

Laboratory Medicine – December 2021

February 24, 2022

Bridgeport and Milford Campuses Turnaround Time Goals

- Mean determined from median TAT across the Yale New Haven Health System delivery networks
 - Bridgeport and Milford Campuses – Bridgeport Hospital, Greenwich Hospital, Lawrence Memorial Hospital, Westerly Hospital, St. Raphael and York Street Campus – Yale New Haven Hospital and Shoreline Medical Center
- Standard Deviation calculated
- 2 SD Range established and represents the upper and lower limits
 - If data set within control range, no corrective actions are necessary

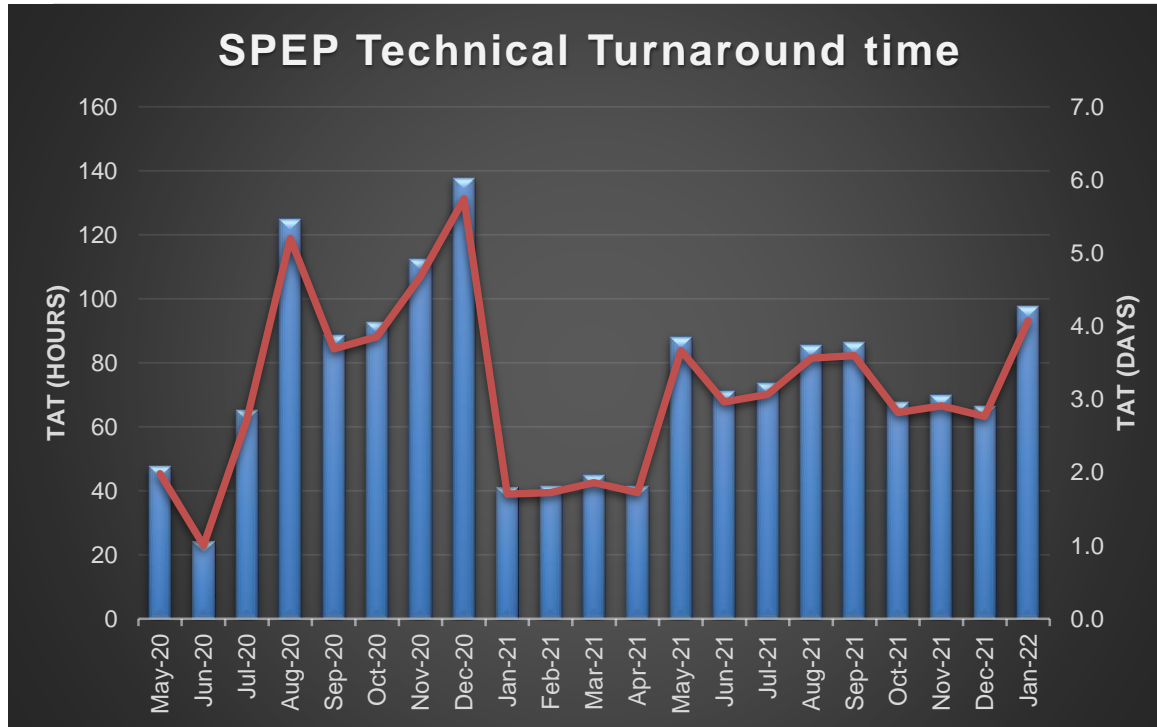
FY21 vs. FY22 Baseline Comparison

Test Name	TAT			% Compliance		
	FY21	FY22	Change	FY21	FY22	Change
Procalcitonin	63	62	-1	53.5	57.1	3.6
Troponin	31	32	1	84.7	83.6	-1.1
BMP	29	29	0	88.4	87	-1.4
CBC	7	7	0	92.7	92.3	-0.4
PTINR	19	18	-1	87.8	89	1.2
D-dimer	23	21	-2	79.9	82.1	2.2
Type and screen	56	58	2	53.9	55.6	1.7
COVID Panther	317	298	-19	98	99.6	1.6
COVID Cepheid/Liat	63	57	-6	46.9	85.8	38.9
Legend						
Good						
Neutral						
Bad						

Changed from 60 to 90 minutes due to assay reformulation

SPEP Outcome Metrics: Technical

Establish Target & Stretch Goals



Threshold (FY22)	Target	Stretch
Baseline Median	25%	50%
4 days	3 days	2 days

Post Intervention

% Improvement	TAT (days)
Oct 2021	2.8
Nov 2021	2.9
Dec 2021	2.77
Jan 2022	4.08
YTD	3.1

**Original Baseline:
May 2020 – Dec 2020**



FY21



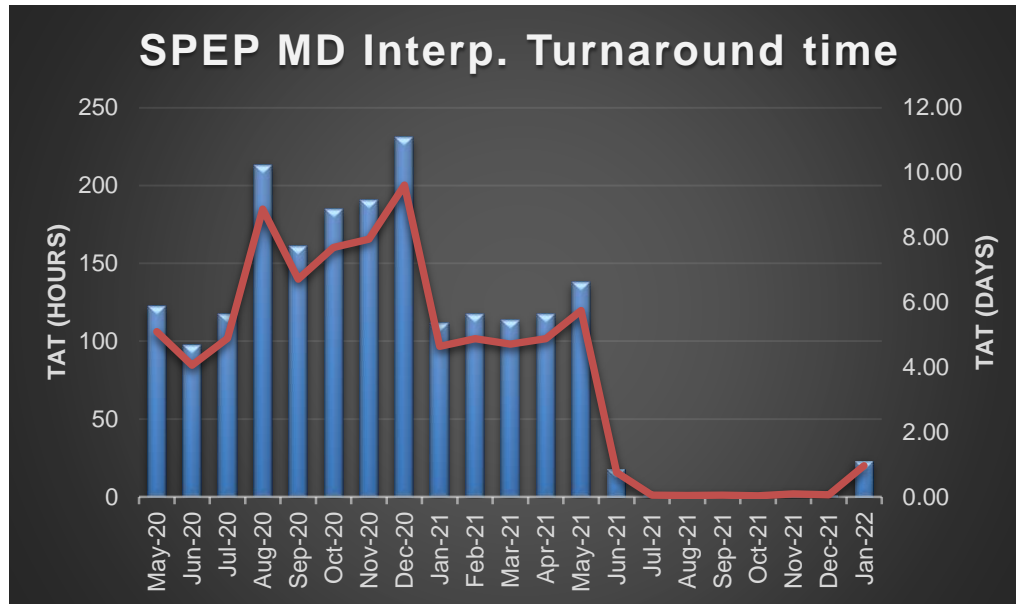
FY22



SPEP Outcome Metrics: MD Interp.

Establish Target & Stretch Goals

Threshold (FY22)	Target	Stretch
Baseline Median	25%	50%
3 days	2.3 days	1.5 days



Post Intervention

% Improvement	TAT (days)
Oct 2021	0.04
Nov 2021	0.09
Dec 2021	0.06
Jan 2022	0.96
FYTD	0.29

**Original Baseline:
May 2020 – Dec 2020**



FY21

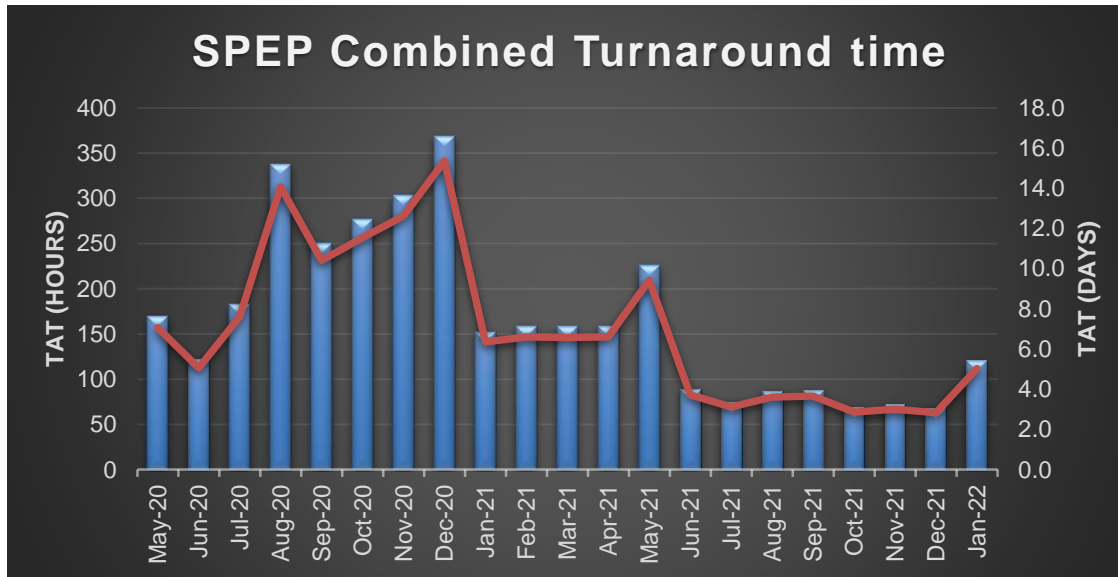


FY22



SPEP Outcome Metrics: Tech + MD Total

Establish Target & Stretch Goals

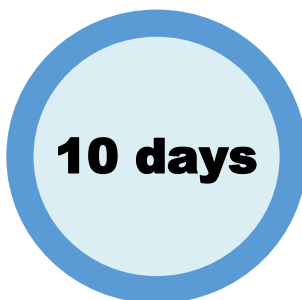


Threshold (FY 19)	Target	Stretch
Current Median	25%	50%
7 days	5.3 days	3.5 days

Post Intervention

% Improvement	TAT (days)
Oct 2021	2.86
Nov 2021	3.00
Dec 2021	2.83
Jan 2022	5.04
FYTD	3.43

Baseline:
May 2020 – Dec 2020



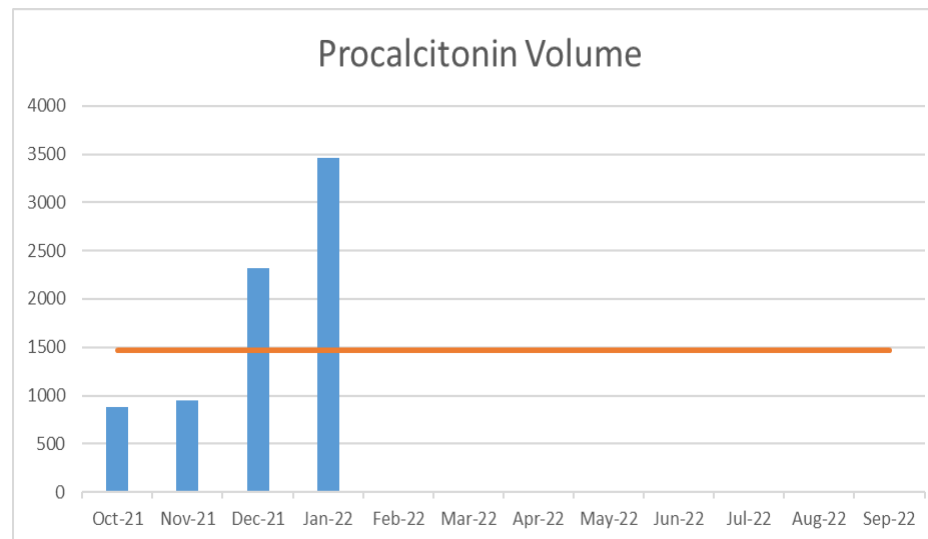
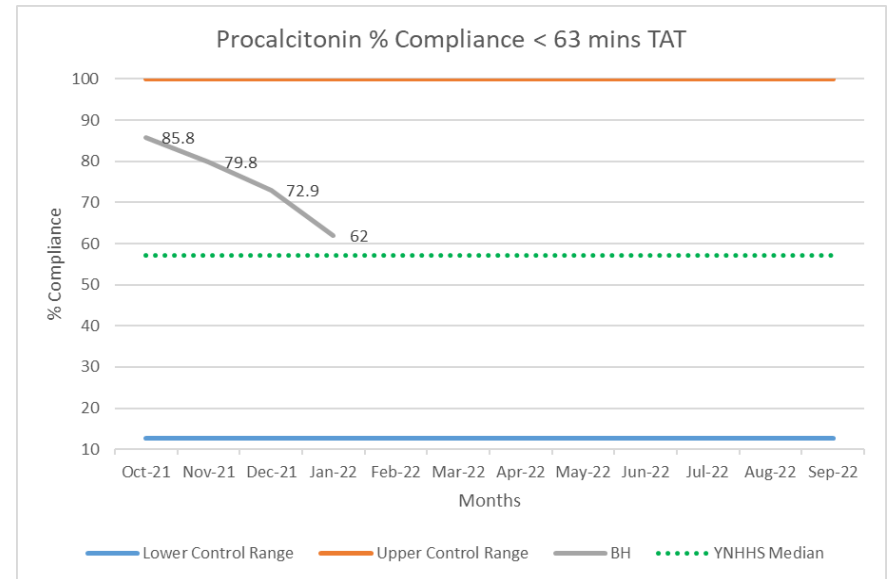
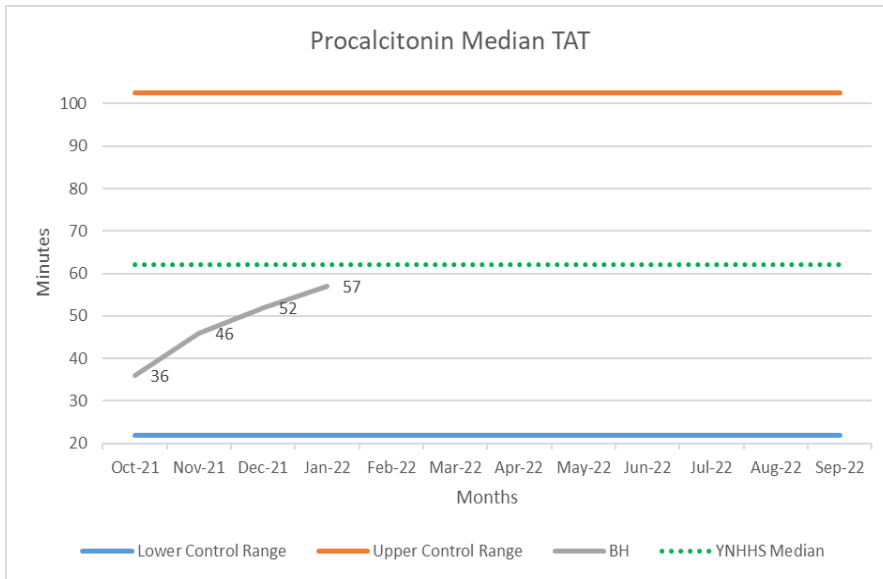
FY21



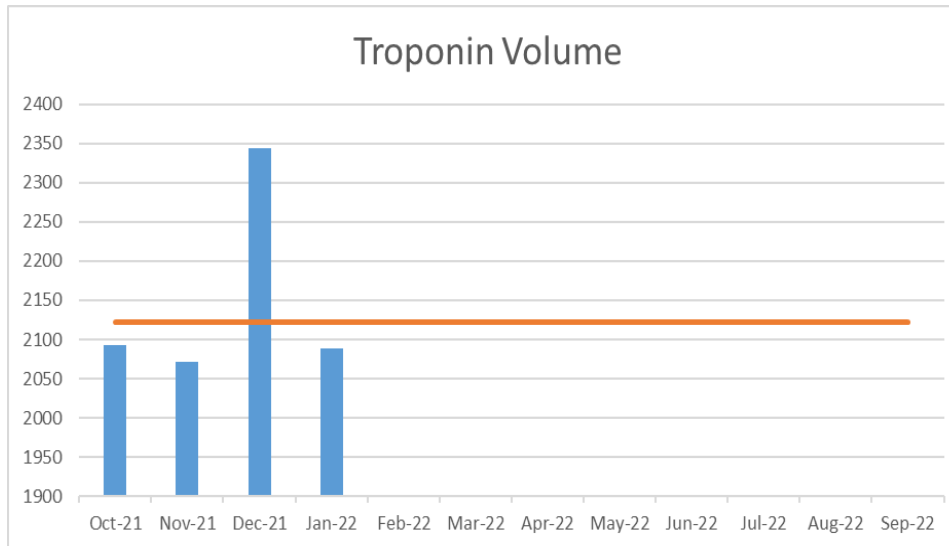
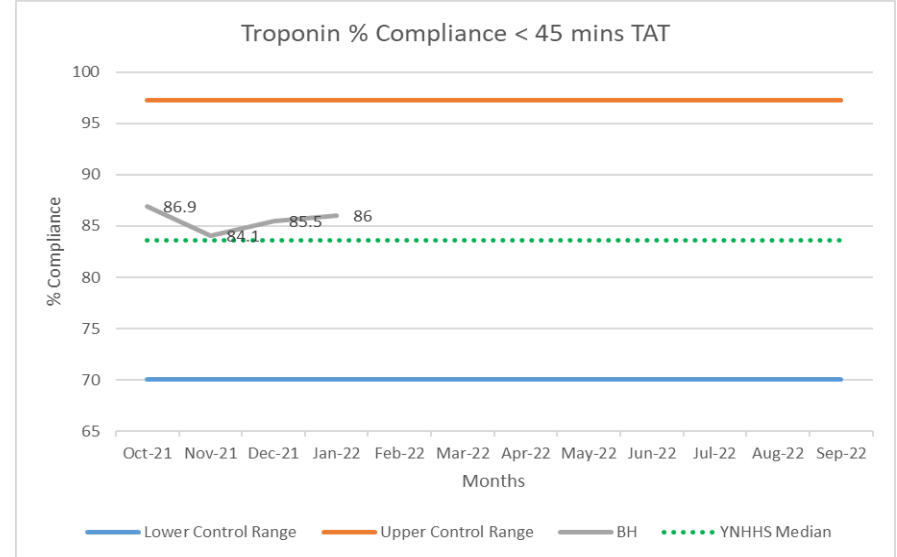
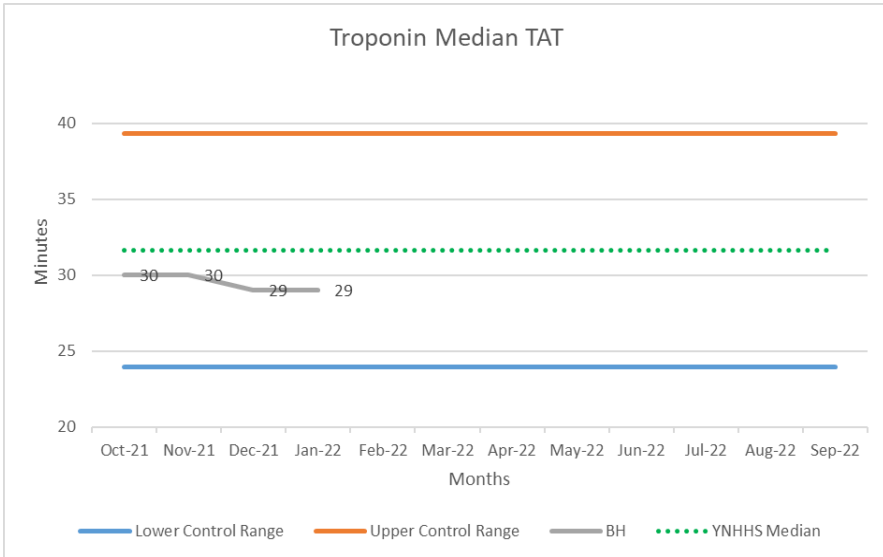
FYTD22



