

TRAINING UPDATE

Lab Location: GEC, SGAH & WAH
Department: QA

Date Distributed: 4/23/2015
Due Date: 4/30/2015
Implementation: 4/27/2015

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
PI (Performance Improvement) Database GEC / SGAH / WAH.QA17v2
Description of change(s):
Section 3: update job titles Section 4: replace Excel file with Access one Section 5: update severity levels, change QV form scan / hyperlink to optional, add reported at LIPC Section 9: incident descriptions removed
This revised SOP will be implemented on April 27, 2015

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

Approved draft for training (version 2)

Non-Technical SOP

Title	PI (Performance Improvement) Database	
Prepared by	Leslie Barrett	Date: 5/18/2009
Owner	Cynthia Bowman-Gholston	Date: 5/18/2009

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

Review:		
Print Name	Signature	Date

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1. PURPOSE

This procedure describes the use of the Performance Improvement (PI) database to track and trend variances and occurrences involving the laboratory.

2. SCOPE

This procedure applies to QA personnel.

3. RESPONSIBILITY

The Laboratory QA specialist inputs summarized information from Quality Variance forms.

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

4. DEFINITIONS

PI Database - an Access database with input fields and categorized codes to reflect information recorded on Quality Variance (QV) forms. Designed as a tool to track and trend variances involving the laboratory.

QA - Quality Assurance

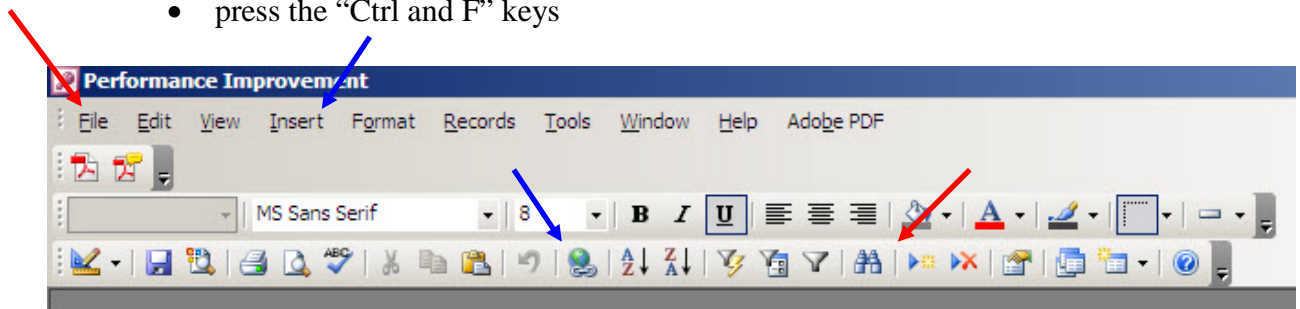
5. PROCEDURE

1. Quality variance forms are categorized at several levels. These categories are:

- a. Incident type –
 - Pre-analytical
 - Analytical
 - Post analytical
 - Blood Bank
- b. Action taken –
 - Corrected report
 - Specimen rejected
 - Test credited

