

Laboratory Medicine – March 2022

April 19, 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

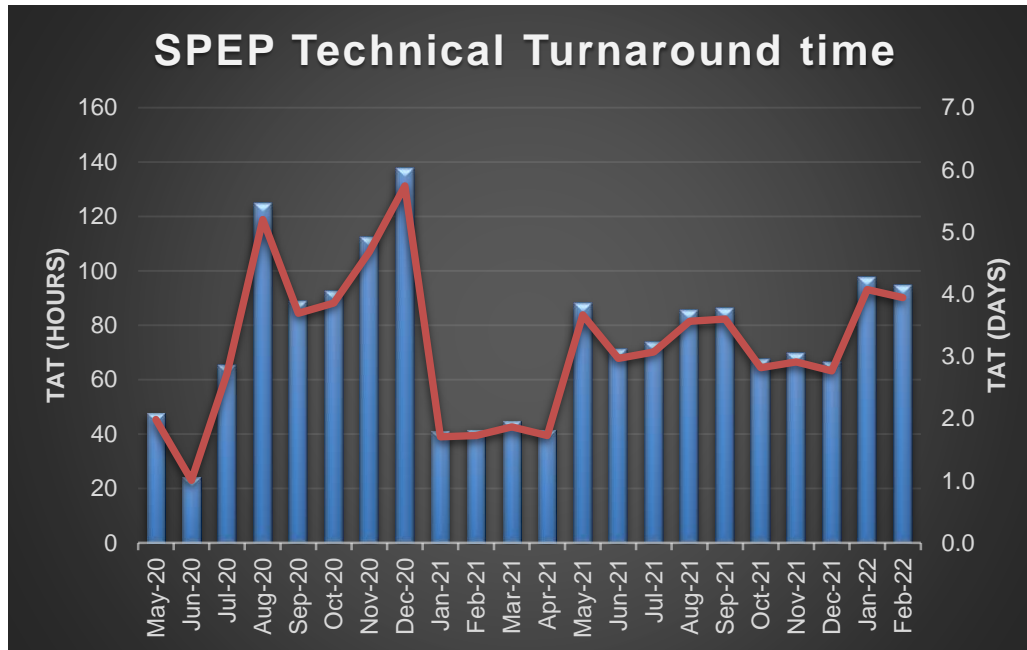
SPEP Outcome Metrics: Technical – *To be presented at May 2022.*

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



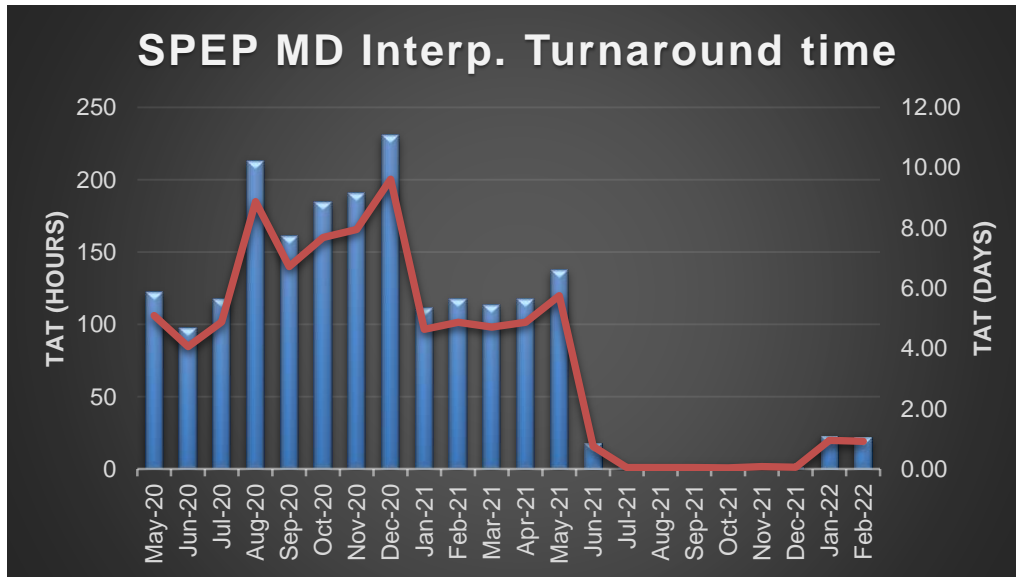
SPEP Outcome Metrics: MD Interp. - *To be presented at May 2022.*