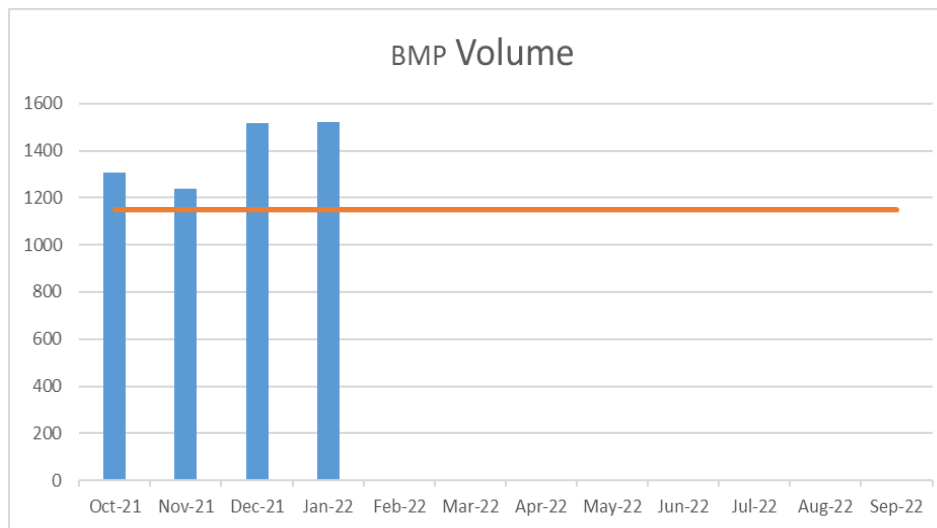
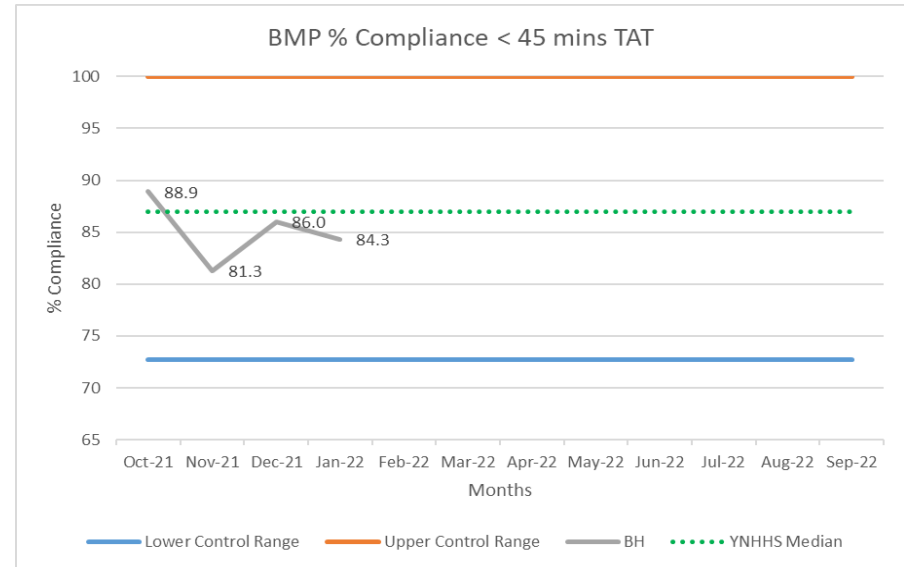
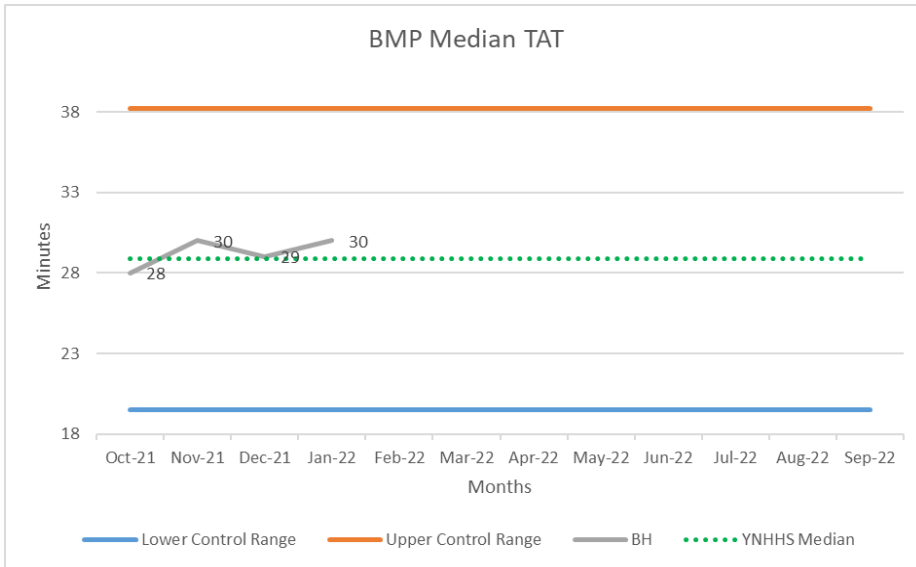
Bridgeport Campus – Procalcitonin



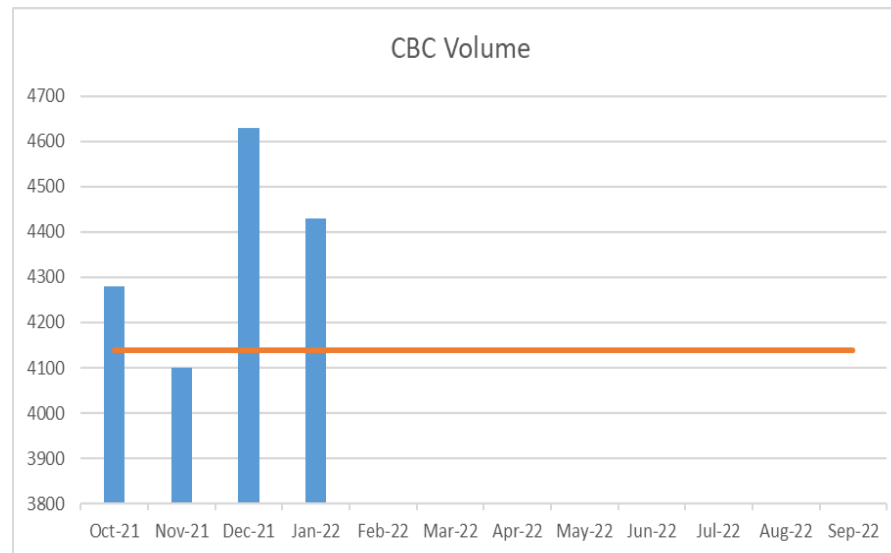
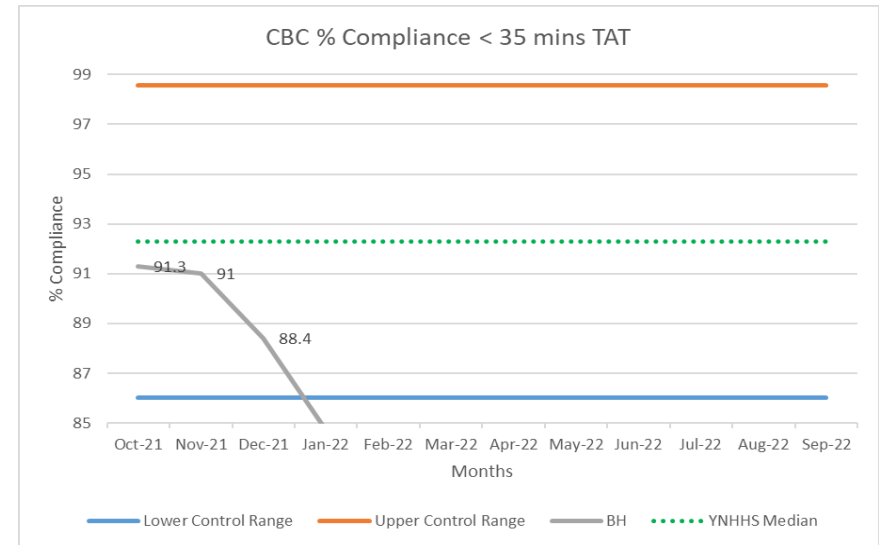
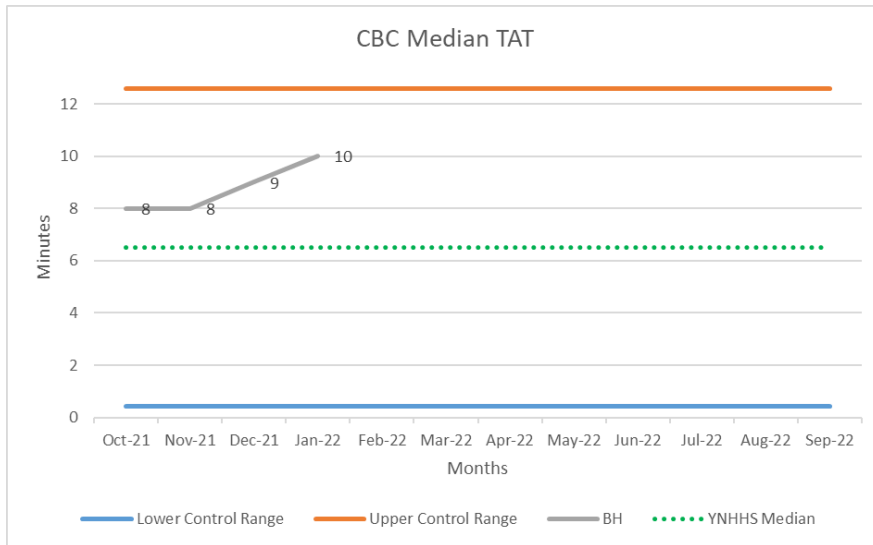
Bridgeport Campus – Troponin ED TAT



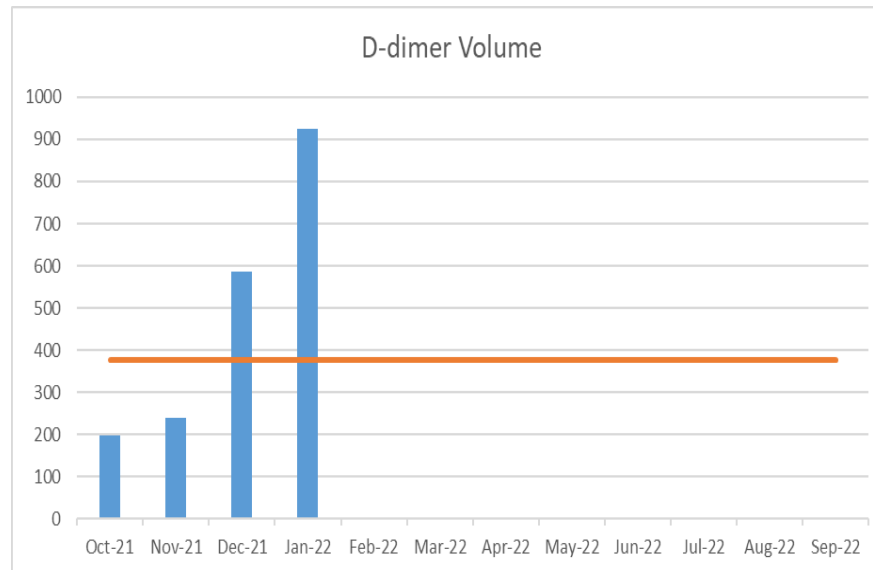
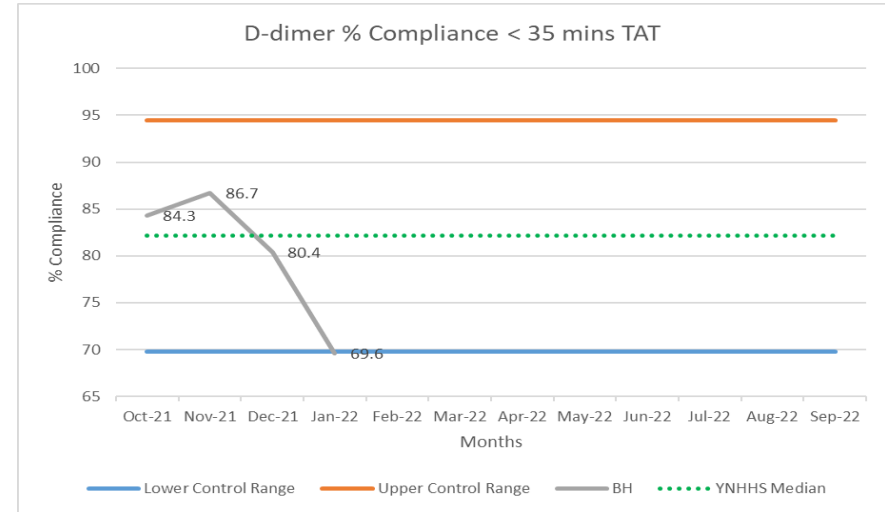
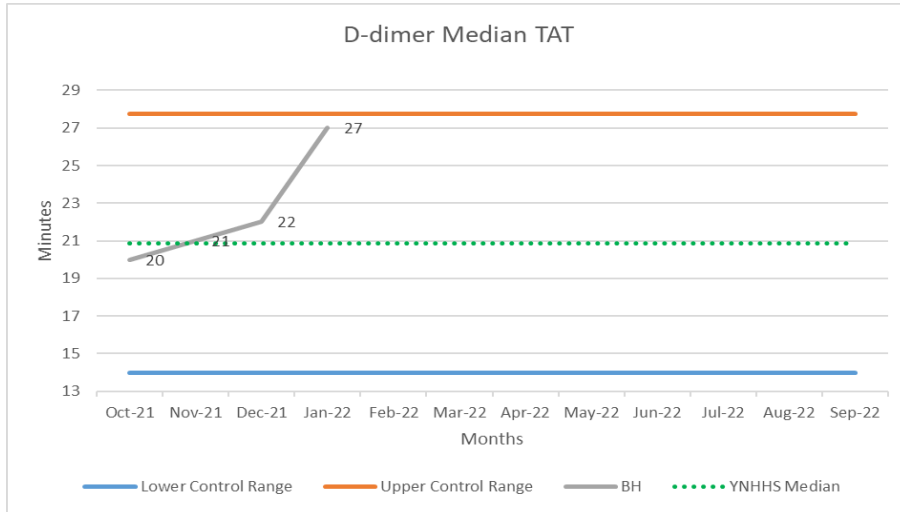
Bridgeport Campus – Basic Metabolic Panel (BMP) ED TAT



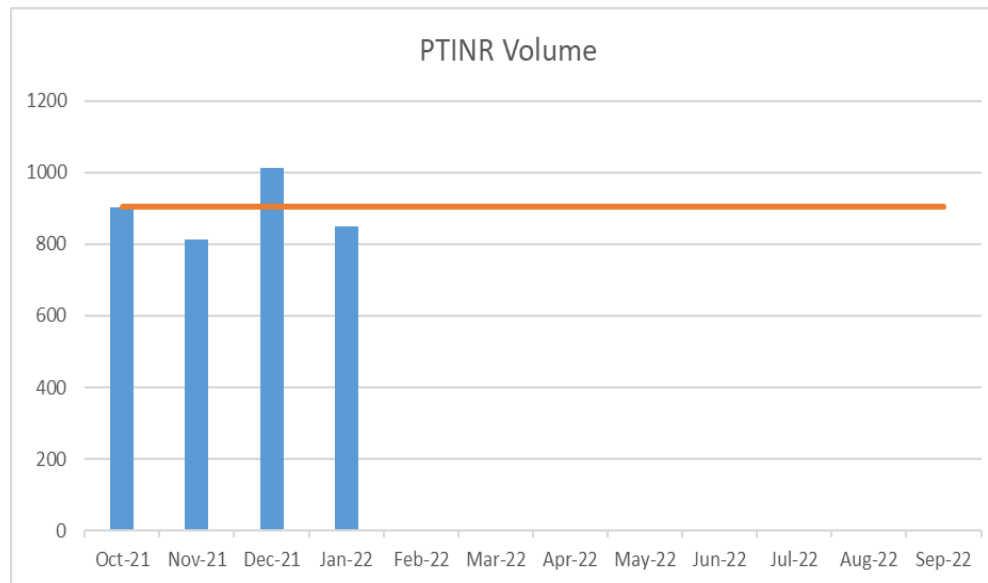
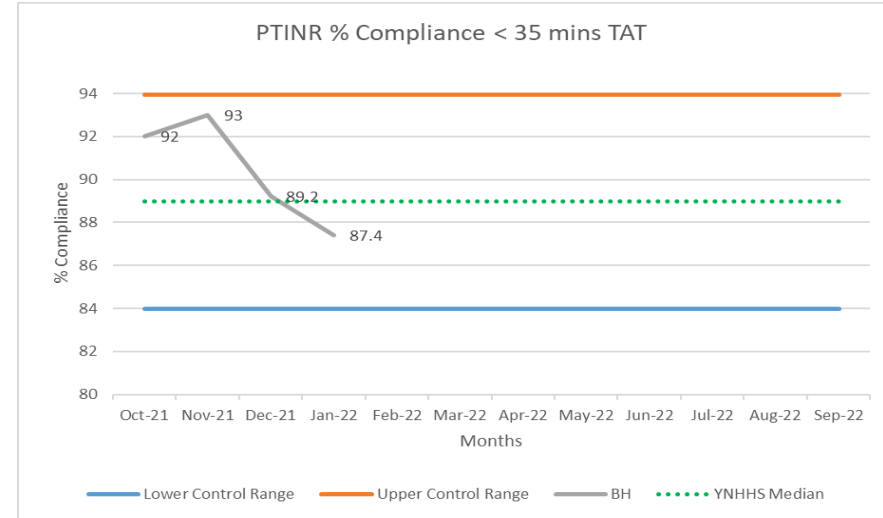
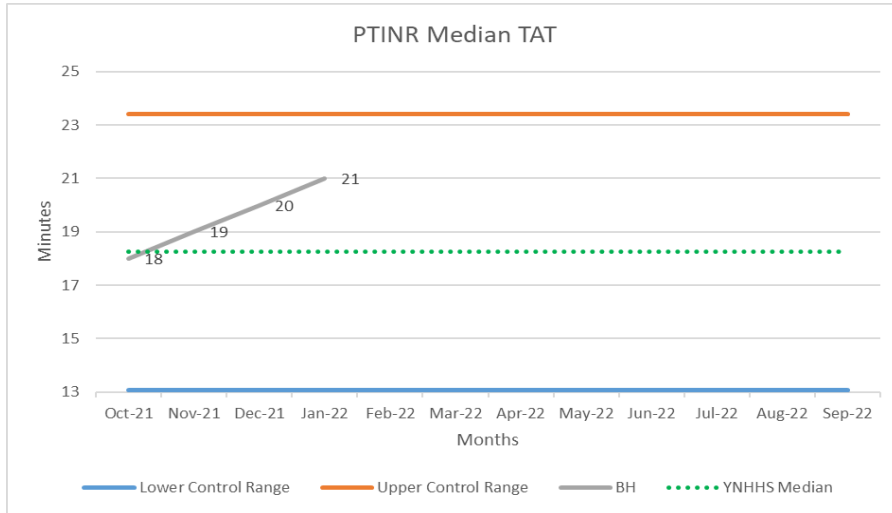
Bridgeport Campus – Complete Blood Count (CBC) ED TAT



