

## TRAINING UPDATE

**Lab Location:** GEC, SGAH & WAH  
**Department:** Mgmt & QA

**Date Distributed:** 8/7/2014  
**Due Date:** 8/27/2014  
**Implementation:** 8/27/2014

### DESCRIPTION OF PROCEDURE REVISION

<b>Name of procedure:</b>
<b>Focus Review GEC / SGAH / WAH.QA15 v2</b> <b>Focus Review form AG.F137.1</b>
<b>Description of change(s):</b>
<p>Section 1: refined the purpose</p> <p>Section 2: added regional laboratory director, replaced QA supervisor with senior QA specialist.</p> <p>Section 3: replaced QA supervisor with senior QA specialist</p> <p>Section 4: revised definition of form to include reporting audit findings</p> <p>Section 5: streamlined actions, removed item B (redundant) and renumbered</p> <p><b>This revised SOP and form will be implemented on August 27, 2014</b></p>

**Document your compliance with this training update by taking the quiz in the MTS system.**

**Approved draft for training all sites (version 2)**

Non-Technical SOP

<b>Title</b>	<b>Focus Review</b>	
<b>Prepared by</b>	Leslie Barrett	Date: 4/22/2009
<b>Owner</b>	Cynthia Bowman-Gholston	Date: 4/22/2009

<b>Laboratory Approval</b>		
<b>Print Name and Title</b>	<b>Signature</b>	<b>Date</b>
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

<b>Review:</b>		
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>

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### **1. PURPOSE**

This procedure provides a concise, readable reporting structure for **audits**, reviews, and special studies. The Laboratory Performance Improvement Committee (LPIC) utilizes these reports to measure and develop process improvements for patient care.

### **2. SCOPE**

A Focus Review may be requested by the LPIC, regional **laboratory director, senior QA specialist**, laboratory manager, department supervisor, or medical director.

### **3. RESPONSIBILITY**

All laboratory staff is required to understand this procedure and may participate in the process as assigned.

The **senior QA specialist** is responsible for content and review of this procedure.

### **4. DEFINITIONS**

**Focus Review** - A reporting tool to provide structure to reviews and facilitate clear reporting of **audits and** analysis of selected processes, procedures, or policies that impact patient care. The report measures dimensions of care against established thresholds; and helps evaluate levels of performance, by creating recommendations for process changes to improve performance.

**LPIC** – Laboratory Performance Improvement Committee, a standing committee to monitor the quality and performance of the laboratory.

**Threshold** - minimal acceptable level of service

## 5. PROCEDURE

A. Obtain a **WORD version of the Focus Review form from Smart Solve**. (Listed in the Related Documents section 6.)

B. Complete the Focus Review form with the following information:

### 1. General Information

- Title of the report
- Section – area or department for which the review is done
- Reviewer – person(s) who gathered or analyzed data
- Date of the report

### 2. Indicator/Functional Measurement

- Define the indicator to be monitored.
- This is a measurable variable relating to the structure, process or outcome of service that is being reviewed.

### 3. Objective

- This statement indicates what is to be accomplished by conducting the focus review.
- Include threshold values where appropriate. Threshold values may reflect national metrics, may be arbitrarily set then tested, or may not be available prior to the review and thus will be determined upon completion of the review.

### 4. Method of Review

- Concisely describe the method used to collect and organize the data
- Include dates of the study and the type of data collected.

### 5. Findings

- Summarize the data. Tabulate and organize the data in a practical and understandable manner.
- Allow the data to provide the findings and conclusion.
- Attach summary of data and any graphic analyses to the Focus Review form if necessary.

### 6. Assessment

- Analyze findings and describe what can be concluded from the data.
- List any conclusions regarding quality of care.

### 7. Recommendations

- List any recommended actions that would lead to improved performance.

C. Route the draft Focus Review to the **senior QA specialist, regional laboratory director**, medical director, and the section supervisor/manager prior to the LPIC meeting.

- D. Present findings of the focus review to the LPIC. The LPIC will determine if the review is complete and direct the subsequent reports or cessation.
- E. Submit the final report for signatures from the following: the Reviewer, the section Supervisor/Manager, the senior QA specialist, and the Medical Director.
- F. File completed Focus review reports and data with the LPIC meeting minutes for the month in which the report was presented.

**6. RELATED DOCUMENTS**  
 Quality Management (QM) Plan  
 Focus Review form (AG.F137)

**7. REFERENCES**  
 None

**8. REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP QA204.01		
000	9/24/11	Section 5: item C.1 added, section renumbered, delete extraneous information. Add item D. Revised item F to reflect changes to form Section 9: Form revised	L Barrett	C. Bowman
001	7/15/14	Section 1: refined the purpose Section 2: added regional laboratory director, replaced QA supervisor with senior QA specialist. Section 3: replaced QA supervisor with senior QA specialist Section 4: revised definition of form to include reporting audit findings Section 5: streamlined actions, removed item B (redundant) and renumbered Section 6: moved form from section 9 Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	C. Bowman	C. Bowman

**9. ADDENDA AND APPENDICES**  
 None



- Germantown Emergency Center
- Shady Grove Adventist Hospital
- Washington Adventist Hospital

**Adventist Healthcare Laboratories Performance Improvement Committee  
FOCUS REVIEW**

**TITLE:**

**SECTION:**

**REVIEWER:**

**DATE:**

**INDICATOR/FUNCTIONAL MEASUREMENT**

*Define the measurable variable relating to the structure, process or outcome of service that is being reviewed.*

**OBJECTIVE**

*State the goal of the review. Include expected threshold where appropriate.*

**METHOD OF REVIEW**

*Describe the method used to collect and organize the data into a usable format. Dates of study and type of data collected should be clearly described.*

**FINDINGS**

*Present summary of data. Attach summary if necessary.*

**ASSESSMENT**

*Describe what is learned from the data. What conclusions regarding quality of care can be reached?*

**RECOMMENDED ACTIONS**

*Define an action that would lead to improved performance.*

**STATUS:**

- Close Monitor
- Add to on-going review list
- Present follow-up by: \_\_\_\_\_

**SIGNATURES:** Reviewer

\_\_\_\_\_

Section Supvr/ Mgr

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**Sr. QA Specialist**

\_\_\_\_\_

Medical Director

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