

Laboratory Medicine – February 2022

March 21, 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

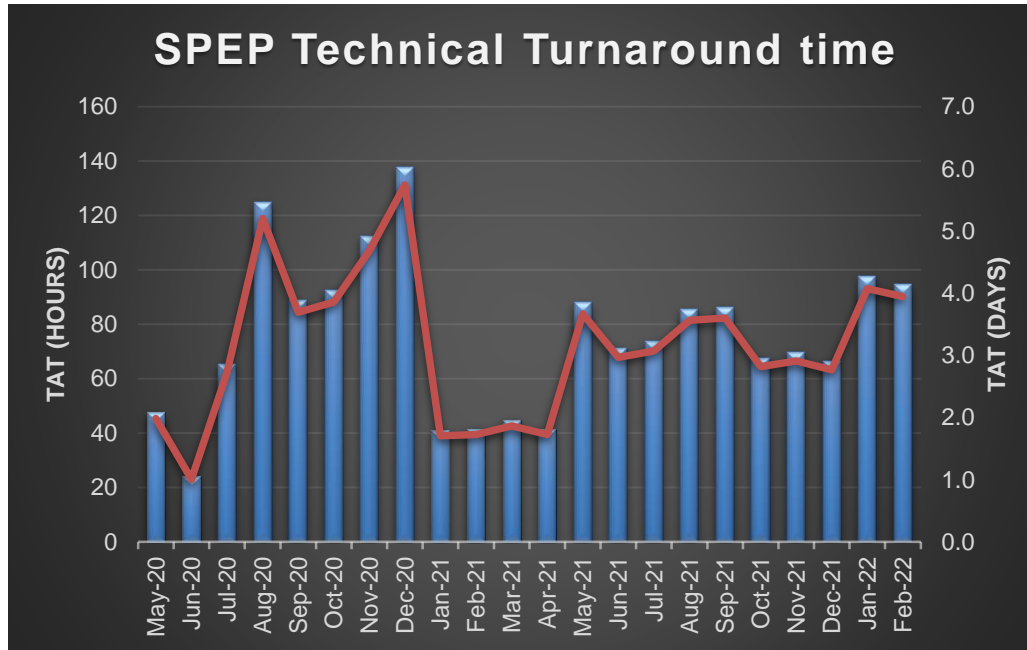
FY21 vs. FY22 Baseline Comparison

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
Feb 2022	3.94
YTD	3.3

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



FY21



FY22



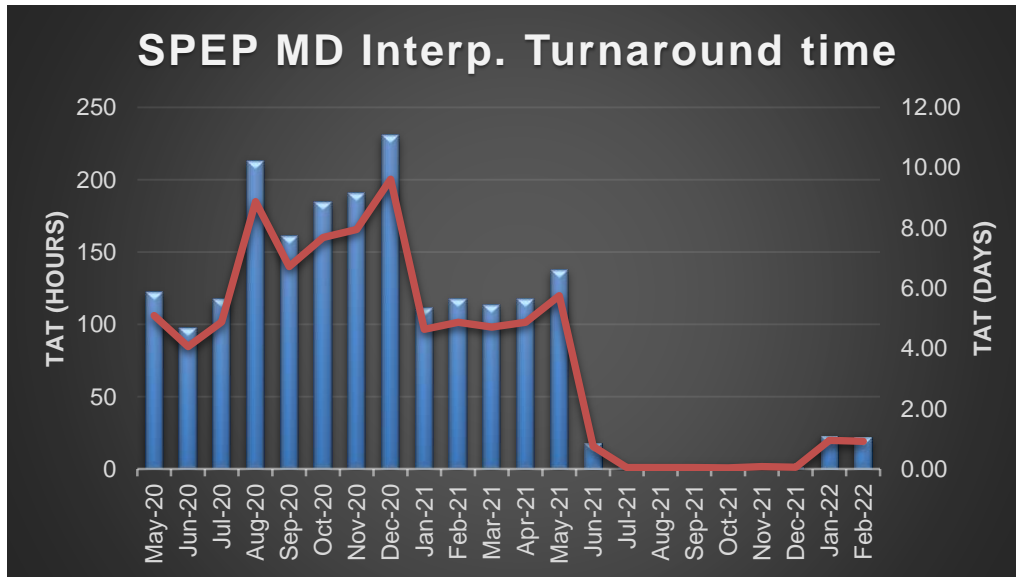
SPEP Outcome Metrics: MD Interp.

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
Feb 2022	0.93
FYTD	0.41



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



FY21

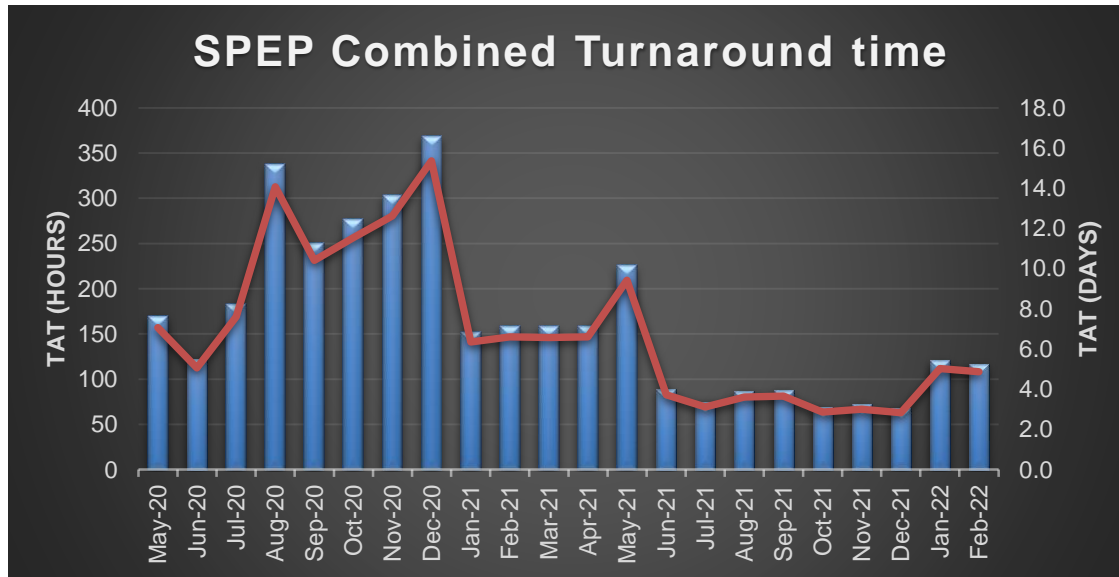


FY22



SPEP Outcome Metrics: Tech + MD Total

Establish Target & Stretch Goals

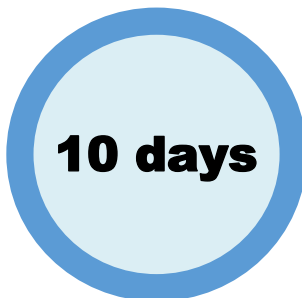


Threshold (FY 19)	Target	Stretch
Current Median	25%	50%
7 days	5.3 days	3.5 days

Post Intervention

% Improvement	TAT (days)
Oct 2021	2.86
Nov 2021	3.00
Dec 2021	2.83
Jan 2022	5.04
Feb 2022	4.87
FYTD	3.72

Baseline:
May 2020 – Dec 2020



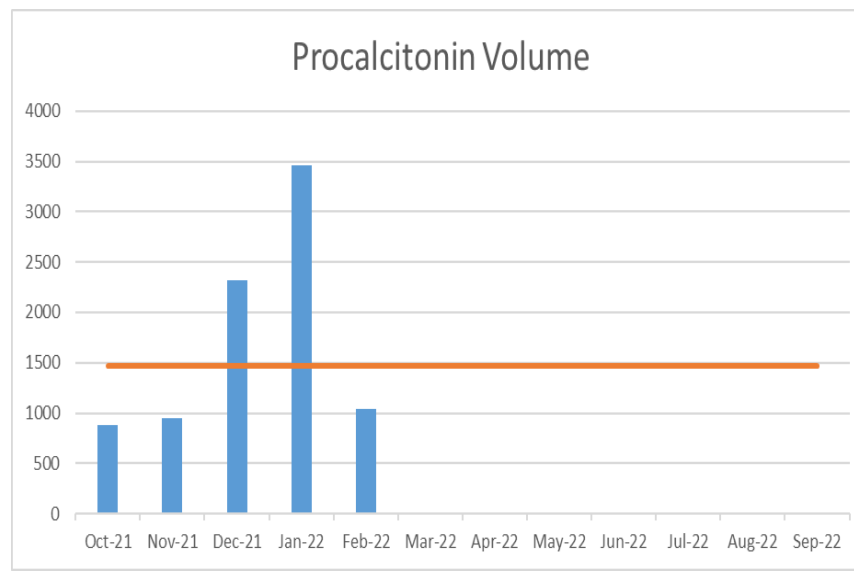
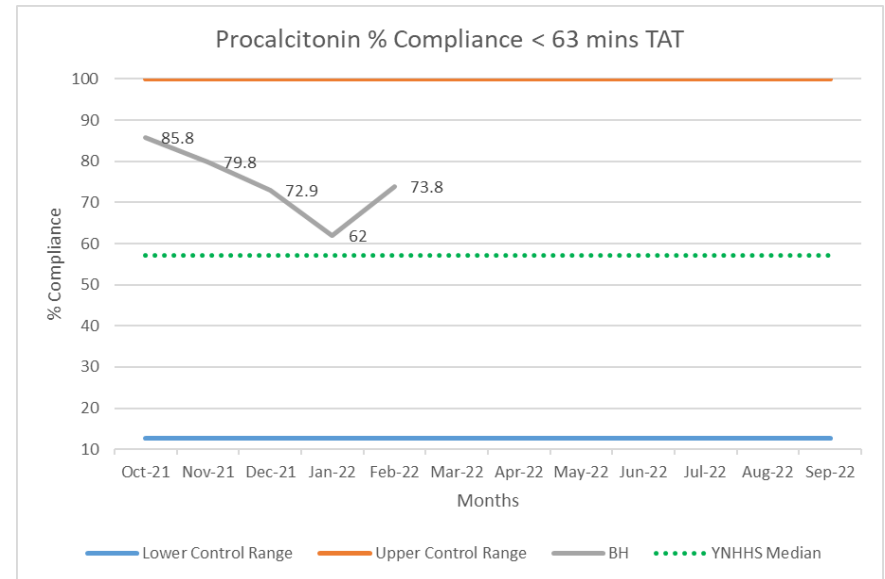
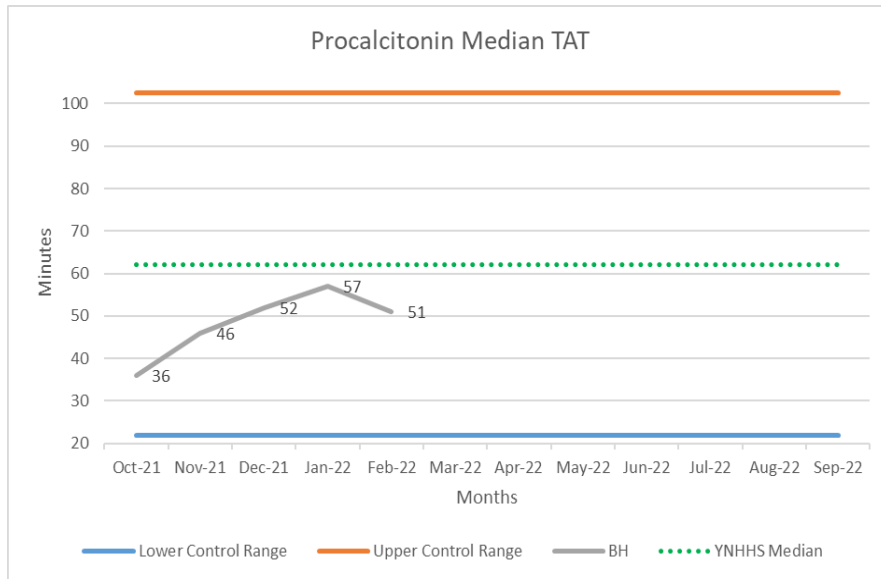
FY21



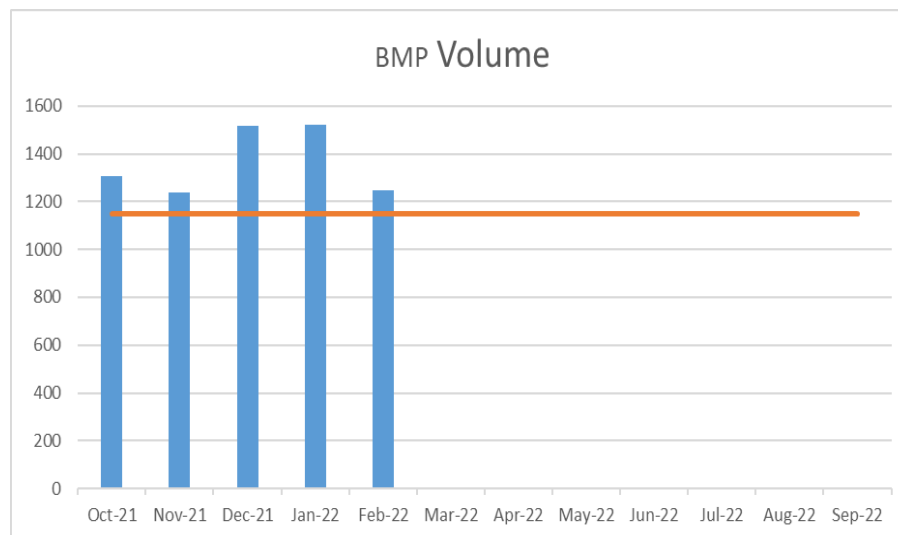
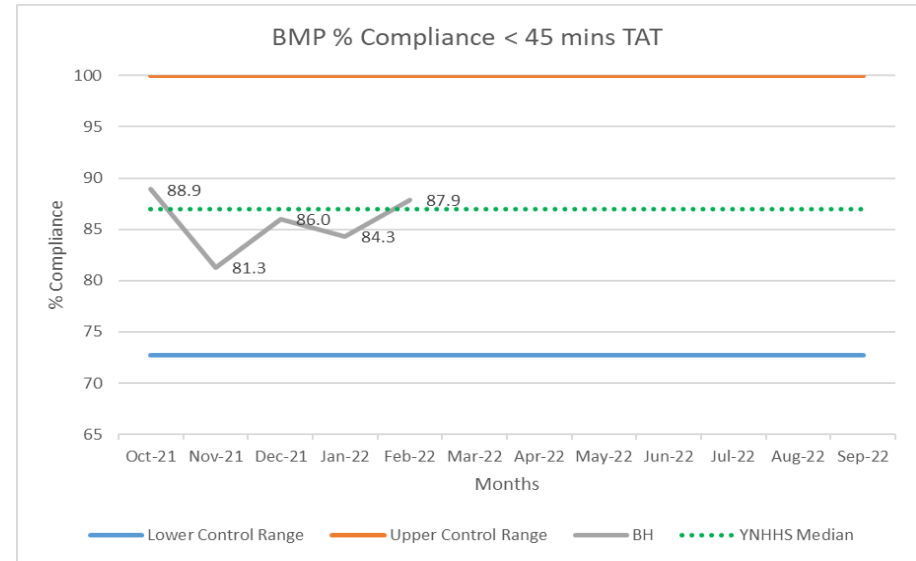
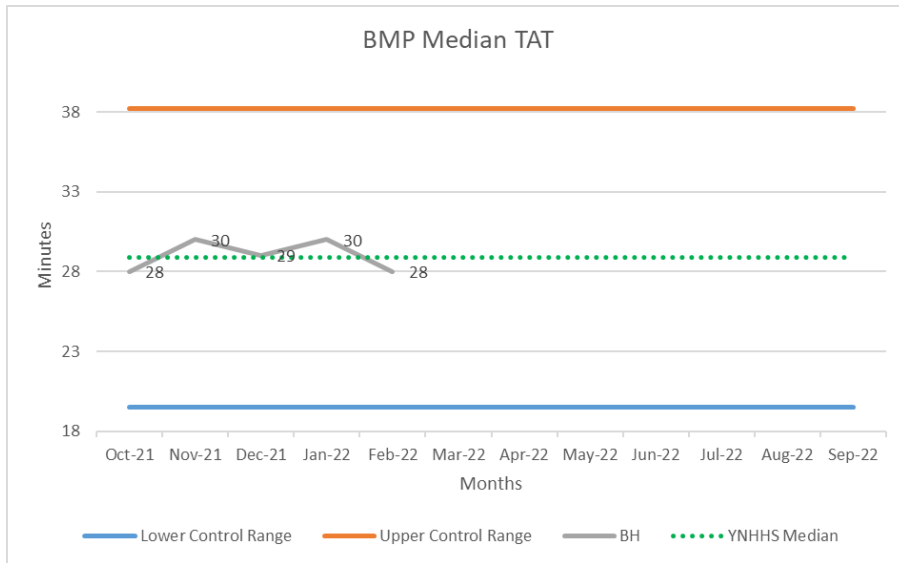
FYTD22



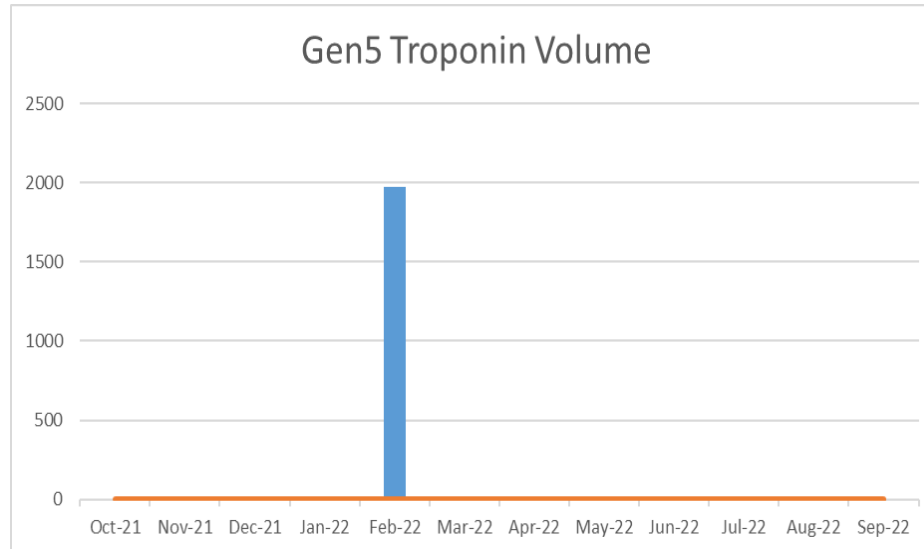
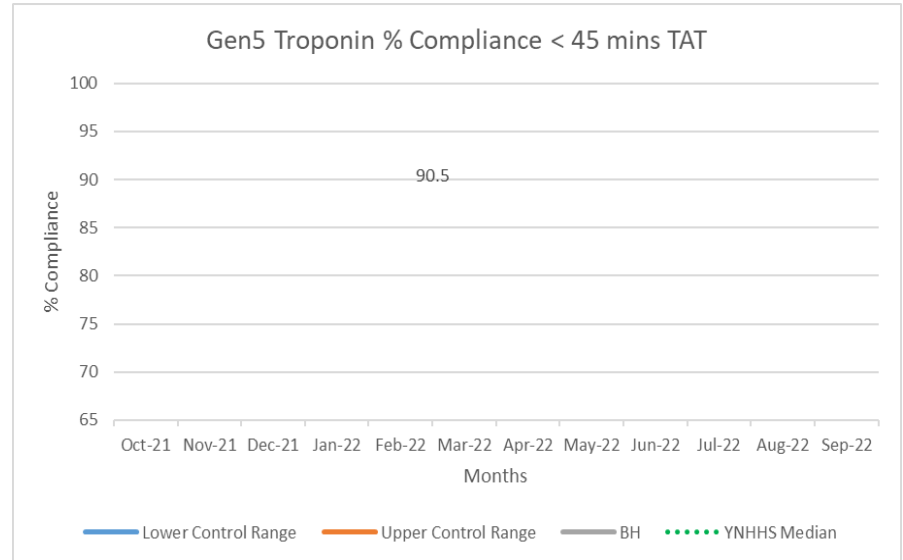
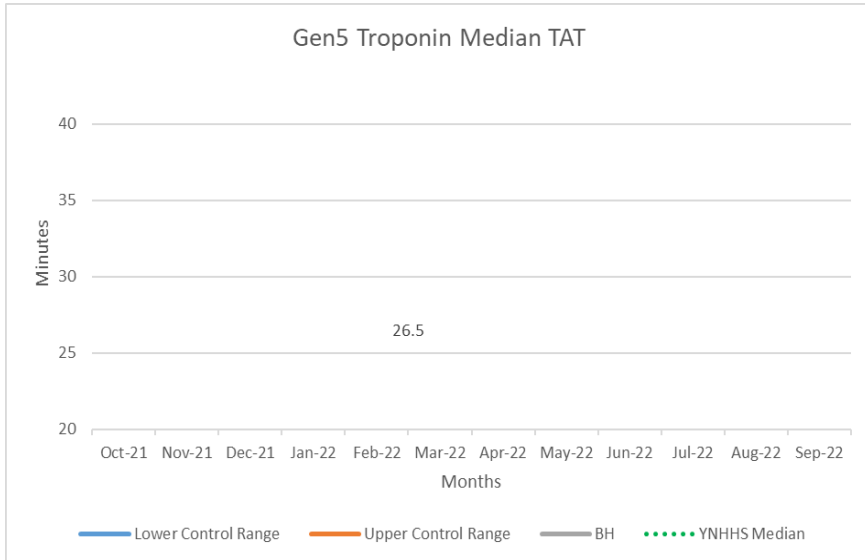
Bridgeport Campus – Procalcitonin