Bridgeport Campus – D-dimer ED TAT



Bridgeport Campus – PTINR ED TAT



Aspect of Care

Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Comparison of body fluid results with cytology	100% compliance	Total# of fluids = 99 #with cytology ordered =42	EPIC	100%	95%		K. Castillo	

Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Critical values called to pedi within 15 min	100% compliance	0	EPIC	100%	100%		K. Castillo	

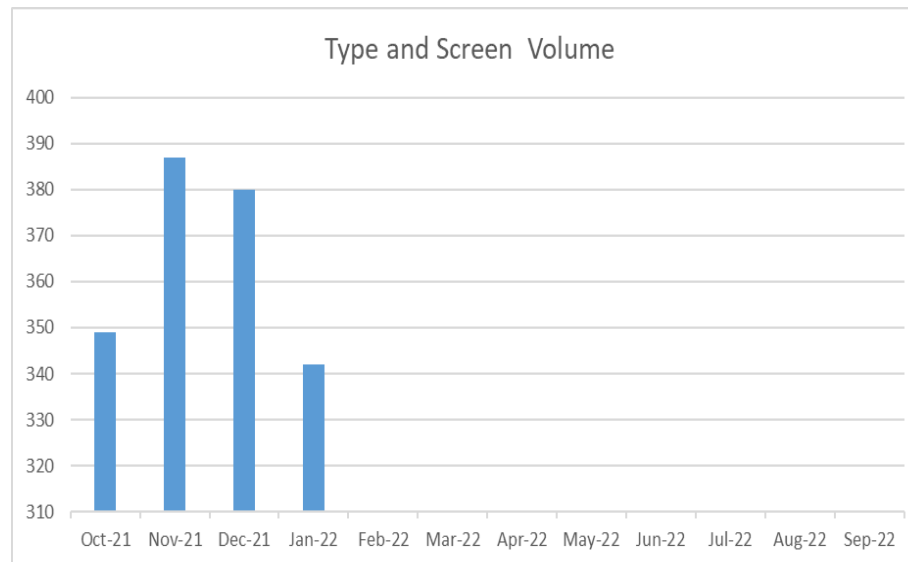
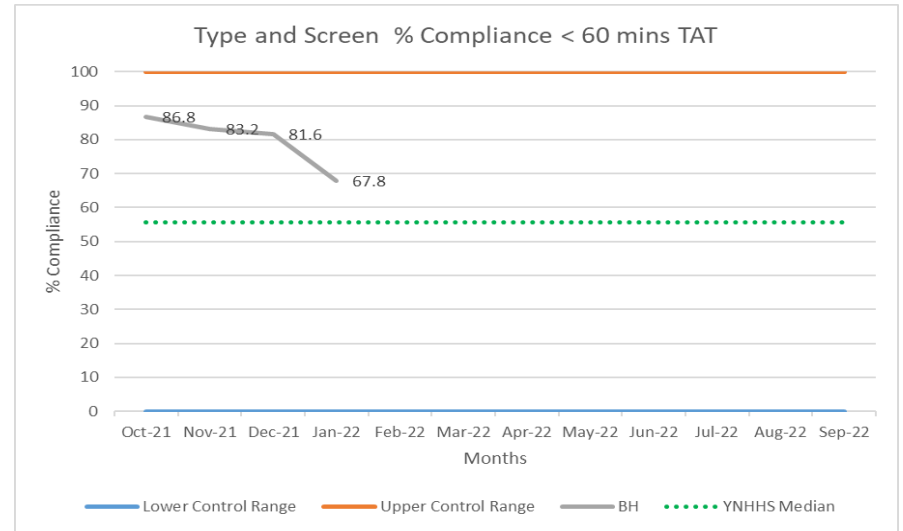
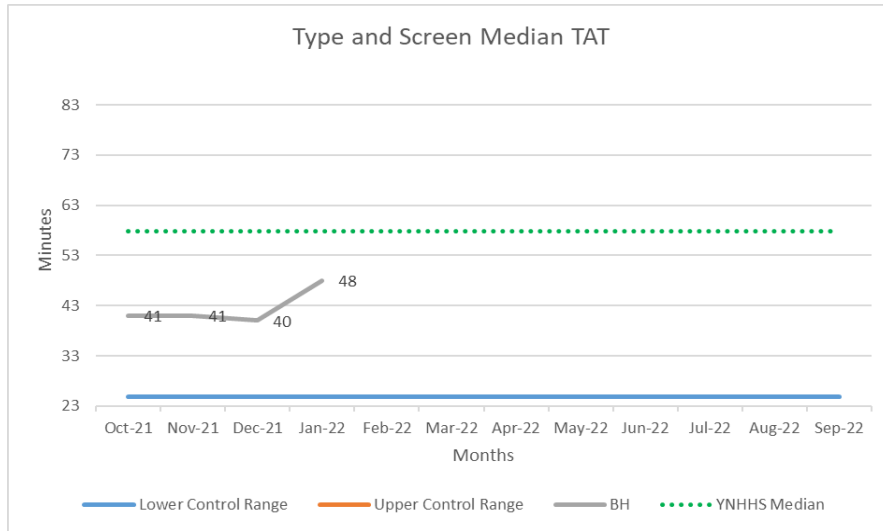
Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Manually entered results match worksheets	100% compliance	30	EPIC	100%	100%		K. Castillo	

Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Corrected results are phoned to care giver	100% Compliance	2	EPIC	100%	67%		K. Castillo	

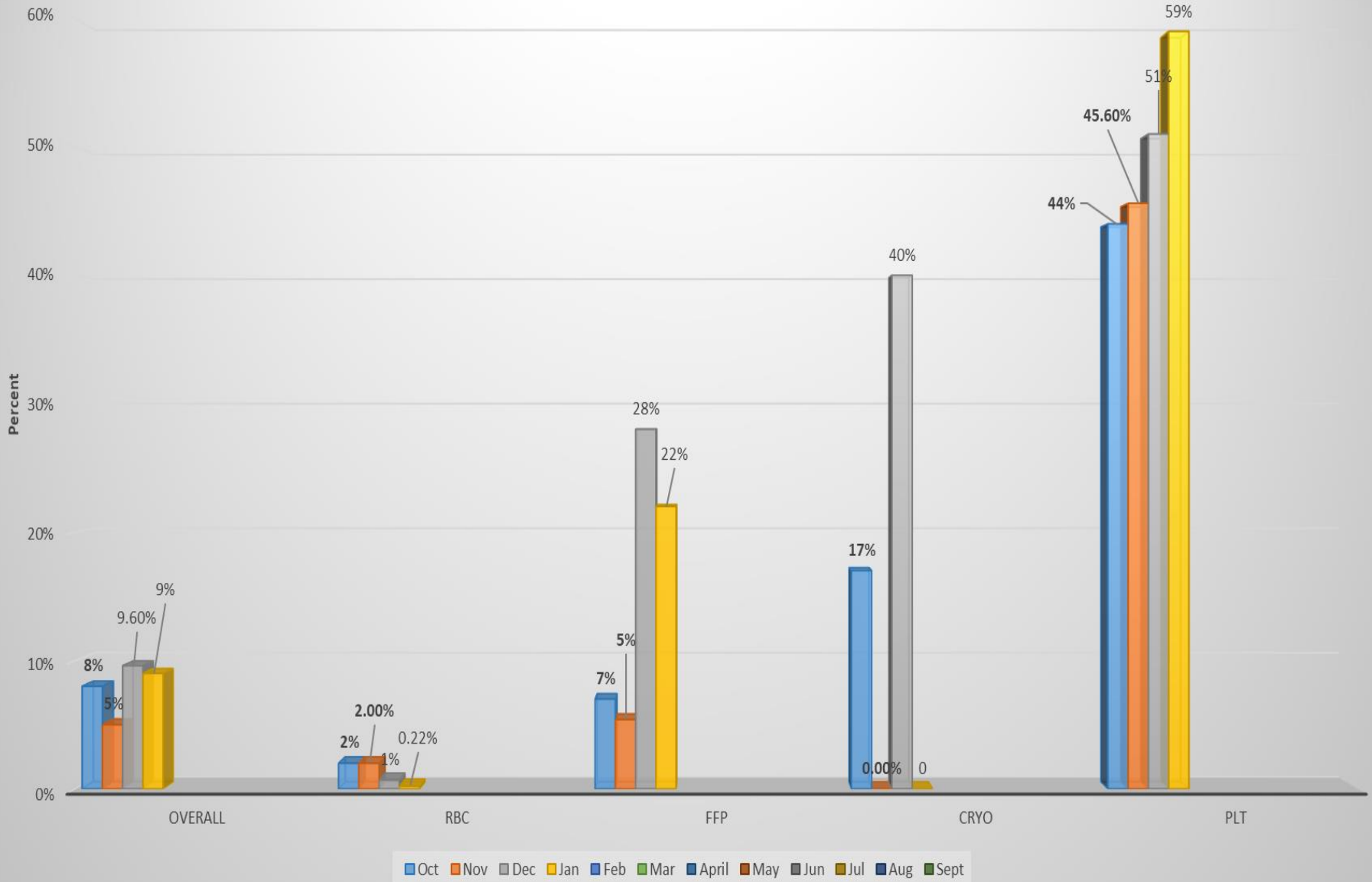
Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Critical Values are called to care giver and documented properly	100% compliance	10	EPIC	100%	100%		K. Castillo	

Corrected reports: Total corrected Reports =14 Data entry error – 2 comment added- 10 test added on-2	
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Bridgeport Campus – Type and Screen ED TAT