- Redrawn
 - Supervisor to investigate
 - Discarded unit
 - Other action
- c. Level of Severity: no impact, minor impact, major impact
 - d. Responsible unit
 - e. Risk Management occurrence
 - f. Internal follow-up
2. The QA specialist reviews completed QV forms for completeness and clarity. Any QV forms that are incomplete or have inappropriate follow-up will be returned to the Supervisor for completion/follow-up.
3. Database use:
- a. Open the database on the G drive.
 - b. Select 'Record New Incident'
 - c. Enter the **facility** using the drop down
 - d. The **occurrence date** in the format mm/dd/yy.
 - e. **ID:** Case number will be automatically assigned. Record on the QV form
 - f. **Patient Name** field: last name only is sufficient. This field may be left blank if not a specific patient issue.
 - g. **MR #:** enter patient's medical record number
 - h. **Accession #:** enter the accession number of the test involved in the incident. This field may be left blank.
 - i. **Test Code:** enter the involved test code responsible
 - j. **Patient location:** enter nursing unit or patient classification (OP)
 - k. **Responsible:** enter LIS tech code from drop down or search by last name
 - l. **Incident description:** utilize drop down to choose, see listing in Appendix. A detailed description may be added in the appropriate box if necessary
 - m. **Action taken:** choose from drop down. A detailed description may be added in the appropriate box if necessary
 - n. **Resolution:** enter appropriate information, i.e. submitted Hercules
 - o. **Responsible unit:** enter the unit/department responsible.
 - p. **Lab section:** enter appropriate information
 - q. **Severity level:** enter category chosen by Supervisor, QA makes final determination on severity, amend if needed.
 - r. **Wizard #:** if a Hospital incident is involved, enter the number
 - s. **RQI #:** enter the number if applicable
 - t. **Reported by:** enter employee LIS code
 - u. **Resolved by:** enter employee LIS code
 - v. Comments may be added to as applicable.
4. QV forms may be scanned and saved electronically as follows:
- a. Verify that all pages are the same size. Those with irregularly sized pages must be scanned by hand individually.
 - b. Remove all staples while maintaining the order of the pages

- c. Feed approximately 30 pages through scanner; do not separate packets. Select “2 sided” scanning
 - d. Re-staple the original files, return to the QA office for filing.
 - e. Extract PDF pages; file name for each QV is its ID number
 - f. Save in corresponding folder by year on the shared drive (file path
G:\AHC_Lab\Quality Assurance\PI Data\Quality Variances_PDFs by number)
5. Hyperlink the QV form to the database as follows (optional):
- a. Return to the QA database, select the ‘Update Incident’ button
 - b. A different, tabbed version of the incident form will appear on the screen.
 - c. The form will open with the cursor in the PI # field at the top right of the page.
 - d. Use one of the following methods to search for the specific incident number:
 - select the binoculars from the toolbar
 - locate the Edit button on the toolbar and choose the Find option from the dropdown
 - press the “Ctrl and F” keys



- e. A search box will open on the screen, with the cursor in the search field
 - f. Record the case number that you need to hyperlink and press the button labeled ‘Find Next’
 - g. When the proper record appears on the screen, select the tab labeled for Update.
 - h. Place the cursor in the ‘Hyperlink to the original Form’ field
 - i. Use one of the following methods
 - select the icon on the toolbar that has a globe with chain links
 - locate the Insert button on the toolbar and choose hyperlink option from the dropdown
 - press the “Ctrl and K” keys and select hyperlink from the dropdown list
 - j. The hyperlink file will open to the folder containing the file path
G:\AHC_Lab\Quality Assurance\PI Data\Quality Variances_PDFs by number)
 - k. Locate the PDF file that corresponds to the selected case number. The software will create a hyperlink to that file.
Note: Do NOT move or change the location of the hyperlinked file or the hyperlink will cease to work.
6. Data may be sorted or graphed by an applicable means.
7. Reports may be printed from the queries for confidential hospital use only.

8. A categorization of variances is utilized to identify and track trends. This information is reported and reviewed by laboratory leadership and the Medical Director at the Laboratory Performance Improvement Committee (LPIC) meetings.

Note: The database contains confidential information, and as such, is to remain a part of the laboratory internal record. Risk Management and Hospital QA/PI Departments may, at times, require summarized data from the database. At no time will copies of the database be made for any purpose other than updating information for laboratory use.

6. RELATED DOCUMENTS
 Quality Variance Forms, QA procedure

7. REFERENCES
 N/A

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP QA203.01		
000	4/11/2013	All sections: Update PI variance to Quality Variance Section 5: update database entry process and add QV scanning and hyperlink process Section 9: update Incident Description list	L. Barrett C. Bowman	C. Bowman
001	4/10/2015	Section 3: update job titles Section 4: replace Excel file with Access one Section 5: update severity levels, change QV form scan / hyperlink to optional, add reported at LIPC Section 9: incident descriptions removed Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	L. Barrett	C. Bowman

9. ADDENDA AND APPENDICES
 None