Common Problems seen on the Mock Pending MTS

Urina- 2 of 26 techs still need microscopic done
1 of 26 techs missed DRGSC

Micro- 13 of 26 techs did not print this report

Clink- 1 out of 26 printed the incorrect date range
3 of 26 did not print this report at all
H- 4 out of 26 techs did not cancel the Duplicate H&H (patient had a CBC)

Coag- 8 out of 26 techs did not call the floor to see if APTT could be cancelled. APTT collect at 0715; previous sample never collected

Other common problems noted from the study

- Missed split orders for urine drug screens. Need to look at history to see if there is a sample already in lab.
- Missed duplicate tests

How can we do better?

- Modified procedure to specifically name the worklists that should be printed- this is a guide and is not all inclusive
- Everyone on every shift is responsible for looking at 24 hours of specimens.
- Help each other out with pendings even if you are not in assigned area. If you have time help keep on top of missing items.
- Use OSM on your PC to monitor throughout the day rather than wait until the end of the shift.
- Make notes on pending and in comment section in lab system so everyone knows what needs to be done.
- Ideas and suggestions are welcome to improve this process.

MTS review should be complete by March 24, 2016. We will begin to monitor the process on March 25, 2016 for two weeks. Submit any incomplete errors to blue folder located in hematology until April 8, 2016. We will educate regarding any errors found during that time and determine if we need to tweak our process. If the process is working we will begin monitoring any other errors with Education Notices. Please read LACQ policy for violation information as these are intended to be educational.

New Vision Medical Laboratories St. Rita's Medical Center Lima, Ohio Technical Procedure	New Vision Medical Laboratories	Procedure Number:

This procedure is electronically produced, revised, monitored, reviewed and/or retired. For a full document history of initiation, revisions, and reviews with electronic signatures and dates, please open document in the procedure publishing software.

Subject: Instructions for Departmental Pending List

1. PRINCIPLE: To avoid missing tests performed in the department and delays to patient care.

2. Procedure:
   I. How to review pending lists

      a. In the LIS (Laboratory Information System) go to Results and choose resulting worklist.
      b. Under the heading TEMPLATE, type in or choose appropriate code from the drop down list.
      c. For example H and COAG for Hematology; URINA for urines and the soft Mic tab, receiving worklist, #4 UNC; CLINK for chemistry. You are responsible for reviewing 24 hours of specimens not just the shift you are working.
      d. Go to STATUS: pending and non- verified should be selected
      e. Enter the dates to reflect 6 days prior and the current date.
      f. DESELECT the box, Received only
      g. Print the PENDING LOG REPORT- write the date range you selected at the top of the report.
      h. With the report still on the screen use the Tools tab/Order Entry to investigate each sample.
         i. Use the History of Ordering icon at the top of the screen to see if the test appears to be a duplicate. You must clarify with Nurse prior to canceling and be sure to document who you spoke with and what time when you cancel the test in specimen comments in the LIS.
         ii. Check to see if the test could be added on by calling the floor and verifying with nurse or pharmacist. Document who you spoke with as well as date and time in specimen comments in the LIS. If so find the previously run specimen, collect and receive using time given and perform the test.
         iii. Check to see if other tube types were received. If so why wasn't item being investigated received? Check specimen comments,order comments and internal notes to see if anyone left a message.
         iv. Has the patient been discharged? If so check to see if they were admitted to 7E, if so call floor to see if test is still needed. Otherwise cancel test noting patient discharged.
         v. Did the order originate in ED and the patient was admitted? Check with floor to see if test is still needed.
         vi. Is the patient refusing to have lab work drawn? Notify nurse taking care of patient that you will cancel order if sample will not be collected same day or if sufficient information to cancel. Document nurse's name in cancel comments.

   II. Samples not received from outlying locations such as Urgent Care, JTSM, VWCH or outpatient.

      a. Any sample not received in lab should be investigated. Check the collection times and with location sending the sample to see if items are in route. If there is no one at location check courier delivery schedule to see when item should arrive. Look thru specimen "Done bags" to ensure samples needing testing are not misplaced. Check log sheet from location to see if any notes regarding the samples were documented.
      b. For missing outpatient samples check with staff working in OP location. If staff are gone for the day check the tube system and all carriers. Notify maintenance to determine if the line had a problem. Check OP location to see if samples can be located.
      c. Check the instrument interface to ensure sample has not been run without receipt of sample in LIS. Results will be held up if this occurs. Look for results that are posted but not verified.
      d. Each test on the pending log should be commented on so only those that truly need follow up are known to everyone. Use the canned messages :NR(not received),BC(being collected),DUP(duplicate),X(Cancelled), NV(need verified), IT(In transport)
      e. Initial the pending log with date and time then file in the appropriate area.

New Vision Medical Laboratories Corporate Policy and Procedure Manual		Policy Number: nvml.qa.002 LACQ Rules Initiation Date: 04/01/2013

This procedure is electronically produced, revised, monitored, reviewed and/or retired. For a full document history of initiation, revisions, and reviews with electronic signatures and dates, please open document in the procedure publishing software.

SUBJECT: **Laboratory Accountability and Commitment to Quality (LACQ) Rules**

POLICY: All laboratory staff will comply with the quality measures referred to as LACQ Rules. The LACQ rules are:

Correct patient orders	Inappropriate or incomplete clinical info – antibiotics
Correct patient name	Testing not completed as ordered or timely manner
Correct physician name/info	Receiving unacceptable specimen(s)
Correct critical value doc	Incorrectly entered results into LIS
Correct test for lab site testing	Missing entry on log sheet, i.e. pt. name, result, QC
Correct DOS and account #	General Laboratory Safety
Correct Call/Fax information	Phlebotomy practices according to SOP
	Other identified quality error(s)

1) All patients are to be correctly identified by two unique patient identifiers as required by lab policy.

2) All orders will be reviewed to determine if correctly ordered prior to specimen collection. Testing ordered on correct account number.

3) All patient draws will be collected and processed as defined in the policy and procedures.

4) All paperwork will be reviewed for accuracy and completeness.

5) The testing personnel will "match" completed test results against "Critical Value" list for further documentation & testing as needed.

6) The testing personnel will provide appropriate clinical history. Correctly order and result reflex tests as needed.

7) Quality measures which impact patient care or cause a delay in patient results would qualify as "other quality errors".

8) If there is a violation of a LACQ rule, the following progressive disciplinary action will take place within an 12 month time frame:

a. 10 Points will be a Coaching.
b. 15 Points will be a Counsel for Improvement.
c. 20 Points will be a Decision-Making Leave.

d. 25 Points will be a Discharge.

9) A point will be cleared if no violation occurs for 3 months from last incident. If the employee has no occurrences in 3 months from the last incident, one violation point will be cleared. According to St. Rita's policy, a Paid Decision Day will stay in the employee's file. Management will monitor for repeated behavior or patterns.

10) Any violation of a LACQ rule that results in an adverse patient event will result in disciplinary action comparable to the seriousness of the event.

11) Mislabeling or accepting an unlabeled specimen will result in an immediate Decision Day. No previous history needed.

12) During a new employee's probationary period, tabulation of violations will be at the discretion of the supervisor.