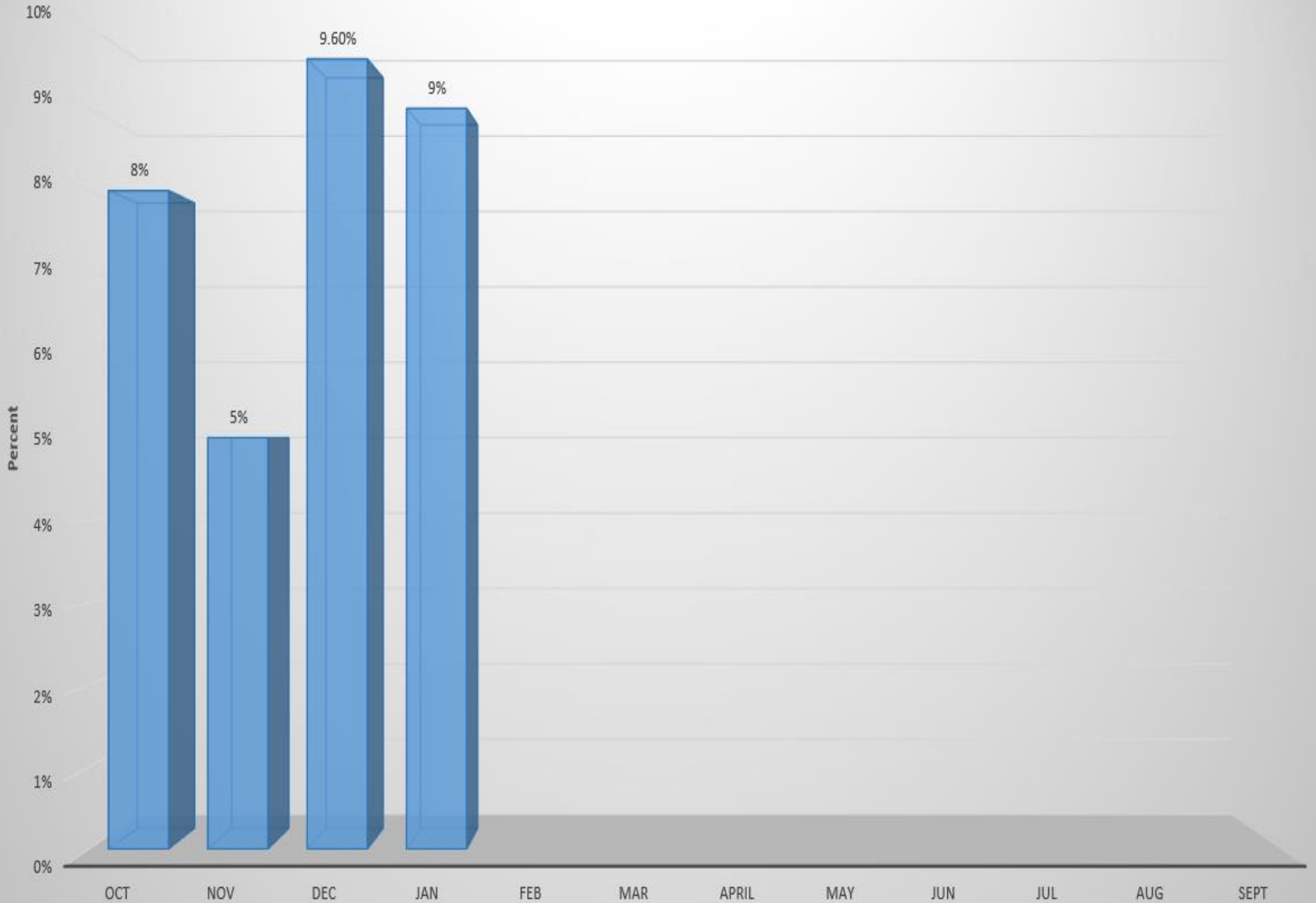


YTD Blood Wastage 2022 – Bridgeport Campus

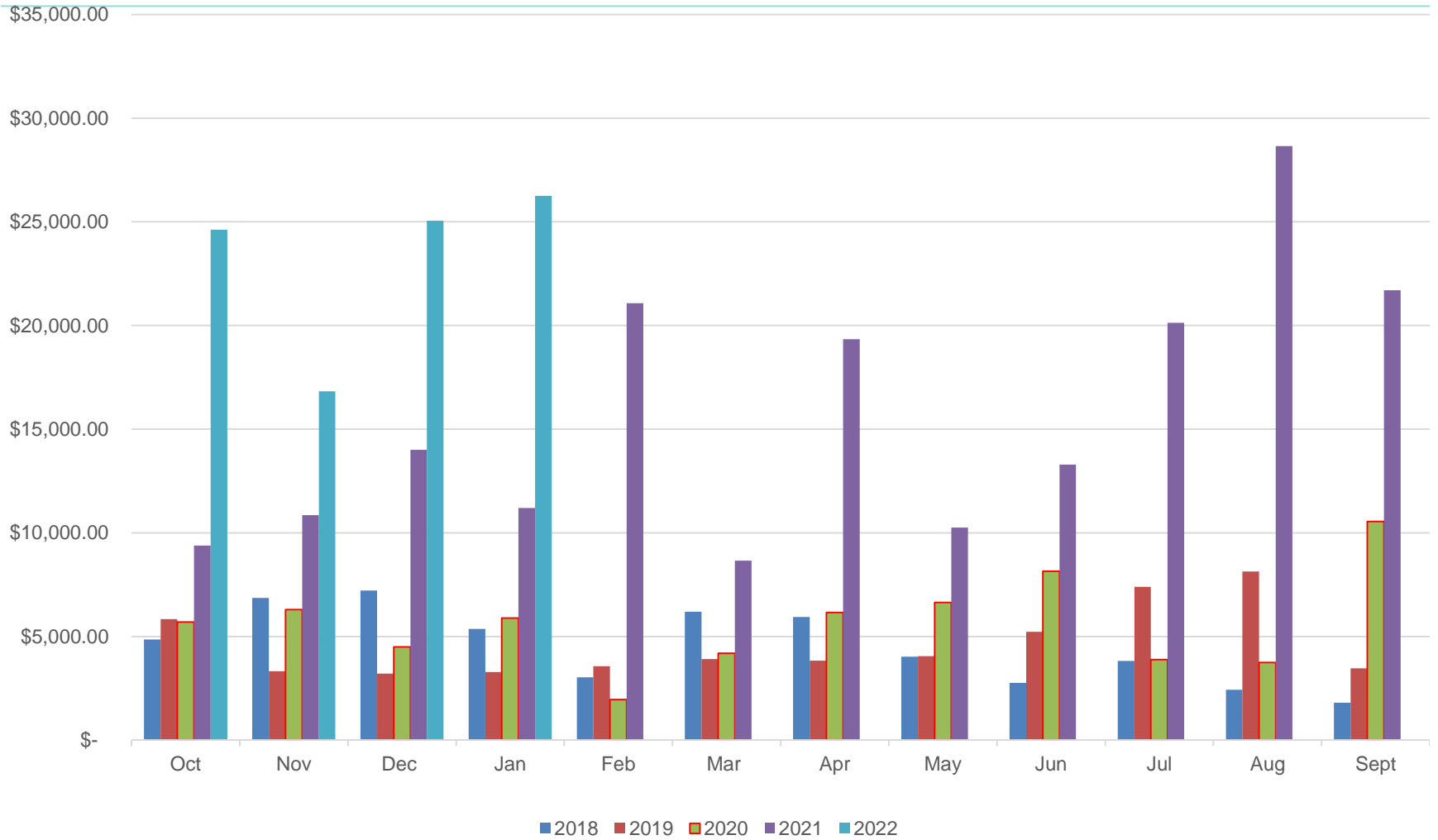


Total Amount \$92,767.21

2022 Overall Wastage Bridgeport Campus

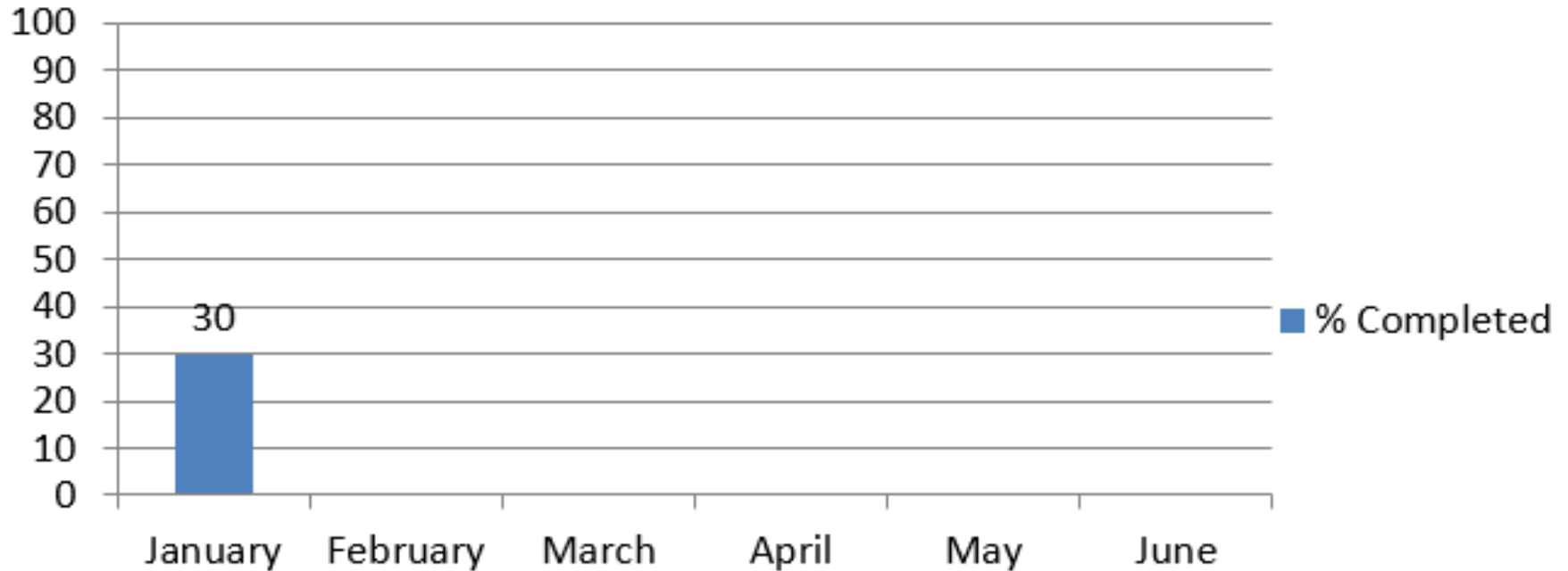


Bridgeport Campus Blood Wastage FY18, FY19, FY20, FY21, FY22



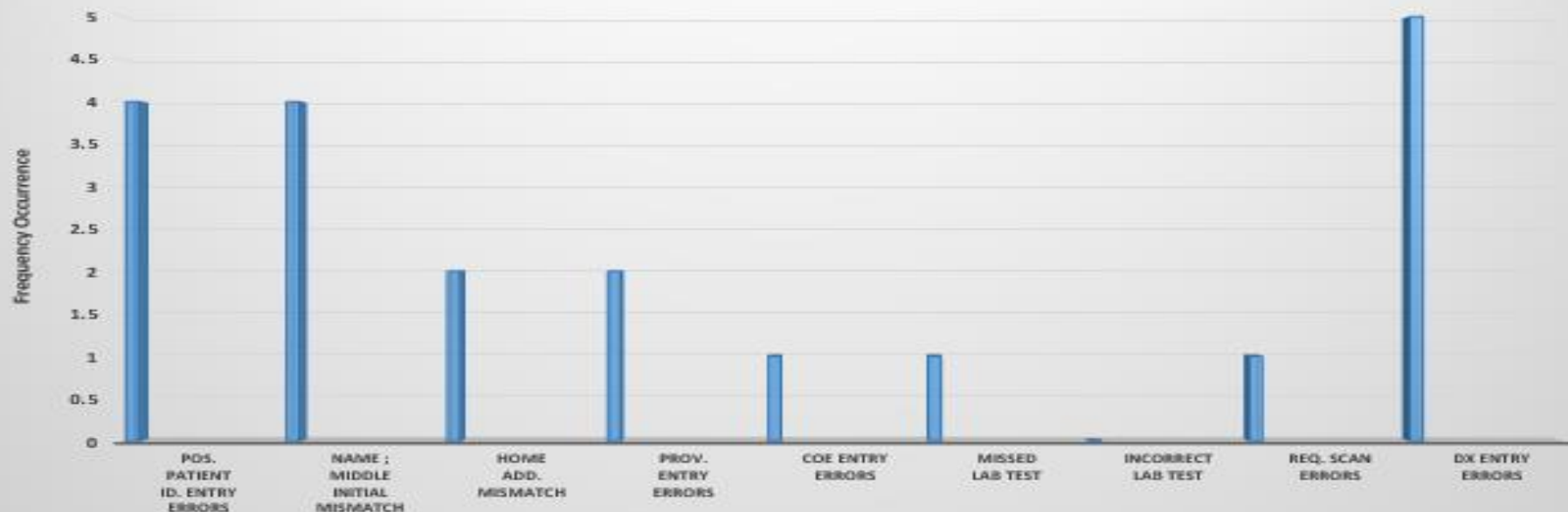
Bridgeport Hospital Laboratory CAP Competency Completions January 2022 – June 2022

Goal 100%



Completed						
Total	82/273					
% Completed	30%					

Outpatient Test Requisition QI Monitoring Check Milford Draw Station (40 Commerce Park, MFD., CT.) 2022



	Pos. Patient ID. Entry Errors	Name ; Middle Initial Mismatch	Home Add. Mismatch	Prov. Entry Errors	COE Entry Errors	Missed Lab Test	Incorrect Lab Test	Req. Scan Errors	Dx Entry Errors
JANUARY	4	4	2	2	1	1	0	1	5
FEBRUARY									
MARCH									
APRIL									
MAY									
JUNE									
JULY									
AUGUST									
SEPTEMBER									
OCTOBER									
NOVEMBER									
DECEMBER									

Monitored Metric

■ JANUARY
 ■ FEBRUARY
 ■ MARCH
 ■ APRIL
 ■ MAY
 ■ JUNE
 ■ JULY
 ■ AUGUST
 ■ SEPTEMBER
 ■ OCTOBER
 ■ NOVEMBER
 ■ DECEMBER

Pos. Patient ID for Pat. :

- a. Full Name including Mid. Init.
- b. Date of Birth (DOB)
- c. Medical Record Nbr (MRN)

Prov. Error:

Missing Provider (i.e. "CC" etc.)

COE Errors:

2 Categories; Incorrect test/missed test

Req. Scan Error:

Transcribed Orders Req NOT saved or scanned incorrectly.

Dx Errors:

One or more Dx Not listed for visit.

Outpatient Test Requisition QC Monitoring Check

2022

Milford Draw Station: 40 Commerce Park, MFD, CT. 06460

Error Metric Defined

January 2022

A. Patient Req. mismatch in Media Mngr.

B. 1 Provider mismatch; 2nd, "CC" provider not included.

C. Test Cancellation: "Need another tube for sendout / Collection issue"

(Acc# 22B-021CH0488; Free Insulin): QNS or Wrong tube ????

D. Missed TSH and Vit D request.

E. Gender discrepancy: EPIC vs Requisition

Based on name, correct gender in EPIC. Perhaps notate on Requisition and followup w/ provider office.

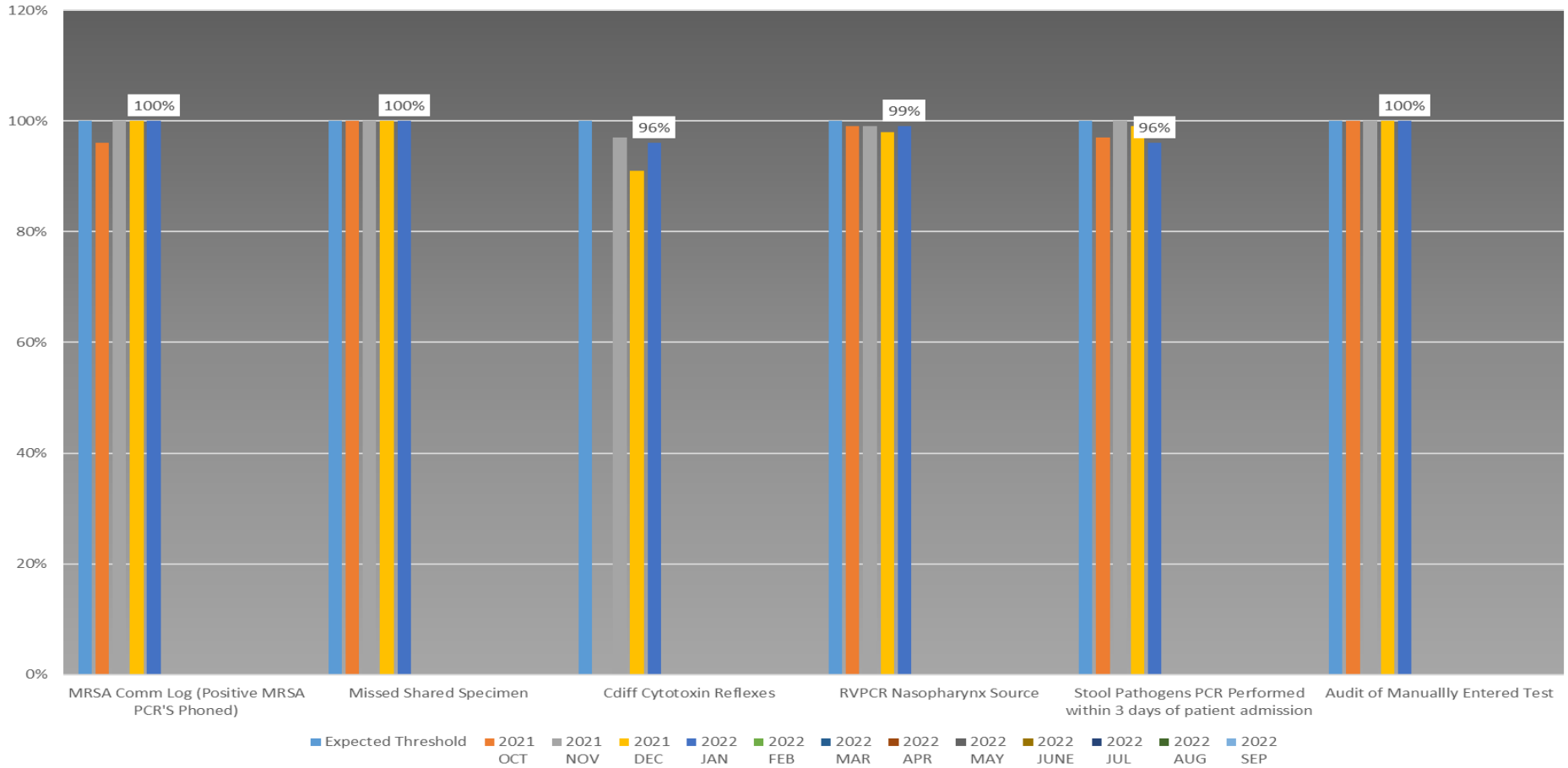
Patient and Requisition Volume QC Monitor Check Milford Draw Station (40 Commerce Park, MFD., CT) 2022



	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
Tot. Patient Volume	362											
# of Req. Reviewed	69											
EPIC Prov. Entry	6											
# of Business Days/month	23											
Est. Ave. Patients per day	16											

■ Tot. Patient Volume
 ■ # of Req. Reviewed
 ■ EPIC Prov. Entry
 ■ # of Business Days/month
 ■ Est. Ave. Patients per day

Microbiology Quality Assurance FY 2021



Total V	October	November	December	January	February	March	April	May	June	July	AUG	Sept
MRSA	236	269	313	299								
MRSA +	27	23	38	32								
Cdiff	142	133	121	121								
Cdiff +	20	33	33	24								
RVP	211	263	242	107								
Stool	141	126	100	109								
Stool Admitted	68	48	51	57								
Errors	6	2	0	2								

October Errors: Manual transcription of instrument results (RSV tests being run on Resp Panel, H pylori Breathtek), Repeat testing of suspicious results (Positive flus on Resp Panel not being confirmed by Cepheid)

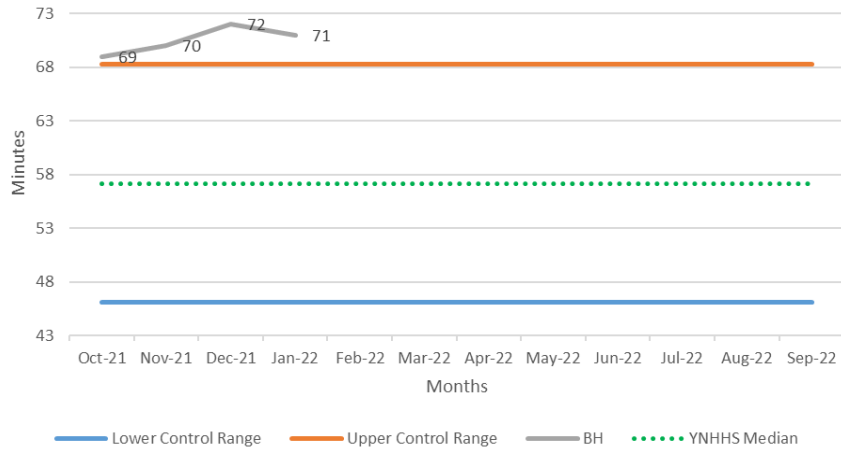
November errors: Manual entry errors (nanosphere & Strep/Legionella Ag)

December Errors: None

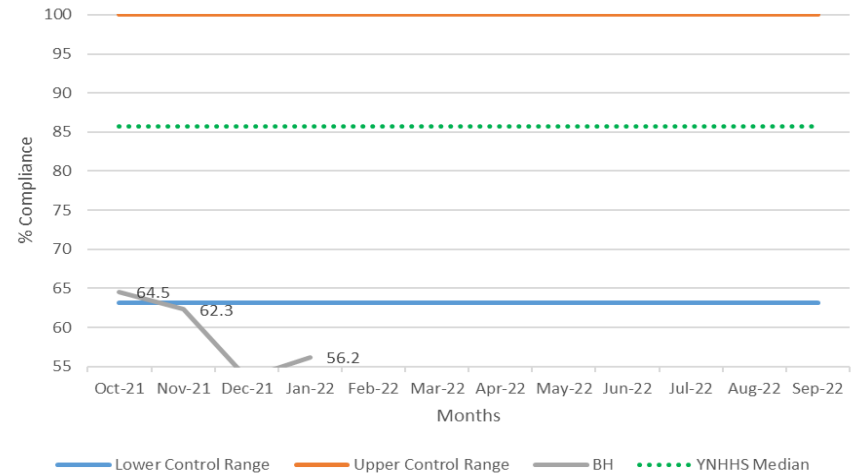
January errors: ME - 2 MRSA/SA cultures reported as Pos MRSA/Neg SA, result changed to Neg MRSA/Pos SA. Technical error inputting into epic, the two specimens were batch resulted.

Bridgeport Campus – COVID-19 Cepheid

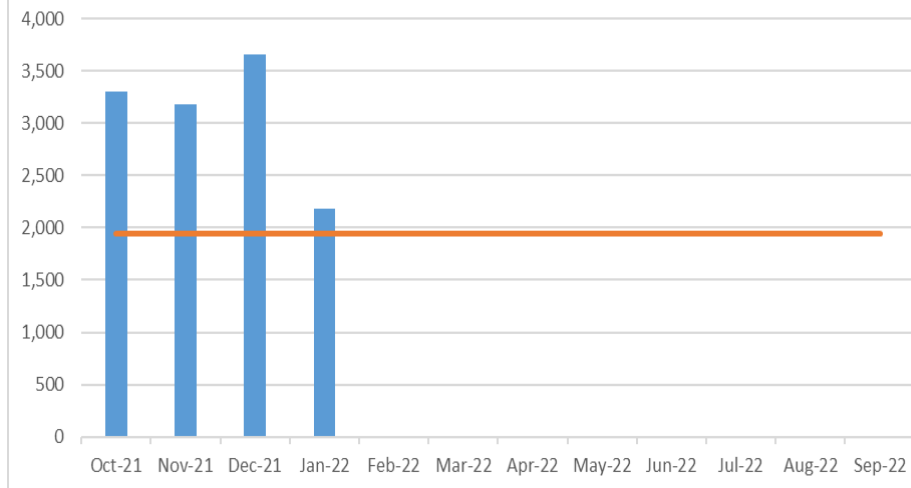
Covid Cepheid Median TAT



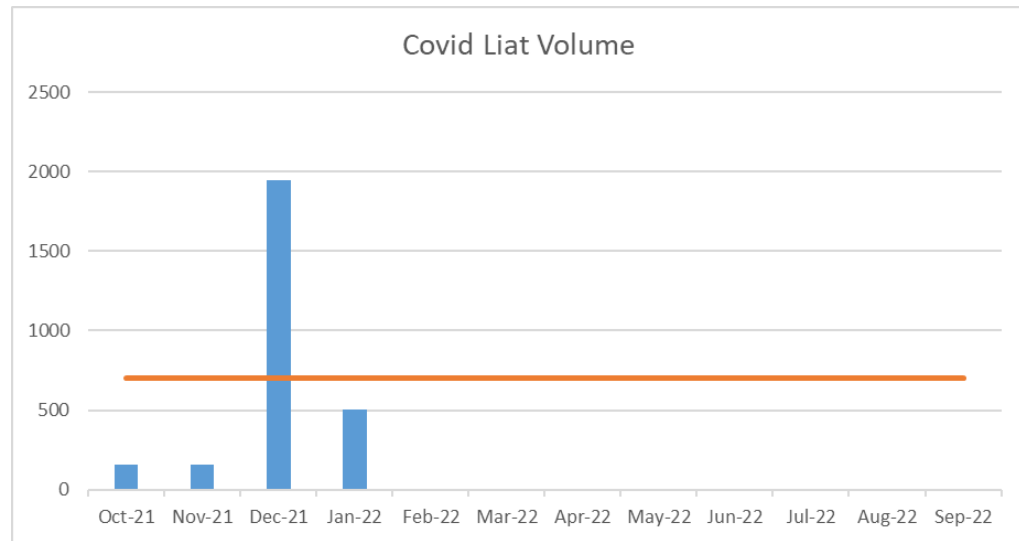
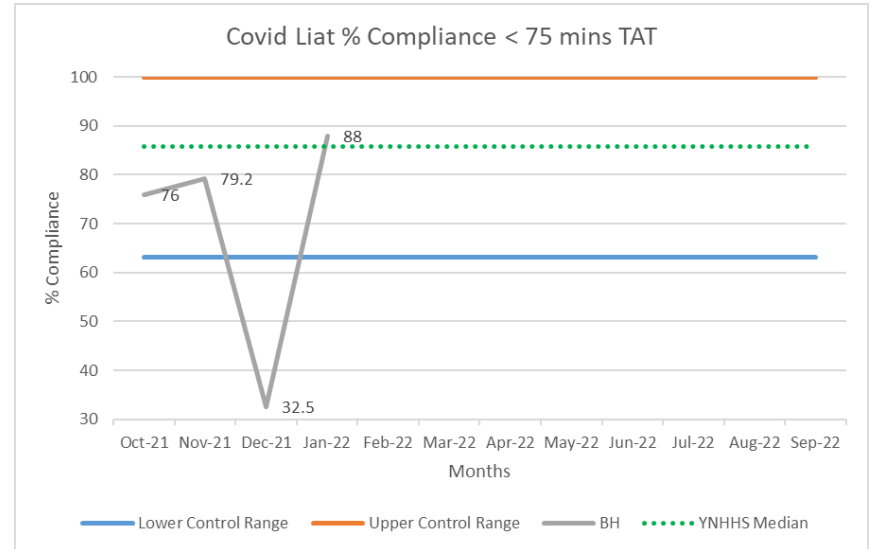
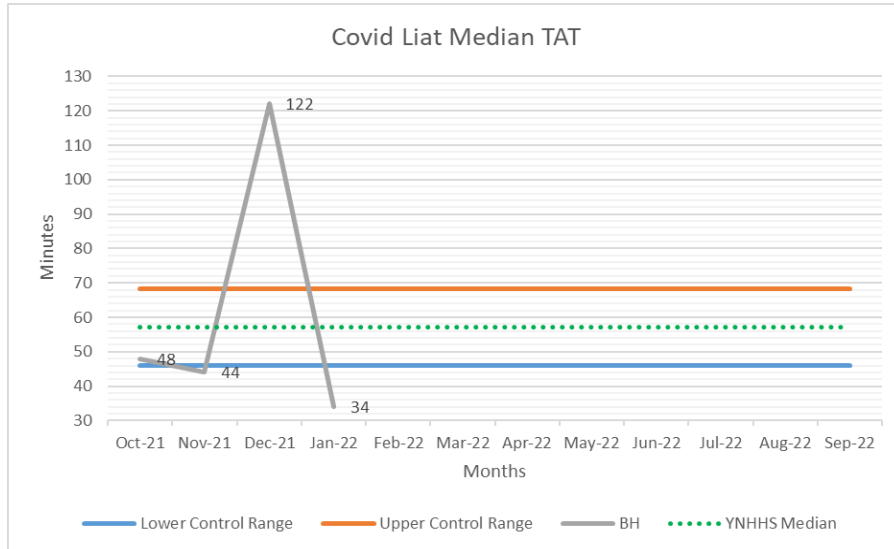
Covid Cepheid % Compliance < 75 mins TAT