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

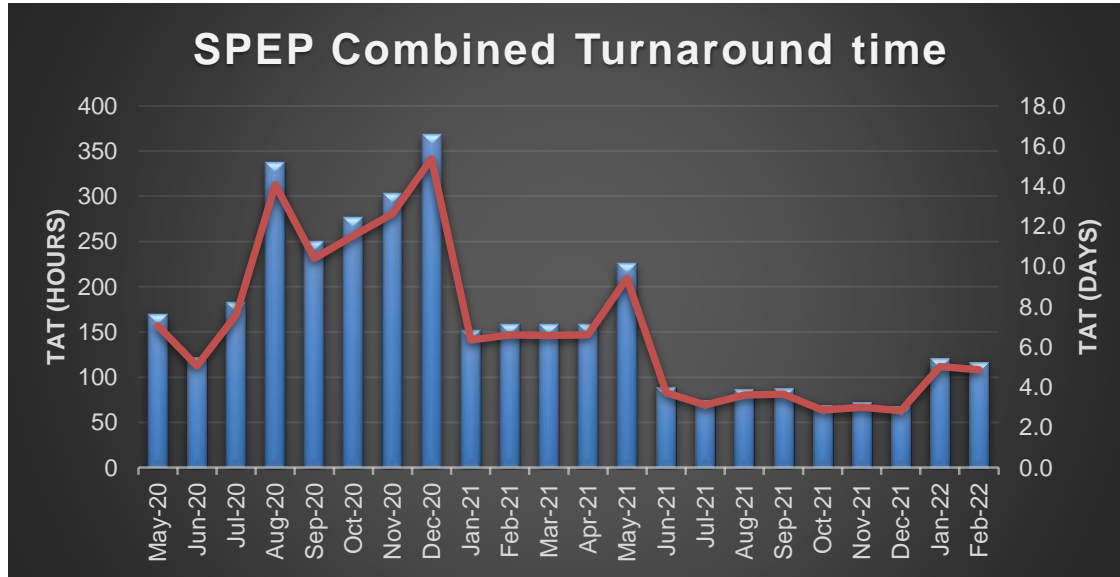


FY22



SPEP Outcome Metrics: Tech + MD Total - *To be presented at May 2022.*

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



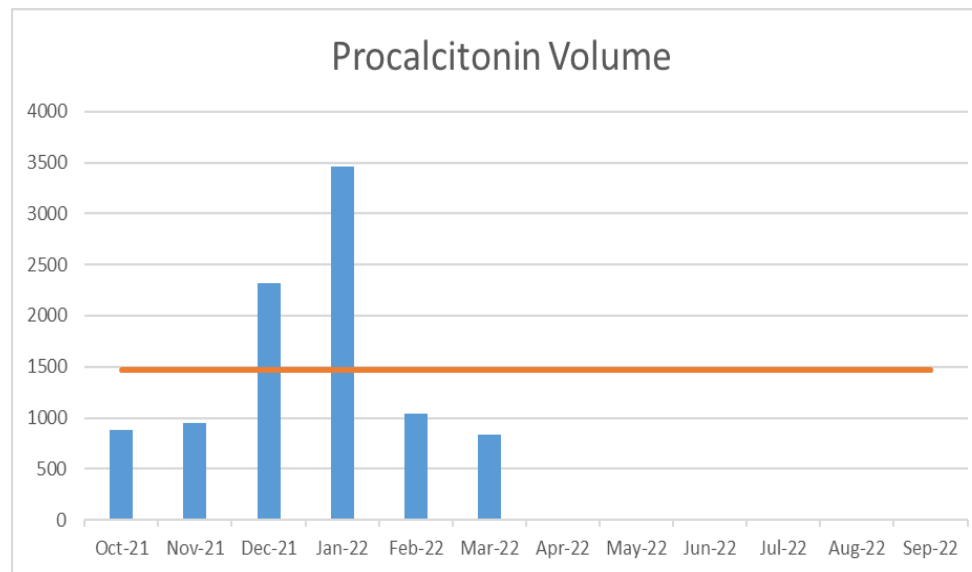
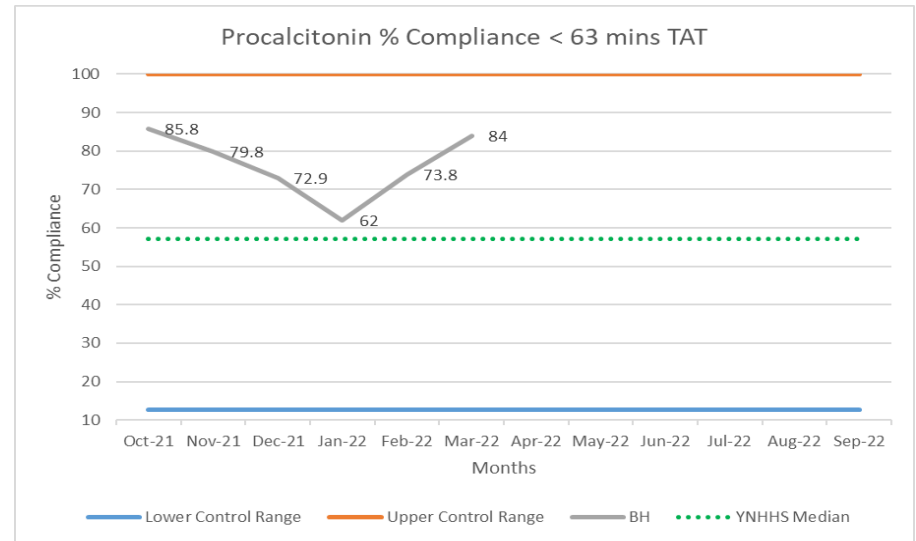
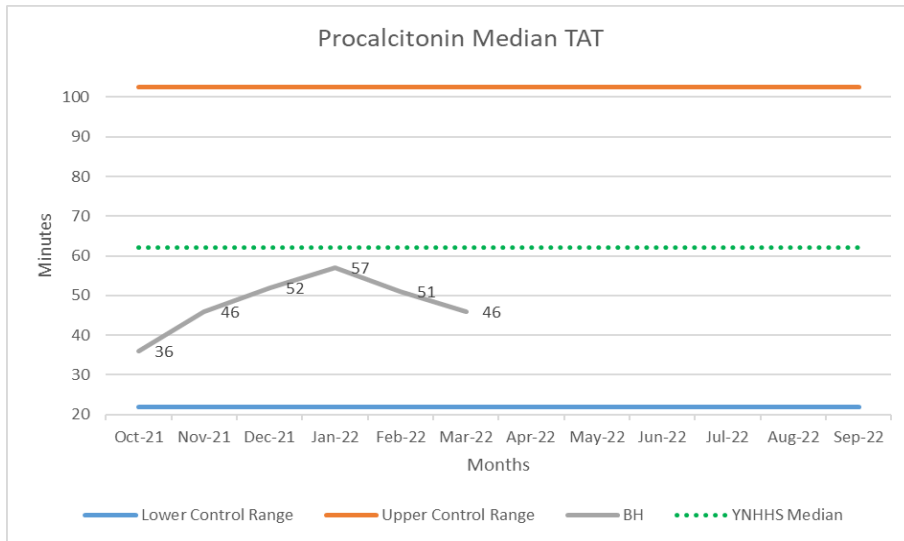
FY21



