

DEPARTMENT OF PATHOLOGY
Meeting: Quality Assurance
MEETING DATE:
October 19, 2021

Bridgeport Campus

Test	Median TAT mins	YNHHS median TAT	% Compliance	Vol.	YNHHS % Compliance	Summary	Corrective Actions
Procalcitonin	36 (39-87)	63	88.1% (24-83)	1063	53.5%	Exceeds YNHHS benchmark	None required
Lactic	22 (11-52)	32	83.8% (10-100)	959	58.9%	Exceeds YNHHS benchmark	None required
Troponin	30 (22-40)	31	89.7% (71-98)	2116	84.7%	Exceeds YNHHS benchmark	None required
BMP	28 (20-38)	29	90.0% (74-100)	1343	88.4%	Exceeds YNHHS benchmark	None required
SPEP	5181 (0-5543)	2635	0% (0-75)	129	36.7%	Meeting YNHHS benchmark	Between target and stretch goal
D-dimer	21 (16-29)	23	85.8% (68-92)	240	79.9%	Exceeds YNHHS benchmark	None required
PTINR	20 (14-24)	19	88.5% (82-93)	915	87.8%	Exceeds YNHHS benchmark	None required
CBC	9 (1-12)	7	89% (86-99)	4202	92.7%	Below YNHHS benchmark	Improvement was seen for a few months after a workflow change but has been increasing recently. The YNHHS benchmark includes all system labs with some being significantly smaller with quick TAT's which may skew overall system TAT. Also there are new employees training in central processing
BF vs Cytology results	N/A	N/A	93%	58 out of 125 fluids	N/A	Expected Benchmark 100%	4 sets of slides were reviewed by Dr. Chen. 1 slide had a suspicious clump of cells. Slide was reviewed with staff

Pedi critical calls	N/A	N/A	N/A	0	N/A	N/A	None required
Type & Screen	41 (24-88)	56	83.8% (7-100)	364	53.9%	Exceeds YNHHS benchmark	None required
Platelet wastage	N/A	N/A	N/A	N/A	N/A	43% Target <25%.	Platelet demand is unpredictable leading to some wastage. Once FDA approved, platelet expiration date will be increased from 5 to 7 days which will improve wastage.
Blood Wastage	N/A	N/A	N/A	N/A	N/A	7.4% Target <3%	Platelet wastage contributed to increase in overall
Adverse Rxn	N/A	N/A	0%	0	N/A	Benchmark is 1%	There were no adverse rxn's in September
Glucose vials Dated/Total	16/16	N/A	N/A	100%	Target 95%	Exceeds target	None required
#locked out of meters	42/1545	N/A	N/A	N/A	N/A	2.7 % Target 5%	None required
iSTAT quality check codes	N/A	N/A	N/A	N/A	N/A	3.1% Target <5%	None required
Covid Panther	319 (264-370)	317	100% (98-100)	8499	98%	Exceeds YNHHS benchmark	None required
Covid Cepheid	70 (46-79)	63	16.8% (0-100)	3706	46.9%	Below YNHHS benchmark	Median TAT needs to be changed. Too low.
Liat	30 (47-79)	63	87.8% (0-100)	139	46.9%	Exceeds YNHHS benchmark	None required
Miscellaneous Microbiology		Follow-up					
invalid Covids : 0							None required
manually entered results audit: 100%					Target 100%		None required
Stool PCR's performed within 3 days of admissions: 95%					Target 95%		.
MRSA Comm log completed: 95%					Target 100%		None required

Miscellaneous Central Processing Shared specimens missed:	0 shared sample missed.	
Draw Station Errors: 30 documented, 15 required redraws. Errors remain to be same type as previously made (incorrect orders, missed tests, sample not received)	Continue to have monthly meeting between front desk and outreach to identify and counsel staff	
OUTREACH 10 requisition errors of 70 that were reviewed. Total September volume=515	Lab errors were reviewed with the staff	

LAB GENERAL

Measure	Summary	Corrective action/Follow-up
CAP PT TAT <30 days	100% both BH & MC	None required
PT performance	BH=100%	Above average in the peer group
Corrected reports	1.23/10,000 Benchmark:<2.7/10,000 tests (BH=236,423 tests)	Below benchmark.
Specimen redraws	Overall % of rejected specimens BC =1.9 MC =1.1 YNHHS Median: 1.5	QNS is biggest problem After investigating the increased rate of rejected tests, it was determined that the root cause was due to BNP's and Osmolality tests being canceled and reordered to be done at BH. A request with IT to change the accessioning logic has been submitted which will end the need to cancel and reorder tests. After recalculation, it has been determined that the MC rate of specimen rejects was falsely elevated due to the IT issue and patient care was never affected. After recalculation, the MC reject rate meets or exceeds YNHHS benchmark
Quest TAT	Report not available for September at time of QA meeting-will report next month	Quest has continuously underperformed in this measure. More tests have been outsourced to YH instead of Quest
Nonconforming events	15	Outreach errors requiring patients to be redrawn. Continuing to work with Outreach to correct errors
CAP Competency Completions	37%	Ends soon-encourage staff to complete these.