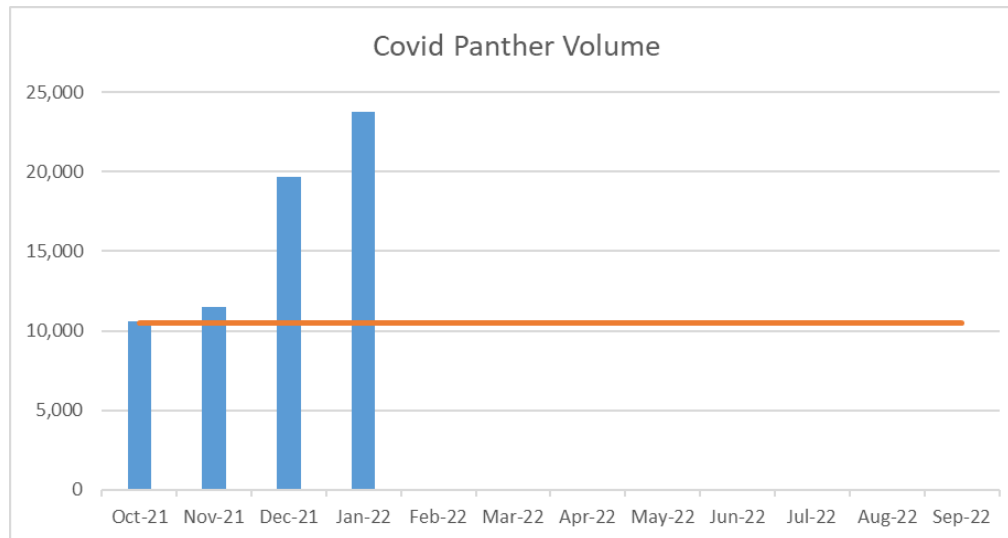
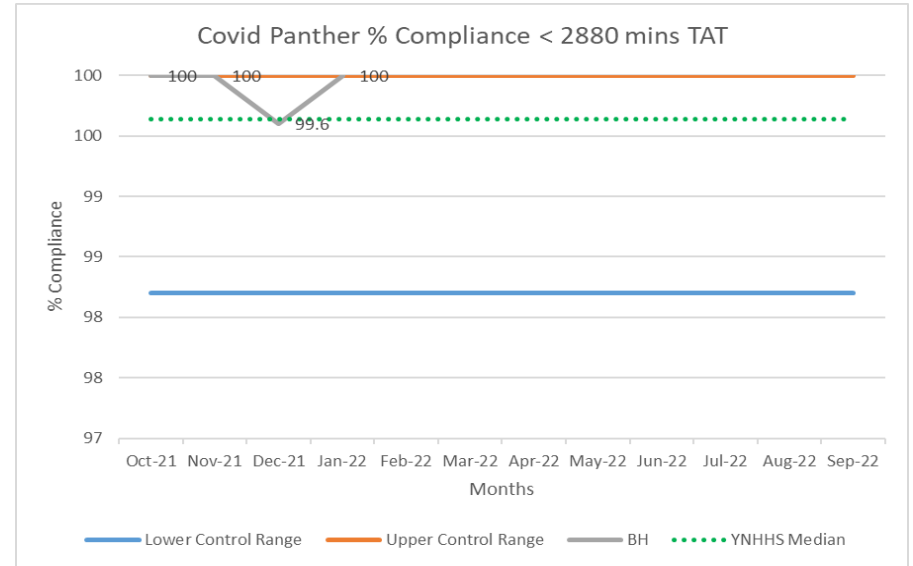
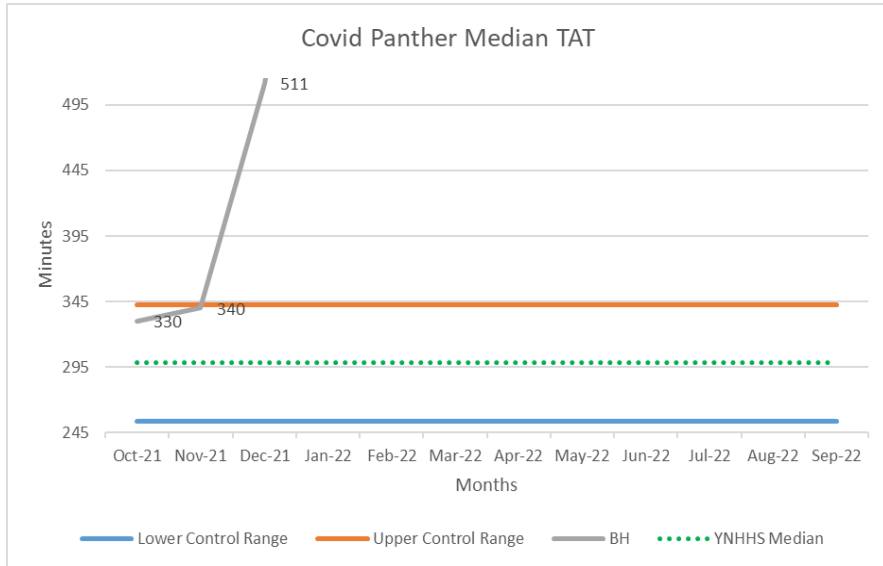
Covid Cepheid Volume



Bridgeport Campus – COVID Liat



Bridgeport Campus – COVID-19 Panther



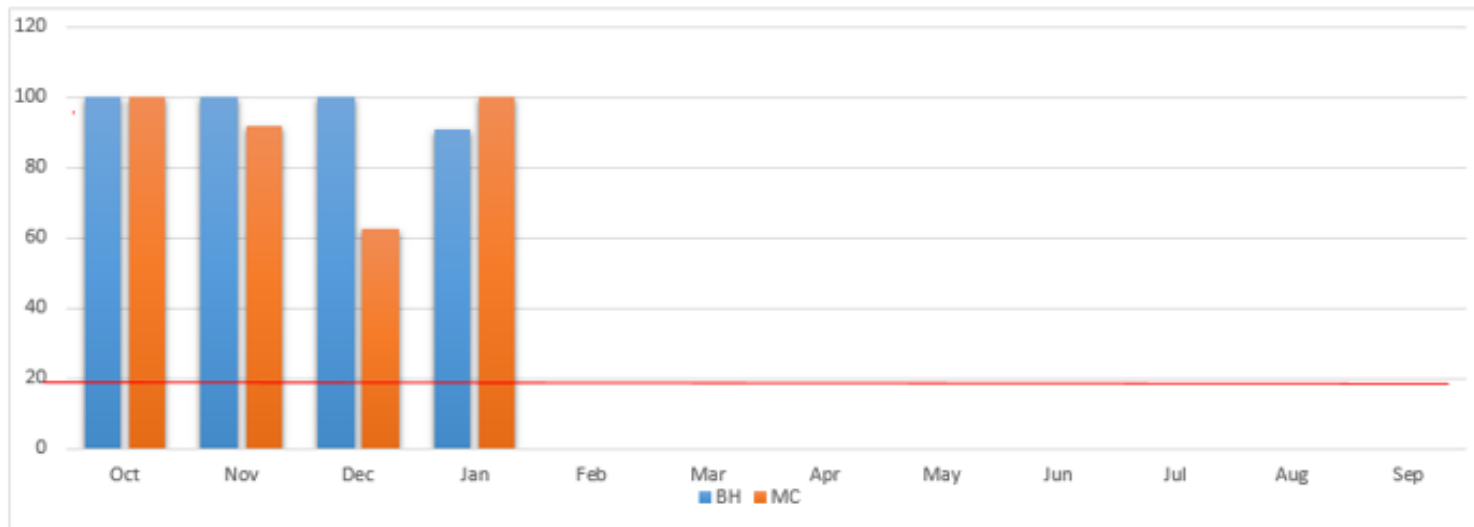
Bridgeport Campus – Molecular Contamination Review

Date	Tests	Sample size	% Positivity	Derived Baseline	Environment Monitoring	Physician Feedback	Epidemiological Trends	Evaluation Notes	Corrective Action (if needed)	Reviewed
Jan-22	SARS CoV-2 (COVID-19) RNA	26,519	29.70%	0-18.4%	Negative	None	CT's daily rates according to CDC starting Jan 6th is 22.8% and dropping to 9.7% by Jan 27th. Rates spiked early January due to holidays.	More than 3SD from average. No signs of environmental contamination.	None	MW 2/1/22
Jan-22	MRSA/SAUR Blood PCR	40	30%	23.9-40.0%	Negative	None	None	None	None	MW 2/1/22
Jan-22	Influenza A/B RNA, NAAT	1,718	3.70%	0-7.7%	Negative	None	None	None	None	MW 2/1/22
Jan-22	Influenza/RSV	1,724	1.70%	0-7.3%	Negative	None	None	None	None	MW 2/1/22
Jan-22	MRSA Colonization Status	242	13.20%	2.4-18.5%	Negative	None	None	None	None	MW 2/1/22
Jan-22	MTB	0	0.00%	0-100	Negative	None	None	None	None	MW 2/1/22
Jan-22	GBS	88	14.80%	143-32.7%	Negative	None	None	None	None	MW 2/1/22
Jan-22	GBS PennAllergic	14	14.30%	3.6-51.3%	Negative	None	None	None	None	MW 2/1/22
Jan-22	Strep A	93	5.40%	4.2-22.5%	Negative	None	None	None	None	MW 2/1/22
Jan-22	HSV	20	50%	0-63.5%	Negative	None	None	None	None	MW 2/1/22
Jan-22	Chlamydia	514	3.70%	3.3-6.3%	Negative	None	None	None	None	MW 2/1/22
Jan-22	Gonorrhoeae	514	1.20%	1.1-3.4%	Negative	None	None	None	None	MW 2/1/22
Jan-22	Stool Pathogens	78	5.10%	0-18.4%	Negative	None	None	None	None	MW 2/1/22
Jan-22	Respiratory Panel	96	16.70%	0-60.4%	Negative	None	None	None	None	MW 2/1/22

Lab General - Bridgeport

Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible
CAP PT Turnaround within 30 days	90%	BC 21/23 surveys	91%	100%	None	Benchmark met 90 day workout put into effect Dec 2020. Goal of 10% monthly improvement to meet lowered benchmark. Target to be raised to 90% in FY22	Lab management and administration
		MC 4/4 surveys	100%	62.5%			

CAP PT Evaluation Completion TAT within 30 days
Benchmark 90%



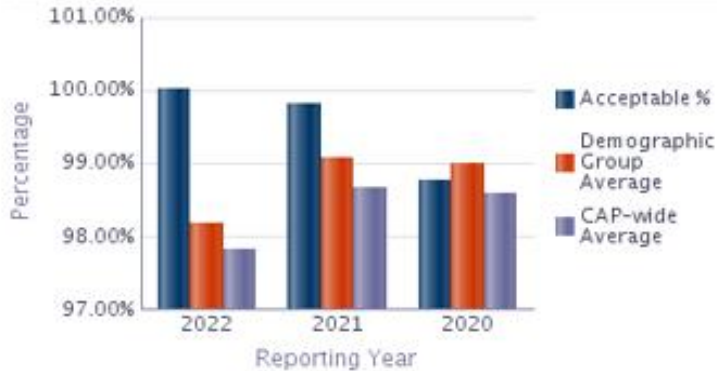
Lab General - Bridgeport

Proficiency Testing Performance BC	98%	162/163 analytes	99%	99.5%	None	None required Reminder-all code 26 need thorough review and follow-up if needed-	Laura
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Proficiency Testing Performance Overview ?

Select View: Graph ▼

Acceptable Proficiency Testing by Year and Group



12 Mailings with New Evaluations	0 Mailings with Revised Evaluations	0 Analytes with Unsatisfactory PT	0 Analytes with Unsuccessful PT	0 Analytes with Repeat Unsuccessful PT
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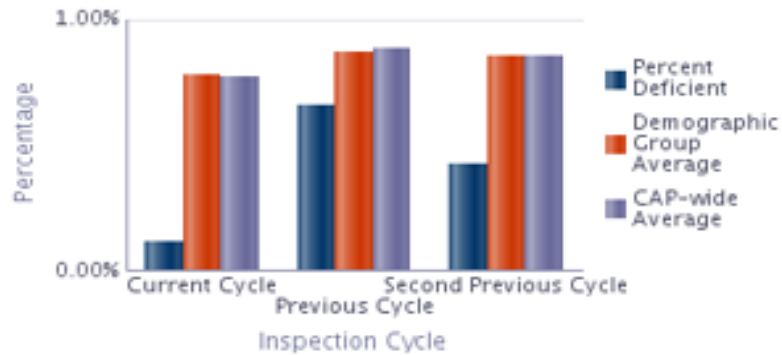
Reporting Year	Acceptable %	Demographic Group Average ?	CAP-wide Average
2022	100.00%	98.18%	97.81%
2021	99.81%	99.06%	98.67%
2020	98.76%	98.99%	98.58%

Lab General - Bridgeport

Accreditation Performance Overview ?

Select View: Graph ▼

Deficient Accreditation Performance by Cycle and Group



Last Accreditation Decision	Date
Accredited	3/8/2021

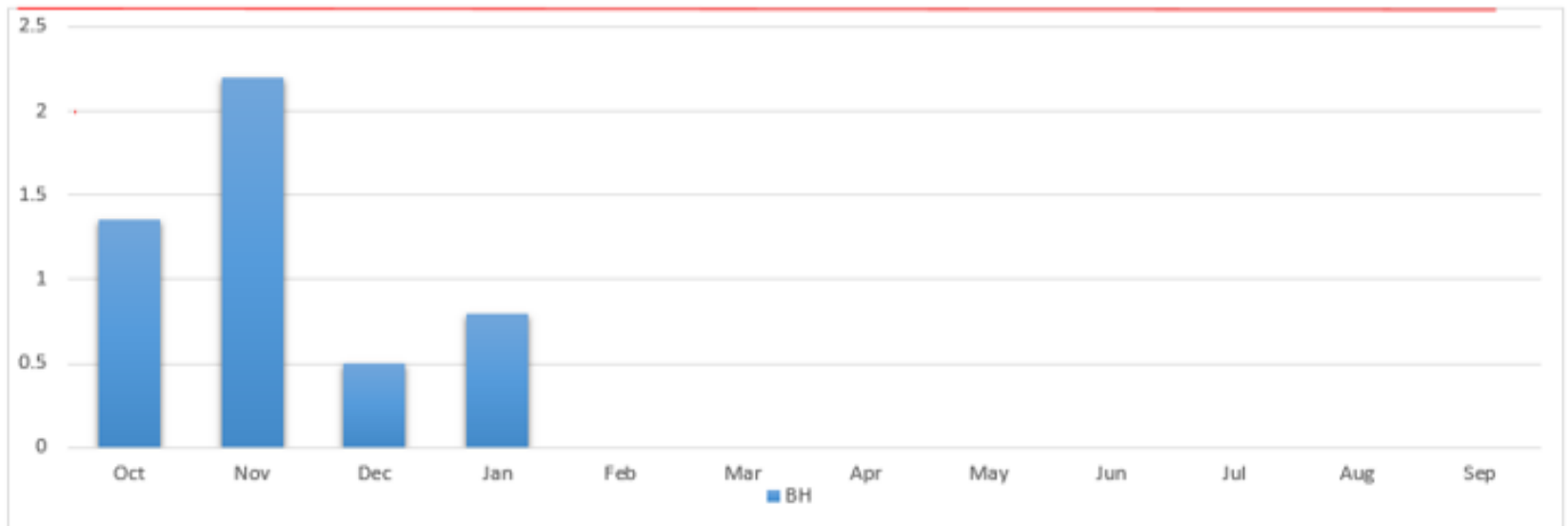
Current Cycle Inspection(s)			
Date	Inspection Type	% Deficient	Recurring Deficiencies
9/25/2020	Routine	0.11	0

Period Name	Percent Deficient	Demographic Group Average ?	CAP-wide Average
Current Cycle	0.11%	0.77%	0.77%
Previous Cycle	0.65%	0.86%	0.88%
Second Previous Cycle	0.42%	0.85%	0.85%

Lab General - Bridgeport

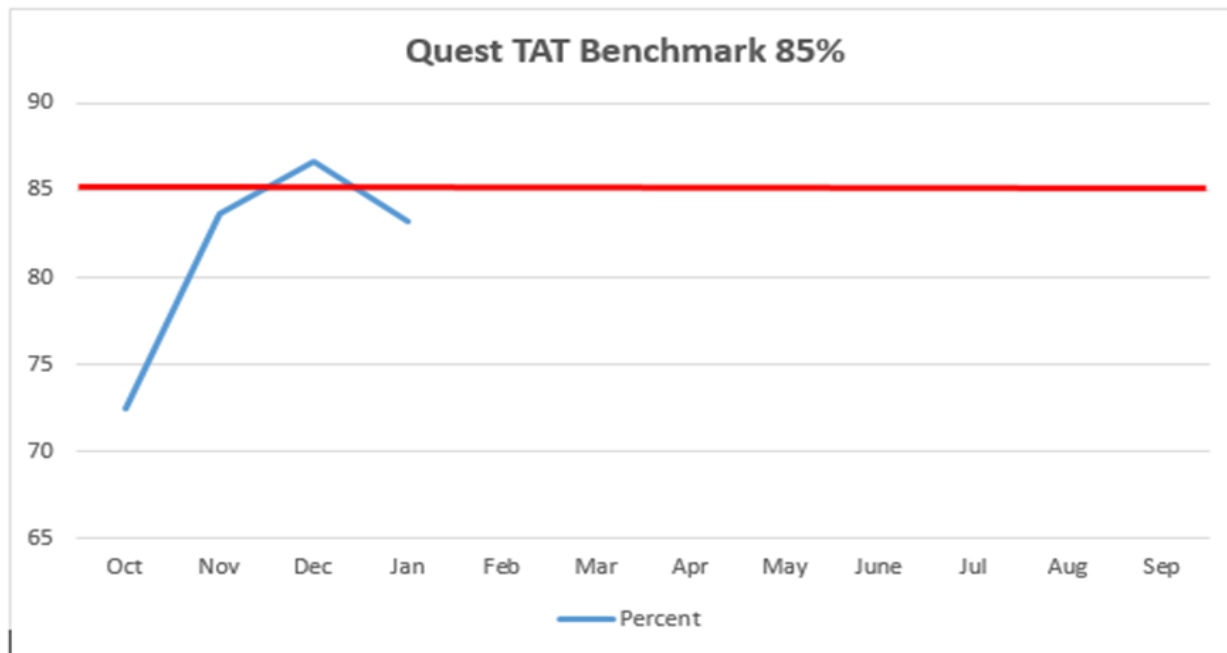
Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible
BC Lab Corrected/amended reports	<2.7/10,000 tests	241,803 tests	0.79 Per 10,000 results (0.007%)	0.53 (0.005%)	Corrected reports can lead to adverse patient outcomes	None needed benchmark met	Laboratory administration

Corrected Reports per 10,000 test results
Benchmark <2.7



Lab General - Bridgeport

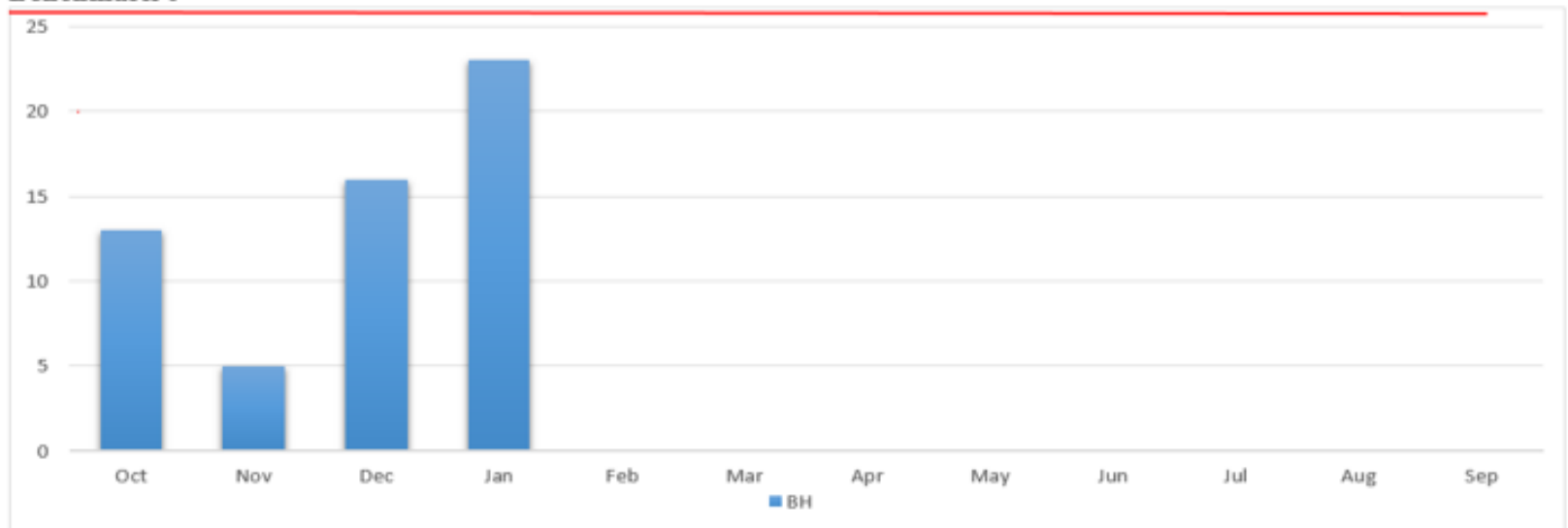
Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up
Quest TAT Top 10 tests by volume	85% On time	368 tests	83.2%	86.7%	Can cause delays in patient treatment/therapy	Slightly below target Target was lowered to 85% in FY21 Continue increasing test sent to YH and bringing some send-outs in-house.