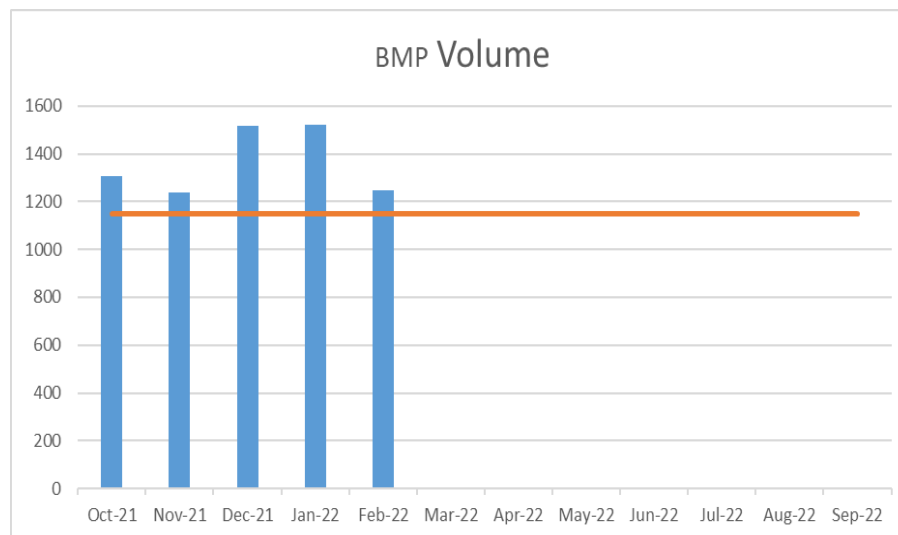
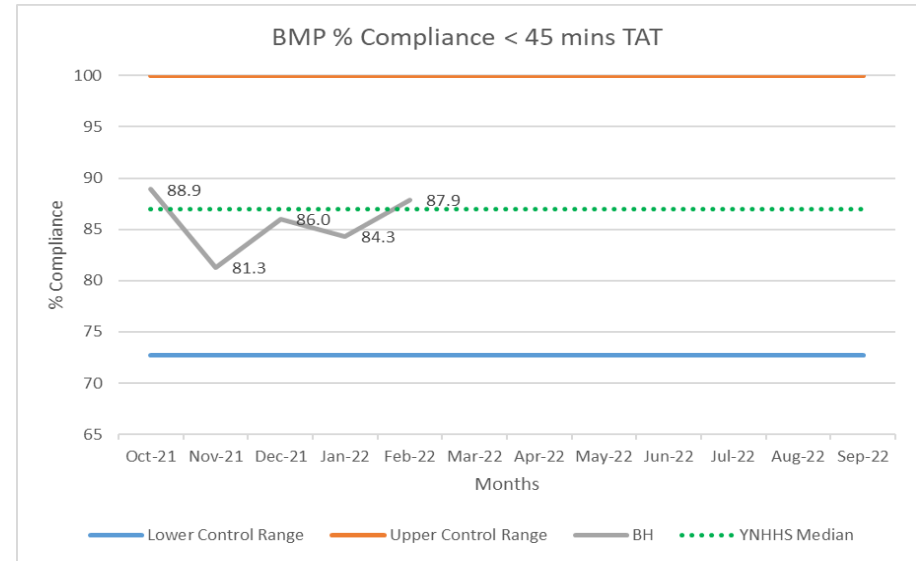
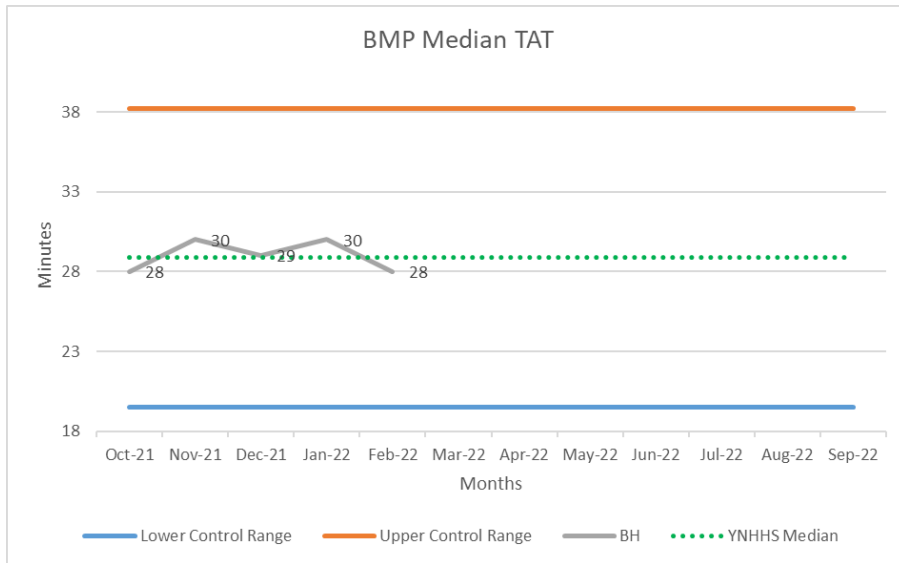
Bridgeport Campus – Troponin ED TAT



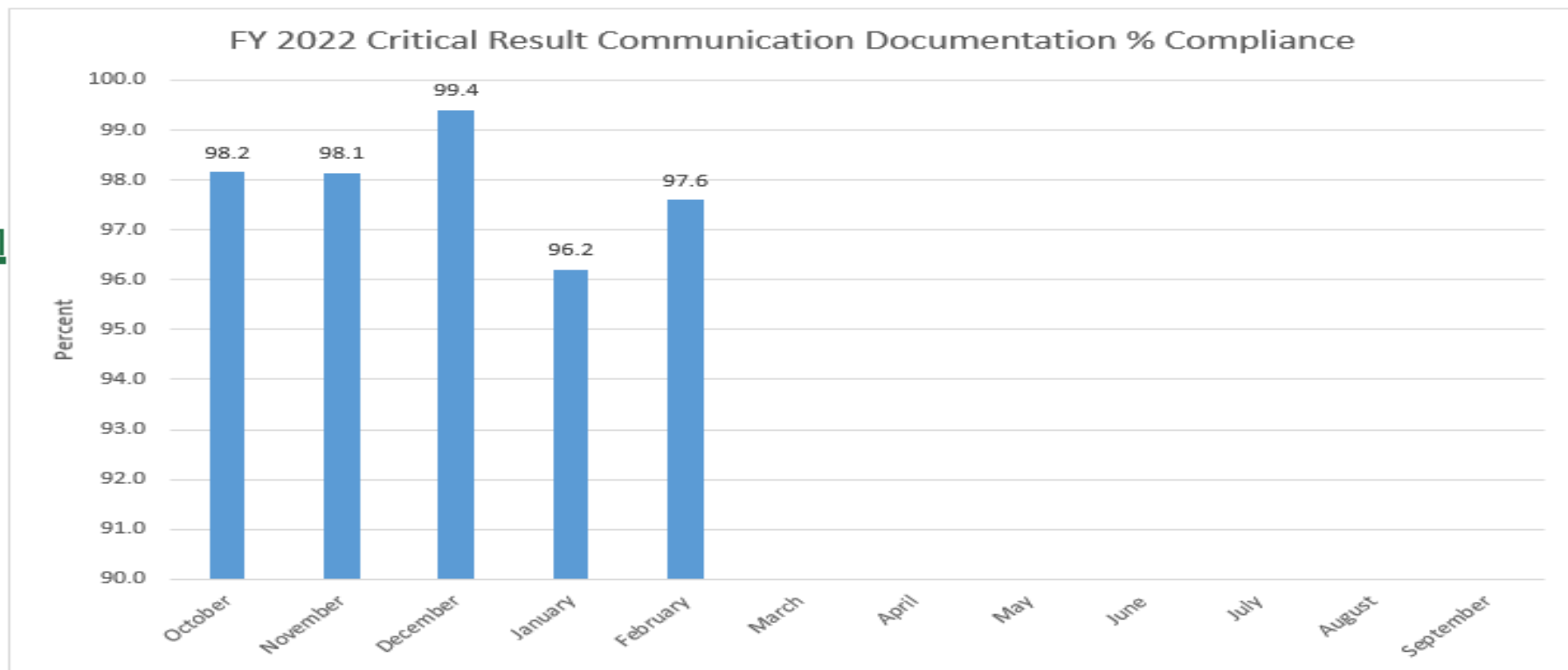
Bridgeport Campus – Gen 5 Troponin TAT



Bridgeport Campus – Basic Metabolic Panel (BMP) ED TAT



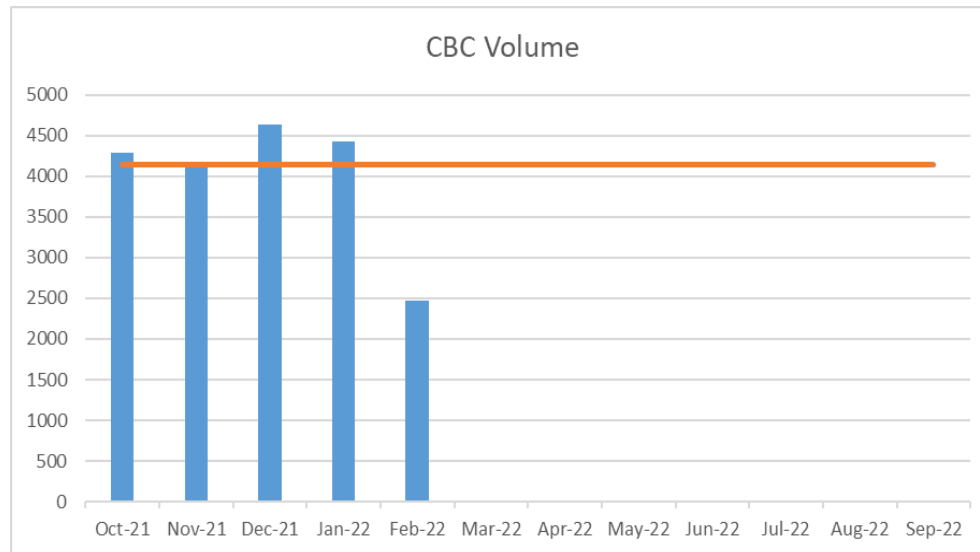
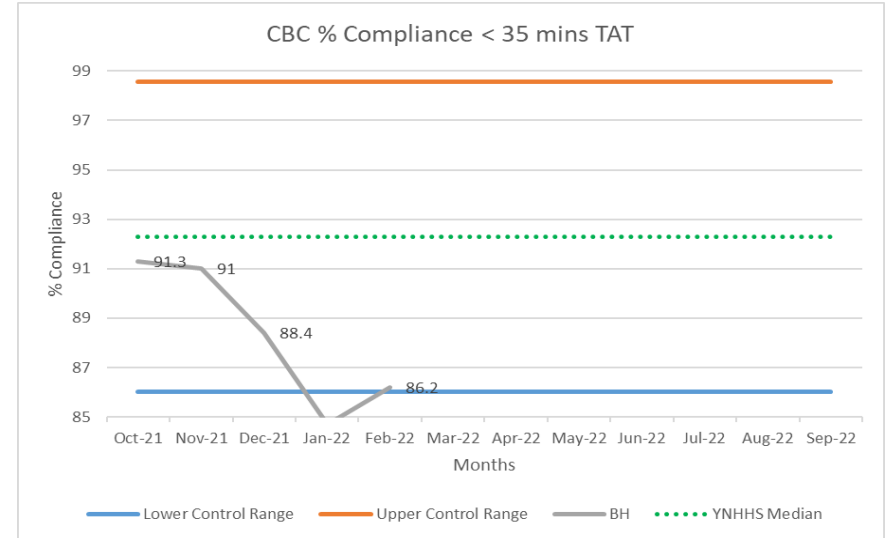
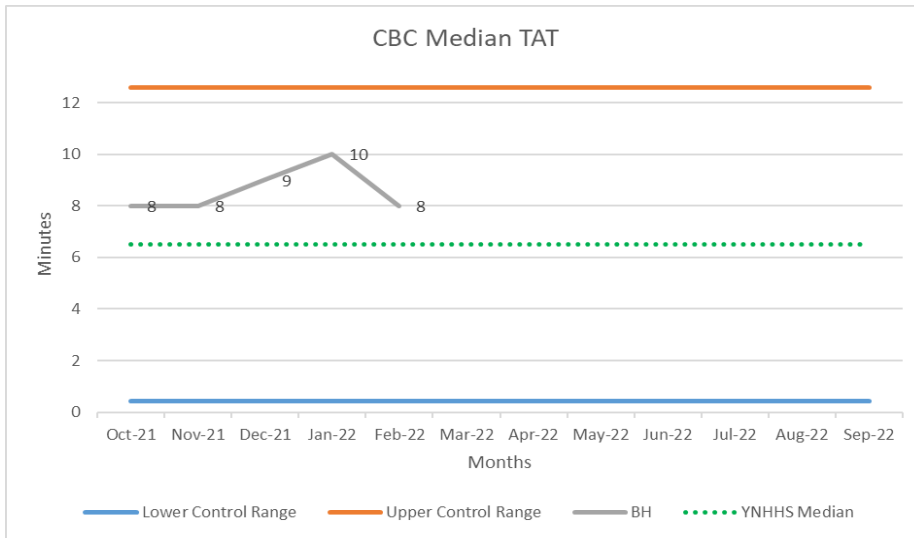
Chemistry & Immunology



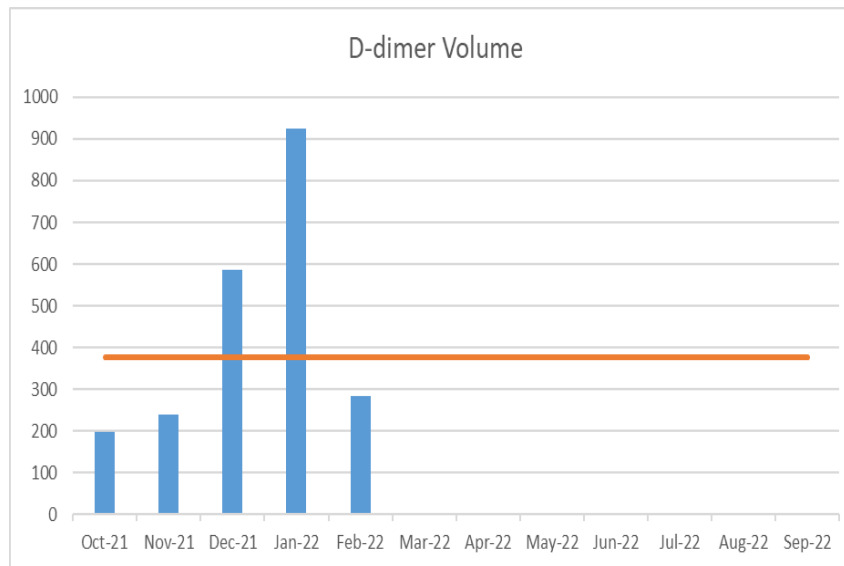
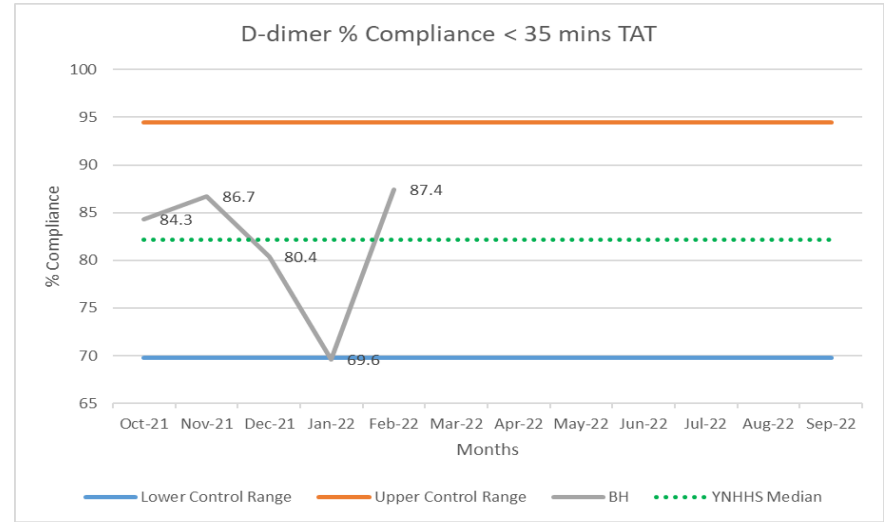
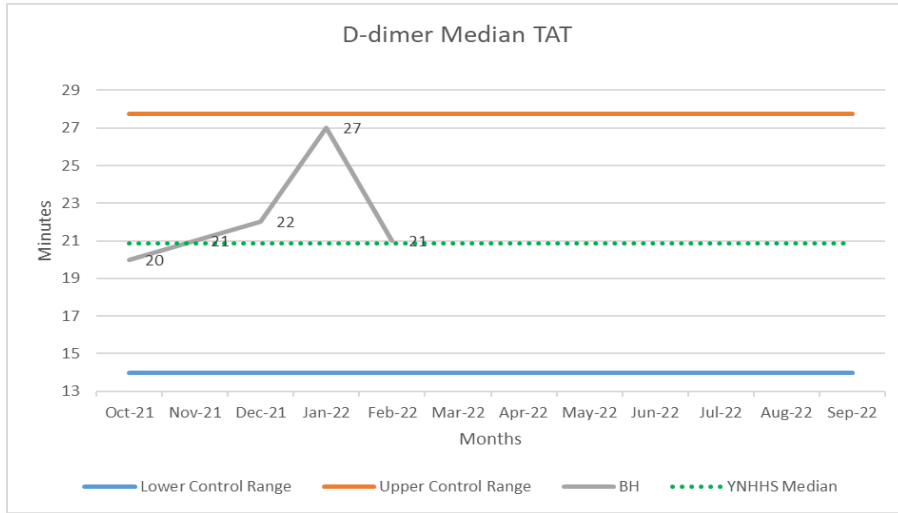
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
n	975	914	1350	1248	1332							
#compliant	957	897	1342	1201	1300							
#noncompliant	18	17	8	47	32							

not called	4	5	5	11	9							
no full name	8	8	2	32	5							
no title	6	4	1	4	18							

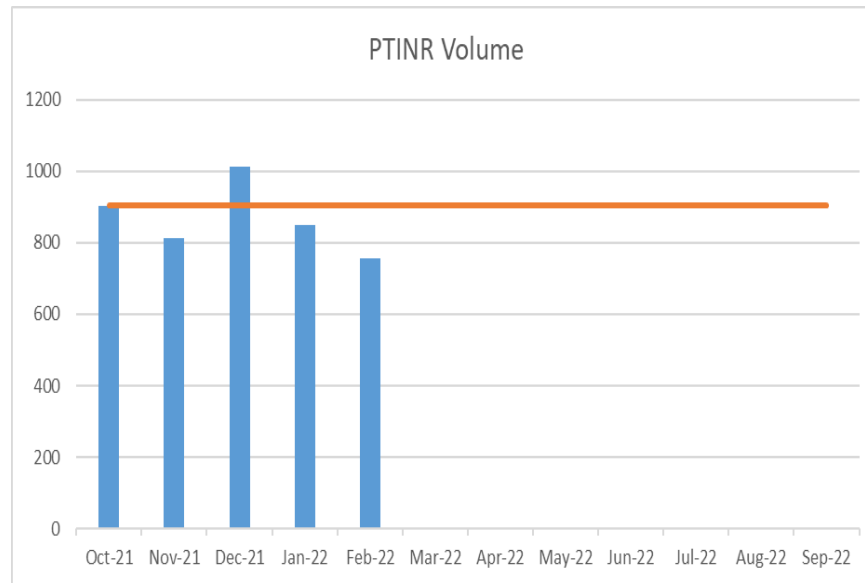
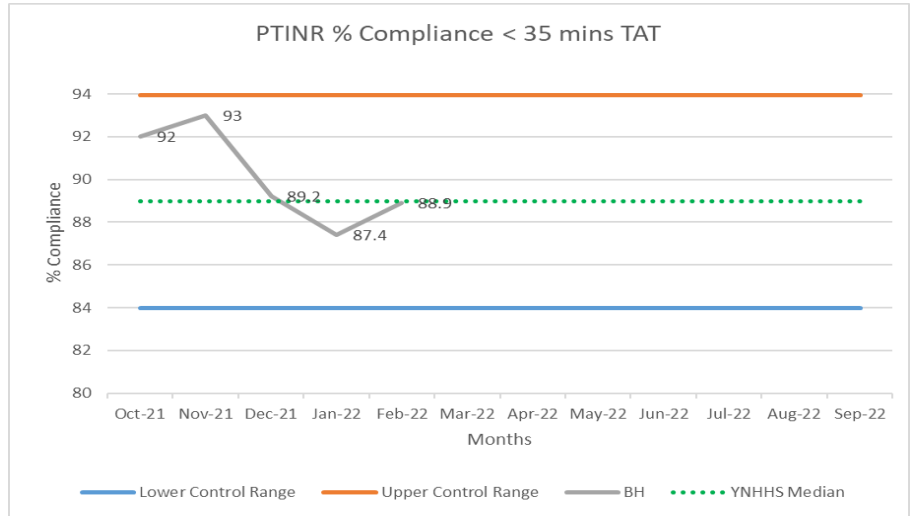
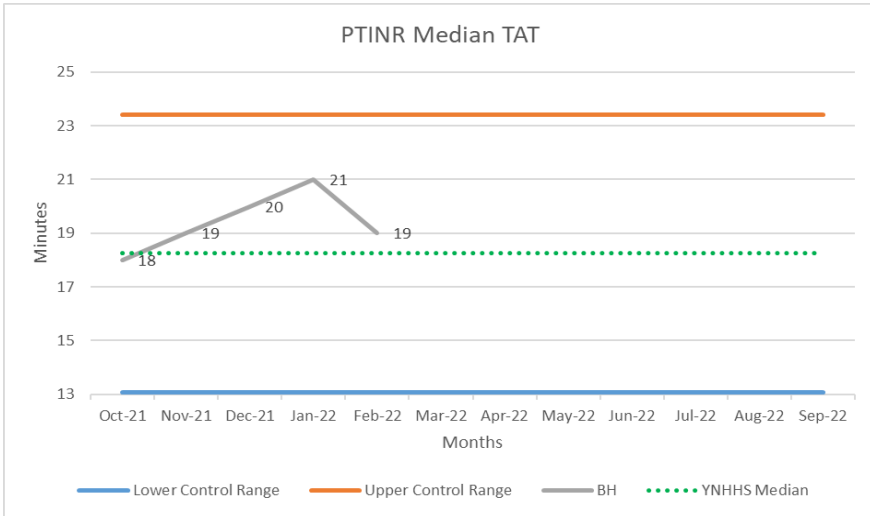
Bridgeport Campus – Complete Blood Count (CBC) ED TAT