FYTD22

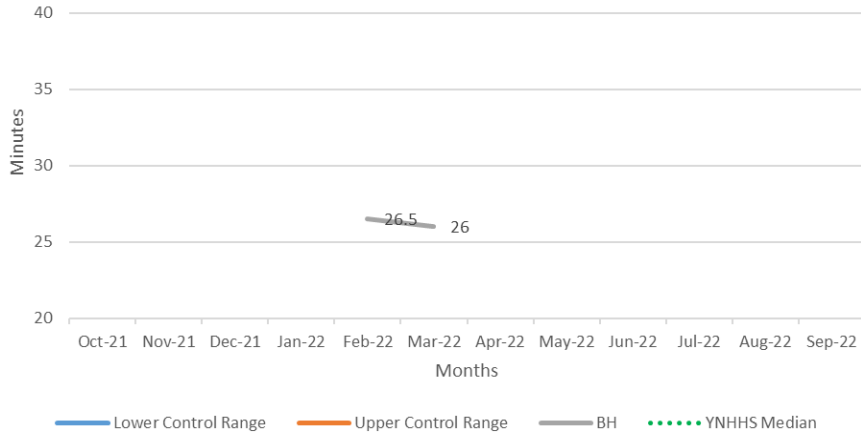


Bridgeport Campus – Procalcitonin

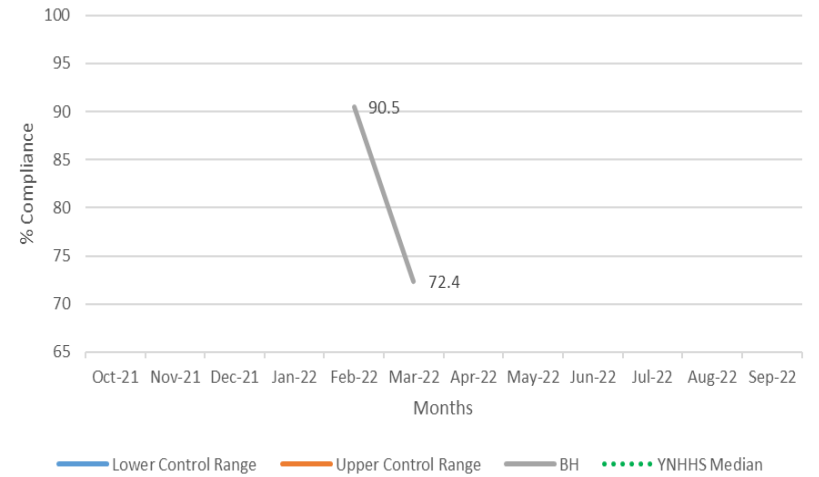


Bridgeport Campus – Gen 5 Troponin TAT

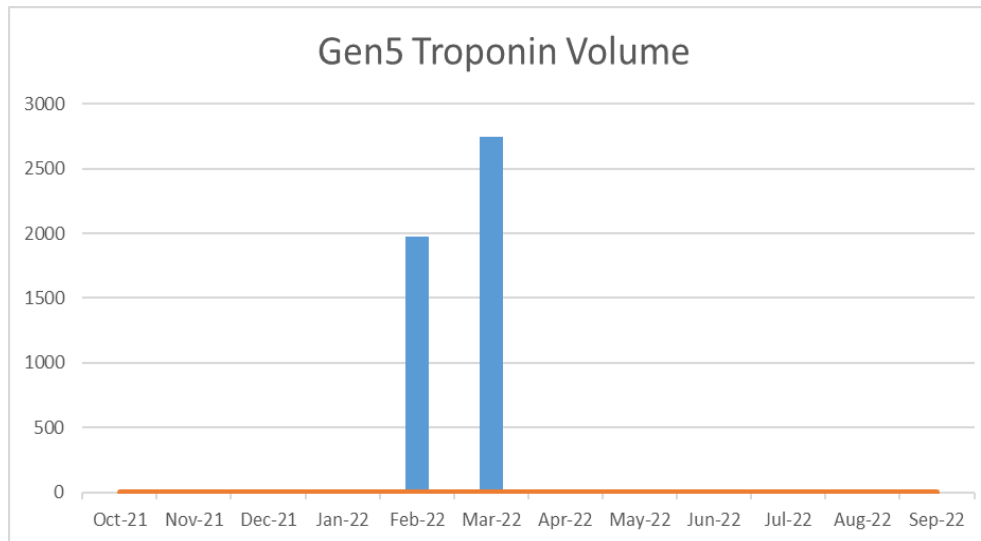
Gen5 Troponin Median TAT



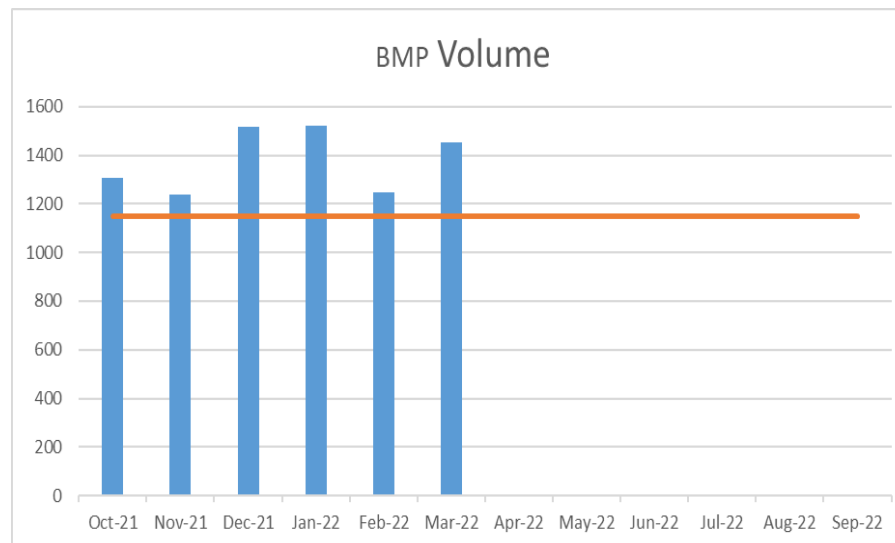
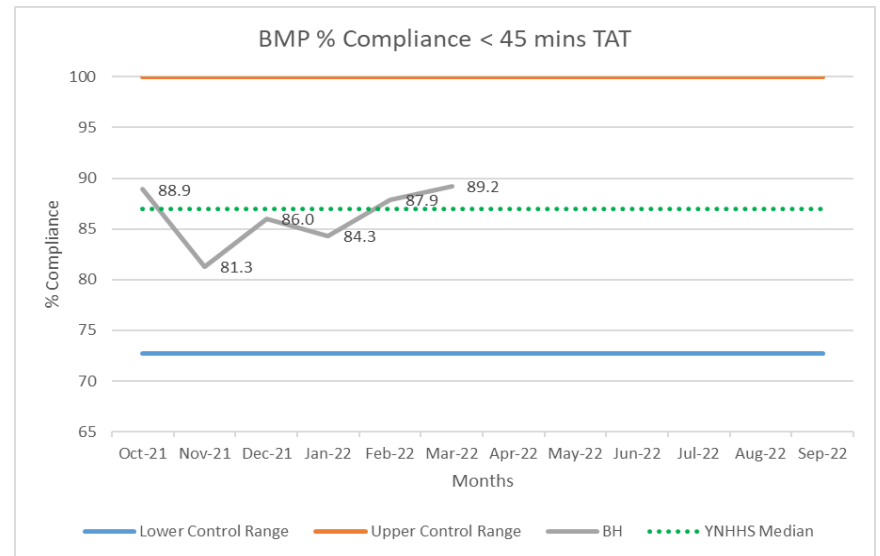
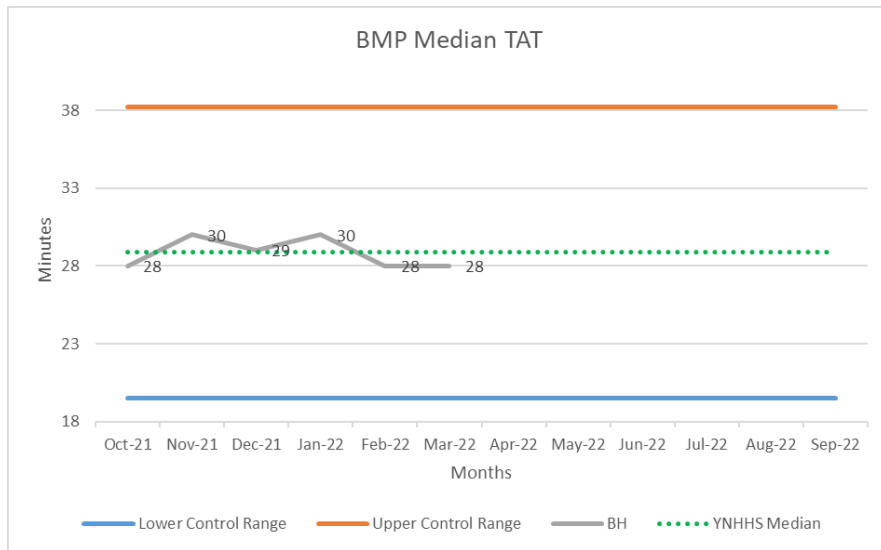
Gen5 Troponin % Compliance < 45 mins TAT