Lab General - Bridgeport

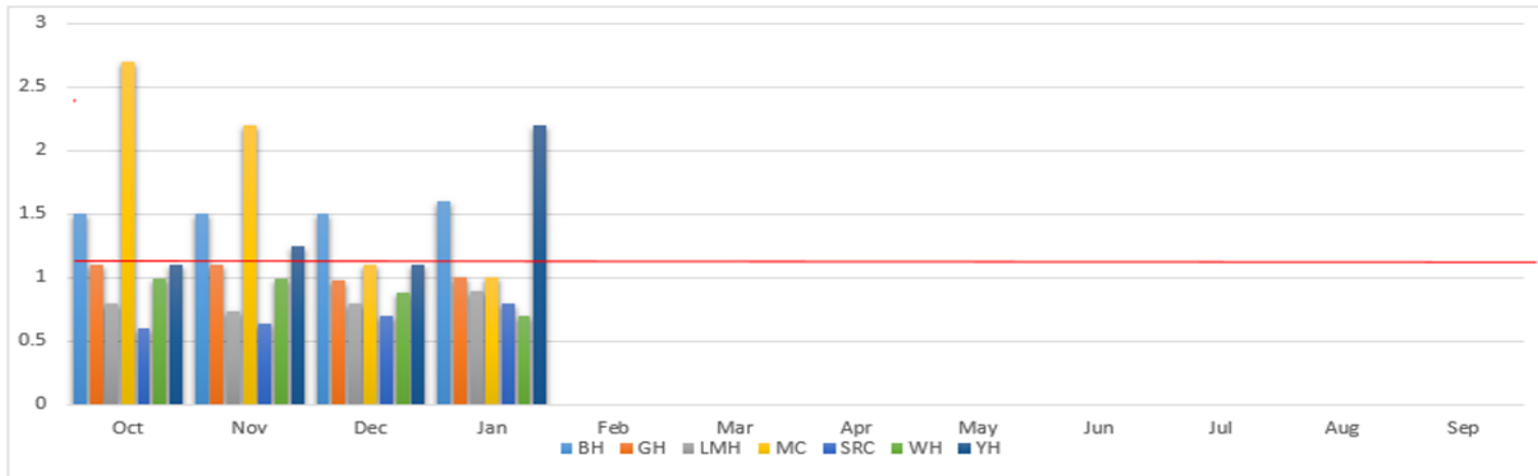
Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible Staff
Nonconforming events BC	0	281,918 tests	23 events	16	All 23 events resulted in patients being redrawn/recollected which could lead to delays in treatment. There was a batch of 13 samples from Village pediatrics that were received unlabeled on 1/6/22.	Outreach and lab management continue to work on resolving events thru staff education and retraining when necessary	Lab administration and management

Nonconforming Events | Benchmark 0



Lab General – Bridgeport (Specimen Rejection Analysis)

Percent Redraws FY2022
Benchmark < 3.5 %* Specimens Rejected

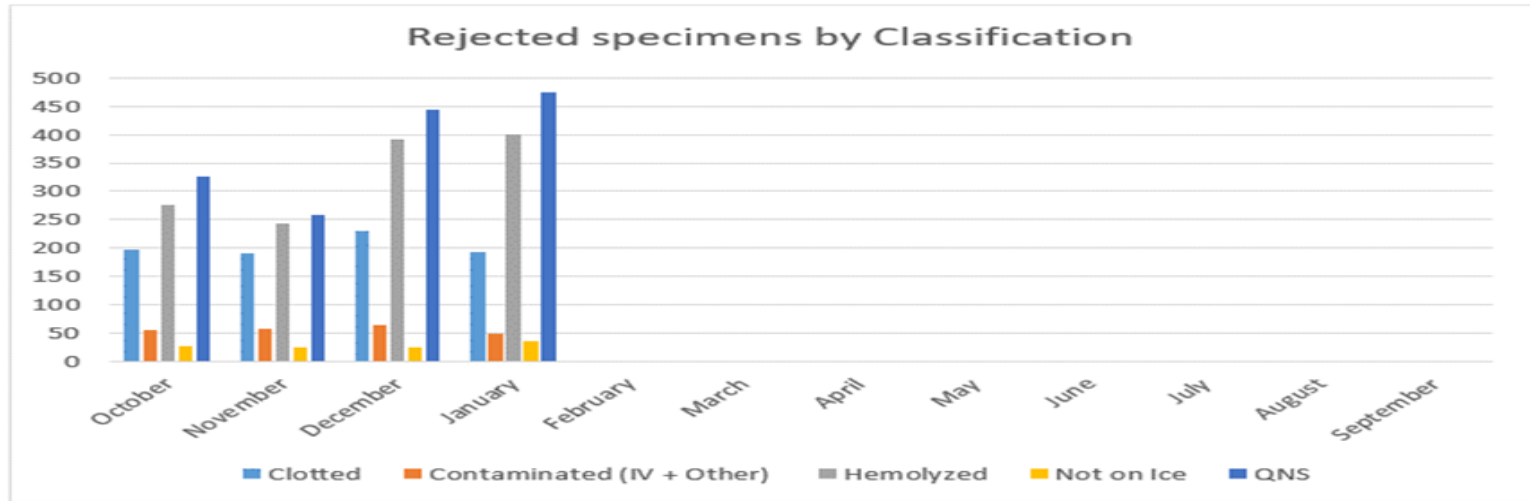


YNHHS Benchmark (1.0% Oct, Nov, Dec 2021, Jan 2022)

*Rooper L. Carter, J., Hargrove, J., Hoffman, S & Riedel S. (2017). Targeting rejections: analysis of specimen acceptability and rejection. *Journal of Clinical Laboratory Analysis* .volume 31, issue 3

	BH	GH	LMH	MC	SRC	WH	YH
Oct	1.5	1.1	0.8	2.7	0.60	1.0	1.1
Nov	1.5	1.1	0.74	2.2	0.64	0.99	1.25
Dec	1.5	1	0.8	1.1	0.7	0.88	1.1
Jan	1.6	1	0.9	1	0.8	0.7	2.2

Laboratory General - Bridgeport



	Clotted	Contaminated (Hemolyzed	Not on Ice	QNS	
October	198	56	276	28	325
November	190	57	243	25	259
December	229	65	391	24	443
January	193	49	401	35	475

QNS Totals

Unit	Jan	Dec	Nov	Oct	Sep
ED	92	115	53	77	108
NE9	19	21	12	12	25
Burn Unit	4	7	1	0	5
NW7	27	57	23	34	31
WT10	23	28	16	17	23

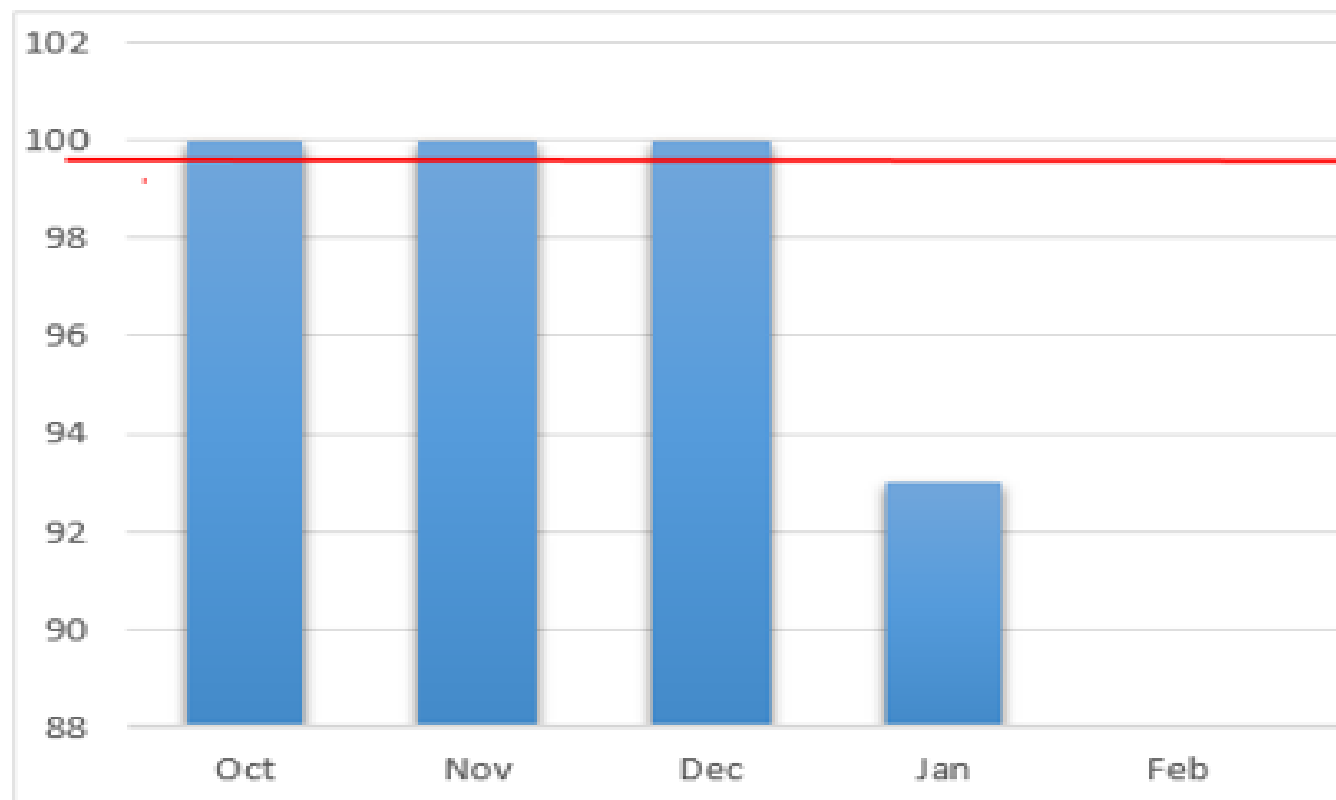
Laboratory General - Bridgeport

Events Calendar Task Completion (Both Campuses)

Target=100%

13/14 events completed (Teg 2 instrument comparison)

Events Calendar Completed Benchmark 100%



Sample not on ice by Delivery Network

YaleNewHavenHealth

Beaker Lab Rejections Rejection Classification Totals



System Organizatio..	Rejection Classification	Test Cancellation Date		Grand Total
		2022 Q1	January	
BH	Collection Issue: Not on Ice		36	36
L&M	Collection Issue: Not on Ice		2	2
WH	Collection Issue: Not on Ice		1	1
YNHH	Collection Issue: Not on Ice		81	81
Grand Total			120	120

Select Timeframe
Last Full Month

Begin Date
5/14/2019

End Date
5/15/2019

Delivery Network
(All)

- (All)
- Null
- BH
- CSHH
- GH
- L&M
- NEMG
- WH
- YM
- YNHH

Test Name
(All)

Summary

Bridgeport Hospital														
2022 Sample Rejection - not on ice														
Floor	Baseline	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	YTD Average
ED	9	12												12
MICU	2.91	0												0
NW7	1.27	1												1
SICU	1.45	1												1
WT10	1.73	2												2
WT7	0.82	2												2
WT8	1.82	1												1

Overall Tests:

Row Labels	Count of Specimen ID
CALCIUM, IONIZED, WHOLE BLOOD	11
AMMONIA	10
METHYLMALONIC ACID (YH BH)	5
PTH, INTACT (BH)	5
LACTIC ACID, PLASMA	2
LACTIC ACID, WHOLE BLOOD (VENOUS) (MC)	1
ACTH (YH BH)	1
HOMOCYSTEINE (BH GH YH)	1
(blank)	
Grand Total	36

Milford Campus ED TAT Ordered to Collected and Collected to Received

	Oct 1 - 31, 2021		Nov 1 - 30, 2021		Dec 1 - 31, 2021		Jan 1 - 31, 2022	
	Ordered to Collected	Collected to Received	Ordered to Collected	Collected to Received	Ordered to Collected	Collected to Received	Ordered to Collected	Collected to Received
Troponin	18	9	19	9	19	10	9	9
BMP	20	10	18	9	20	11	27	10
CBC	18	11	16	11	21	11	22	11
D-dimer	13.5	12	13	11	21	12	21.5	12
PTINR	16	12	14	11	18	12	19	10
Type and Screen	16	11	16.5	11	18.5	15	15	7
COVID Cepheid	14	12	13	12	17	12	17	12

Blood Contamination Collector Rates

YaleNewHavenHealth

Blood Contamination Collector Rates

data as of: 2/24/2022 6:25:40 AM

Overall

Specimen Count	1,620
Cont Count	20
Rate	1.2%

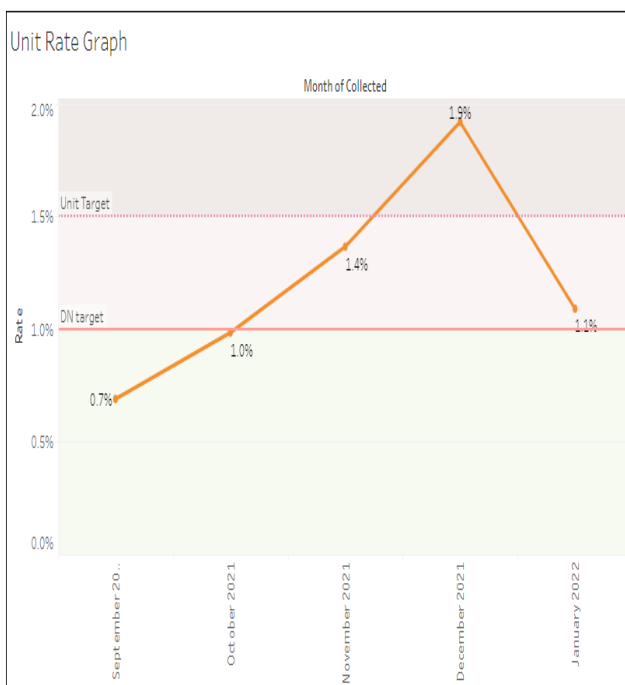
Collected
Last 6 months

- DN
- (All)
 - BH/MC
 - GH
 - LMH/WH
 - YNH

Campus
MC

- Specialty
- (All)
 - Emergency Medicine
 - Inpatient

Department Name
(All)