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 = 110 #with cytology ordered =45	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
Critical values called to pedi within 15 min	100% compliance	0	EPIC	100%	100%		K. Castillo	

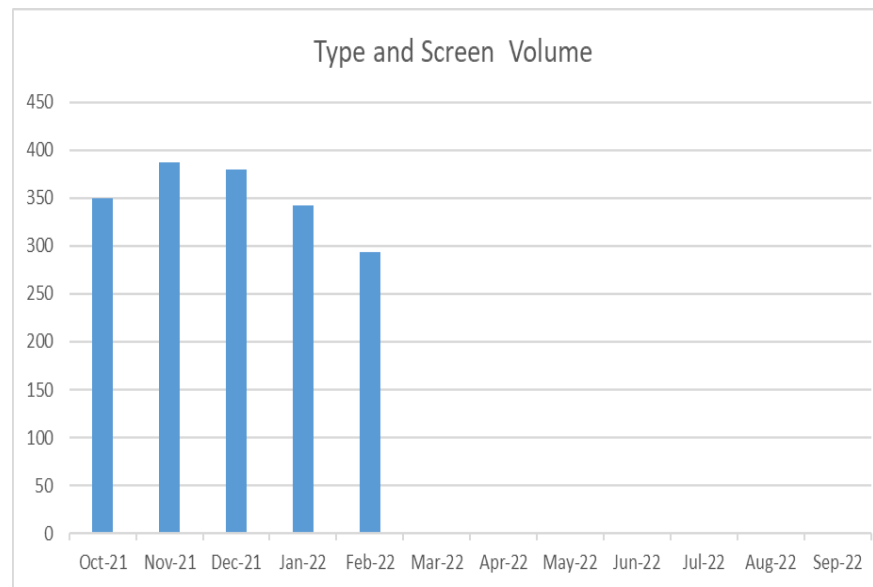
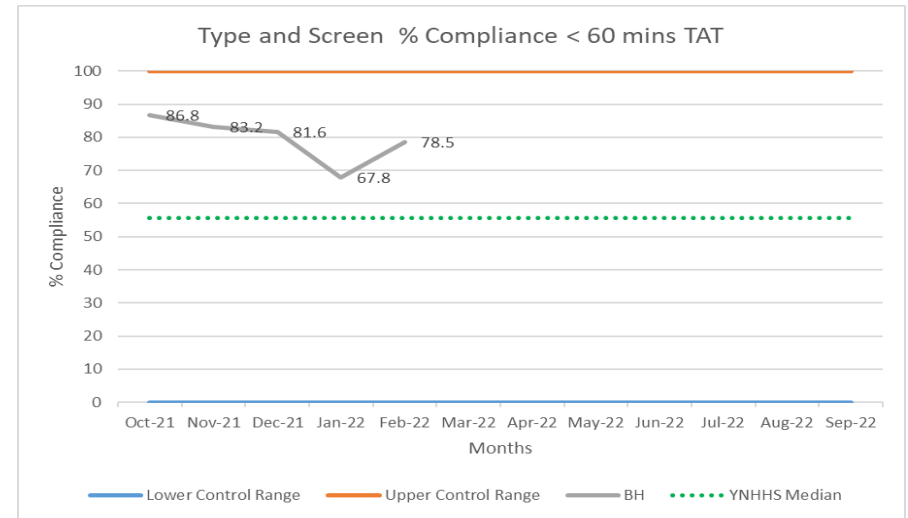
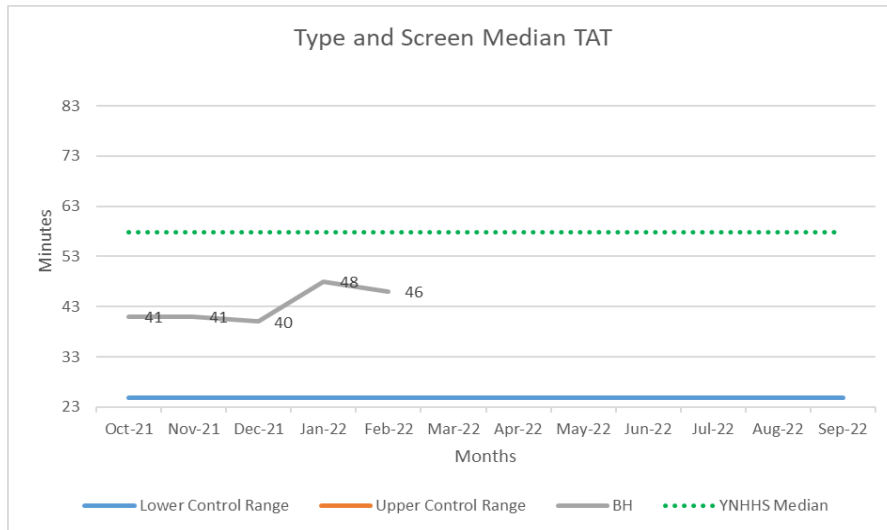
Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Manually entered results match worksheets	100% compliance	30	EPIC	100%	100%		K. Castillo	

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	3	EPIC	100%	100%		K. Castillo	

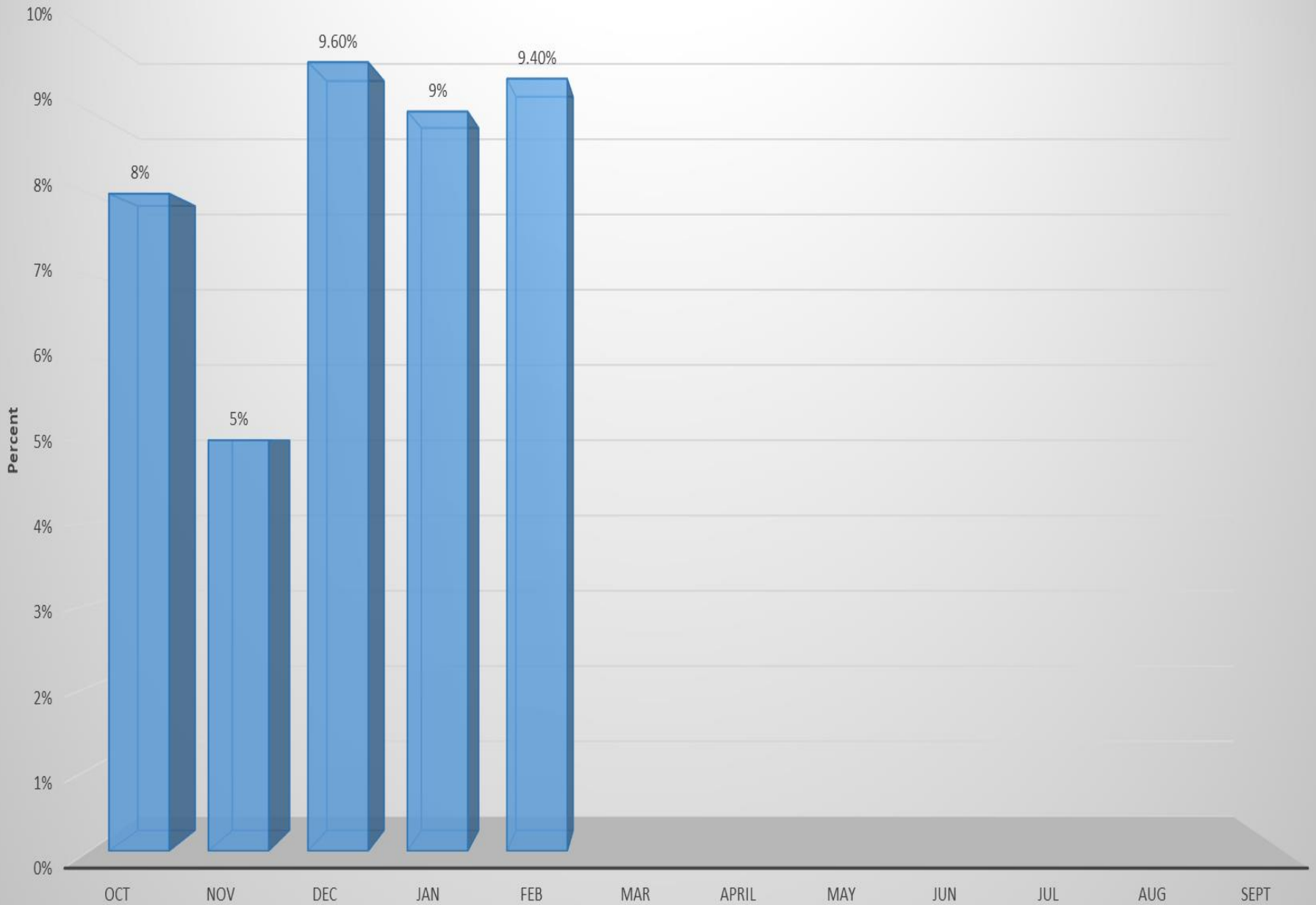
Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Critical Values are called to care giver and documented properly	100% compliance	10	EPIC	100%	100%		K. Castillo	

Corrected reports:
 Total corrected Reports =15
 Data entry error – 1
 Specimen too old-1
 Mislabeled -1
 Comment added- 7
 Test added on-5

Bridgeport Campus – Type and Screen ED TAT

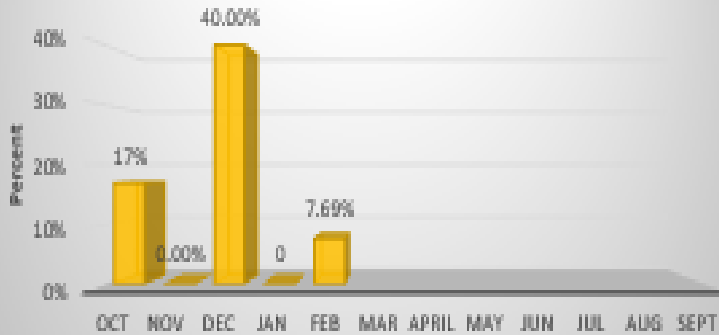


2022 Overall Wastage Bridgeport Campus

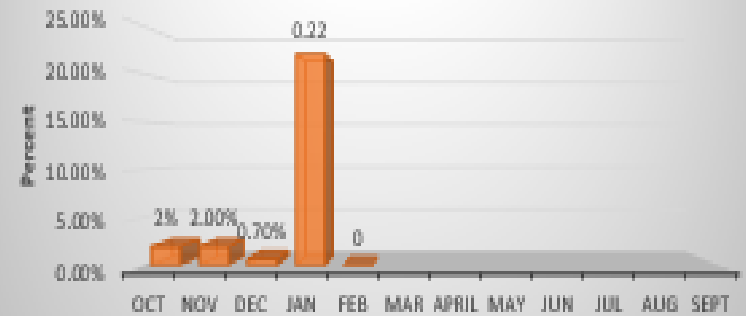


Wastage By Blood Components 2022 - Bridgeport Campus

CRYO

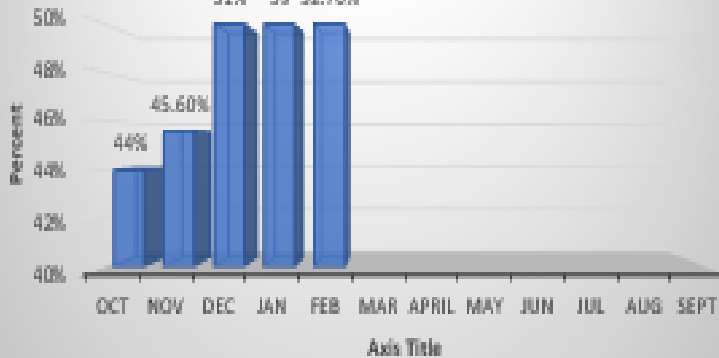


RBC



Total Amount \$118,216.64

PLT

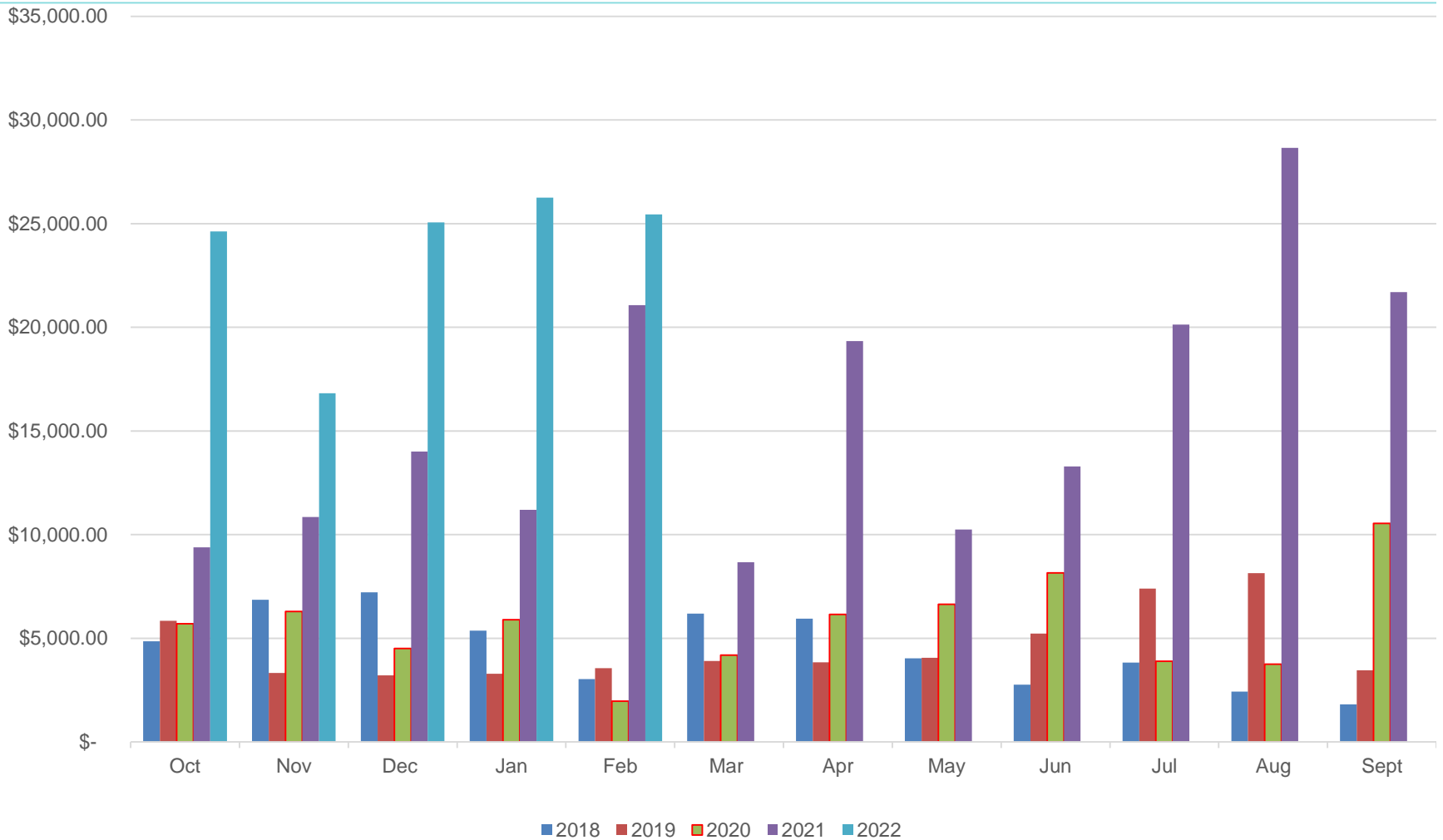


FFP



	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>
# of Products Used	688	522	492	547	481							
# of Products Wasted	52	26	52	55	48							

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

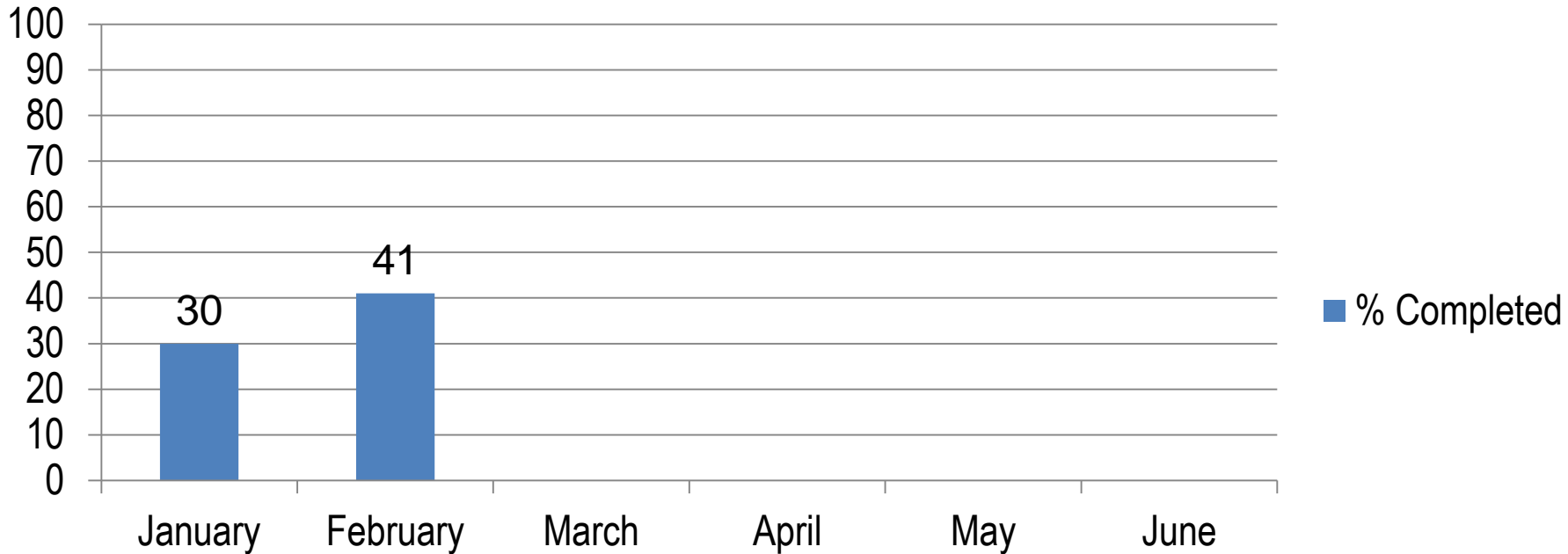


Bridgeport Campus – 2021 Point of Care Performance Report Summary

MONTH	Threshold	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
HbA1c Documentation errors/ omissions	0 errors	7	5	8	0	2								2 errors: >15 documented as >16 lot number entered into result field
		N=108	N=99	N=119	N=46	N=179								
# of i-STAT codes / # of cartridges run		18 / 445	18 / 347	6/227	11/336	14/335								Below threshold - 8 of 14 codes were instrument errors - ran conditioner on two of the instruments on 2/21/22 No operator issues identified
i-STAT Quality Check Codes	<5.0%	4.0%	5.2%	2.6%	3.3%	4.2%								