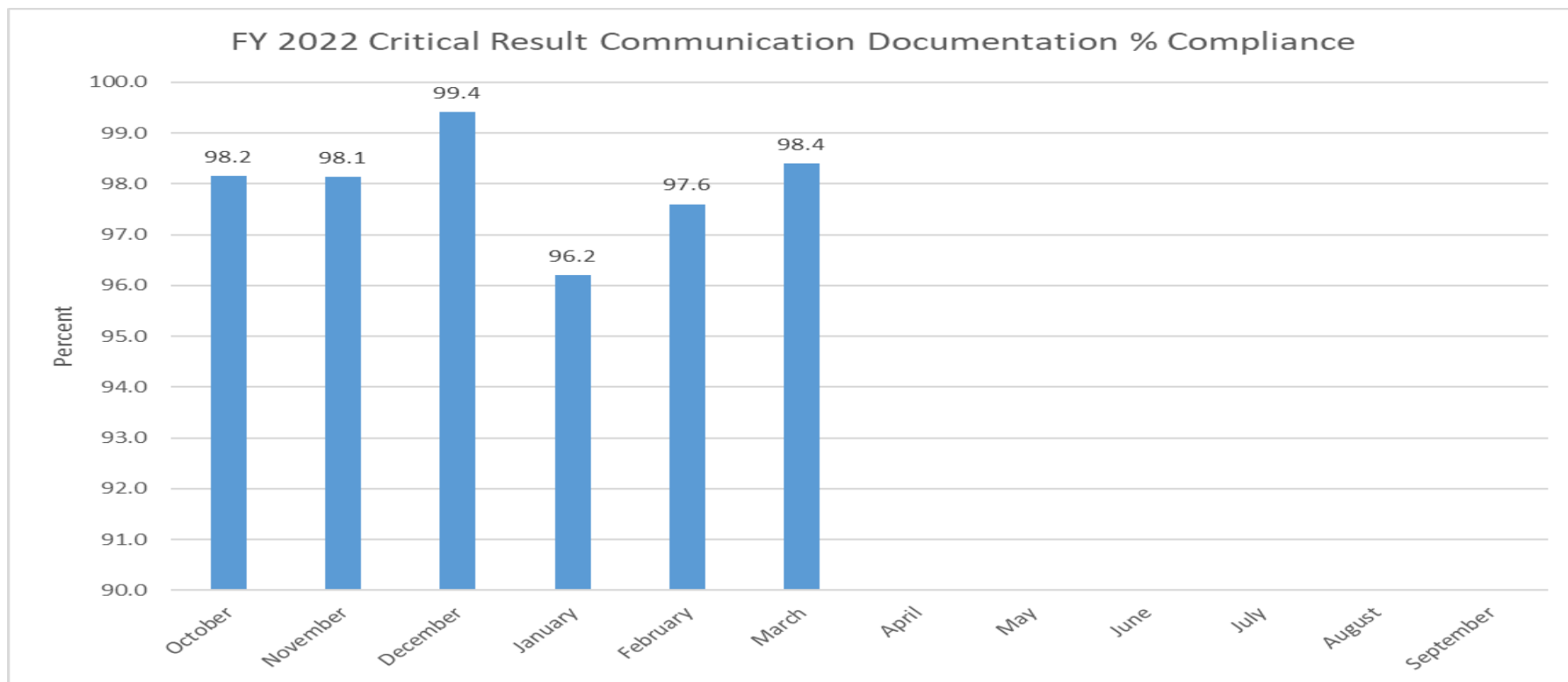
Gen5 Troponin Volume



Bridgeport Campus – Basic Metabolic Panel (BMP) ED TAT



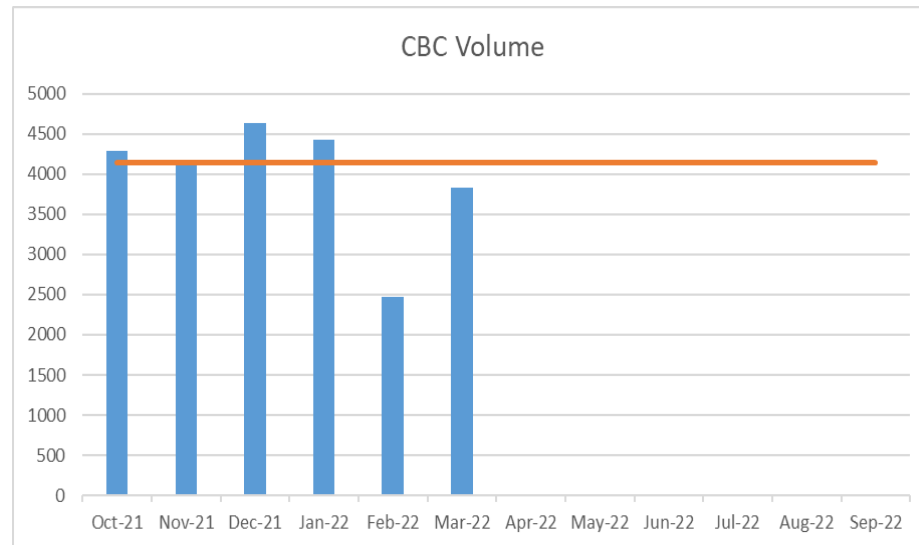
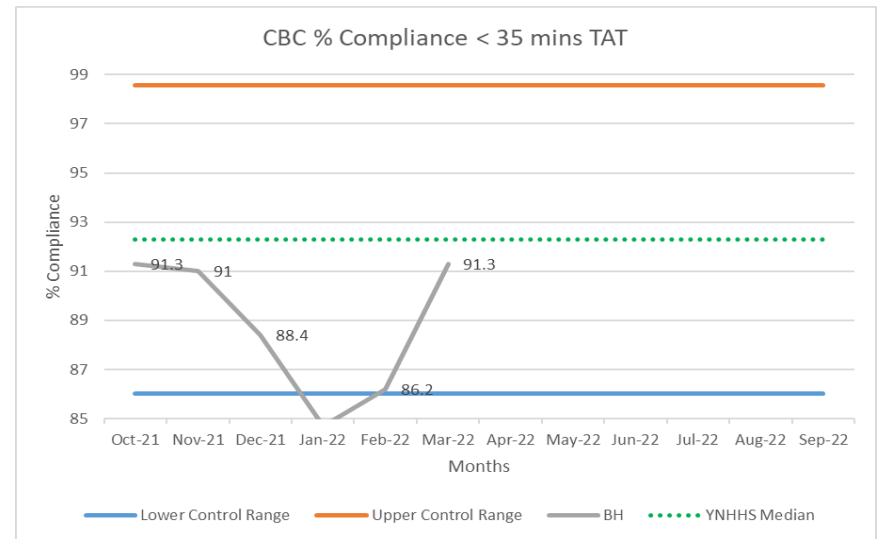
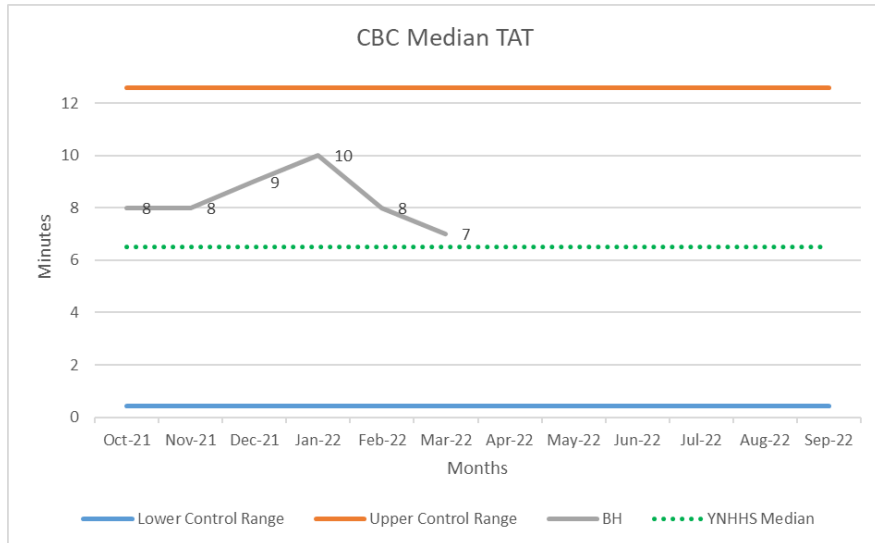
Chemistry & Immunology



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
n	975	914	1350	1248	1332	1306						
#compliant	957	897	1342	1201	1300	1285						
#noncompliant	18	17	8	47	32	21						

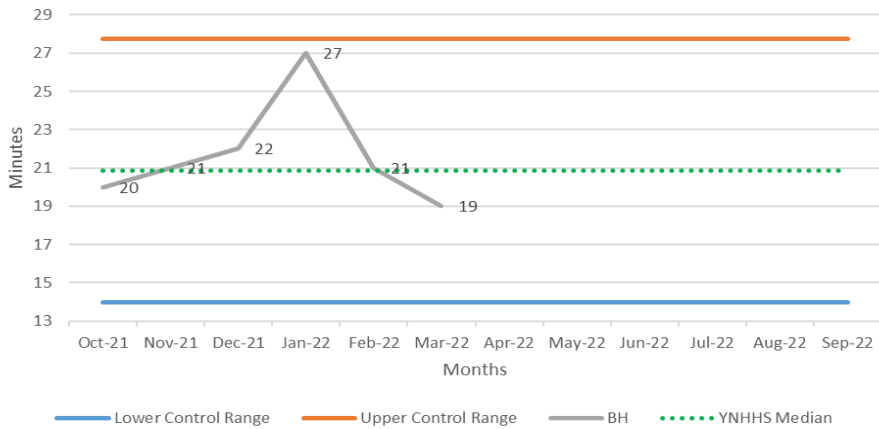
not called	4	5	5	11	9	1						
no full name	8	8	2	32	5	19						
no title	6	4	1	4	18	1						

