TRAINING UPDATE

Lab Location:	GEC, SGAH & WAH	**Date Distributed:**	8/21/2014
Department:	Mgmt & QA	**Due Date:**	9/15/2014
		Implementation:	**9/15/2014**

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Review of Cumulative Reports GEC / SGAH / WAH.QA45 v1

Cumulative Report Review Documentation Form AG.F192.1
Medical Director Cumulative Report Review Form AG.F300.0

Description of change(s):

SOP

Section 5: update location codes, specify routing of documents to reduce number of printed copies

Section 6: move forms from section 9

Cum Report Review form – removed item to check appropriate paper color
Medical Director Review form – reformatted and added form#

This revised SOP will be implemented on September 15, 2014

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

Approved draft for training all sites (version 1)

Non-Technical SOP

Title	**Review of Cumulative Reports**	
Prepared by	Marie Sabonis, Leslie Barrett	Date: 5/24/2012
Owner	Cynthia Bowman-Gholston	Date: 5/24/2012

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	**Signature**	**Date**

Form revised 3/31/00

TABLE OF CONTENTS

1. PURPOSE

Cumulative (cum) reports are reviewed annually to check proper reporting of results (LIS and HIS) and cum report format. This procedure describes the standard for review and the procedure to document.

2. SCOPE

Applies to Cumulative and Client Reports.

3. RESPONSIBILITY

Quality Assurance (QA) staff is responsible for printing the reports.
Section Directors, Managers, Supervisors or designee review Cumulative and Client reports annually.
Medical Director reviews Cumulative report annually.

4. DEFINITIONS

ARH – Adventist Rehab Hospital
Cum Reports - Cumulative report of patient results, primarily utilized for inpatient reports.
Client Reports - Patient result report, primarily used for Outpatient reports
LIS - Laboratory Information System
HIS - Hospital Information System

5. PROCEDURE

1. SGAH, ARH and WAH: QA staff prints the Inpatient cum reports
   a. Function: **CUM**
   b. Printer: Enter printer number
   c. Option: **3** (Location Chart Copy)
   d. Hospital Id: Enter **SGAH** or **WAH** or **ARH**
   e. Carriage return to accept defaults until the location prompt is reached
   f. Location(s): Enter the following patient care areas for the appropriate site

SGAH	WAH	ARH
4A	1500	ARHR
2D	2500	
3ANU	3200	
	3300	

   g. Accept to print report
   h. Repeat process a second time for each hospital ID, resulting in 2 copies of cum reports

2. SGAH and WAH: QA staff prints ED reports (WAH, SGAH)
   a. Function: **CRP**
   b. Printer: Enter printer number
   c. Option: **1** (Location)
   d. Hospital Id: Enter **SGAH** or **WAH**
   e. Location(s): Enter **SED** or **WED**
   f. Include activity prior to last report? Change to **"Y"**
   g. Start Date: **T-1**
   h. Date and time qualification: Change to "collect" by typing a "**C**" and then press Enter.
   i. Accept to print report.

3. SGAH and WAH: QA staff reprints the Outpatient Reports (Client Reports).
   a. Function: **CRP**
   b. Printer: Enter printer number
   c. Option: **1** (Location)
   d. Hospital Id: Enter **SGAH** or **WAH**
   e. Location(s): Enter **SLAB** or **WLAB**
   f. Include activity prior to last report? Change to "**Y**"
   g. Start date: **T-1**
   h. Accept to print report
   i. Repeat process a second time for each hospital ID, resulting in 2 copies of outpatient reports

4. QA staff will divide up the reports as follows:
   a. Site-specific Inpatient cums into two groups
   b. Site-specific Outpatient reports into two groups
   c. ED reports for SGAH and WAH

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5. QA staff will distribute reports and management team will route as follows:
   a. One copy of all inpatient cums, ED and outpatient reports
      - All reports are given to the Blood Bank (BB) Manager for review
      - BB Manager will pass reports to the Point of Care (POC) Supervisor
      - POC Supervisor passes reports to the Lab Director
      - Refer to steps 7 – 12 for review instructions
   b. For second copies of reports, refer to step 13 below

6. Each group reviews their respective sections as follows:
   - Blood Bank
   - Core Lab - Chemistry, Hematology, Urinalysis, Microbiology, Ref lab
   - Point of Care

7. Review may be assigned to sectional staff.

8. The Cum Review Documentation Checklist Form is completed by the reviewer to document their findings, even if no problems are found. Cum reports that have problems/issues are attached to the form. The completed form is submitted to the LIS Manager, who will investigate and take corrective action/resolution, as required.