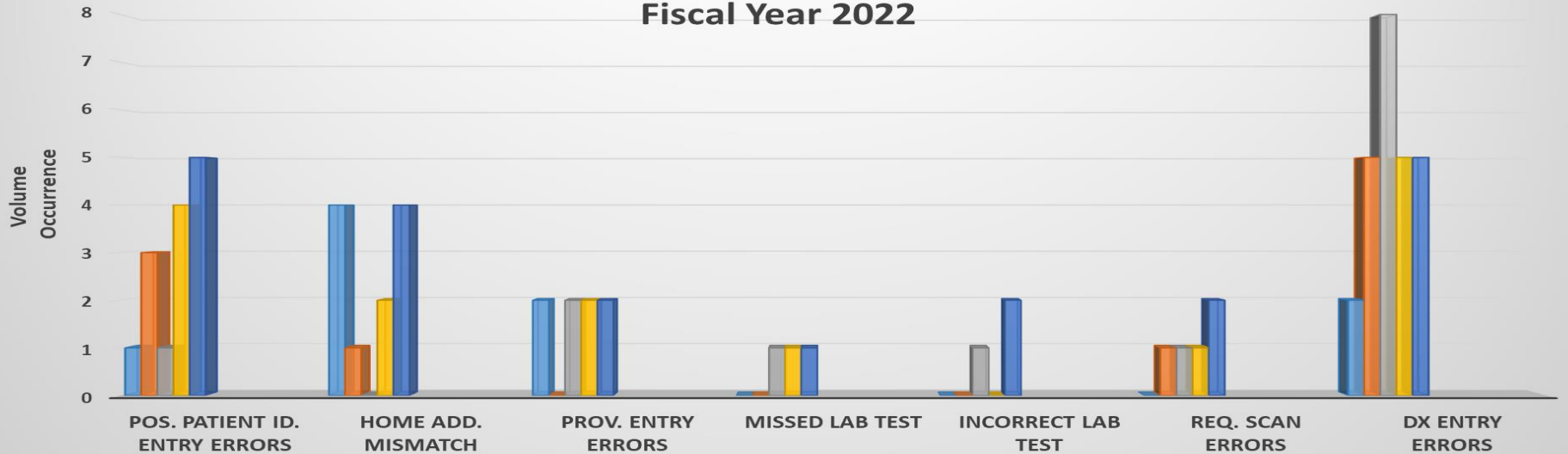
Bridgeport Hospital Laboratory CAP Competency Completions January 2022 – June 2022

Goal 100%



Completed						
Total	82/273	124/299				
% Completed	30%	41%				

Test Requisition QI Monitoring Check Vol. Occurrence Milford Draw Station (40 Commerce Park, MFD., CT.) Fiscal Year 2022



	Pos. Patient ID. Entry Errors	Home Add. Mismatch	Prov. Entry Errors	Missed Lab Test	Incorrect Lab Test	Req. Scan Errors	Dx Entry Errors
OCT 2021	1	4	2	0	0	0	2
NOV 2021	3	1	0	0	0	1	5
DEC 2021	1	0	2	1	1	1	8
JAN 2022	4	2	2	1	0	1	5
FEB 2022	5	4	2	1	2	2	5
MAR 2022							
APR 2022							
MAY 2022							
JUNE 2022							
JULY 2022							
AUG 2022							
SEPT 2022							

■ OCT 2021 ■ NOV 2021 ■ DEC 2021 ■ JAN 2022 ■ FEB 2022 ■ MAR 2022
■ APR 2022 ■ MAY 2022 ■ JUNE 2022 ■ JULY 2022 ■ AUG 2022 ■ SEPT 2022

Pos. Patient ID for Pat. :

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

Prov. Error: Missing / different Provider from requisition listing (i.e. "CC"etc.)

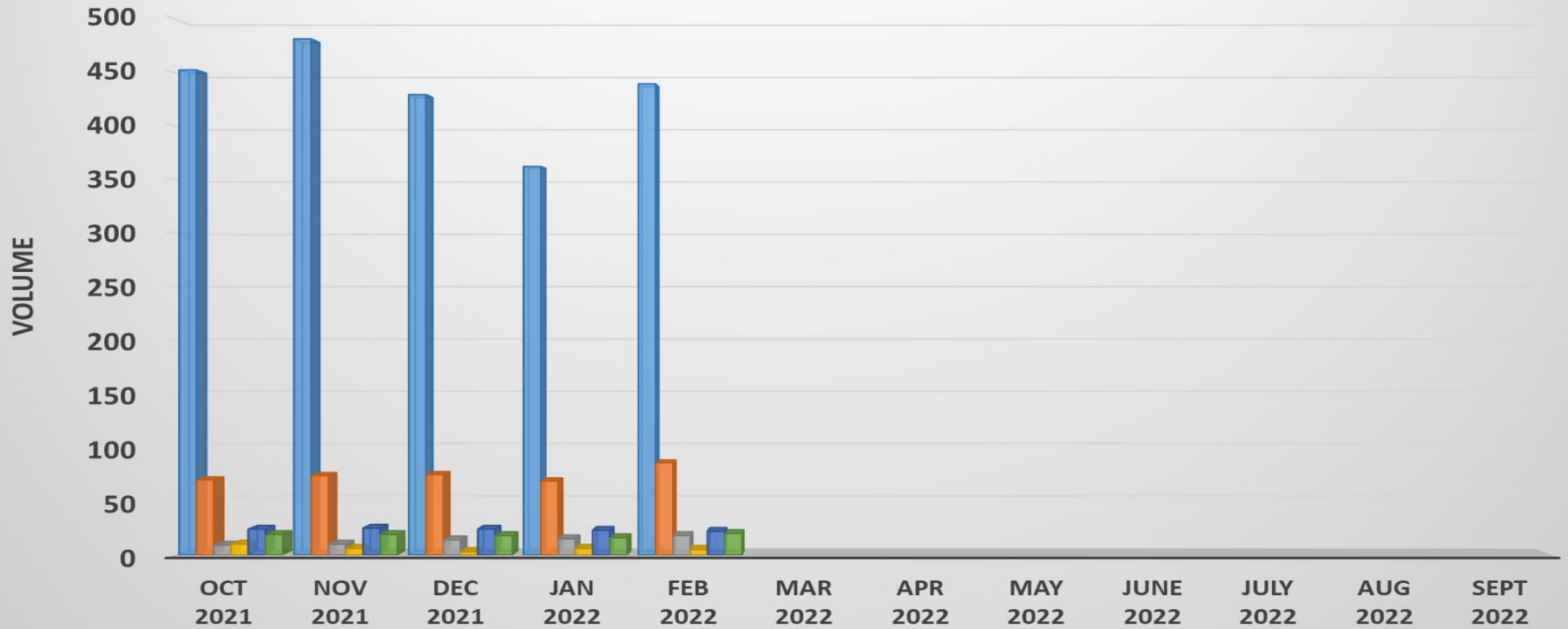
Missed Lab Test: Test on requisition; not ordered in EPIC

Incorrect Lab Test: EPIC ordered test different from Requisition

Req. Scan Error: Requisition NOT saved or scanned incorrectly.

Dx Errors: One or more requisition Dx Not listed in EPIC for visit.

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



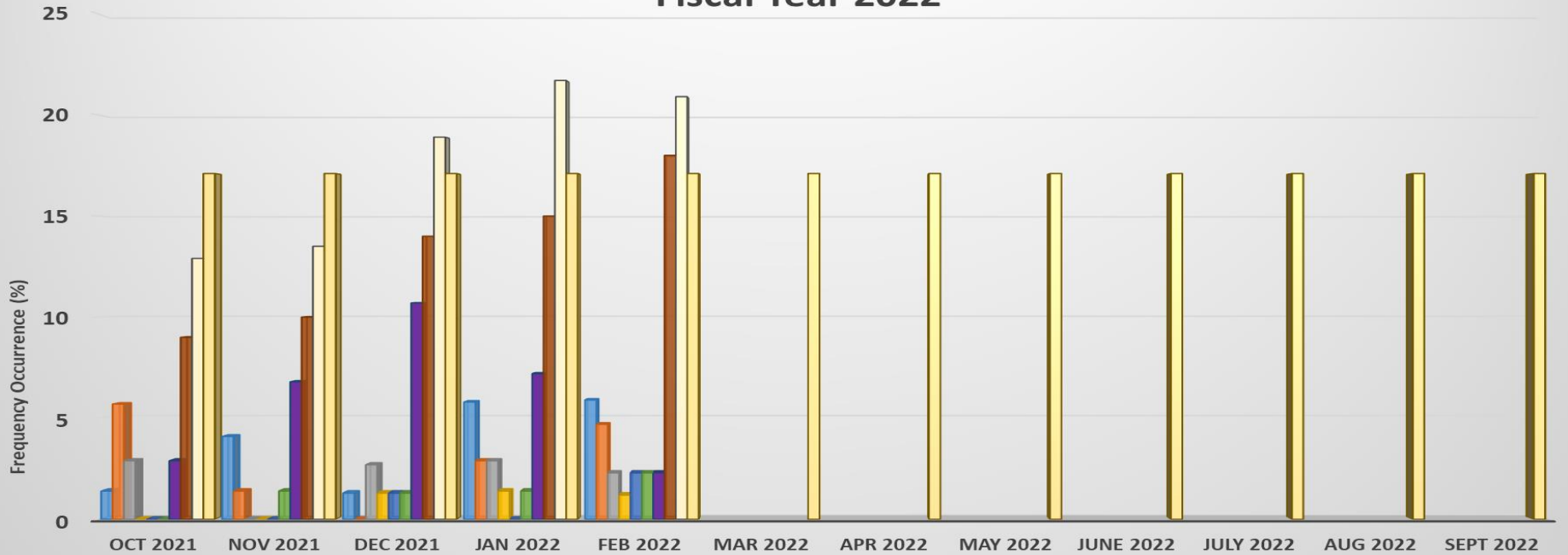
	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUNE 2022	JULY 2022	AUG 2022	SEPT 2022
■ Tot. Patient Volume	452	481	429	362	439							
■ # of Req. Reviewed	70	74	75	69	86							
■ Mnthly Errors	9	10	14	15	18							
■ EPIC Prov. Entry	10	6	3	6	5							
■ # of Business Days/month	24	25	24	23	22							
■ Est. Ave. Patients per day	19	19	18	16	20							

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

Lab Requisition QC Data Entry Error Rate (%)

Milford Draw Station (40 Commerce Park, MFD., CT)

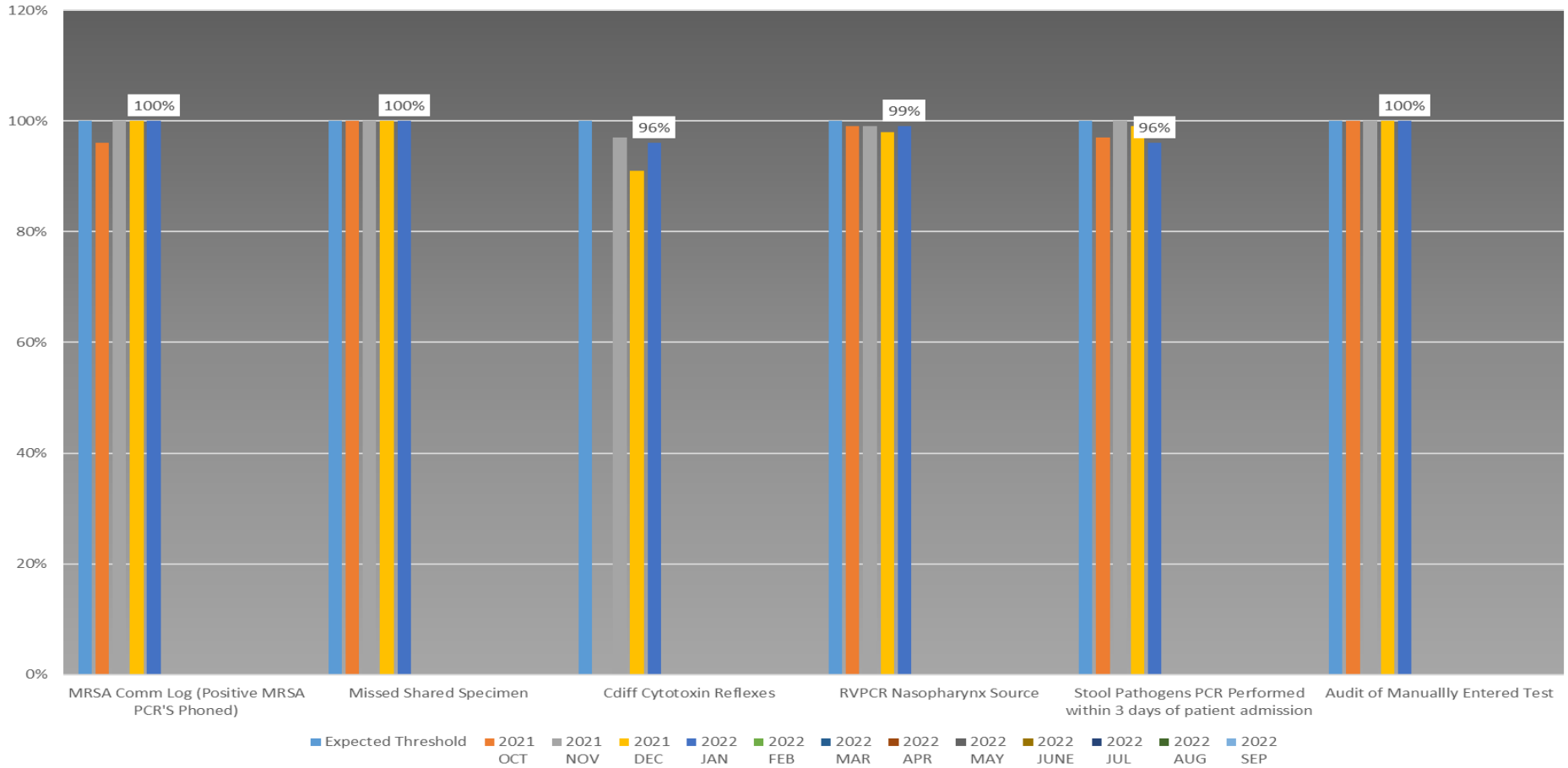
Fiscal Year 2022



	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUNE 2022	JULY 2022	AUG 2022	SEPT 2022
Pos. Pat. ID Mismatch (%)	1.4	4.1	1.3	5.8	5.9							
Home Add. Mismatch (%)	5.7	1.4	0	2.9	4.7							
Prov. Entry Error (%)	2.9	0	2.7	2.9	2.3							
Missed Lab Test (%)	0	0	1.3	1.4	1.2							
Incorrect Lab Test (%)	0	0	1.3	0	2.3							
Req. Scan Error (%)	0	1.4	1.3	1.4	2.3							
Dx Entry Error (%)	2.9	6.8	10.7	7.2	2.3							
Total Errors (as # of Occ.)	9	10	14	15	18							
Total Error Rate 2022 (%)	12.9	13.5	18.9	21.7	20.9							
Ave Error Rate Calen. 2021 (%)	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1

Pos. Pat. ID Mismatch (%)	Home Add. Mismatch (%)	Prov. Entry Error (%)
Missed Lab Test (%)	Incorrect Lab Test (%)	Req. Scan Error (%)
Dx Entry Error (%)	Total Errors (as # of Occ.)	Total Error Rate 2022 (%)
Ave Error Rate Calen. 2021 (%)		

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								

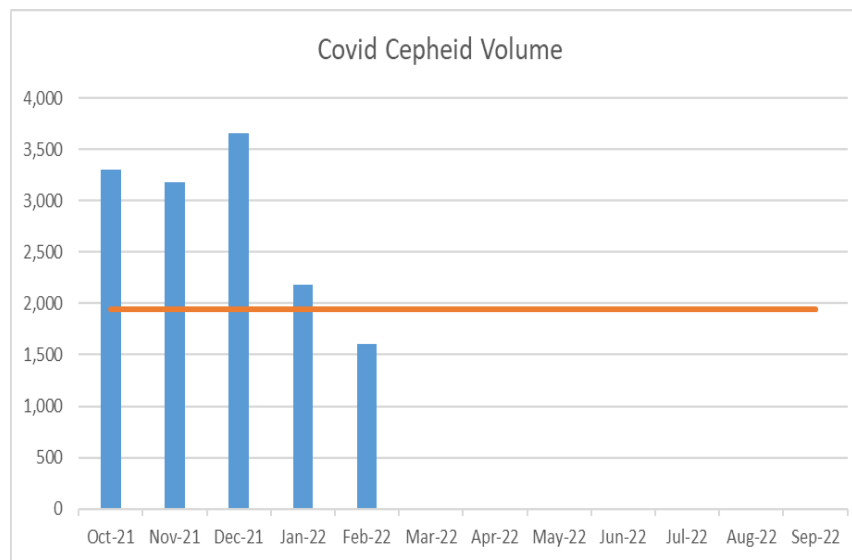
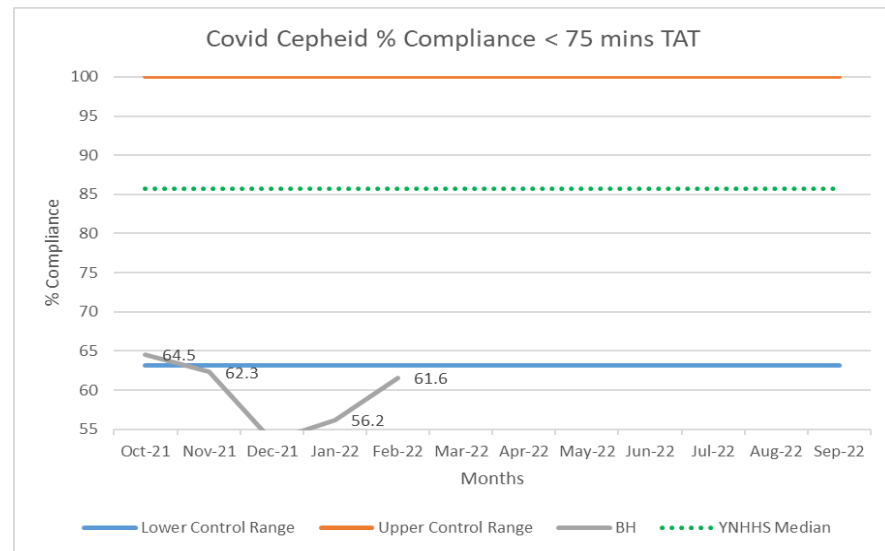
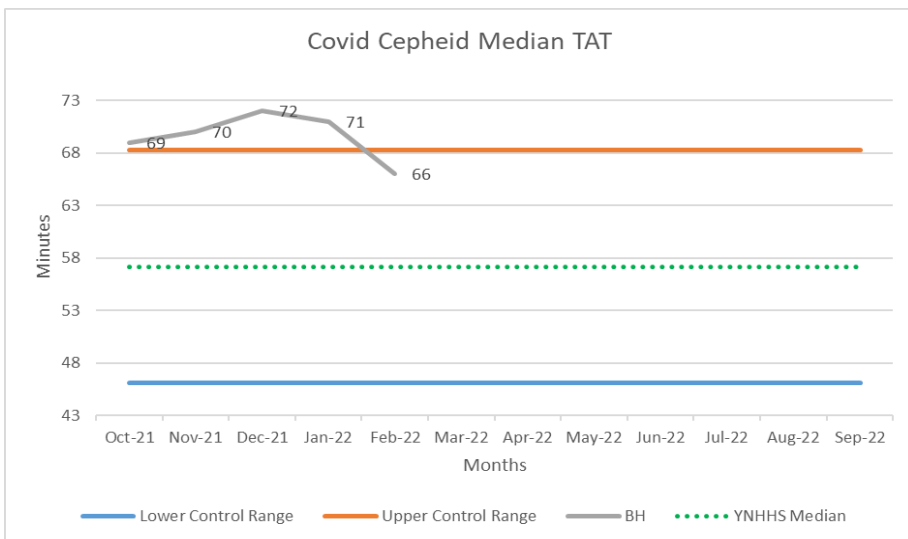
October Errors: Manual transcription of instrument results (RSV tests being run on Resp Panel, H pylori Breathtek), Repeat testing of suspicious results (Positive flus on Resp Panel not being confirmed by Cepheid)