Bridgeport Campus – Complete Blood Count (CBC) ED TAT

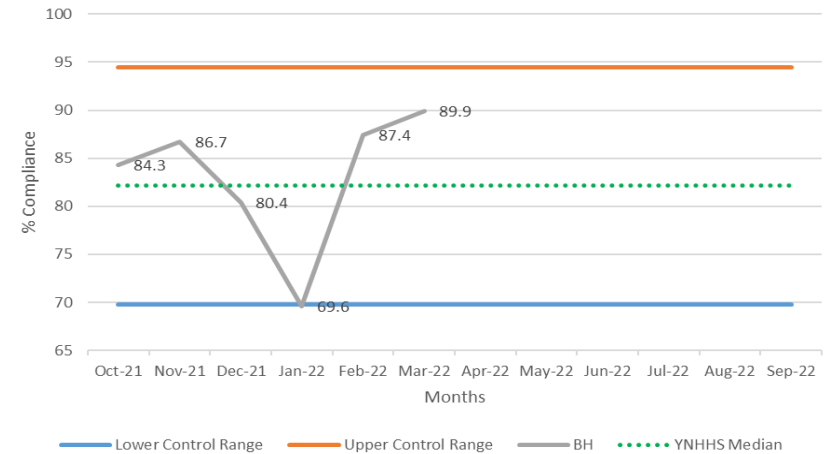


Bridgeport Campus – D-dimer ED TAT

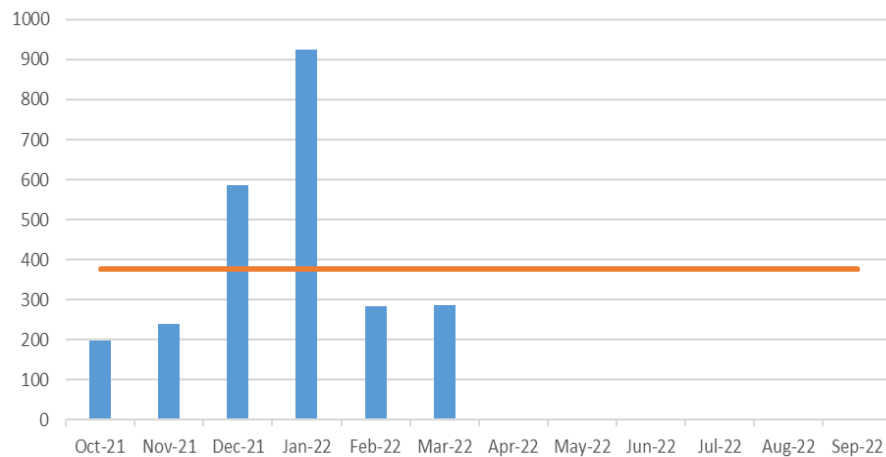
D-dimer Median TAT



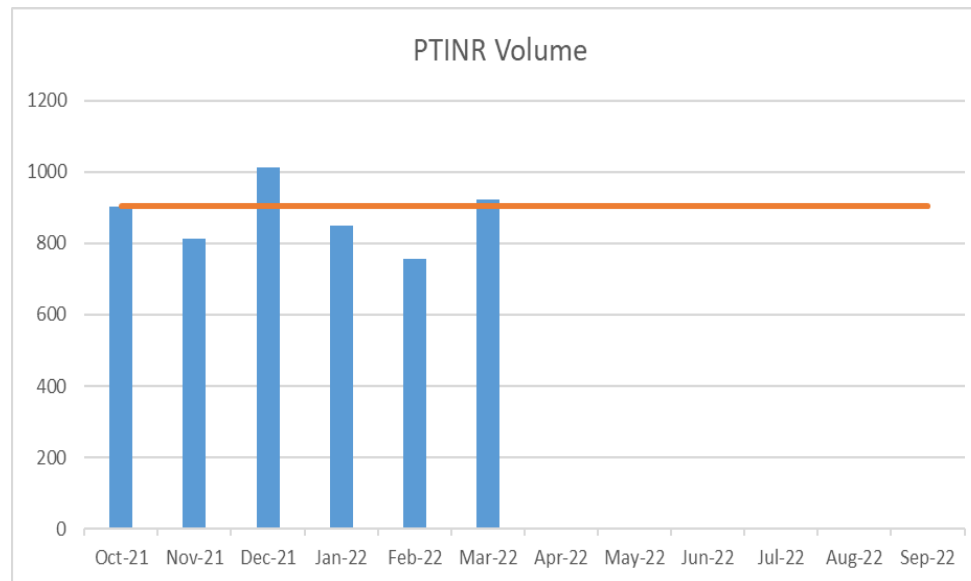
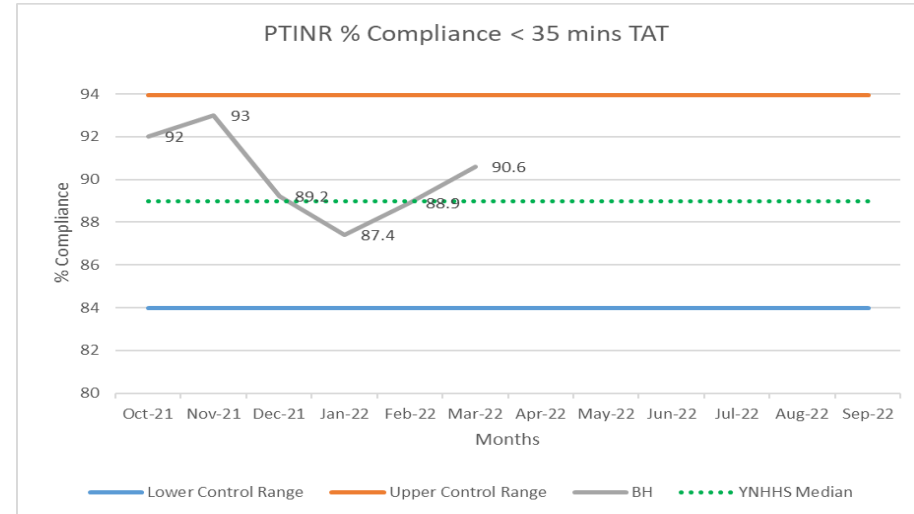
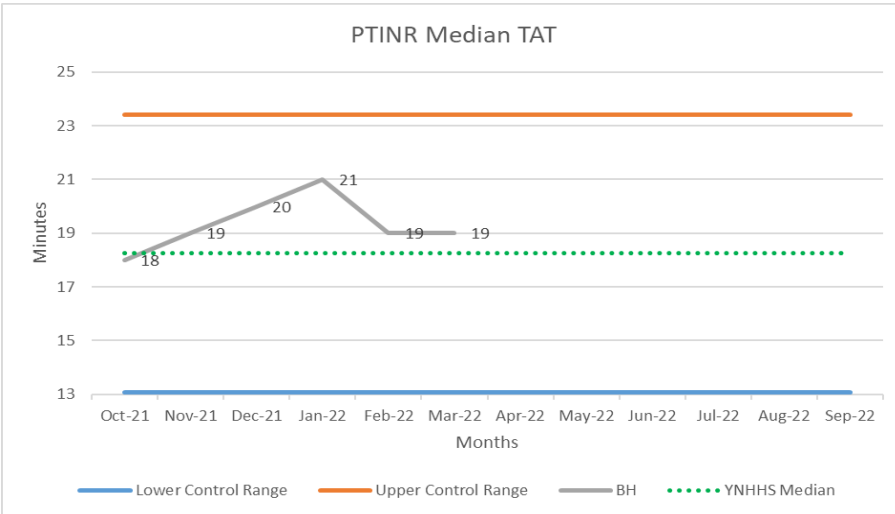
D-dimer % Compliance < 35 mins TAT