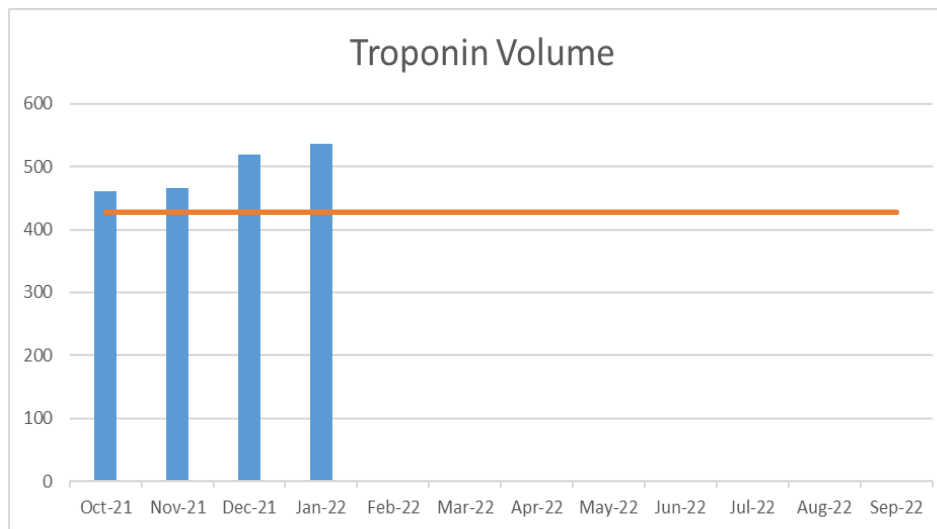
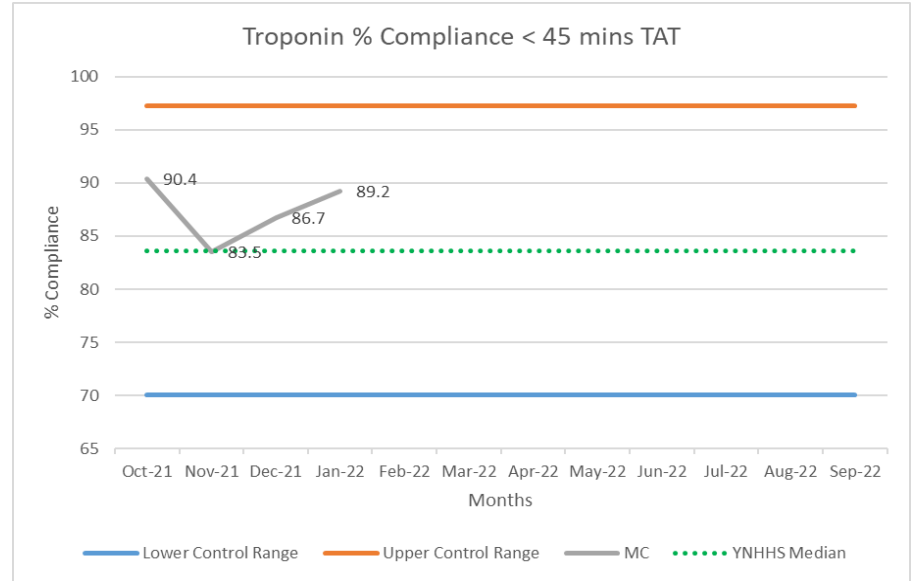
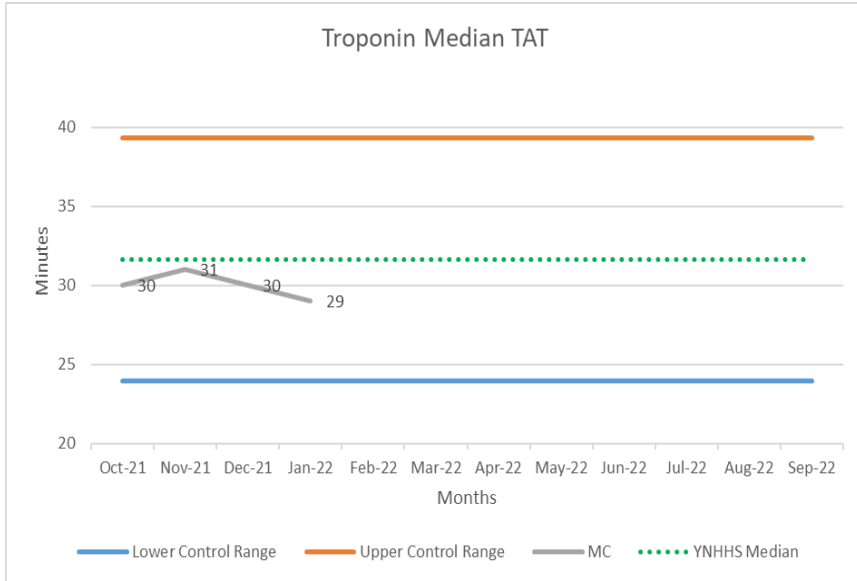


Prov Type: Unknown

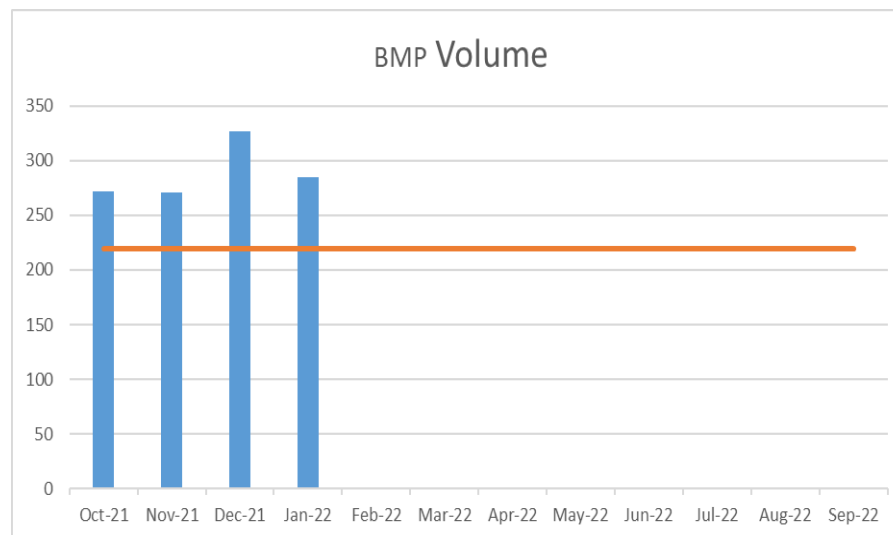
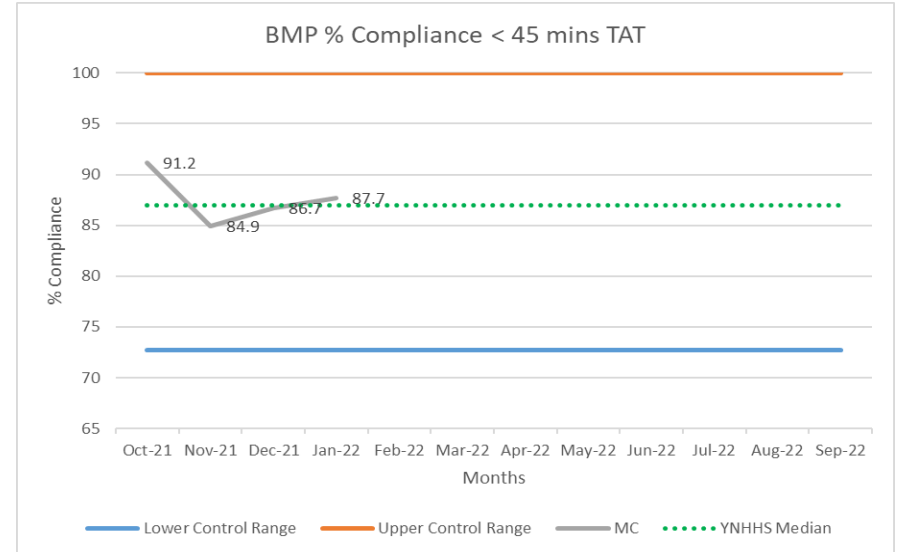
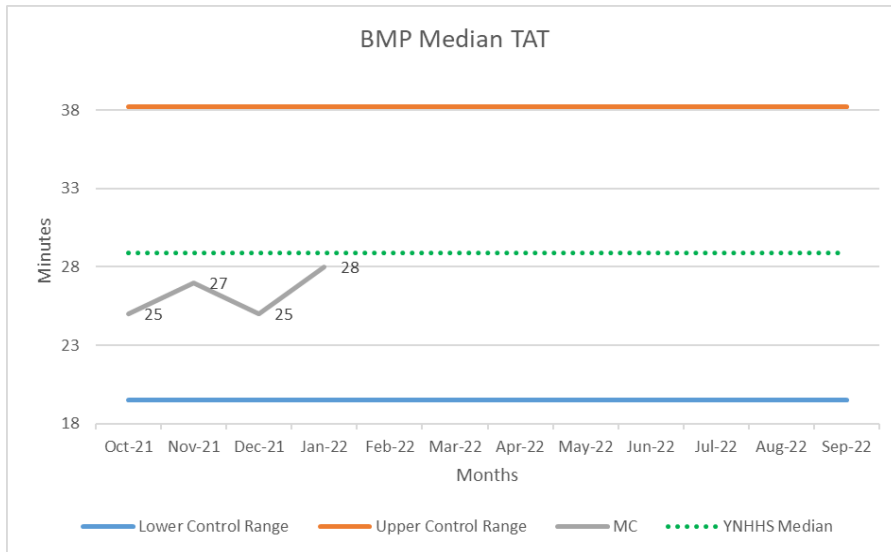
Contaminations Y/N: no yes

Month of Collected	Specimen Count	Cont Count	Rate
October 2021	14	2	14.3%
November 2021	45	2	4.4%
December 2021	28	1	3.6%
January 2022	30	1	3.3%
September 2021	31	1	3.2%
December 2021	24	1	4.2%
December 2021	7	1	14.3%
	179	9	5.0%

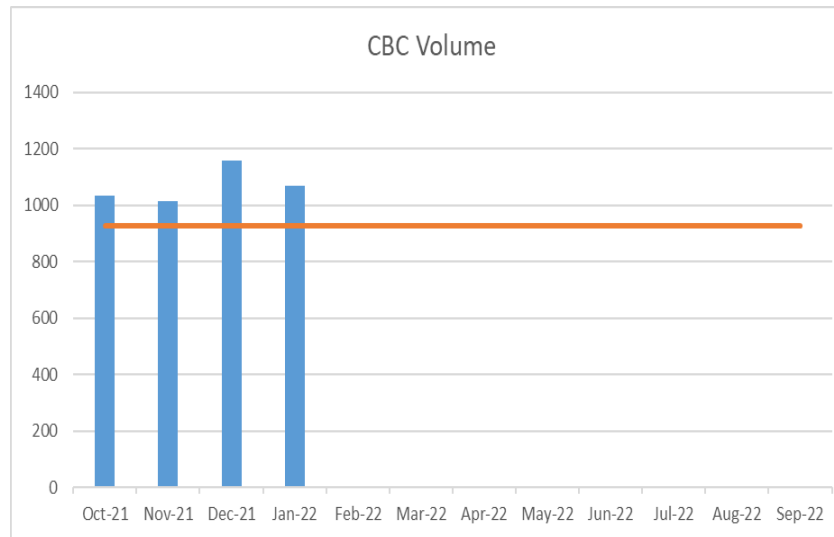
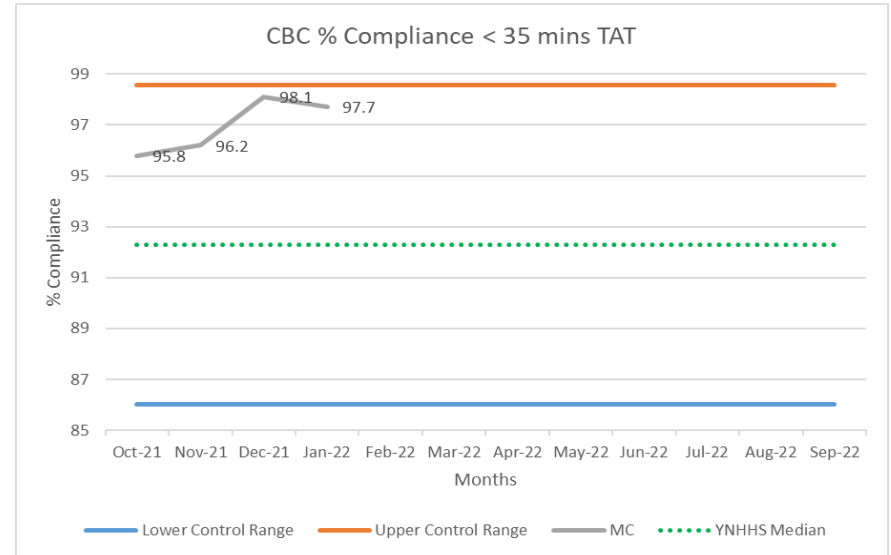
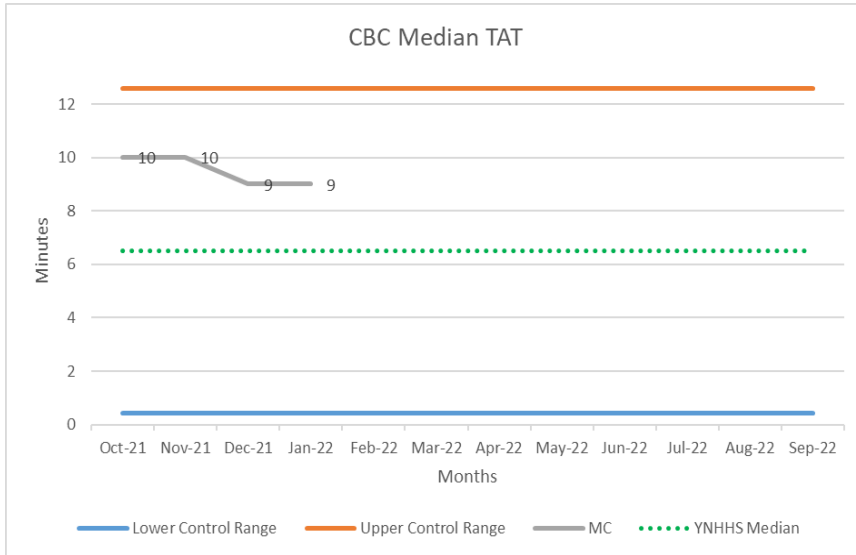
Milford Campus – Troponin ED TAT



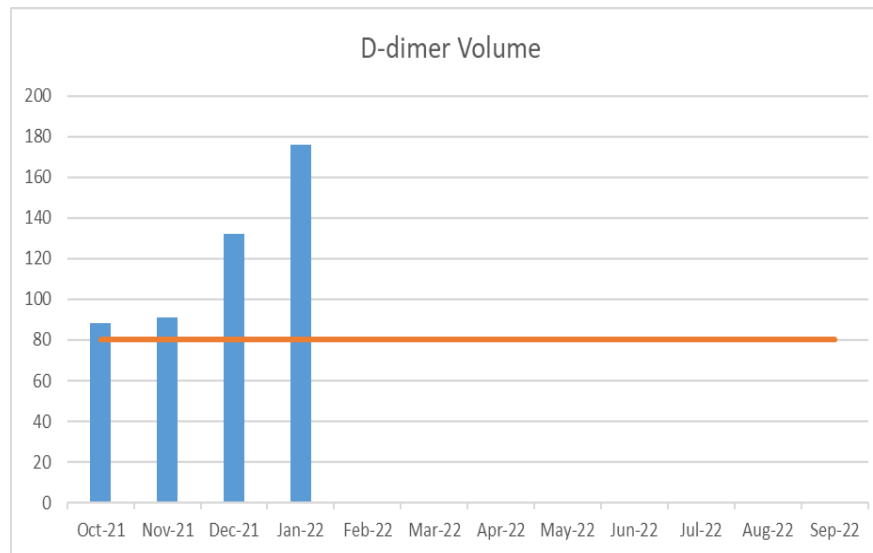
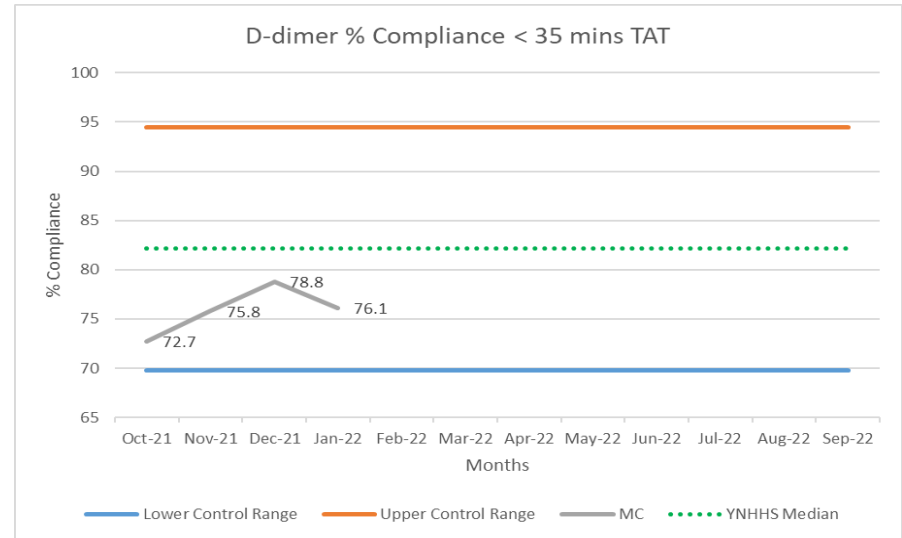
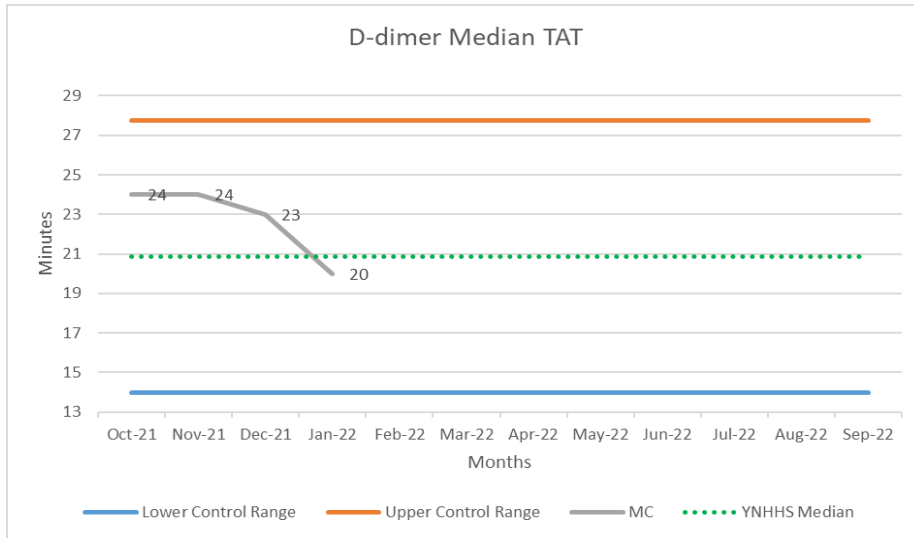
Milford Campus – Basic Metabolic Panel (BMP) ED TAT



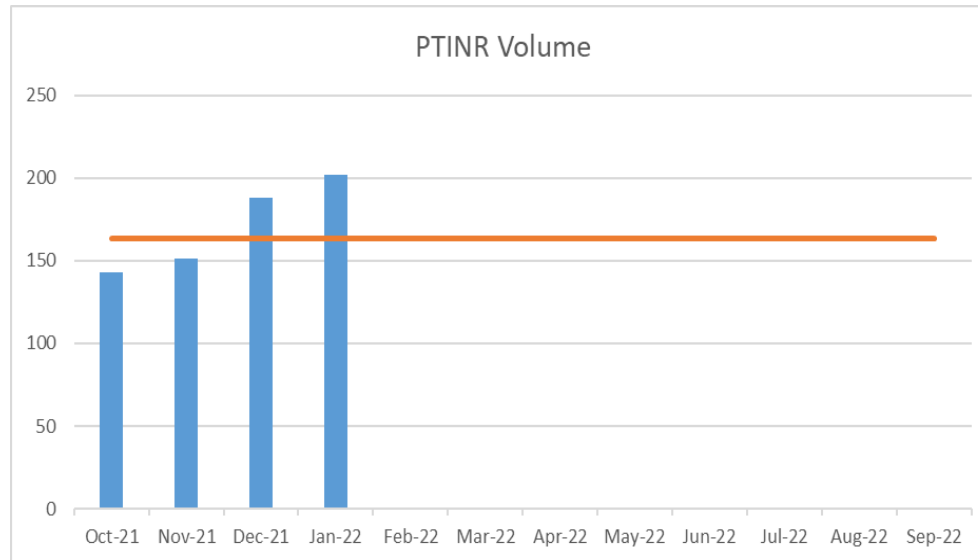
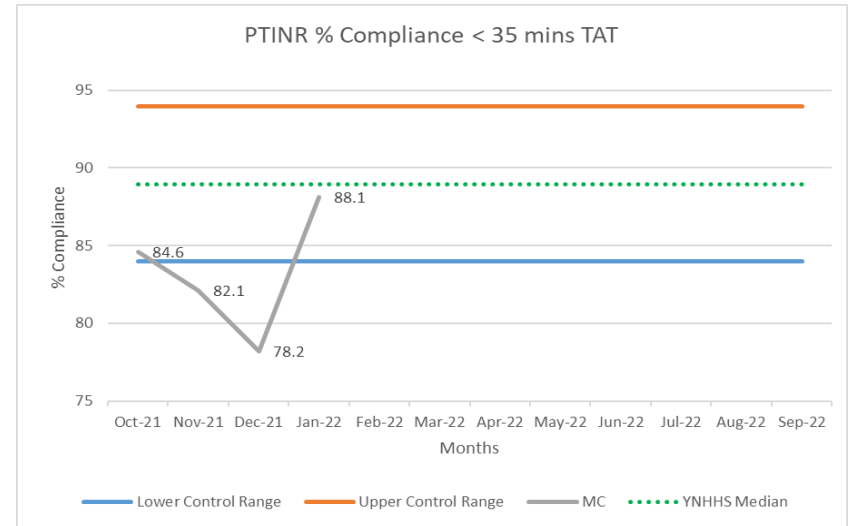
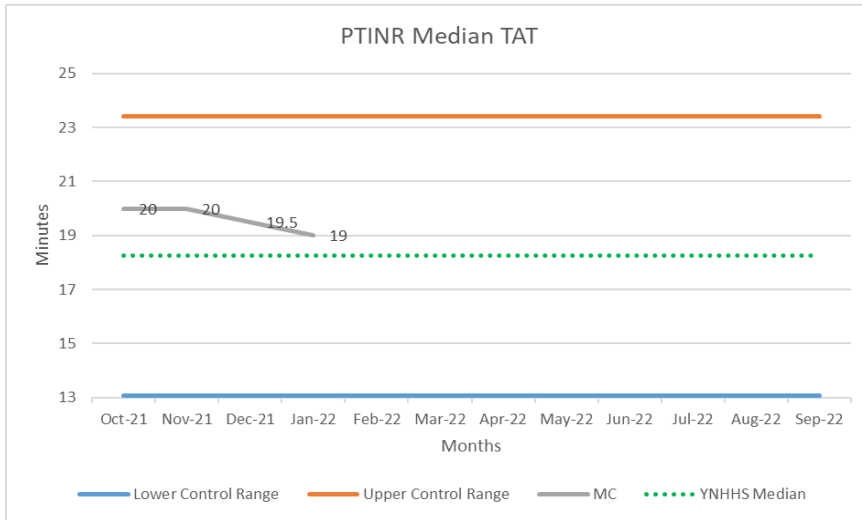
Milford Campus – Complete Blood Count (CBC) ED TAT