Milford Campus

Test	Median TAT mins	YNHHS median TAT	% Compliance	Vol.	YNHHS % Compliance	Summary	Corrective Actions
Troponin	30 (22-40)	31	88.2% (71-98)	466	84.7%	Exceeds YNHHS benchmark but increased a little due to instrument issues. Both EXL's are functional now	None required
BMP	25 (20-38)	29	91% (74-100)	277	88.4%	Slightly above YNHHS benchmark	None required
Lactic	7 (11-52)	32	96.1% (10-100)	231	58.9%	Exceeds YNHHS benchmark	None required
D-dimer	25.5 (16-29)	23	72.8% (68-92)	92	79.9%	Below YNHHS benchmark	Investigate use of STATspin and delivery prioritization, adds ons or high d-dimer dilutions

PTINR	18 (14-24)	19	91.9% (82-93)	148	87.8%	Slightly above YNHHS benchmark	None required
CBC	9 (1-12)	7	97.3% (86-99)	1070	92.7%	TAT median below YNHHS benchmark, % compliance ok	TAT will be monitored
Type & Screen	48 (24-88)	56	60.4% (7-100)	48	53.9%	Exceeds YNHHS benchmark	None required
Blood wastage	N/A	N/A	N/A	N/A	4.88	1.15% 3% Benchmark	1 FFP thawed and not used. Should not have been ordered, unable to re-distribute thawed plasma
Cepheid Flu	48 (34-47)	40	84.6 (77-100)	13	88.7%	Below YNHHS benchmark	Due to Flu being run on the 4 plex which takes longer. TAT needs to be adjusted. Also due to add-ons after negative covid test results
Covid Cepheid	56 (46-79)	63	84.1% (0-100)	710	46.9%	Exceeds YNHHS benchmark	None required

MC LAB GENERAL

Measure	Summary	Corrective action/Follow-up
Nonconforming events	0	Need to expand definition of nonconforming events to align with BH. Patient redraws are considered NCE's
Lab injuries	0	None required
Corrected reports	2.0 Benchmark <2.7/10,000	Below benchmark-Clinitek interface has been completed
Percent redraws	Adjusted to 1.1	See explanation on previous page under Lab General
Critical call TAT	12.3 minutes	Benchmark 60 minutes Doing well in this QM

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Name	Signature
Laura Buhlmann	<div style="border: 1px solid black; padding: 2px; text-align: center;"> REVIEWED <small>By Laura Buhlmann at 10:42 am, Nov 09, 2021</small> </div>
Dr. Mingkui Chen	<div style="border: 1px solid black; padding: 2px; text-align: center;"> APPROVED <small>By Mingkui Chen at 11:03 am, Nov 09, 2021</small> </div>
Kirsta Chila	<div style="border: 1px solid black; padding: 2px; text-align: center;"> REVIEWED <small>By Kirsta Chila at 11:58 am, Nov 11, 2021</small> </div>
Jocelyne Clerveau	<div style="border: 1px solid black; padding: 2px; text-align: center;"> REVIEWED <small>By Jocelyne Clerveau at 10:57 am, Nov 11, 2021</small> </div>
Dr. Paul Cohen	<div style="border: 1px solid black; padding: 2px; text-align: center;"> REVIEWED <small>By Paul Cohen, M.D. at 9:19 am, Nov 12, 2021</small> </div>
Mary Damilowski	<div style="border: 1px solid black; padding: 2px; text-align: center;"> REVIEWED <small>By Imdami at 11:12 am, Nov 09, 2021</small> </div>
Aziza Ezzaki	<div style="border: 1px solid black; padding: 2px; text-align: center;"> REVIEWED <small>By Aziza Ezzaki at 12:57 pm, Nov 11, 2021</small> </div>
Will Jones	
Lisa Krause	<div style="border: 1px solid black; padding: 2px; text-align: center;"> REVIEWED <small>By LISA M KRAUSE at 2:07 pm, Nov 11, 2021</small> </div>
Teodorico Lee	<div style="border: 1px solid black; padding: 2px; text-align: center;"> APPROVED <small>By Teodorico Lee MPH, MT(ASCP) at 4:47 pm, Nov 09, 2021</small> </div>

Dr. Christine Minerowicz	APPROVED <small>By Christine Minerowicz, MD at 7:00 pm, Nov 11, 2021</small>
Ann Parisi	REVIEWED <small>By Ann Parisi at 11:56 am, Nov 09, 2021</small>
Dr. Edward Snyder	
Kathy Castillo	REVIEWED <small>By kathleen castillo at 11:36 am, Nov 11, 2021</small>