

TRAINING UPDATE

Lab Location: GEC, SGMC & WAH
Department: Mgmt, QA

Date Distributed: 5/2/2017
Due Date: 5/23/2017
Implementation: 5/23/2017

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
PI (Performance Improvement) Database SGAH.QA17 v3 Note: this has been converted to a system SOP
Description of change(s):
<p>Sections 2 & 3: add supervisor and designated staff</p> <p>Section 5: add QC/PM to incident type, specify action list is not inclusive, update data entry fields</p> <p>This revised SOP will be implemented on May 23, 2017</p>

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

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

TABLE OF CONTENTS

1. PURPOSE.....	2
2. SCOPE.....	2
3. RESPONSIBILITY.....	2
4. DEFINITIONS.....	2
5. PROCEDURE.....	2
6. RELATED DOCUMENTS	5
7. REFERENCES	5
8. REVISION HISTORY.....	5
9. ADDENDA AND APPENDICES.....	5

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, [supervisory and other designated](#) personnel.

3. RESPONSIBILITY

Laboratory QA specialists, [supervisors and designated staff](#) input 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:

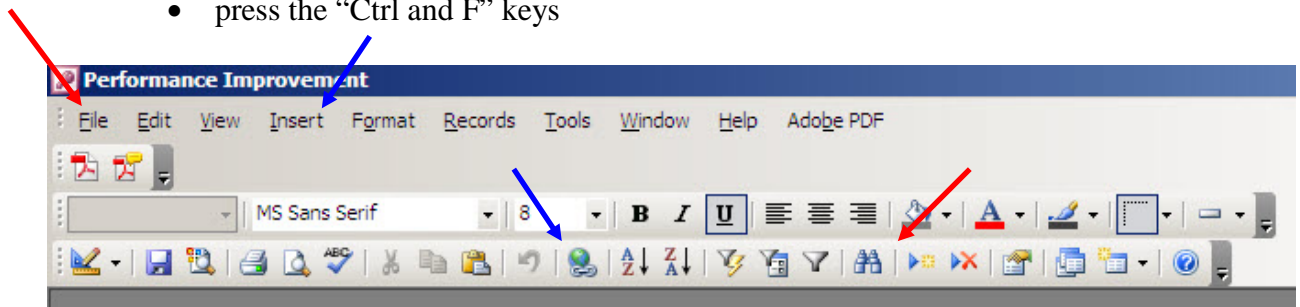
- a. Incident type –
 - Pre-analytical
 - Analytical
 - Post analytical
 - Blood Bank
 - [Quality Control / Maintenance](#)
- b. Action taken –
 - Corrected report

Specimen rejected
Test credited
Redrawn
Supervisor to investigate
Discarded unit
Other action

The above list is not all inclusive, other selections are available in the database

- c. Level of Severity: no impact, minor impact, major impact
 - d. Responsible unit
 - e. Risk Management occurrence (also known as RL Solution)
 - f. Internal follow-up
2. The QA specialist **may** review 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 (may be entered without the / divider, thus 010117 will display as 01/01/2017).
 - e. **ID:** Upon selection of the facility, a case number will be automatically assigned. Record the case number on the bottom right of 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 applicable test code
 - 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 Hospital incident report
 - o. **Responsible unit:** enter the unit/department responsible.
 - p. **Lab section:** choose from drop down
 - q. **Severity level:** enter category chosen by Supervisor, QA makes final determination on severity, and amends, if needed.
 - r. **Wizard #:** if a Hospital RL solution 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 as applicable.
4. QV forms may be scanned and saved electronically as follows (optional):
 - 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 any 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
2	4/18/2017	Header: add other sites Sections 2 & 3: add supervisor and designated staff Section 5: add QC/PM to incident type, specify action list is not inclusive, update data entry fields	L. Barrett	C. Bowman

9. ADDENDA AND APPENDICES
 None