

DEPARTMENT OF PATHOLOGY
Meeting: Quality Assurance
MEETING DATE:
February 24, 2022

Bridgeport Campus

Test	Median TAT mins	YNHHS median TAT	% Compliance	Vol.	YNHHS % Compliance	Summary	Corrective Actions
Procalcitonin	57 (22-102)	62	62% (13-100)	3461	57.1%	Exceeds YNHHS benchmark but below past months performance due to Volume up due to Covid patient testing and the pct test being run on only 1 of the Roche lines	None required
Troponin	29 (24-39)	32	86% (70-97)	2088	83.6%	Exceeds YNHHS benchmark	None required
BMP	30 (20-38)	29	84.3% (73-100)	1523	87.0%	Met system TAT, below %compliance but improving	None required
Chemistry audit of critical value results phoned and properly documented	N/A	N/A	Expected to be 100%	1248 critical	N/A	47/1248 not documented properly or not phoned	Ann and Patrycja have educated staff and will continue to track
SPEP		N/A	N/A	N/A	N/A	Overall TAT 4.08 days Exceeding internal benchmarks of a stretch goal of 3.5 days	Establish YNHHS Median Targets for comparison. Our TAT went up due to Omicron surge and retirement in that group.
D-dimer	27 (14-28)	21	69.6% (70-95)	924	82.1%	Below system benchmarks Increase in volume due to Covid testing and covid related staffing duties	Continue to monitor
PTINR	21 (13-23)	18	87.4% (84-94)	848	89%	Below system benchmark for TAT Increase in volume due to Covid testing and covid related staffing duties. Met system %compliance standard	Continue to monitor
CBC	10 (0-13)	7	84.7% (86-99)	4430	92.3%	Below YNHHS benchmark	Needs corrective action. Contact GH and LM and find discuss best practices.

							Overall hematology decrease in TAT performance is believed to be caused by Increase in volume due to Covid testing and covid related staffing duties
BF vs Cytology results	N/A	N/A	95% (100% compliance expected)	42/99 Fluids had cytology orders	N/A	Expected Benchmark 100%	Slides were reviewed with Dr. Chen. No malignant cells were seen.
Hematology audit of manually entered tests	N/A	N/A	100%	30/30	N/A	N/A	None required
Pedi critical calls	N/A	N/A	100%	0	N/A	N/A	None required
Hematology audit of corrected results phoned and properly documented	N/A	N/A	67% (100% compliance expected)	2	N/A	Below benchmark of 100% All corrected reports need to be phoned and clearly documented in Beaker for compliance	Hematology supervisor has counselled techs and will continue to monitor
Hematology audit of critical value results phoned and properly documented	N/A	N/A	100% (100% compliance expected)	10	N/A	Below benchmark	None required
Type & Screen	48 (25-91)	58	67.8% (0-100)	342	55.6%	Exceeds YNHHS benchmark	None required
Platelet wastage	N/A	N/A	N/A	N/A	N/A	59% Target <25%.	Usage varies. BB must have adequate supply for emergencies
Blood Wastage	N/A	N/A	N/A	N/A	N/A	6.805% Target <3% Cryo=0% Rbc's=0.22% Plt=59% FFP=22%	Platelet wastage contributed to increase in overall.
Adverse Rxn	N/A	N/A	N/A	N/A	N/A	0.2% There were 2 adverse rxn's of 437 products transfused. Benchmark is 1%	Concern for underreporting. Randomly auditing 5 tx/wk. No evidence of under-reporting.
HbA1c documentation errors/omissions	N/A	N/A	N/A	N/A	N/A	0 Target=0 Clinic Clinicians consistently not placing orders so results cannot be entered and there is a diabetes clinic staff member that did not enter an order that was placed	None required

#codes/ # cartridges run	N/A	N/A	N/A	11codes/336 run	N/A	Threshold met	Reviewed cartridge closure with one CRNA
iSTAT quality check codes	N/A	N/A	N/A	N/A	N/A	3.3% Target <5%	None required
CAP competency completions	N/A	N/A	N/A	N/A	N/A	30% 85/273 assignments completed	Remind staff
Covid Panther	793 (254-342)	298	100% (98-100)	23,759	99.6%	Did not meet system TAT goal Met YNHHS % compliance	Panther was down and volume was higher causing decrease in TAT.
Covid Cepheid	71 (46-68)	57	56.2% (63-100)	2,181	85.8%	TAT exceeds YNHHS benchmark %compliance below benchmark also	Increase and volume which makes it hard to sort quickly. Will continue to monitor
Liat	34 (46-68)	57	88% (63-100)	501	85.8%	Performed Below YNHHS standard. Increase TAT due to the Panther being down and older samples that should have gone on Panther were diverted and run on Liat.	None required
Miscellaneous Microbiology							Follow-up
manually entered results audit: 100%					Target 100%		None required
Stool PCR's performed within 3 days of admissions: 96%					Target 95%		. None required
MRSA Comm log completed: 100%					Target 100%		None required
RVPCR NP source 99 %					Target 100%		None required
C.dif cytotoxin reflex 96%					Target 100%		New measure, will continue to monitor and implement corrective actions as needed.
Miscellaneous Central Processing Shared specimens missed:					0 shared sample missed.		None needed
Draw Station Errors: 25 total errors causing 7 patients to be redrawn					CP and outreach continue to work to correct issues		
OUTREACH 20 reqs with entry errors					Lab errors were reviewed with the staff		