D-dimer Volume



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 = 137 #with cytology ordered =57	EPIC	98.2%	100%	1 malignant fluid missed. Slide reviewed by Dr. Chen. No malignant cells identified on cytospin.	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	

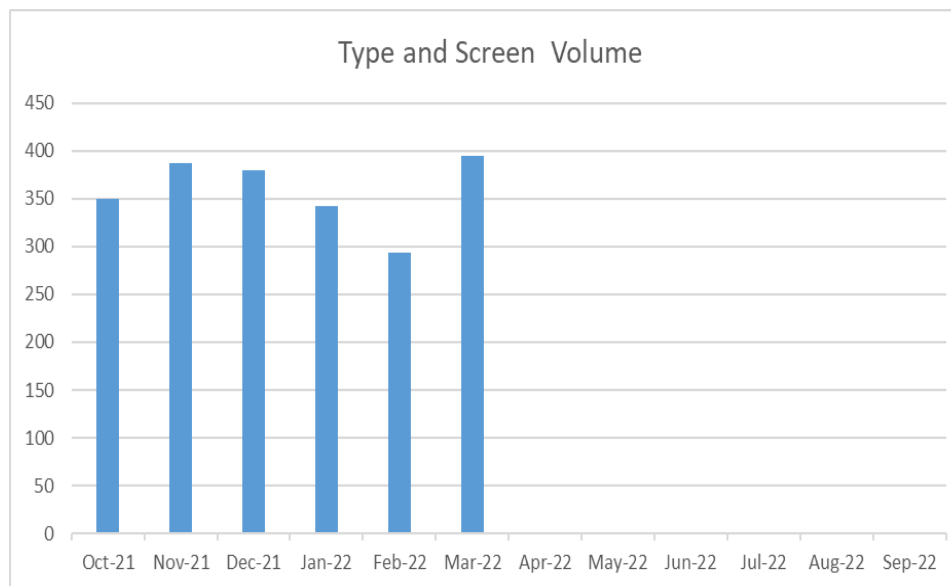
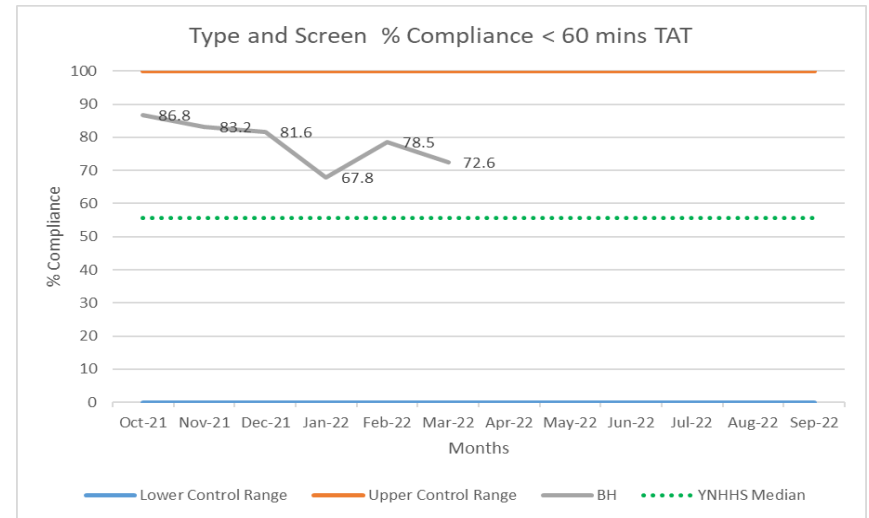
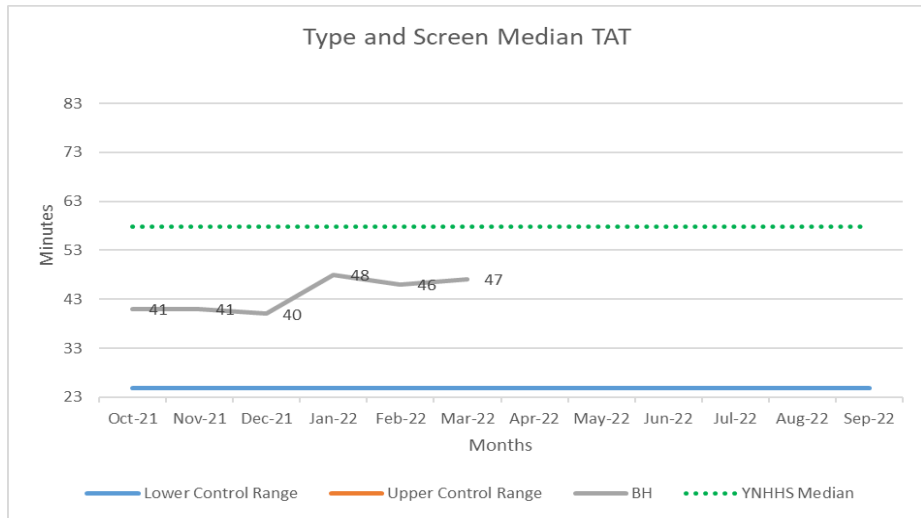
Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Manually entered results match worksheets	100% compliance	30	EPIC	100%	100%		K. Castillo	

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	8	EPIC	100%	100%		K. Castillo	

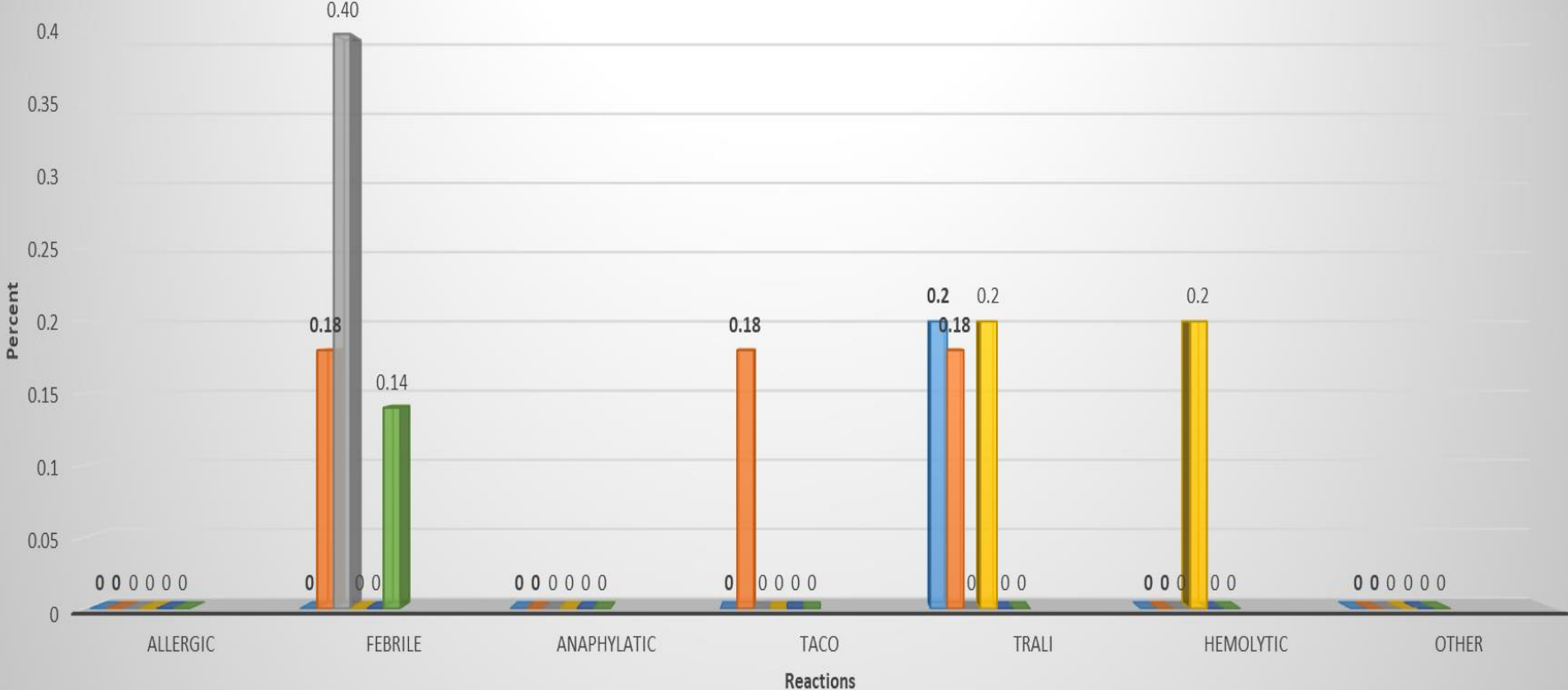
Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Critical Values are called to care giver and documented properly	100% compliance	10	EPIC	100%	100%		K. Castillo	