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

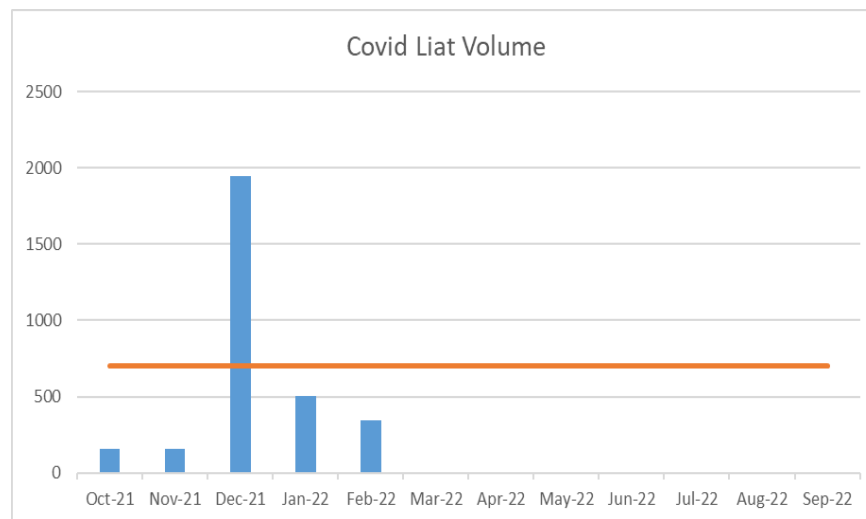
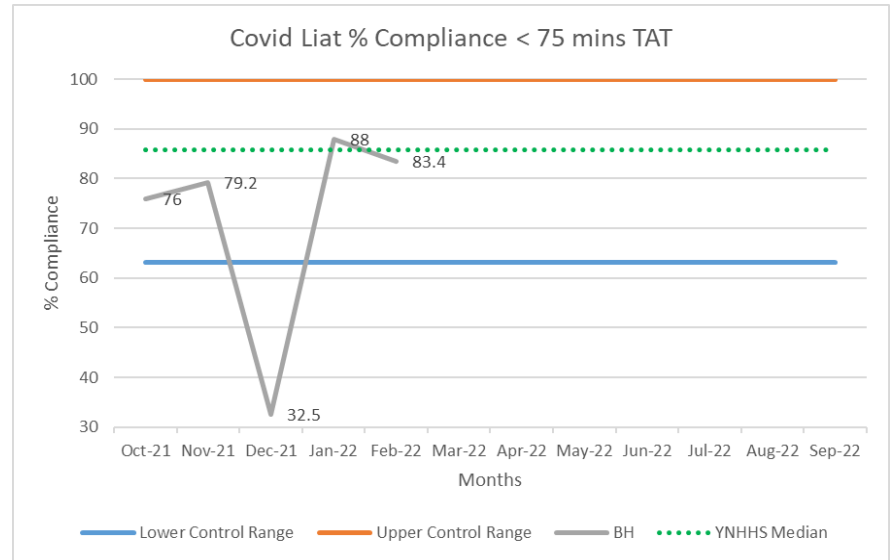
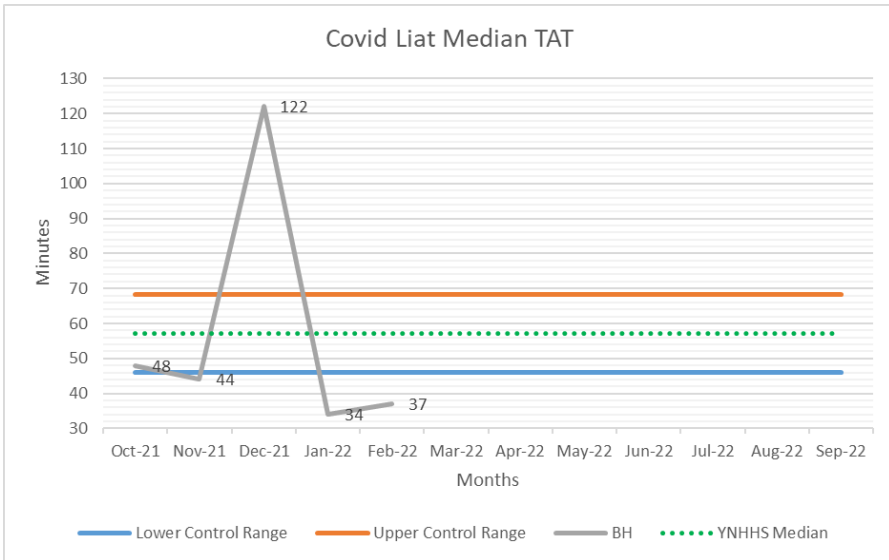
December Errors: None

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.

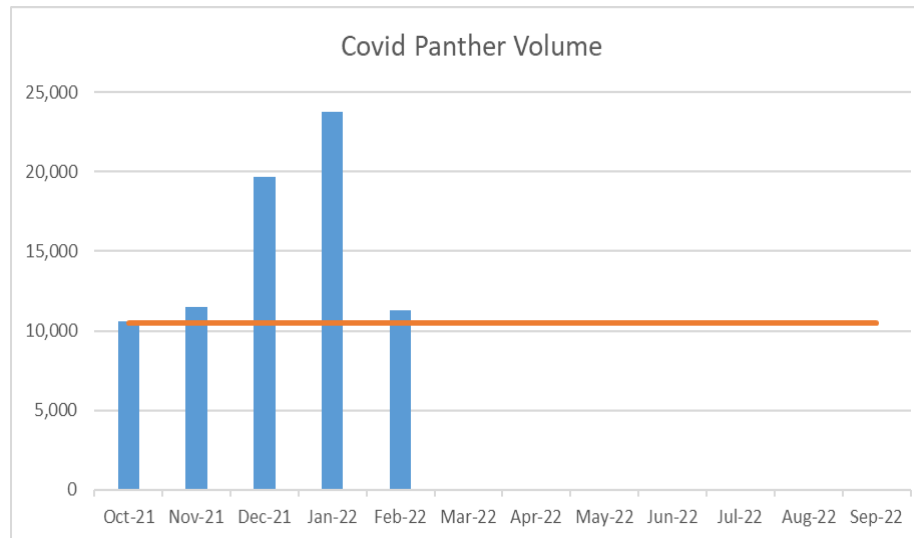
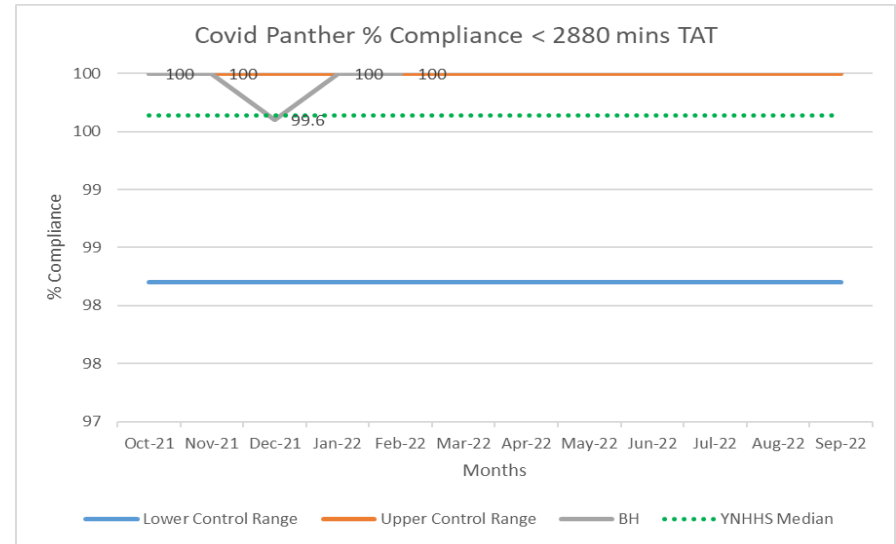
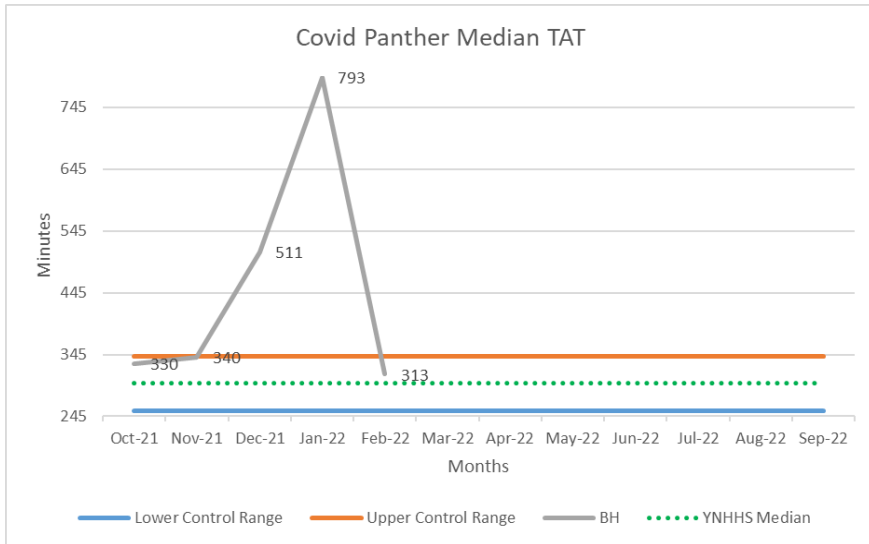
Bridgeport Campus – COVID-19 Cepheid



Bridgeport Campus – COVID Liat



Bridgeport Campus – COVID-19 Panther



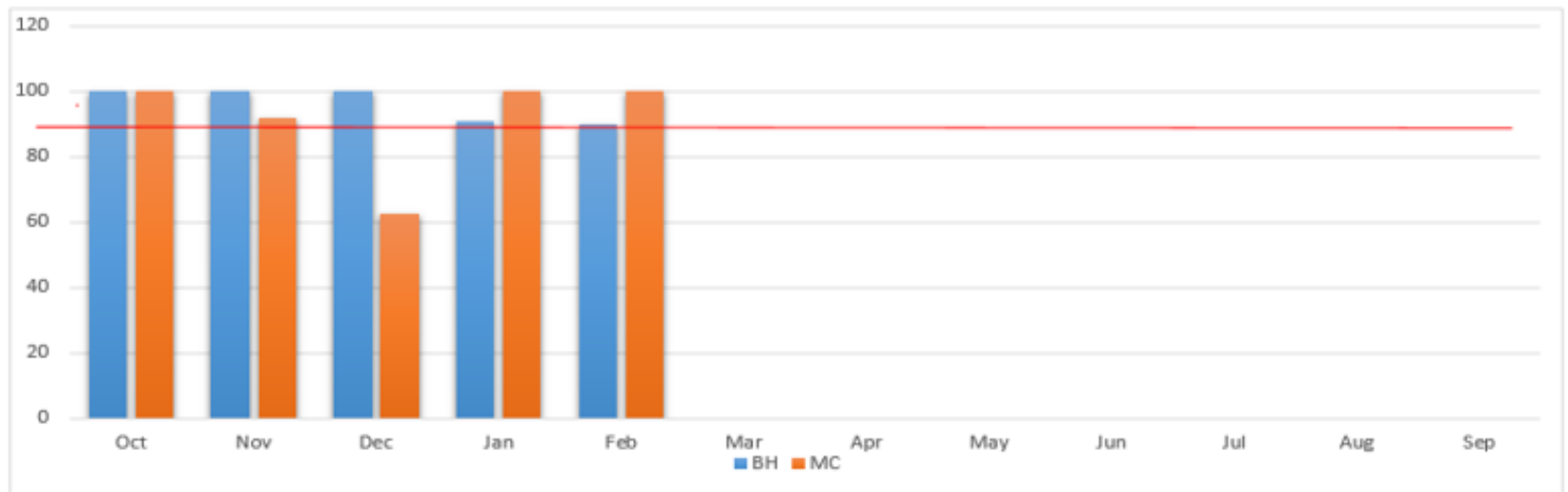
Bridgeport Campus – Molecular Contamination Review

Date	Tests	Sample size	% Positivity	Derived Baseline	Environment Monitoring	Physician Feedback	Epidemiological Trends	Evaluation Notes	Corrective Action (if needed)	Reviewed
Feb-22	SARS CoV-2 (COVID-19) RNA	13,732	7.80%	0-17%	Negative	None	Covid rates receding	None	None	MW 3/17/22
Feb-22	MRSA/SAUR Blood PCR	32	40.60%	24.6-40.5%	Negative	None	None	Slightly higher than baseline, rates consistent with blood culture contamination rates	None	MW 3/17/22
Feb-22	Influenza A/B RNA, NAAT	564	5.70%	0-8.1%	Negative	None	None	None	None	MW 3/17/22
Feb-22	Influenza/RSV	1,522	1.40%	0-7.0%	Negative	None	None	None	None	MW 3/17/22
Feb-22	MRSA Colonization Status	181	13.80%	2.9-18.8%	Negative	None	None	None	None	MW 3/17/22
Feb-22	MTB	1	100%	0-100%	Negative	None	None	None	None	MW 3/17/22
Feb-22	GBS	88	29.50%	14.5-33.3%	Negative	None	None	None	None	MW 3/17/22
Feb-22	GBS PennAllergic	12	25%	4.3-50.3%	Negative	None	None	None	None	MW 3/17/22
Feb-22	Strep A	78	15.40%	4.6-22.4%	Negative	None	None	None	None	MW 3/17/22
Feb-22	HSV	18	16.70%	0-62.1%	Negative	None	None	None	None	MW 3/17/22
Feb-22	Chlamydia	600	4.50%	3.1-6.0%	Negative	None	None	None	None	MW 3/17/22
Feb-22	Gonorrhoeae	602	1.80%	1.1-3.4%	Negative	None	None	None	None	MW 3/17/22
Feb-22	Stool Pathogens	96	16.70%	0-19.5%	Negative	None	None	None	None	MW 3/17/22
Feb-22	Respiratory Panel	86	22.10%	0-59.9%	Negative	None	None	None	None	MW 3/17/22

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 9/10 surveys	90%	91%	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 1/1 surveys	100%	100%			

**CAP PT Evaluation Completion TAT within 30 days
Benchmark 90%**

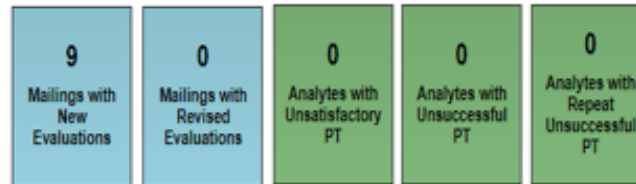
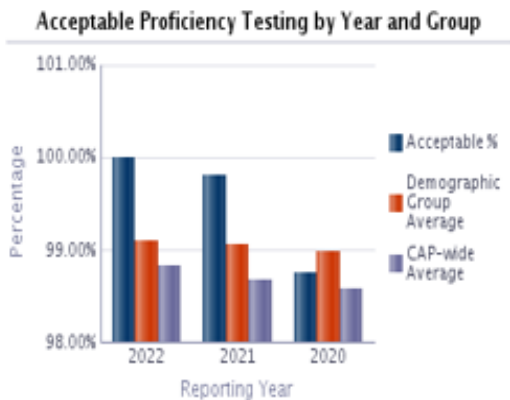


Lab General - Bridgeport

Proficiency Testing Performance BC	98%	58/58 analytes	100%	99%	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



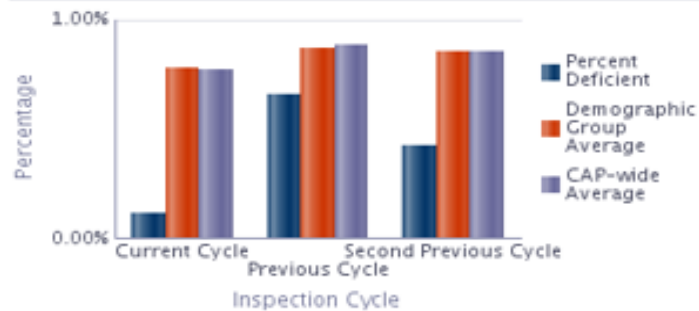
Reporting Year	Acceptable %	Demographic Group Average ?	CAP-wide Average
2022	100.00%	99.09%	98.83%
2021	99.81%	99.06%	98.67%
2020	98.76%	98.99%	98.58%

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

Accreditation Performance Overview ?

Select View: Data ▼

Period Name	Percent Deficient	Demographic Group Average ?	CAP-wide Average
Current Cycle	0.11%	0.77%	0.77%
Previous Cycle	0.65%	0.86%	0.89%
Second Previous Cycle	0.42%	0.86%	0.85%

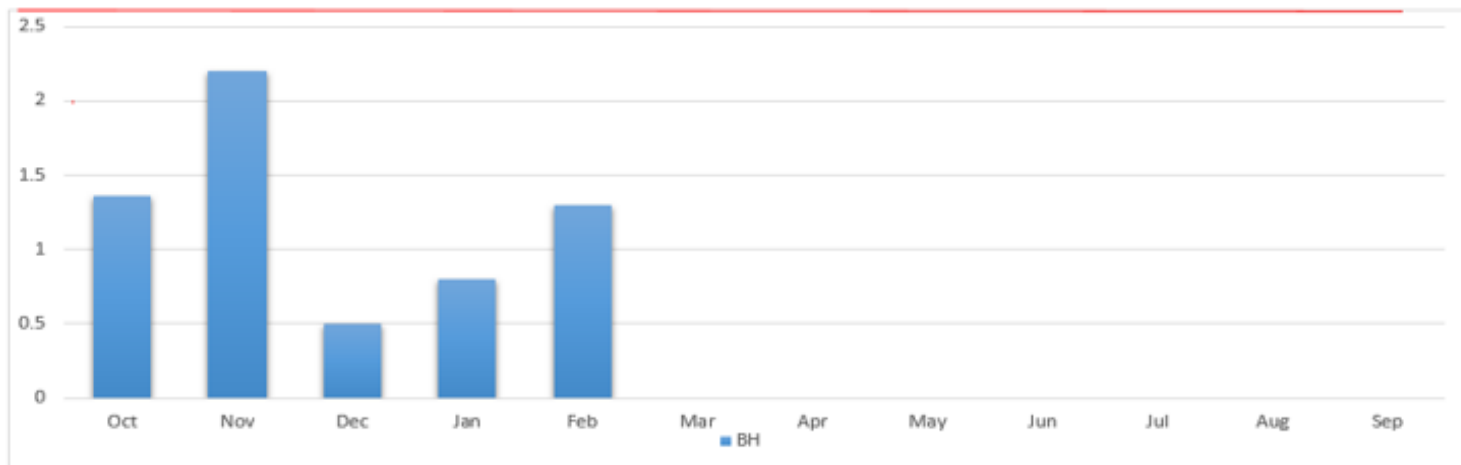
Last Accreditation Decision	Date
Accredited	3/8/2021

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

Lab General - Bridgeport

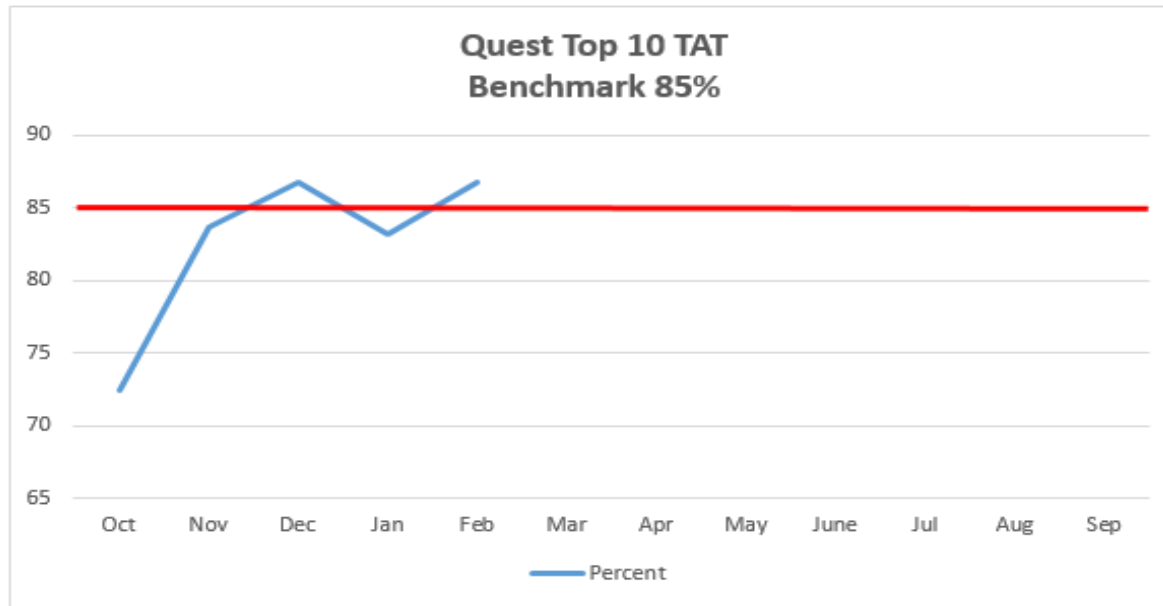
Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible
BC Lab Corrected/amended reports	<2.7/10,000 tests	174,513 tests	1.3 Per 10,000 results (0.13%)	0.79 (0.007%)	Corrected reports can lead to adverse patient outcomes	None needed benchmark met	Laboratory administration

