HEM.REG.2.0 HEMATOLOGY RESULT EVALUATION PROTOCOL

PRINCIPLE

Qualified personnel are required to review laboratory results prior to release. Significant clerical errors and analytical errors should be detected and corrected prior to release or in a timely manner after release. Unusual laboratory results should be detected with the aid of deltas, technical limits, and critical or panic values. Results will also be periodically reviewed by a designee for quality assurance and as part of competency assessments.

PROCEDURE

A. Printing a Tech Log:
   1. Print the Tech Log report to an available printer.
   2. In the Sunquest system, enter LO. Choose option 6, Tech Log. Enter the date that is to be reviewed. Call up a Tech Log for the entire hematology department by entering individual tech IDs at the tech ID prompt.

B. Reviewing the Tech Log:
   1. Hematology and Coagulation
      a. Less common tests that are reported need to be recorded on the Quality Control sheet to be sure controls have been done for the testing on that day. Examples include HCGU, MONSC, SSLAP, EOSMU, and FERED.
      b. Patient results have:
         i. Appropriate comments for all deltas and criticals.
         ii. Been investigated for possible wrong draws when the MCV deltas and MCHC is >38.0.
         iii. Smears reviewed by Pathologist when criteria requires such (ex., MCV <70.0 and RBC > 5.00, PLT < 30). See procedure HEM.SMEARS.6.0, Criteria for Review of blood smears by a Pathologist.
         iv. Been checked for possible platelet clumps when results do not correlate with previous results.
         v. UA macroscopic results match the microscopic results (ex., turbidity of urine with microscopics, RBC's present with occult blood, WBC present with leukocyte esterase, bacteria present with nitrates and casts present with large amounts of protein.)
         vi. Comments that make sense.
         vii. Been called when appropriate for corrected results.
         viii. Nothing unusual or questionable.
      c. There should not be any duplicate results. Duplicates should be credited by technologists.

C. Documenting the tech Log:
   1. Any error detected in the previous section should be filed and documented in the associates Tech Log file (documentation for annual evaluations).

2. Errors are categorized into four different groups: low, medium, high, and life threatening.
   a. Low errors include wrong results with no flag triggered, deltas not commented, morphology errors, or missed pathology reviews.
   b. Medium errors include critical not called (when Client Services is unable to call) or calculation of wrong results.
   c. High errors include wrong results.
   d. Life-threatening errors are those that directly impact patient care, thus resulting in harm to the patient (ex., falsely reporting a hgb/hct, resulting in an un necessary blood product transfusion.)

      NOTE: A low, medium or high error may be reclassified as a life threatening error dependent upon patient status due to associate error.

3. Associates are given a verbal reprimand and counseled after ten low errors, five medium errors, two high errors, or one life threatening error. Written reprimands are given when an associate reaches a second set of ten low errors, five medium errors, four high errors, or one life-threatening error. After a third accumulation of the error sequence, an associate will be suspended. A fourth set of accumulated errors will result in termination.
4. Errors will also be recorded on a Tech Log Error Identification Summary sheet. (See attached). This sheet will be tallied at the end of the month into the following categories: Critical result without appropriate comments, delta without appropriate comments, data entry error, and incomplete results reported out.
5. Associates are responsible for asking to see their Tech Log files.

D. Recording Pending Log Quality Assurance:
   1. Pending logs will be printed for the department as established by the department. Missing and/or problems specimens will be researched and appropriately recorded.
   2. Failure to perform pending log duties will result in a Quality Assurance reminder. Quality Assurance reminders will be recorded as medium error.

E. For testing that is manually entered into the computer, results will be reviewed for clerical errors.

F. Review of Proficiency Surveys:
   1. All proficiency surveys will be reviewed by supervisors. Any deviation in results will be recorded in a Quality Assurance reminder.
   2. Quality Assurance reminders will be recorded on the associates tech log file. QA reminders will be categorized as medium errors. Any unsuccessful proficiency survey that has no explanation after investigation will not be written up on the associate performing the proficiency survey.

G. Tech in Training
   1. All results will be reviewed within 24 hours by a qualified supervisor (CLIA criteria).

2. Documentation of review will be recorded on the Tech result Log review for that Tech.

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