Corrected reports:
 Total corrected Reports =11
 Data entry error – 5
 Instrument malfunction-1
 contamination -1
 wrong fluid source entered by provider-1
 Comment added- 3

Bridgeport Campus – Type and Screen ED TAT



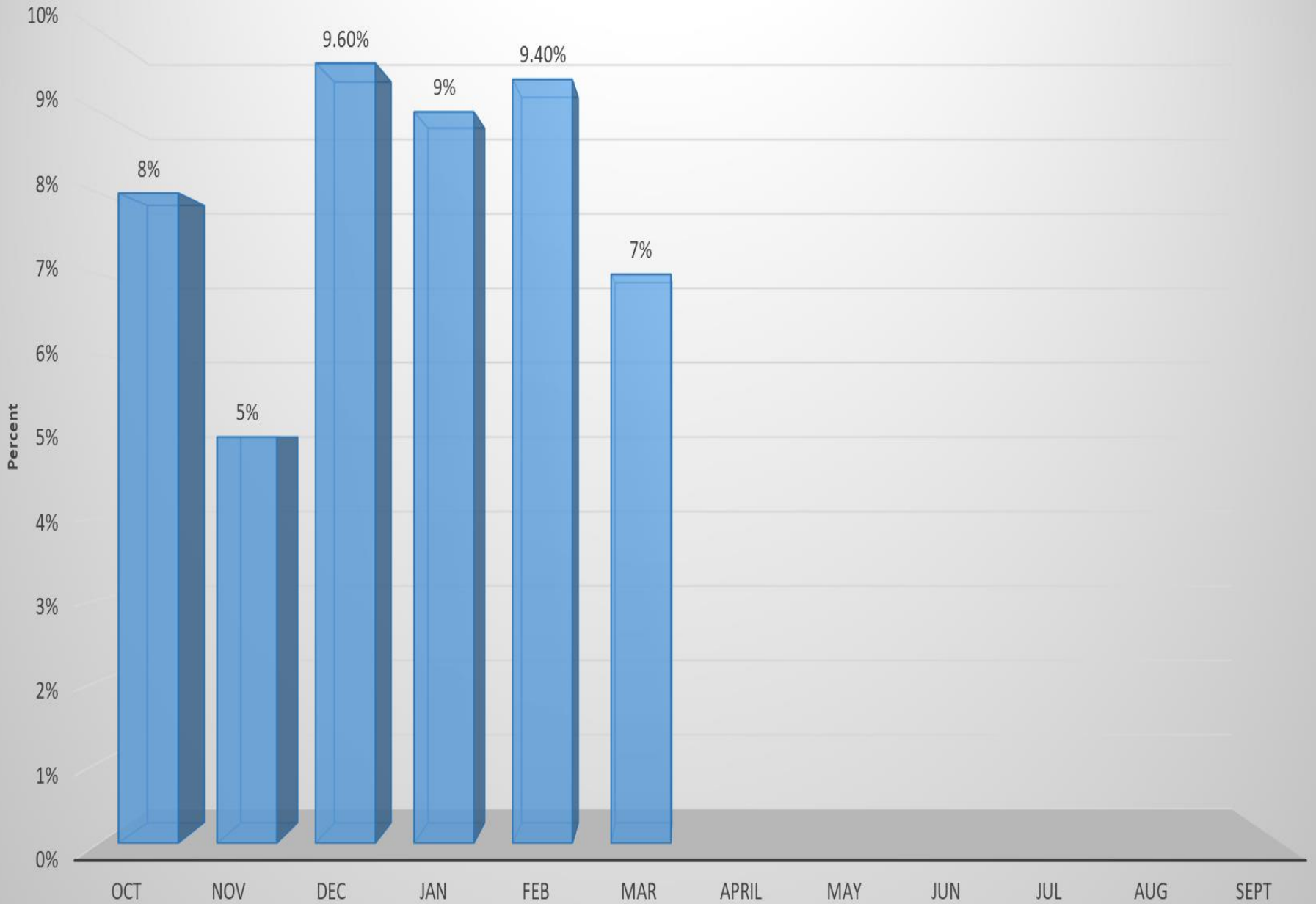
2022 Transfusion Reaction – Bridgeport Campus



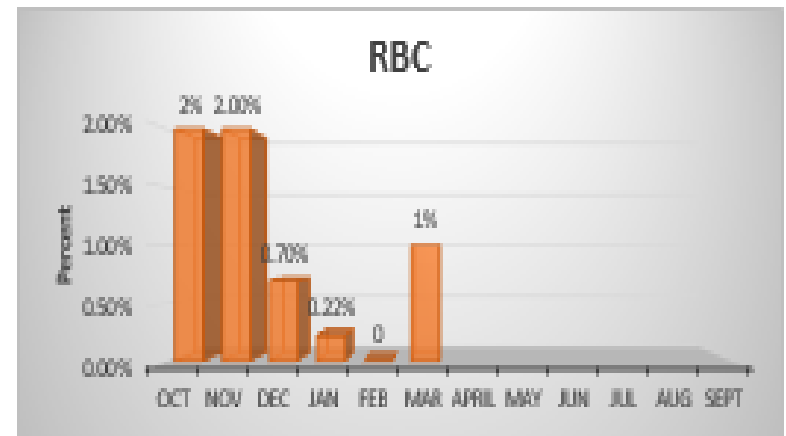
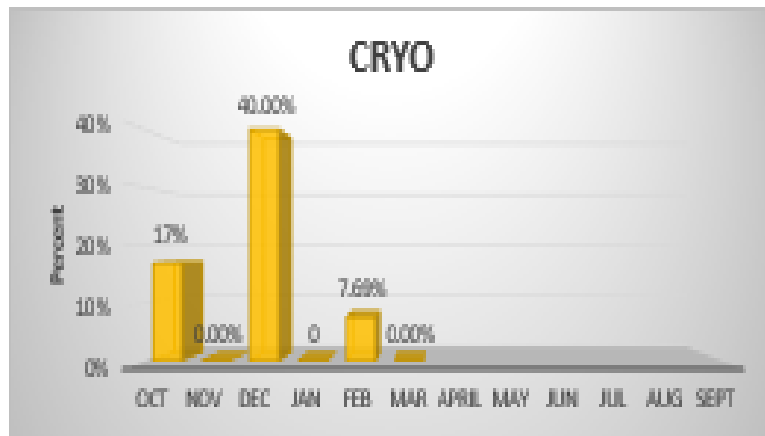
Legend: Oct (light blue), Nov (orange), Dec (grey), Jan (yellow), Feb (blue), Mar (green), April (dark blue), May (brown), Jun (dark grey), Jul (gold), Aug (dark blue), Sept (green)