Corrected Reports per 10,000 test results
Benchmark <2.7



Lab General - Bridgeport

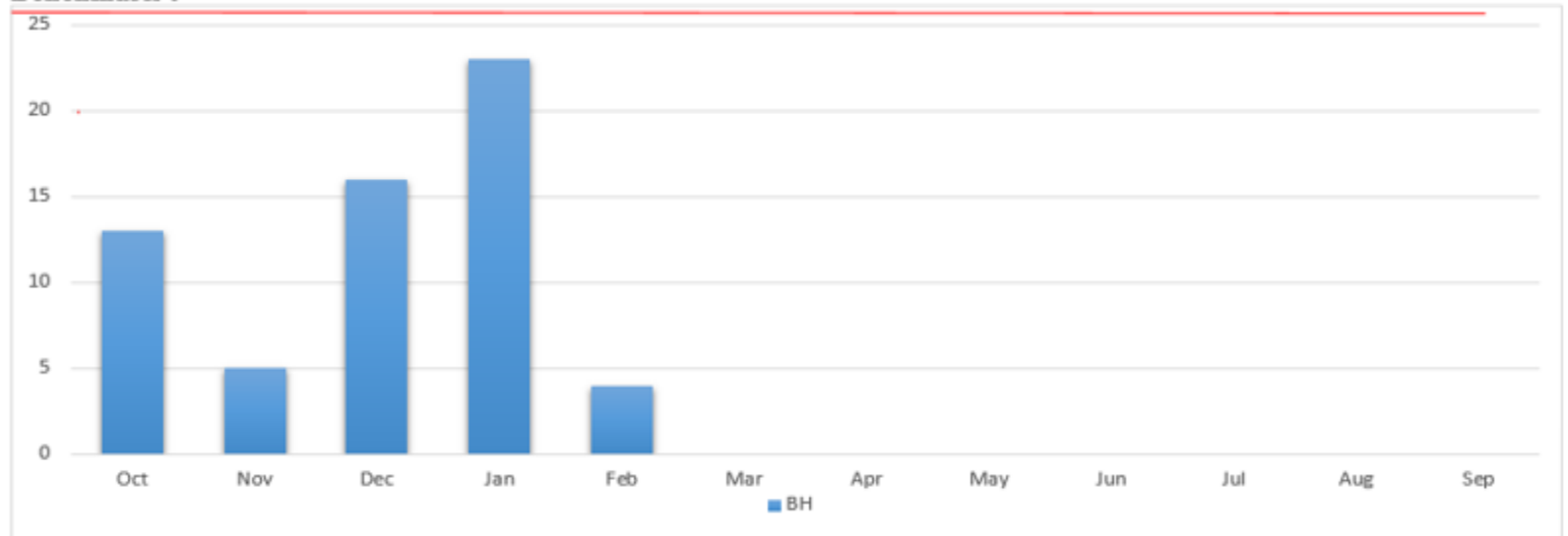
Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up
Quest TAT Top 10 tests by volume	85% On time	429 tests	86.7%	83.2%	Can cause delays in patient treatment/therapy	Exceeded benchmark Target was lowered to 85% in FY21 Continue increasing test sent to YH and bringing some sendouts inhouse.



Lab General - Bridgeport

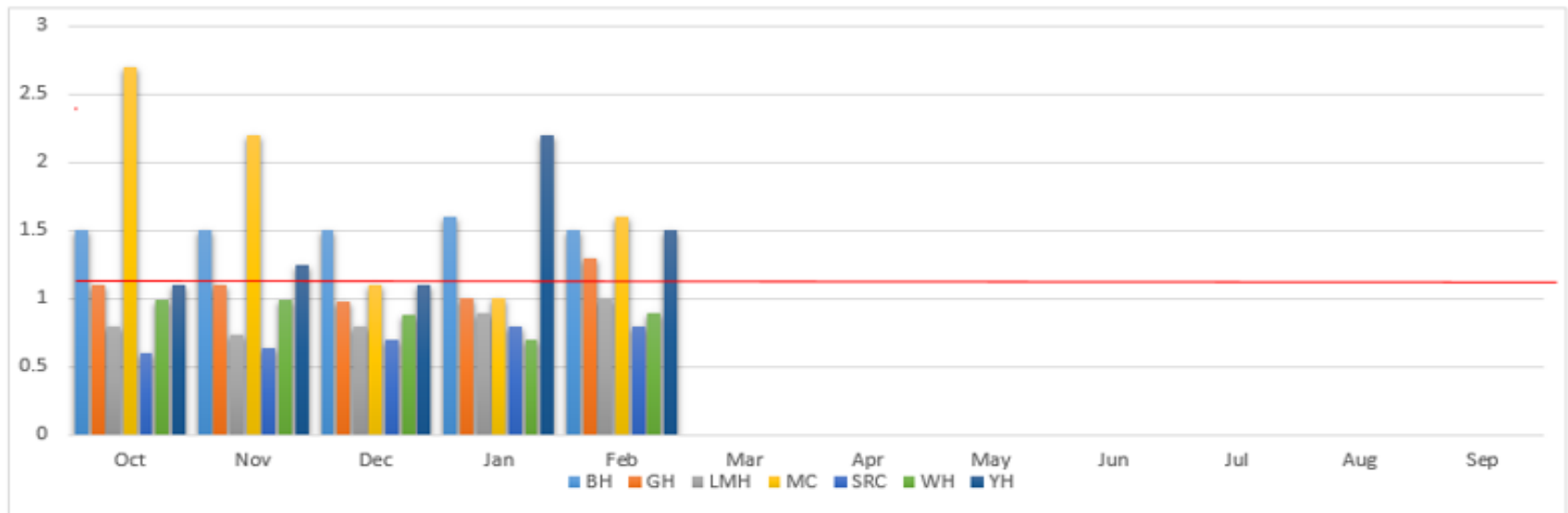
Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible Staff
Nonconforming events BC	0	174,513 tests	4 events	23	Yes, patient redraws were requested	Outreach and lab management continue to work on resolving events thru staff education 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



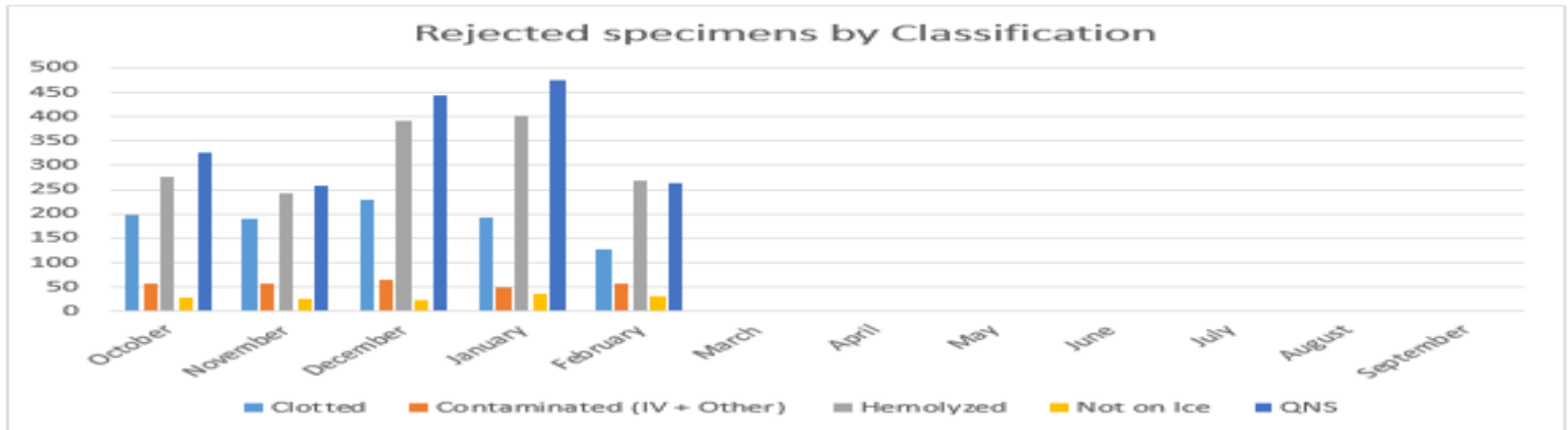
————— YNHHS Benchmark (1.0% FY22 to date)

*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
Feb	1.5	1.3	1	1.6	0.8	0.9	1.5

Laboratory General - Bridgeport

BC



	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
February	127	58	269	31	264

QNS Totals

Unit	Feb	Jan	Dec	Nov	Oct	Sep
ED	86	92	115	53	77	108
NE9	3	19	21	12	12	25
Burn Unit	0	4	7	1	0	5
NW7	13	27	57	23	34	31
WT10	12	23	28	16	17	23

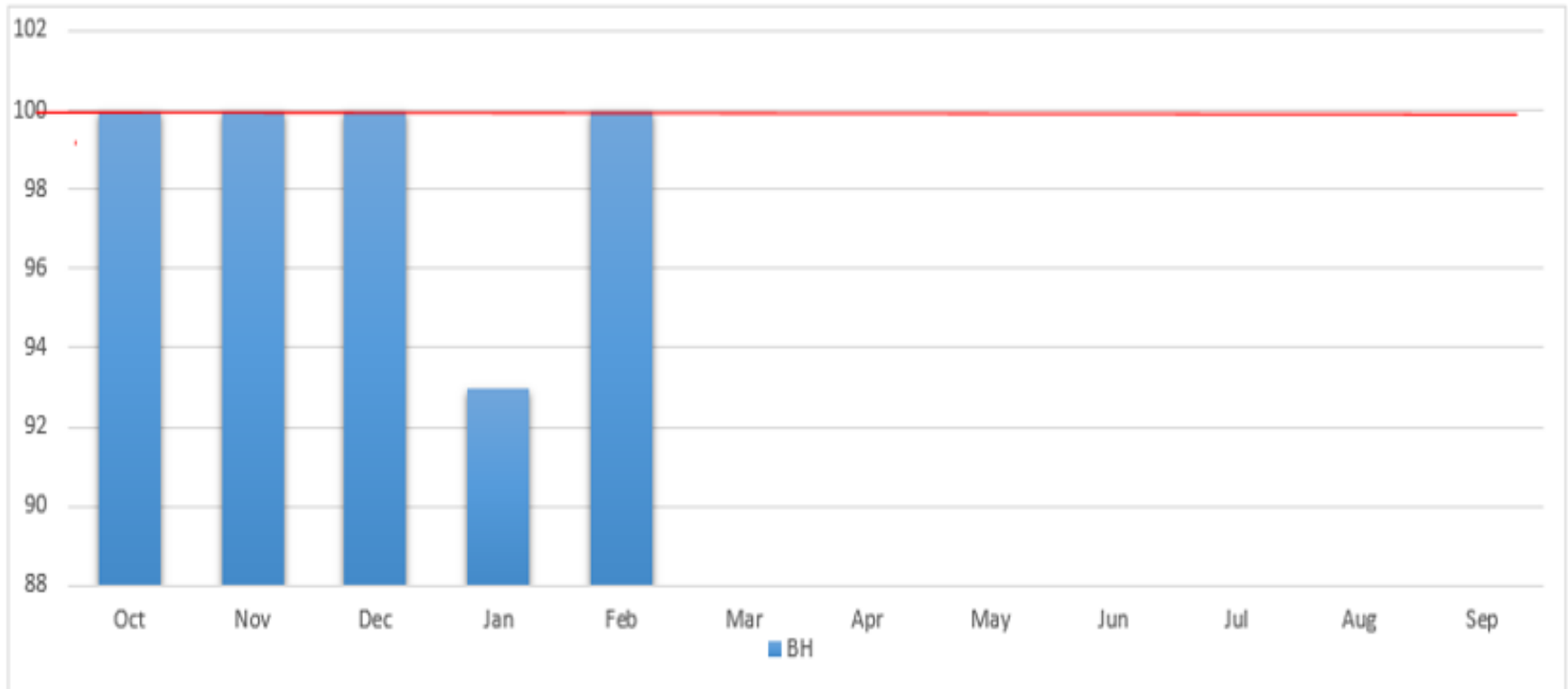
Laboratory General - Bridgeport

Events Calendar Task Completion (Both Campuses)

Target=100%

14/14 events completed

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	February	
BH	Collection Issue: Not on Ice		34	34
L&M	Collection Issue: Not on Ice		2	2
WH	Collection Issue: Not on Ice		3	3
YNHH	Collection Issue: Not on Ice		71	71
Grand Total			110	110

Select Timeframe
Last Full Month

Begin Date
5/14/2019

End Date
5/15/2019

Delivery Network
(All)

Campus
(All)

Collection Department
(All)

Rejection Classification
Collection Issue: Not o...

Specimen Type
(All)

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	8											
MICU	2.91	0	0											
NW7	1.27	1	0											
SICU	1.45	1	4											
WT10	1.73	2	1											
WT7	0.82	2	0											
WT8	1.82	1	0											

Overall Tests:

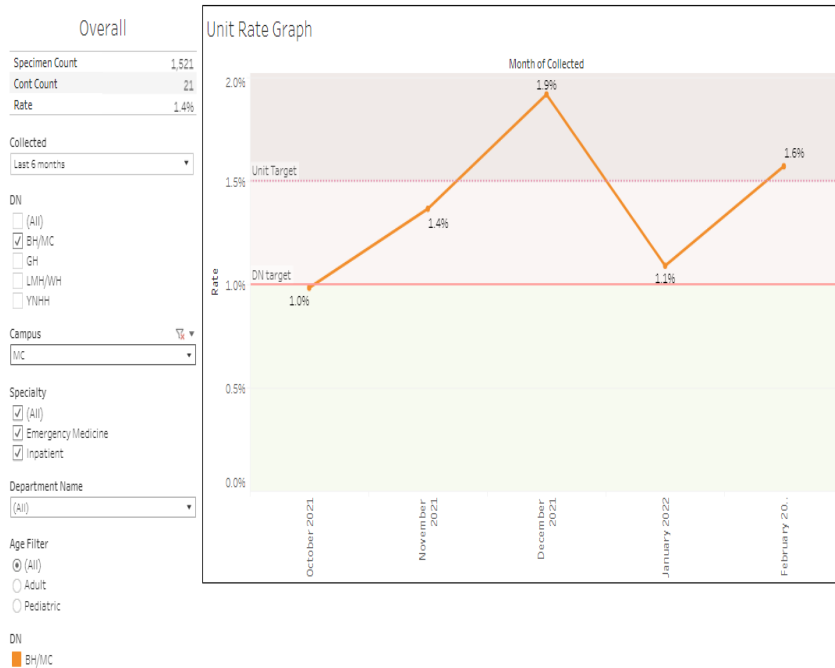
Row Labels	Count of Specimen ID
CALCIUM, IONIZED, WHOLE BLOOD	10
PTH, INTACT (BH)	8
AMMONIA	6
LACTIC ACID, WHOLE BLOOD (VENOUS) (MC)	3
ACTH (YH BH)	2
METHYLMALONIC ACID (YH BH)	2
PORPHOBILINOGEN SCREEN, URINE, RANDOM (BH GH YH)	1
HOMOCYSTEINE (BH GH YH)	1
Phosphatidylethanol (PEth), Whole Blood, Quantitative (blank)	1
Grand Total	34

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		Feb 1 - 28, 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	Ordered to Collected	Collected to Received
Troponin	18	9	19	9	19	10	9	9	22	10
Gen5 Troponin									38	6.5
BMP	20	10	18	9	20	11	27	10	18	9
CBC	18	11	16	11	21	11	22	11	16	10.5
D-dimer	13.5	12	13	11	21	12	21.5	12	15	12
PTINR	16	12	14	11	18	12	19	10	15	10
Type and Screen	16	11	16.5	11	18.5	15	15	7	17	10
COVID Cepheid	14	12	13	12	17	12	17	12	16	13

Blood Contamination Collector Rates

YaleNewHavenHealth
 Blood Contamination
 data as of: 3/21/2022 6:22:39 AM

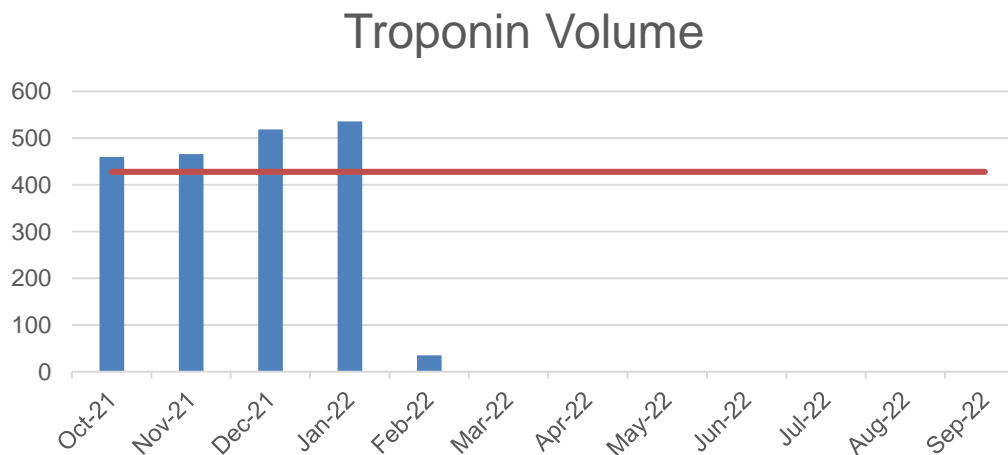
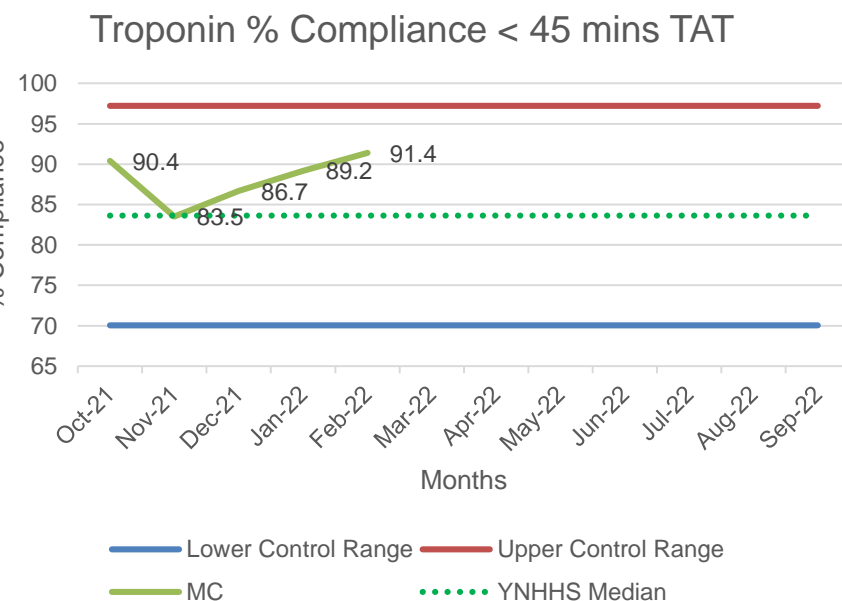
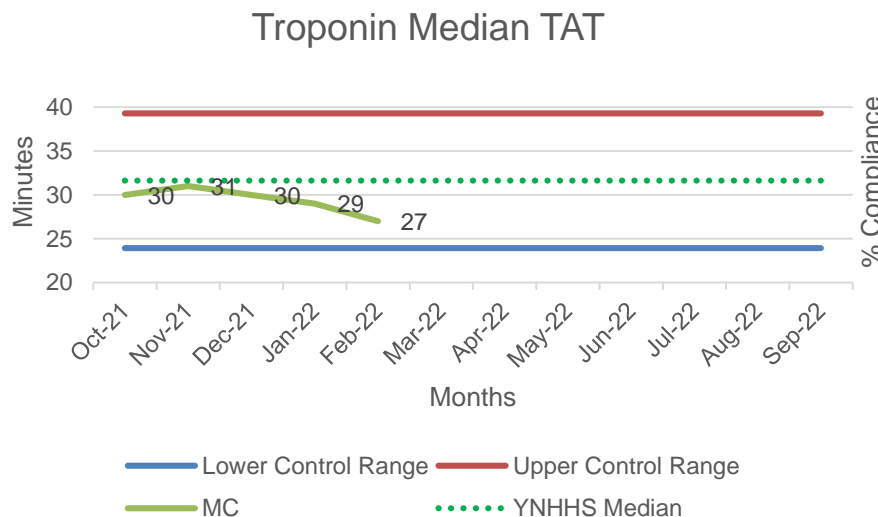