9. Each section (Core Lab/ Microbiology and Blood Bank) compares five (5) patient results in the HIS and LIS to verify accuracy for each section. Discrepant results are printed and submitted to the LIS Manager for resolution.

10. The completed review forms are retained on file with the LIS Manager.

11. Standards for Review
    The standard for review will include, but not limited to, the following:

    Physical nature of the reports:
    Headers and footers printing on the appropriate lines
    Paper aligned when printing
    Quality of print – too light, smudged, etc.

    Footnotes/Comments:
    Do they make sense?
    Should they appear?

    Critical values:
    All values denoted (C) and footnoted accordingly
    Appropriate documentation includes time and name of person called

    Corrected Reports:
    Assure corrected results appear on cum

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Hematology results:
Platelet quantification terminology consistent with SOP
Appropriate free text remarks
Normal ranges present for all tests

Chemistry results:
Peaks and troughs results consistent with order
Appropriate free text remarks
Normal ranges present for all tests

Reference Lab results:
Results clearly stated with normal ranges
Report is understandable
Test results under correct Reference Lab header

Microbiology:
Results clearly stated
All culture referral reports (to another order #) are clearly indicated

Blood Bank:
Results clearly stated
Appropriate free text remarks

Point of Care Testing (POC):
Results from actual POC devices match
Appropriate comments file from actual POC device

12. Medical Director Annual Review
    - Inpatient cum reports and outpatient reports from Washington and Shady Grove Adventist Hospitals to include Blood Bank, Microbiology, General Lab, and Reference Lab results are submitted to the Medical Director for review.
    - The Medical Director reviews the reports and signs off on Medical Director annual review form.
    - Any issues found are noted on the annual review form and examples are attached. The completed review form and examples are submitted to the LIS Manager for any corrective actions/resolutions.
    - The completed review form is retained by the LIS Manager.
    - The LIS Manager provides findings to the QA Specialist. Findings are reported at the next Lab Performance Improvement Committee, LPIC meeting and included in the year end summary of the Quality Management Plan.

6. RELATED DOCUMENTS

Cumulative Report Review Documentation Form (AG.F192)
Medical Director Cumulative Report Review Form (AG.F300)

7. REFERENCES

College of American Pathologists, Laboratory General Checklist, (www.cap.org)

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP IT34.000		
000	8/13/2014	Section 5: update location codes, specify routing of documents to reduce number of printed copies Section 6: move forms from section 9 Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L Barrett	C Bowman-Gholston

9. ADDENDA AND APPENDICES

None

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

CUMULATIVE REPORT REVIEW DOCUMENTATION FORM

Site: check above INITIALS/ DATE:	DATA REVIEWED	COMMENTS – ATTACH COPIES OF PROBLEMS
_____/_____	**General review - each section:**	
	1. Physical nature of reports: -Headers/footers appropriate -Paper aligned -Quality of print ~~-Proper paper color - delete~~	
	2. Footnotes/Comments: -Present - make sense?	
	3. Critical Values: -All values denoted (C) -Document time and name of person called	
	4. Corrected reports: -Assure corrected results appear on cum	
_____/_____	**Hematology results:** -Platelet quant terminology consistent with SOP -Free texts remarks appropriate -Normal ranges present	
_____/_____	**Chemistry results:** -Peaks & troughs results consistent with order -Free text remarks appropriate -Normal ranges present	
_____/_____	**Reference lab results:** -Results clearly stated with normal ranges -Report understandable -Test results under correct Ref Lab header	
_____/_____	**Microbiology:** -Results are clearly stated -All culture referral reports (to another order #) are clearly indicated	
_____/_____	**Blood Bank:** -Result are clearly stated -Free text remarks appropriate	
_____/_____	**Point of Care Results:** -Results from actual POC devices match -Appropriate comments file from actual POC device	
_____/_____	**HIS check - each section:** -Spot check 5 patients results with HIS to verify accuracy	

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

MEDICAL DIRECTOR CUMULATIVE REPORT REVIEW

Year:

_____ _____

Medical Director **Date**

No Issues noted: _____

Issues Noted:	Action taken to resolve:	Date Resolved:	By:
1.			
2.			
3.			
4.			
5.			
6.			
7.			