LAB GENERAL

Measure	Summary	Corrective action/Follow-up
CAP PT TAT <30 days Target 90%	91% BC 100%MC	None required
PT performance BC	99 % BC	Above CAP average & peer group average
Corrected reports	0.79/10,000 tests Benchmark:<2.7/10,000 tests	Below benchmark. Doing well

	BC=241,803 tests	
Specimen redraws	Overall % of rejected specimens BC 1.6 MC 1 YNHHS Median: 2.2 Literature benchmark<3.5%	Performance is within literature target but is above YNHHS median Lab mgt continues to investigate possible reasons for the increased redraw rates compared to system peers.
Quest TAT (top 10 tests sent by volume)	83.2%	Quest has shown marked improvement over last couple of months. More tests have been outsourced to YH instead of Quest
Nonconforming events	23 events required recollection	Aziza and Alex are continuing to work on this with monthly meetings

Milford Campus

Test	Median TAT mins	YNHHS median TAT	% Compliance	Vol.	YNHHS % Compliance	Summary	Corrective Actions
Troponin	29 (24-39)	32	89.2% (70-97)	536	83.6%	Exceeds YNHHS benchmark	None required
BMP	28 (20-38)	29	87.7% (73-100)	285	87%	Exceeds YNHHS benchmark	None required
*D-dimer	20 (14-28)	21	76.1% (70-95)	176	82.1%	Below YNHHS benchmark	Will is working with Pragna to determine cause of increased TAT (see below)
*PTINR	19 (13-23)	18	88.1% (84-94)	202	89%	Below YNHHS benchmark	Corrective action needed (see below)
*CBC	9 (0-13)	7	97.7% (86-99)	1067	92.3%	TAT above system benchmark % compliance above YNHHS benchmark	Continue to monitor hematology TAT's and determine what time of day increased TAT occurs and other possible reasons (see below)
Type & Screen	53 (25-91)	58	63.8% (0-100)	47	55.6%	Exceeds YNHHS benchmark	None required (keep in mind that all MC BB is manual)
Blood wastage	N/A	N/A	N/A	N/A	N/A	14% product wastage 3% Benchmark	Staff needs to use older units first. In-service staff
Adverse rxns	N/A	N/A	N/A	N/A	N/A	There were no adverse rxn's in December	None required
Covid Cepheid	44 (46-68)	57	94.3% (63-100)	883	85.8%	Exceeds YNHHS benchmark	None required

*Overall Hematology and Coag ED TAT is increased. Lab investigation has shown that this increase in TAT may possibly due to the increased time between the orders placed to collected by the phleb and nursing staff. The TAT from lab received to resulted is acceptable

MC LAB GENERAL

Measure	Summary	Corrective action/Follow-up
Nonconforming events	3	Due to corrected reports not being phoned and documented properly. Techs are coach and lab director is requesting weekly

		report from Milford campus on corrected reports and corrective actions done.
Lab injuries	0	None required
Corrected reports	2.0 Benchmark <2.7/10,000	None required
Percent redraws	1	Met system benchmark but there continues to be fluctuation in this measure. Will continue to monitor
Critical call TAT	6.6 minutes	Benchmark 60 minutes.-no follow up required
Blood culture Bottle monitor	100%	100% of blood culture bottles received by MC have been inspected and documented accordingly

DEPARTMENT OF PATHOLOGY
Meeting: Quality Assurance
MEETING DATE: January 24, 2022

Name	Signature
Laura Buhlmann	<p style="text-align: center;">REVIEWED <small>By Laura Buhlmann at 10:50 am, Mar 16, 2022</small></p>
Dr. Mingkui Chen	<p style="text-align: center;">APPROVED <small>By Mingkui Chen at 10:22 am, Mar 16, 2022</small></p>
Kirsta Chila	<p style="text-align: center;">REVIEWED <small>By Kirsta Chila at 8:33 am, Mar 21, 2022</small></p>
Jocelyne Clerveau	<p style="text-align: center;">REVIEWED <small>By Jocelyne Clerveau at 10:12 am, Mar 21, 2022</small></p>
Dr. Paul Cohen	
Mary Damiowski	<p style="text-align: center;">REVIEWED <small>By Imdami at 11:06 am, Mar 16, 2022</small></p>
Aziza Ezzaki	<p style="text-align: center;">REVIEWED <small>By Aziza Ezzaki at 3:02 pm, Mar 14, 2022</small></p>
Will Jones	<p style="text-align: center;">REVIEWED <small>By William Jones at 11:24 am, Mar 16, 2022</small></p>
Lisa Krause	<p style="text-align: center;">REVIEWED <small>By LISA M KRAUSE at 12:07 pm, Mar 16, 2022</small></p>
Teodorico Lee	<p style="text-align: center;">APPROVED <small>By Teodorico Lee MPH, MT(ASCP) at 8:27 am, Mar 15, 2022</small></p>
Dr. Christine Minerowicz	<p style="text-align: center;">APPROVED <small>By Christine Minerowicz, MD at 9:15 am, Mar 18, 2022</small></p>
Ann Parisi	<p style="text-align: center;">REVIEWED <small>By Ann Parisi at 3:39 pm, Mar 18, 2022</small></p>
Alex Prieto	
Dr. Edward Snyder	<p style="text-align: center;">APPROVED <small>By Edward L. Snyder, MD at 4:50 pm, Mar 18, 2022</small></p>
Kathy Castillo	<p style="text-align: center;">REVIEWED <small>By kathleen castillo at 12:26 pm, Mar 16, 2022</small></p>