

QUALITY POLICY 8: ASSESSMENTS

- St. Joseph Medical Center Tacoma, WA
 St. Clare Hospital Lakewood, WA
 St. Elizabeth Hospital Enumclaw, WA
 St. Francis Hospital Federal Way, WA
 St. Anthony Hospital Gig Harbor, WA
 PSC

PURPOSE

To ensure that management receives input on the conformance and effectiveness of the quality system.

QUALITY INDICATORS

One or more quality indicators is selected and scheduled for each laboratory phase; i.e., pre-analytic, analytic, and post-analytic. Results are reported at least annually to various FHS quality committees as appropriate.

EXTERNAL ASSESSMENTS

The FHS Laboratory has regular scheduled external assessments to examine the laboratory’s compliance with published requirements, and the effectiveness of the implementation. External assessments are performed by the following entities:

ASSESSOR	FREQUENCY
College of American Pathologists (CAP)	Biennial
American Association of Blood Banks	Biennial
The Joint Commission	Every three years
State of Washington Department of Health (Applies to non-CAP accredited patient testing sites)	Biennial

The results of these external assessments are reviewed by management within two weeks of the assessment, as part of the Quality Improvement process, and reported to the Laboratory Management Committee. Corrective action is taken where indicated, and the results of change monitored through the occurrence management and Process Improvement processes.

CAP TERMS OF ACCREDITATION

Accreditation by CAP requires the provision of an inspection team to another laboratory comparable in size and scope if requested by CAP.

INTERNAL ASSESSMENTS

The FHS Laboratory has a system to assess the adequacy of its Quality Plan and the operations of its operating systems by means of a self-assessment program carried out by evaluators knowledgeable in the system being evaluated. The Laboratory Quality Manager and the Laboratory Management Committee review the Quality Plan on a yearly basis. The Regional Laboratory will have a yearly plan for the performance and documentation of its self-assessment activities.

Internal audits of the quality and operating systems are the following:

ACTIVITY	DESCRIPTION
Scheduled	Based on status and importance of activity being audited.
Conducted	Using established procedures by individuals who are knowledgeable of the process being audited.
Reviewed	By laboratory management
Documented	By recording results and dates of each audit and verifying the effectiveness of the corrective action taken.

ASSESSMENT RESULTS

Assessment results are analyzed and compared to requirements, desired outcomes, and goals.

The assessment findings and corrective action are summarized in a report presented at least annually to the Laboratory Management Team, and reviewed with staff as indicated.

Assessment summary reports are matrixed through the Process Improvement and Occurrence Management systems for corrective action, monitoring, and reassessment.

MONITORING OF BLOOD UTILIZATION

FHS monitors and addresses transfusion practices for all categories of blood and components. The following are monitored:

- Ordering practices.
- Patient identification.
- Sample collection and labeling.
- Infectious and non-infectious adverse events.
- Near-miss events.
- Allogeneic usage and discard.
- Autologous usage and discard.
- Appropriateness of use.
- Blood administration policies.
- The ability of services to meet patient needs.
- Compliance with peer-review recommendations.

DOCUMENT APPROVAL Purpose of Document / Reason for Change:

Added accreditation requirement to provide an inspection team comparable in size and scope if requested by CAP; Changed reporting schedule of quality data to at least annually, from periodically.

No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.

Committee Approval Date	<input checked="" type="checkbox"/> Date: 8/29/13 <input type="checkbox"/> N/A – revision of department-specific document which is used at only one facility	Medical Director Approval (Electronic Signature)	 8/23/13
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