workload report. The missed or incorrectly collected tests will be tallied by the manager from all reports from the areas served.
4. Provider complaints will be monitored by the manger and tallied monthly from the Patient Safety Net reports.
5. Patient complaints will be monitored by the manger from all written sources.
  - a. RL6 – Reporting software
  - b. Patient Relations
  - c. Clinic personnel
6. Employee complaints will be monitored by the manger from all written sources.

- a. Employee Relations
- b. Lab Management Team

**3) Documenting Complaints:**

When complaints come in from the different sources. The manager will have a conversation with the employee. This is to better understand what happened to receive the complaint. The conversation will be documented in the employee's file. Once an employee receive the third (3) complaint a formal document verbal warning is issued to the employee.

**4) Related Procedures:**

Hospital Policy – Performance Standards Policy

**5) References:** N/A

**6) Attachments:** N/A

**7) Revised/Reviewed Dates and Signatures:**

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)