Prov Type
 Unknown

Contaminations Y/N
 no
 yes

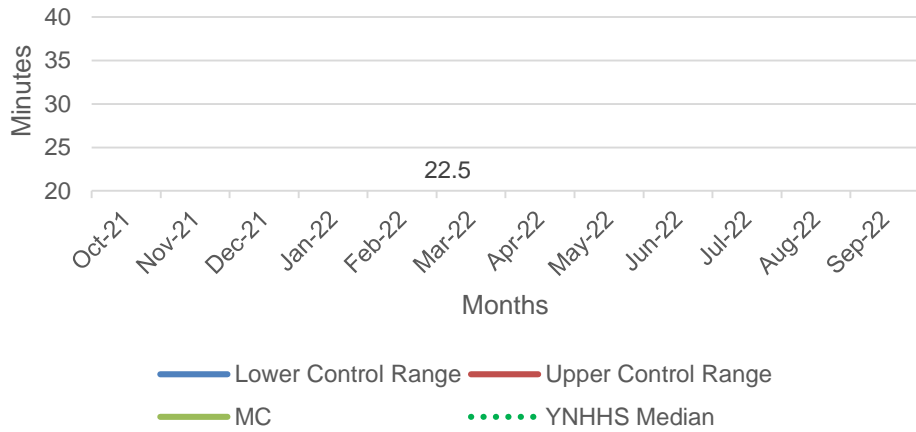
Prov Type	Month of Collected	Specimen Count	Cont Count	Rate
Unknown	October 2021	14	2	14.3%
	November 2021	45	2	4.4%
	December 2021	28	1	3.6%
	January 2022	30	1	3.3%
Unknown	February 2022	12	1	8.3%
Unknown	December 2021	24	1	4.2%
Unknown	December 2021	7	1	14.3%
		160	9	5.6%

Bridgeport Campus – Troponin ED TAT

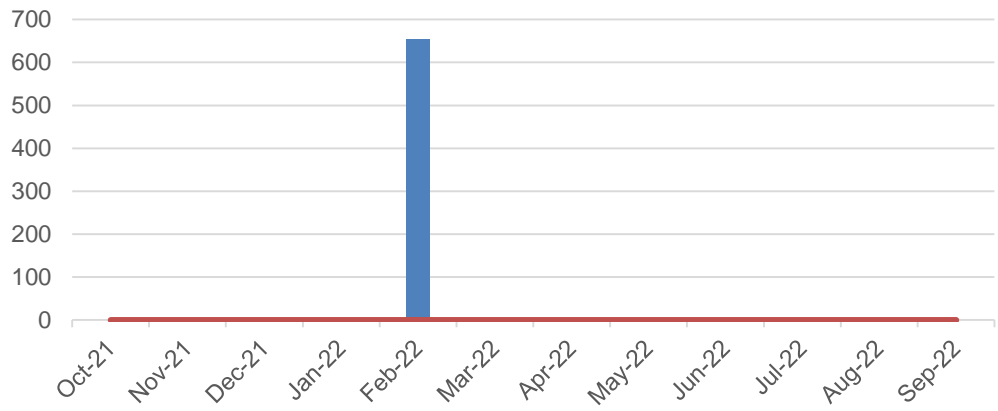


Milford Campus – Gen 5 Troponin TAT

Gen5 Troponin Median TAT

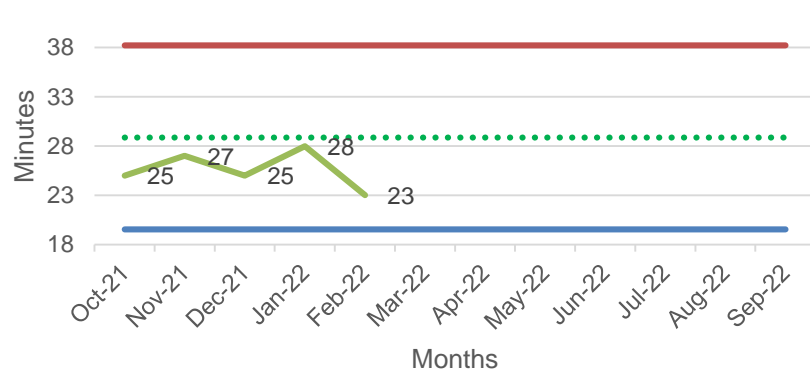


Gen5 Troponin Volume



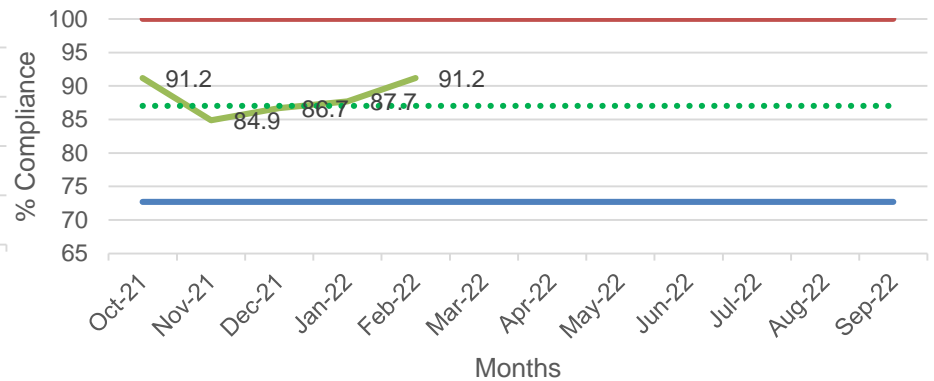
Milford Campus – Basic Metabolic Panel (BMP) ED TAT

BMP Median TAT



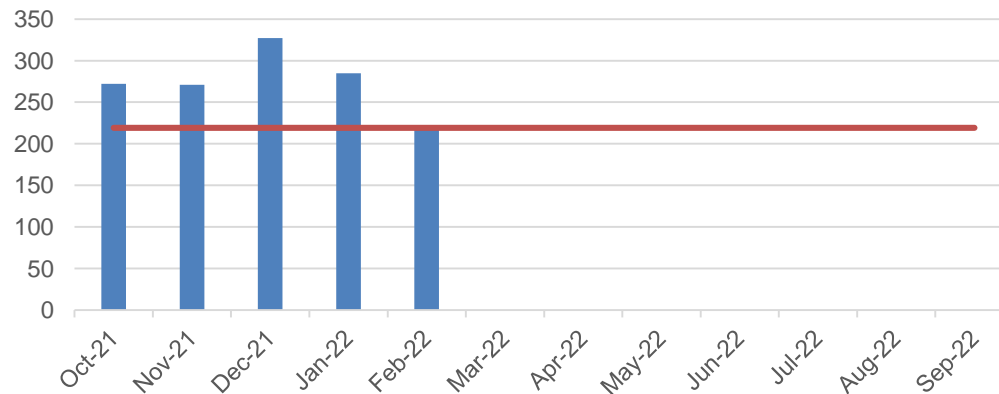
— Lower Control Range — Upper Control Range
— MC ⋯ YNHHS Median

BMP % Compliance < 45 mins TAT



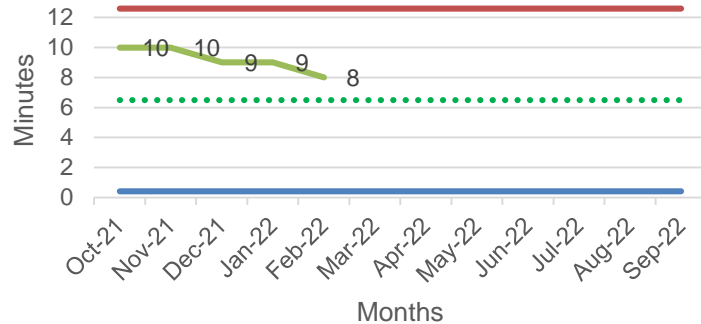
— Lower Control Range — Upper Control Range
— MC ⋯ YNHHS Median

BMP Volume



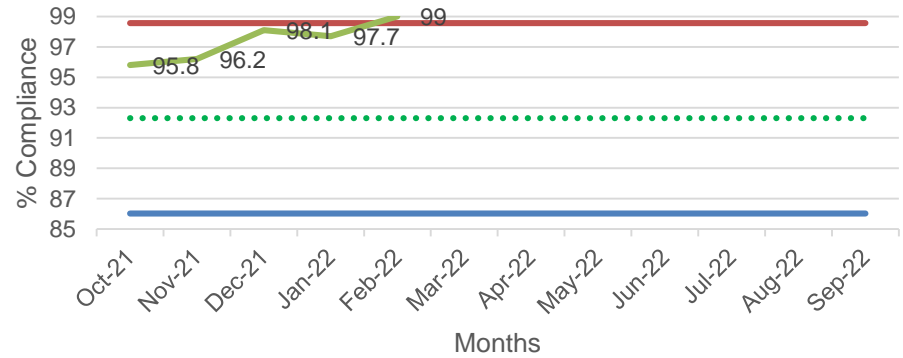
Milford Campus – Complete Blood Count (CBC) ED TAT

CBC Median TAT



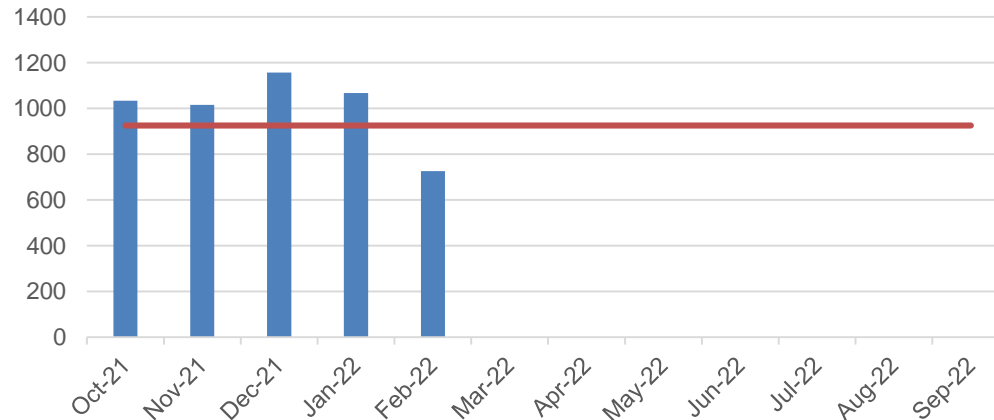
— Lower Control Range — Upper Control Range
— MC ⋯ YNHHS Median

CBC % Compliance < 35 mins TAT

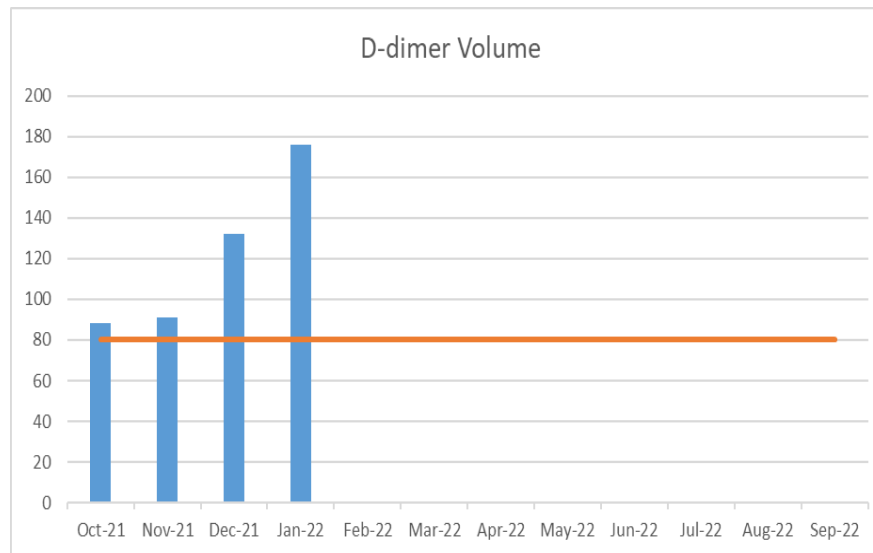
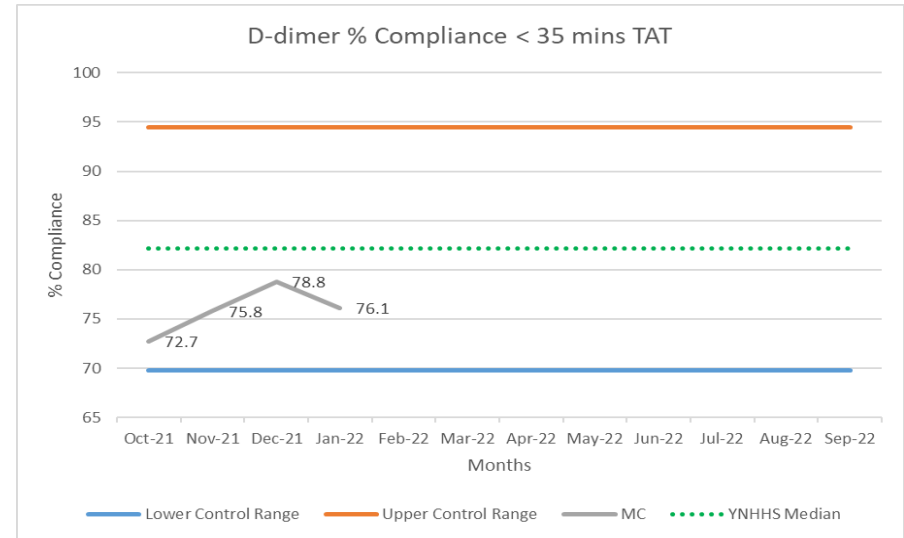
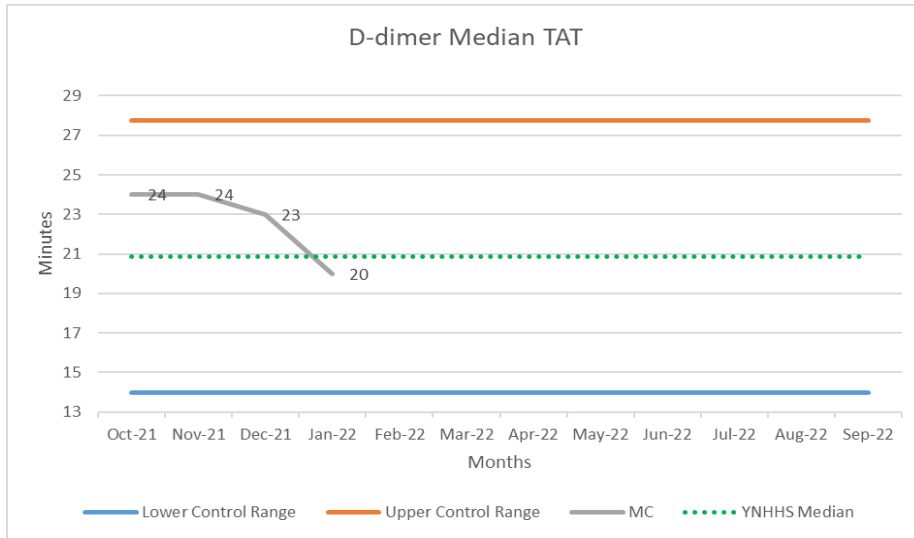


— Lower Control Range — Upper Control Range
— MC ⋯ YNHHS Median

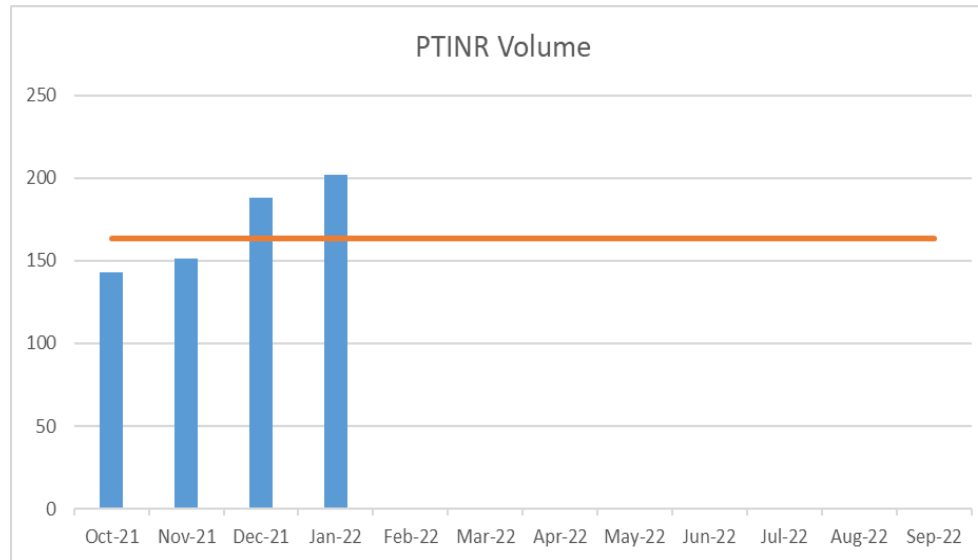
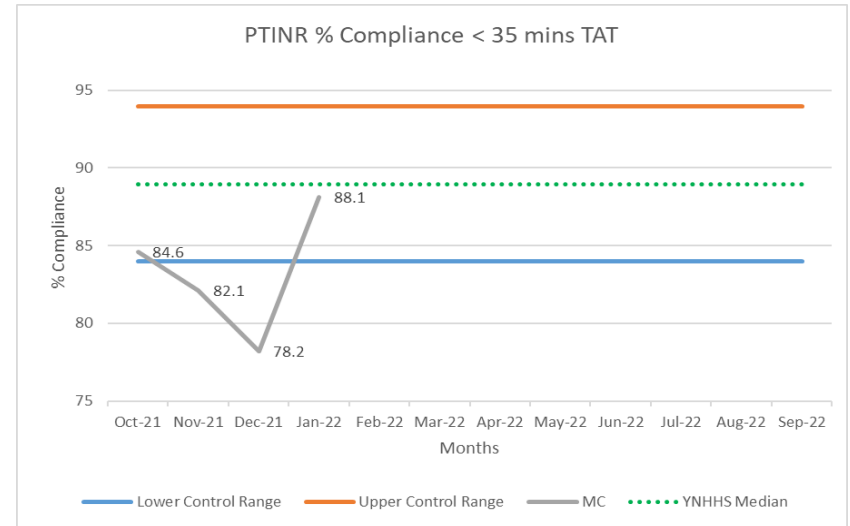
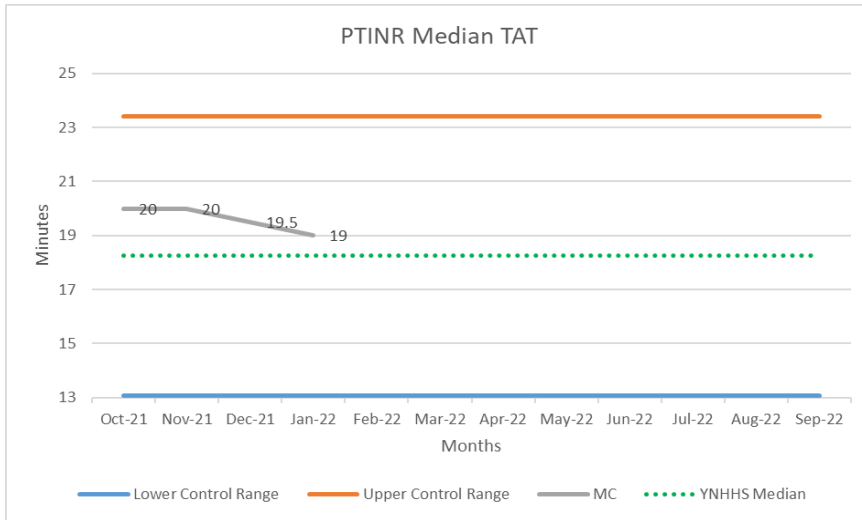
CBC Volume