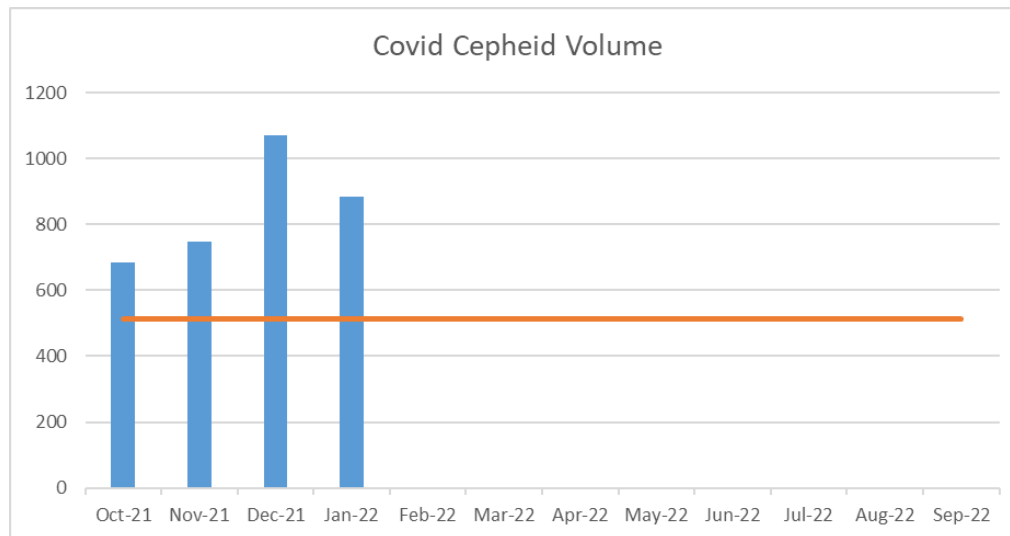
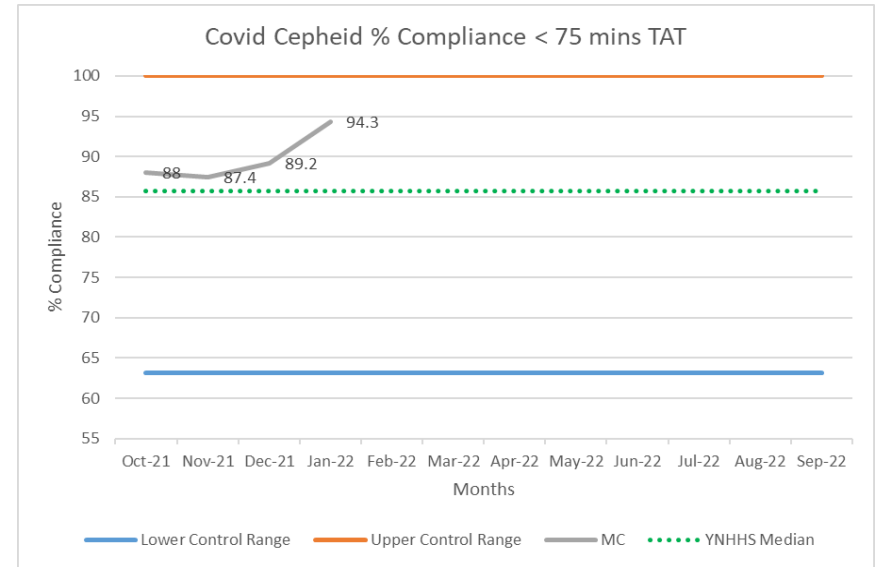
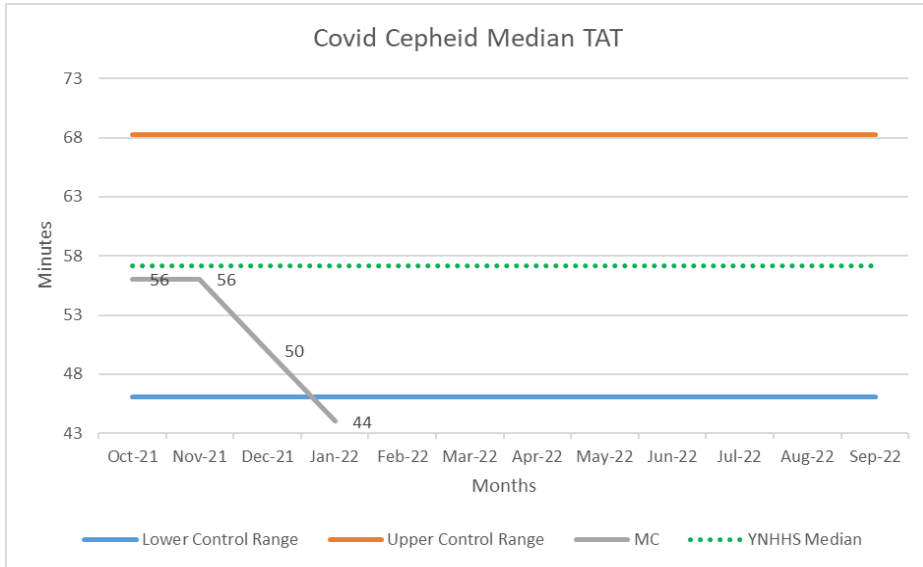
Milford Campus – D-dimer ED TAT



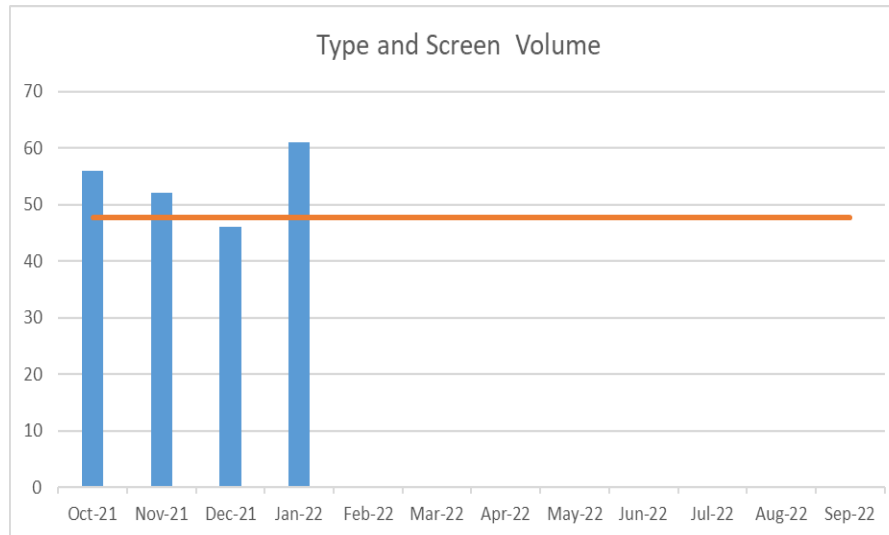
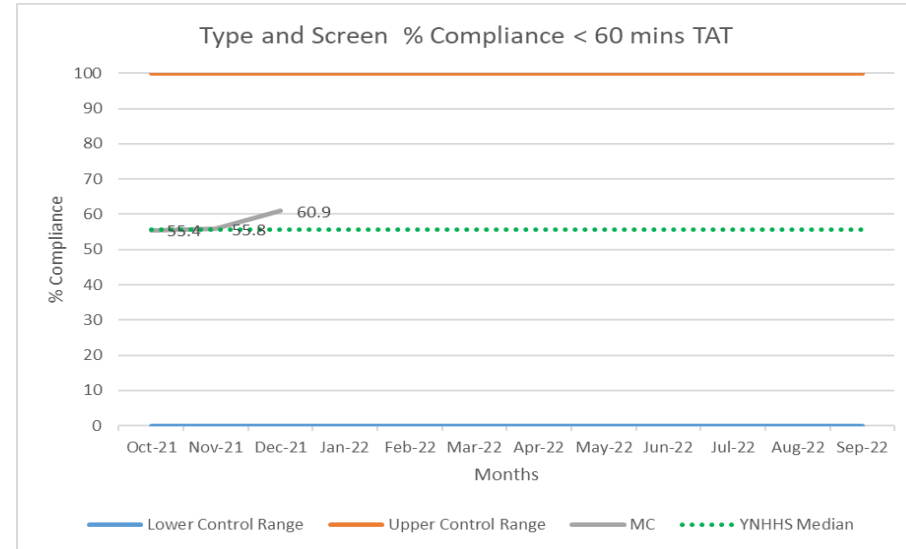
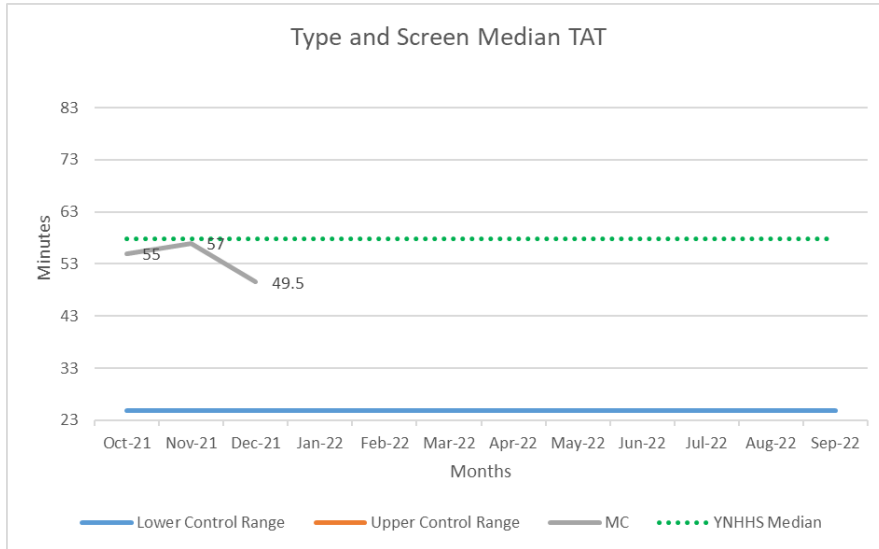
Milford Campus – PTINR ED TAT



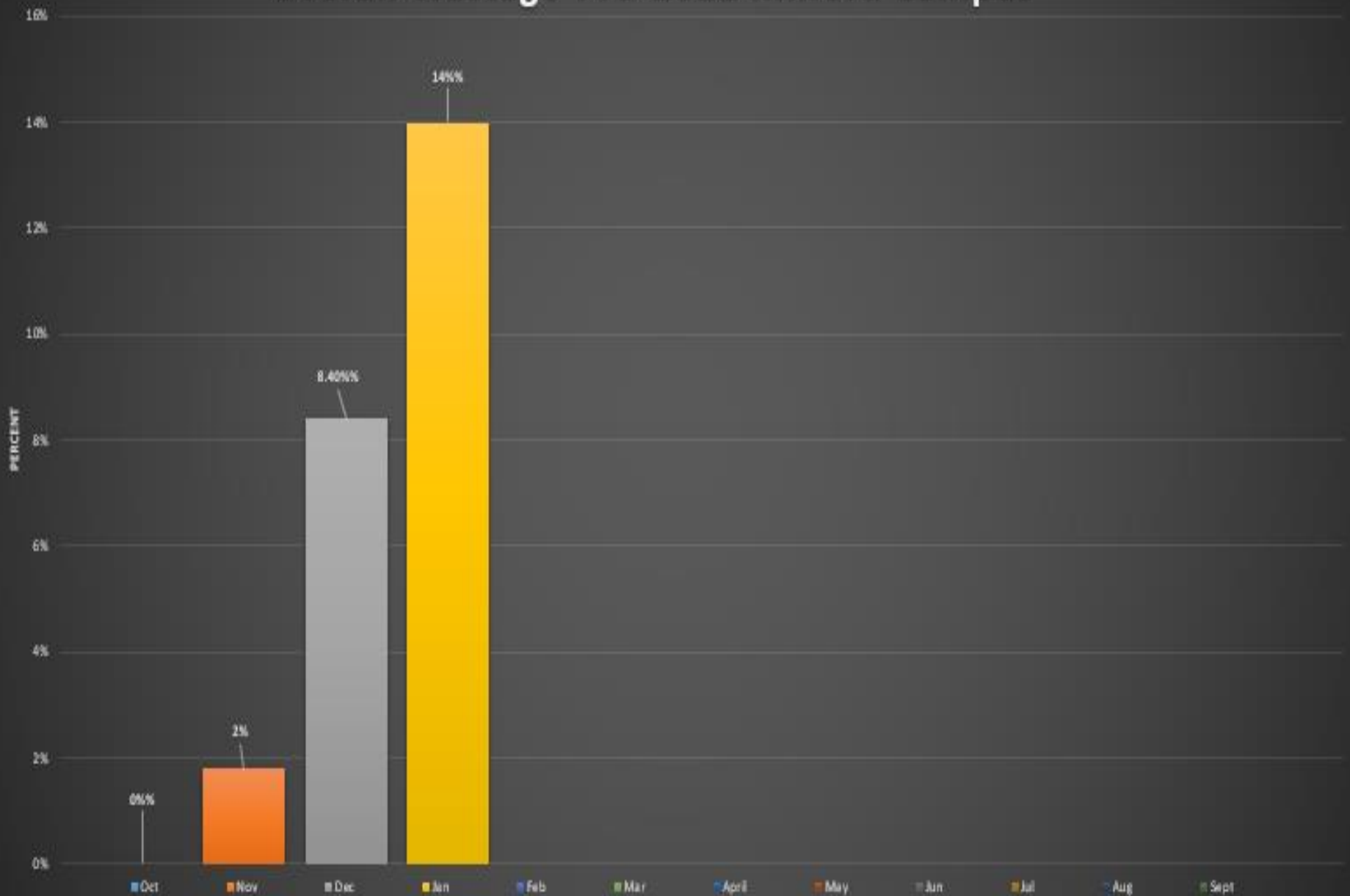
Milford Campus – COVID Cepheid PCR ED TAT



Milford Campus – Type and Screen ED TAT



Overall Wastage YTD 2022 Milford Campus



Milford Campus – Molecular Contamination Review

Date	Tests	Sample size	% Positivity	Derived Baseline	Environment Monitoring	Physician Feedback	Epidemiological Trends	Evaluation Notes	Corrective Action (if needed)
Jan-22	SARS-CoV	982	24.80%	3-12%	Negative	None	CT Covid rates declining in January (CDC). Jan 6th rate was 22.8% by 1/27 CT rate dropped to 9.7%. Spike due to holiday gatherings	Omicron variant surge	None
Jan-22	Group A S	29	13.80%	0-24%	Negative	None	None	None	None
Jan-22	Flu A/B	183	0.50%	0-24%	Negative	None	None	None	None
Jan-22	Flu/RSV	558	1.10%	0-100%	Negative	None	None	None	None

Lab General - Milford

Percentage of Abnormal? by Test
Last 6 months by month



- Group A Strep PCR
- SARS CoV-2 (COVID-19) RNA
- Influenza A/B RNA, NAAT
- Influenza/RSV by RT-PCR

Lab General - Milford

Aspect of Care	Threshold Expected/Target	Sample Size	Data Source	Achieved Current month	Previous month	Corrective Action	Patient Impact	Follow up and evaluation	Staff responsible
Non-Conforming Events	0	# Tests 19,603	Manual Collection	3	8	All corrected reports have been investigated. Retraining of staff is ongoing	none	Each corrected report is reviewed by lead tech or manager. Responsible staff are coached regarding the correct procedure. Corrections without a completed comm log are seen as non-conforming.	Supervisors
Proficiency Testing	98% CAP Q Probe data	# Analytes	CAP	100%	100%	None required	None	None needed	Supervisors
Laboratory corrected reports	2.7/10,000	# tests 19,603	Manual collection	2.0	3.8	Individual coaching/counseling, and/or documented verbal warning.	none	Manual entry errors accounted for most corrected reports, technical issues produced the rest.	Supervisors
Laboratory Injuries	0	Employees n=33	IMC	0	0		none	None needed	Supervisors
Redraws		# Tests 19,603							
Clotted	0		Beaker+ Tableau	12	4	The excessive hemolysis of specimens is presumed to be the result of a model change of IV initiation sets. Supply chain issues prevent return to previous model.	Minor impact due to necessary recollection of samples.	"Other" category expanded using Tableau to capture Incorrect specimen type, Duplicate order, and Incorrect order by provider. "QNS" category divided into QNS and unable to obtain specimen.	Nursing, Providers & Phlebotomy
Contamination (IV & other)	0	1		4					
Hemolyzed (RN) (Phleb)	0	60		58					
Not on ice	0	3		1					
QNS	0	3		4					
Wrong container	0	24		15					
Duplicate order	0	6		5					
Incorrect order by provider	0	0		2					
Unable to obtain specimen.	0	0		3					
Incorrect specimen type. Exceeded clinical time requirements	0	8		9					
		0	5						
		3							
Critical Call TAT	60 min		Beaker	6.6	5.0	Formatted report to show true TAT. Comm log completed on 100% of critical calls	none	Critical call TAT report settings in Epic have been modified to show the interval between report availability and when the comm log is completed. Prior settings underreported the TAT. Still under System threshold.	Supervisors