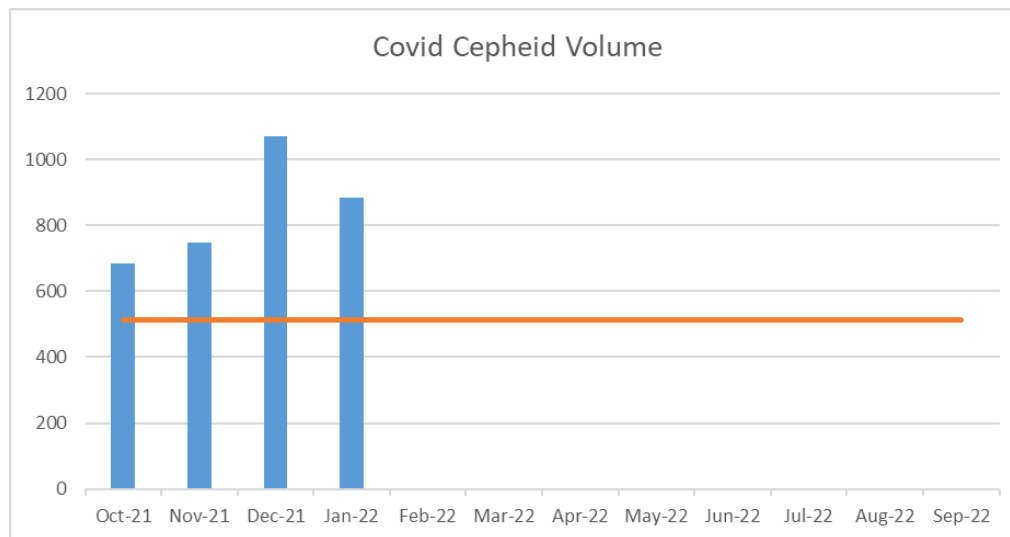
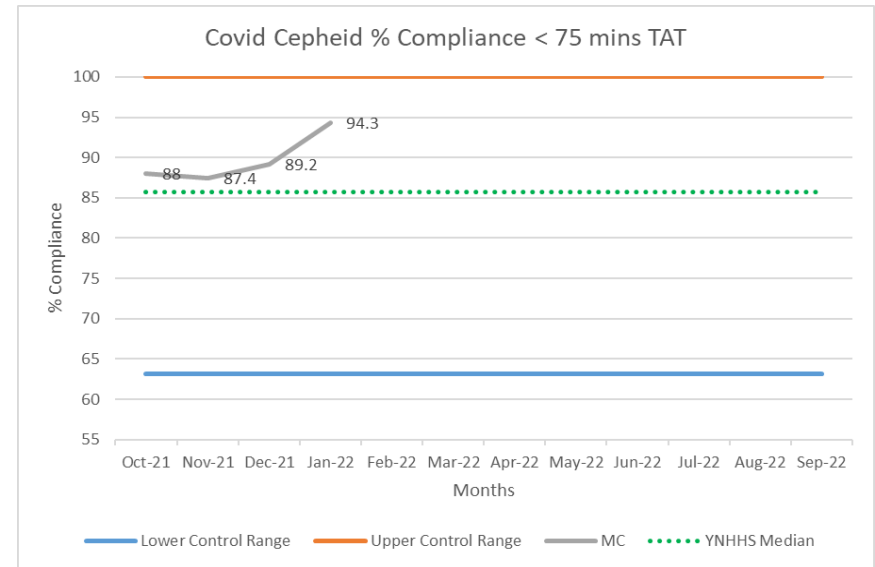
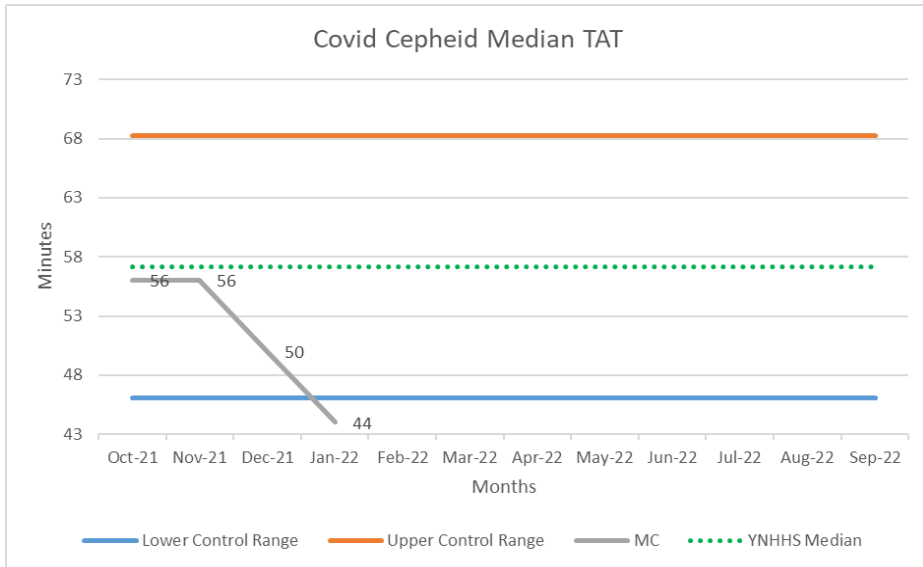
Milford Campus – D-dimer ED TAT



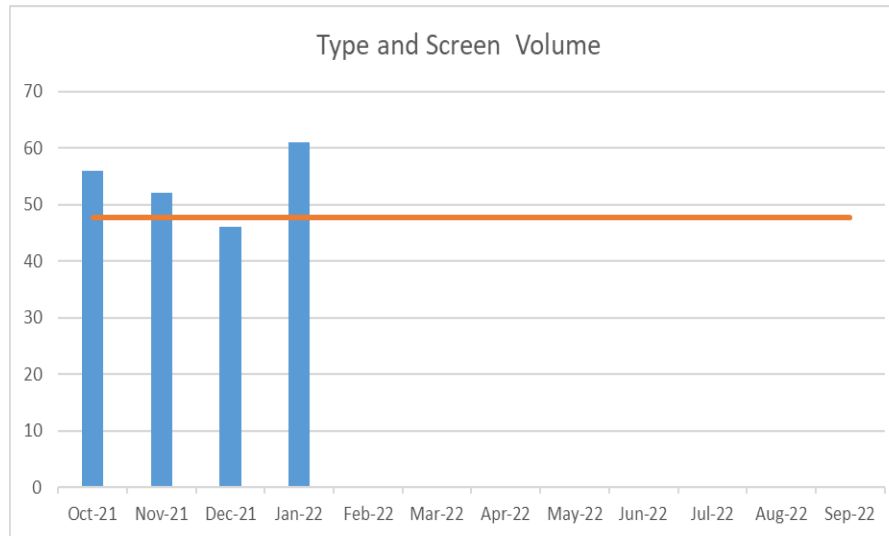
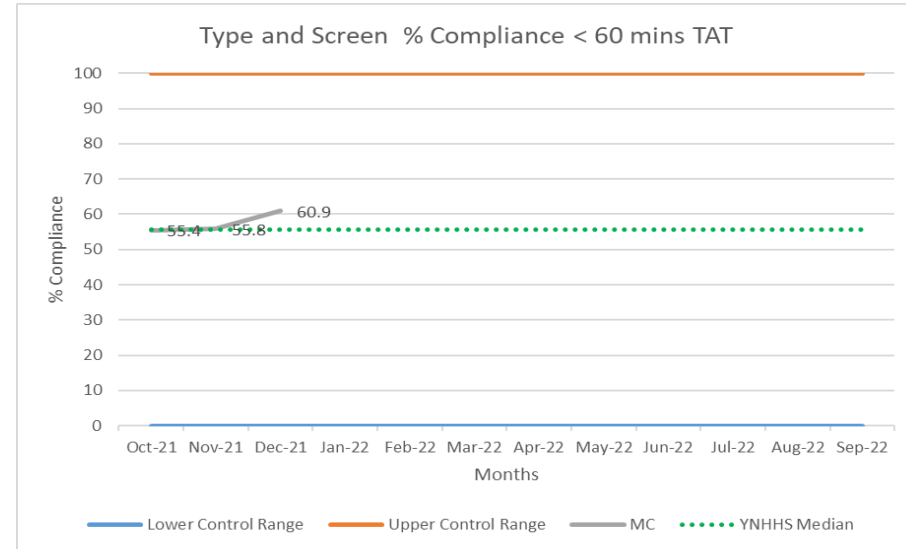
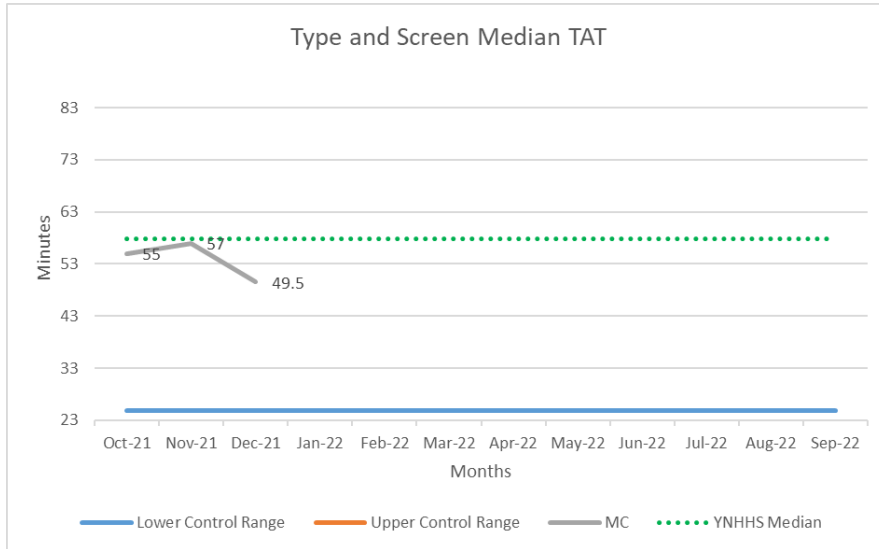
Milford Campus – PTINR ED TAT



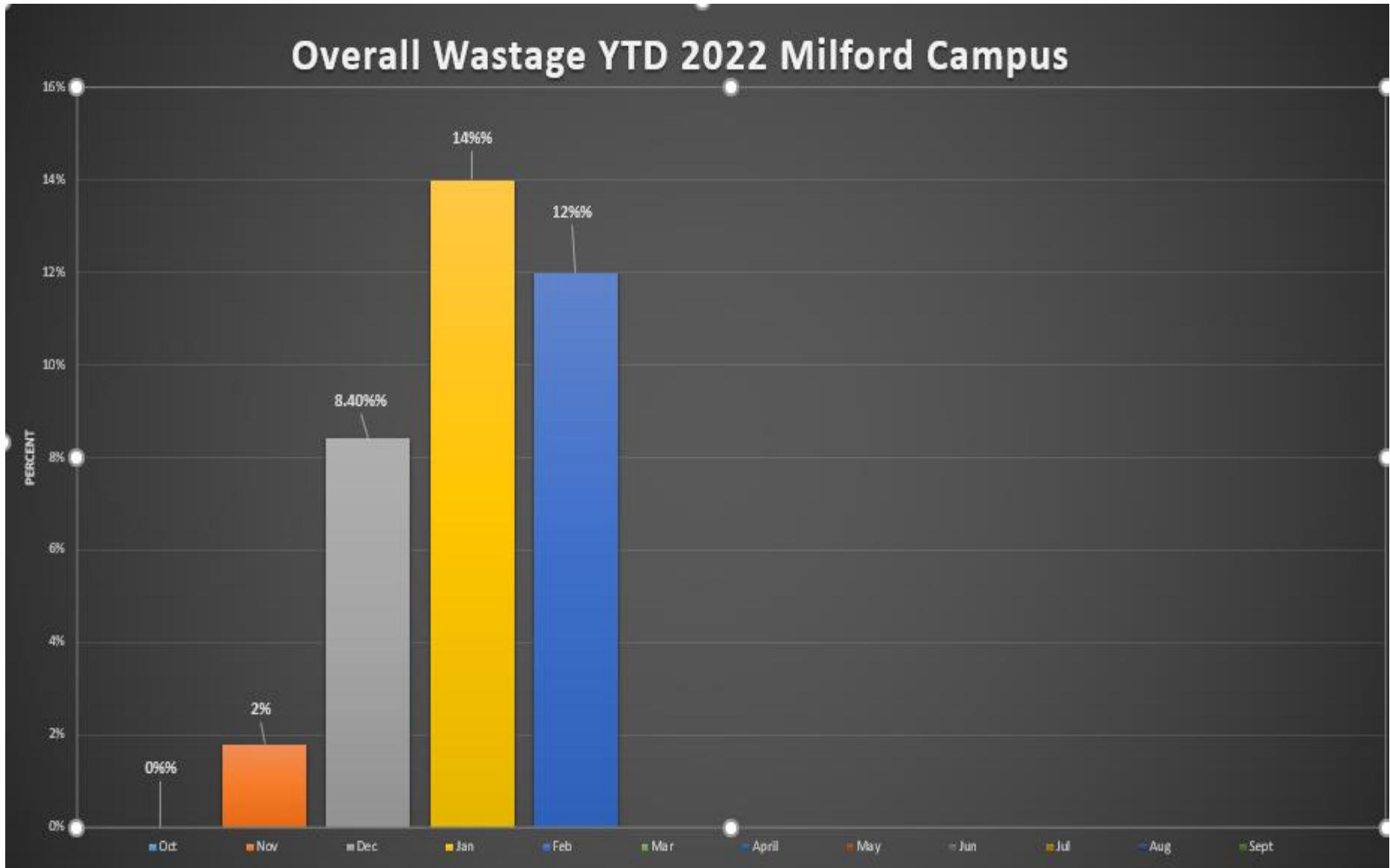
Milford Campus – COVID Cepheid PCR ED TAT



Milford Campus – Type and Screen ED TAT

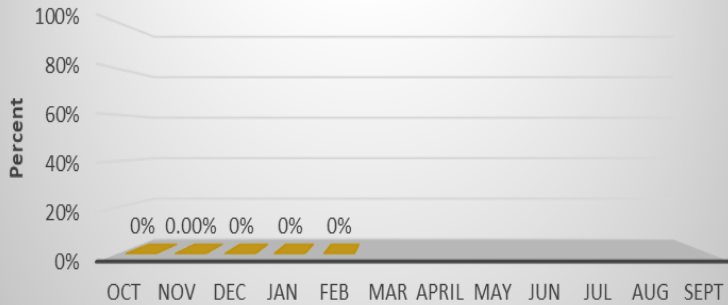


Milford Campus – Overall Wastage YTD

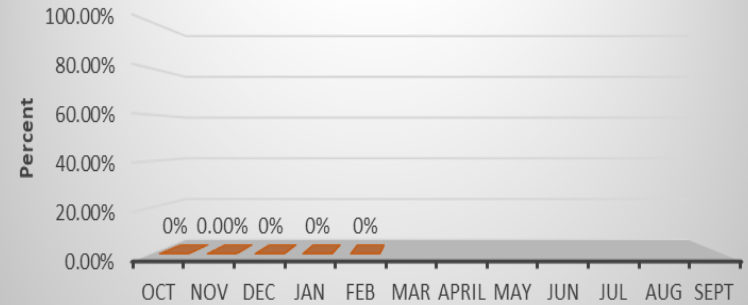


Milford Campus – Wastage By Blood Components

CRYO

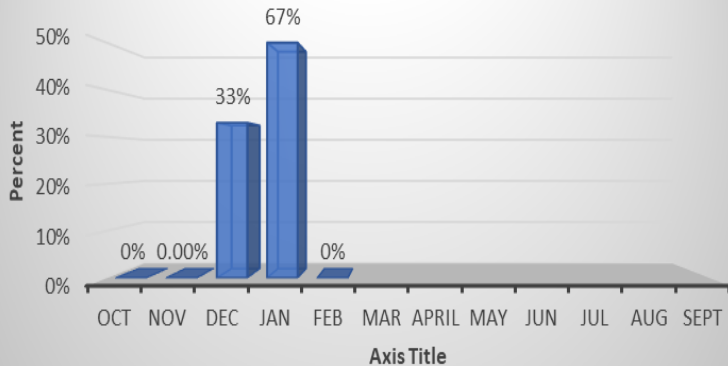


RBC

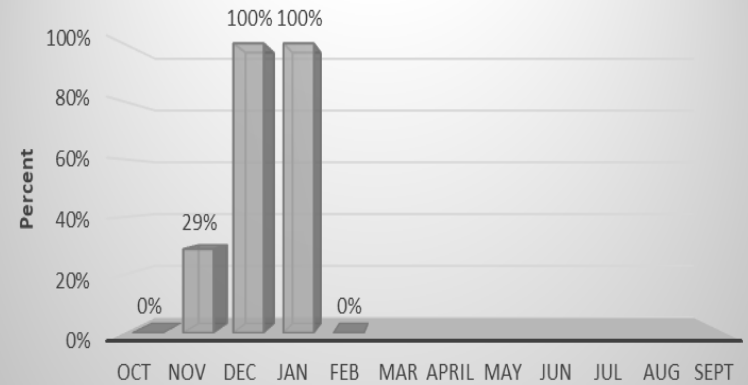


Total Amount \$9,749.80

PLT



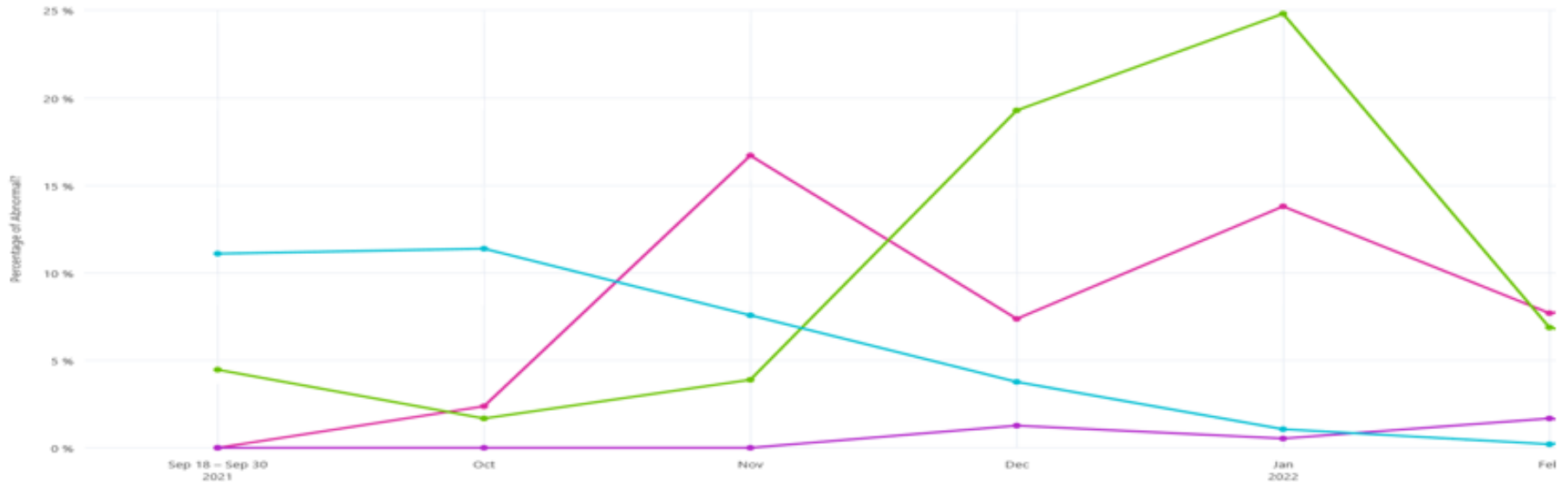
FFP



	October	November	December	January	February	March	April	May	June	July	August	September
# of Products Used	100	111	87	58	66							
# of Products Wasted	0	2	8	10	0							

Lab General - Milford

MC Molecular SD Session - Over Time



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

Date	Tests	Sample size	% Positive	Derived Baseline	Environment Monitoring	Physician Feedback	Epidemiological Trends	Evaluation Notes	Corrective Action (if needed)
Feb-22	SARS-CoV	611	6.90%	3-12%	Negative	None	Covid rates declining	None	None
Feb-22	Group A S	13	7.70%	0-24%	Negative	None	None	None	None
Feb-22	Flu A/B	59	1.70%	0-24%	Negative	None	None	None	None
Feb-22	Flu/RSV	425	0.20%	0-100%	Negative	None	None	None	None

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 14,985	Manual Collection	4	3	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 14,985	Manual collection	4.0	2.0	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 14,985	Beaker+ Tableau			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
Clotted	0			10	12				
Contamination (IV & other)	0			3	1				
Hemolyzed (RN) (Phleb)	0			82	60				
Not on ice	0			1	3				
QNS	0			6	3				
Wrong container	0			10	24				
Duplicate order	0			3	6				
Incorrect order by provider	0			0	0				
Unable to obtain specimen.	0			3	0				
Incorrect specimen type.	0			0	0				
Exceeded clinical time requirements	0			3	8				
				3	5				
				3	3				
Critical Call TAT	60 min		Beaker	5.7	6.6	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