	<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>	YTD % Adverse Reaction
# of Reaction	1	3	2	2	0	1							
# of Products Transfused	636	553	498	437	362	697							
Overall Percentage	0.20%	0.54%	0.4%	0.4%	0	0.14							

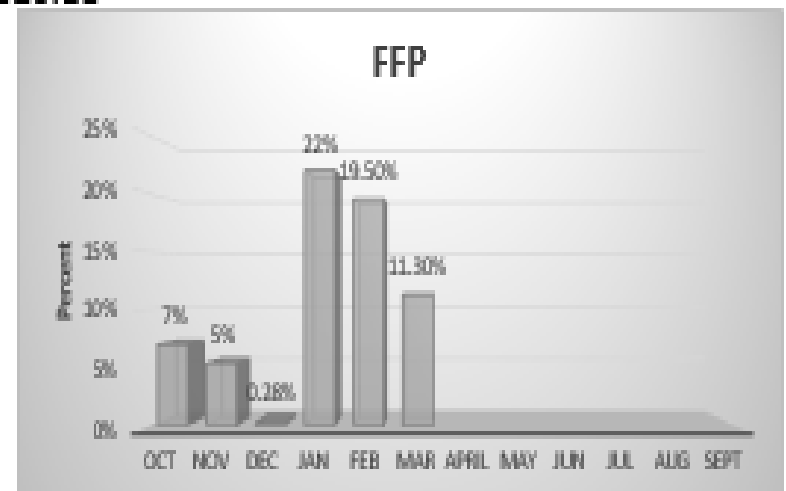
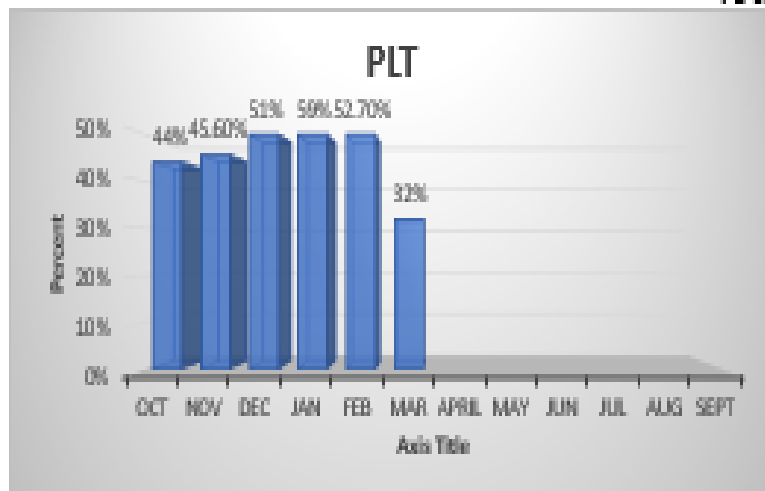
2022 Overall Wastage Bridgeport Campus



Wastage By Blood Components 2022 - Bridgeport Campus

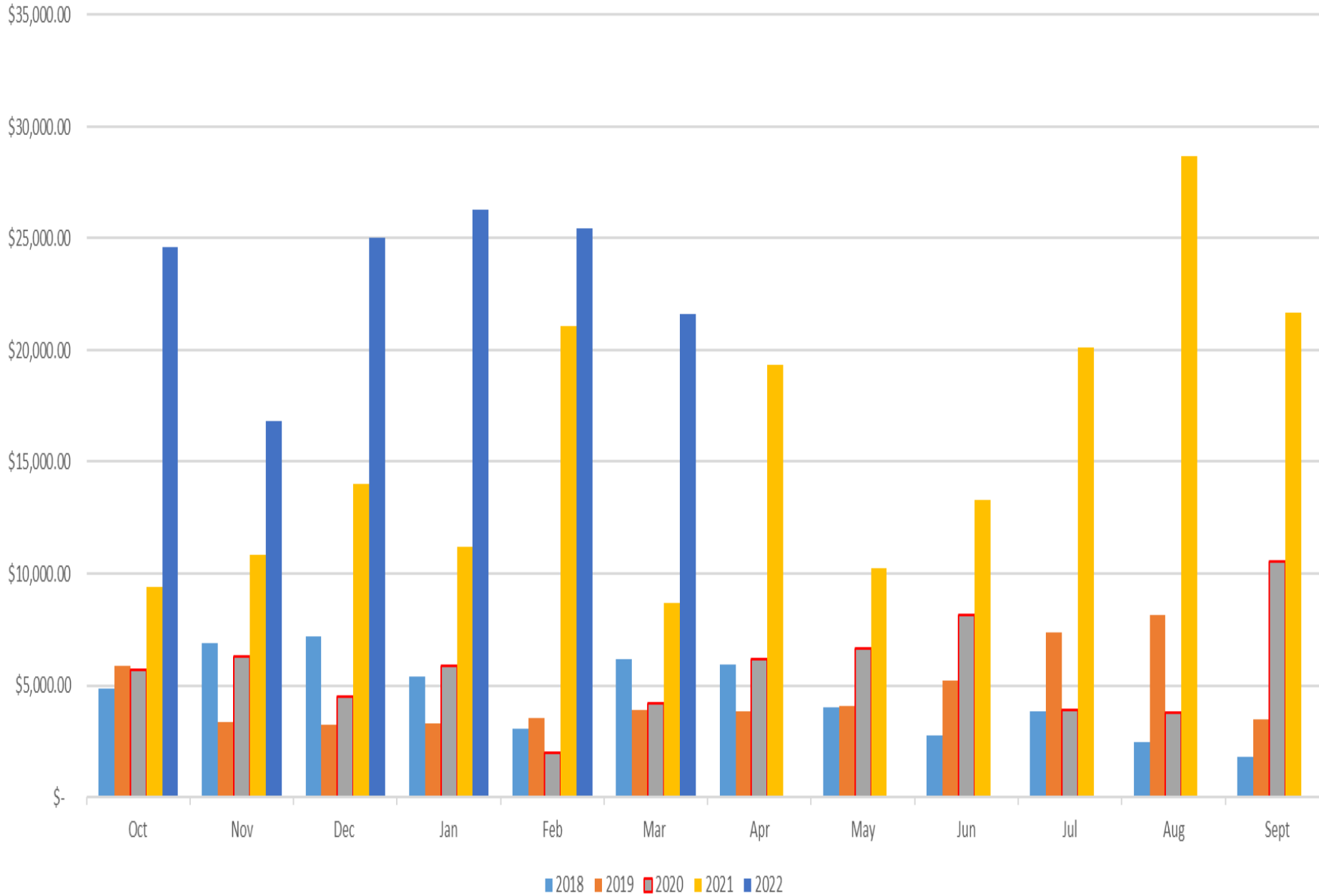


Total Amount \$139,823.11



	October	November	December	January	February	March	April	May	June	July	August	September
# of Products Used	688	582	498	547	461	697						
# of Products Wasted	52	29	53	55	48	53						

Bridgeport Campus Blood Wastage FY18, FY19, FY20, FY21

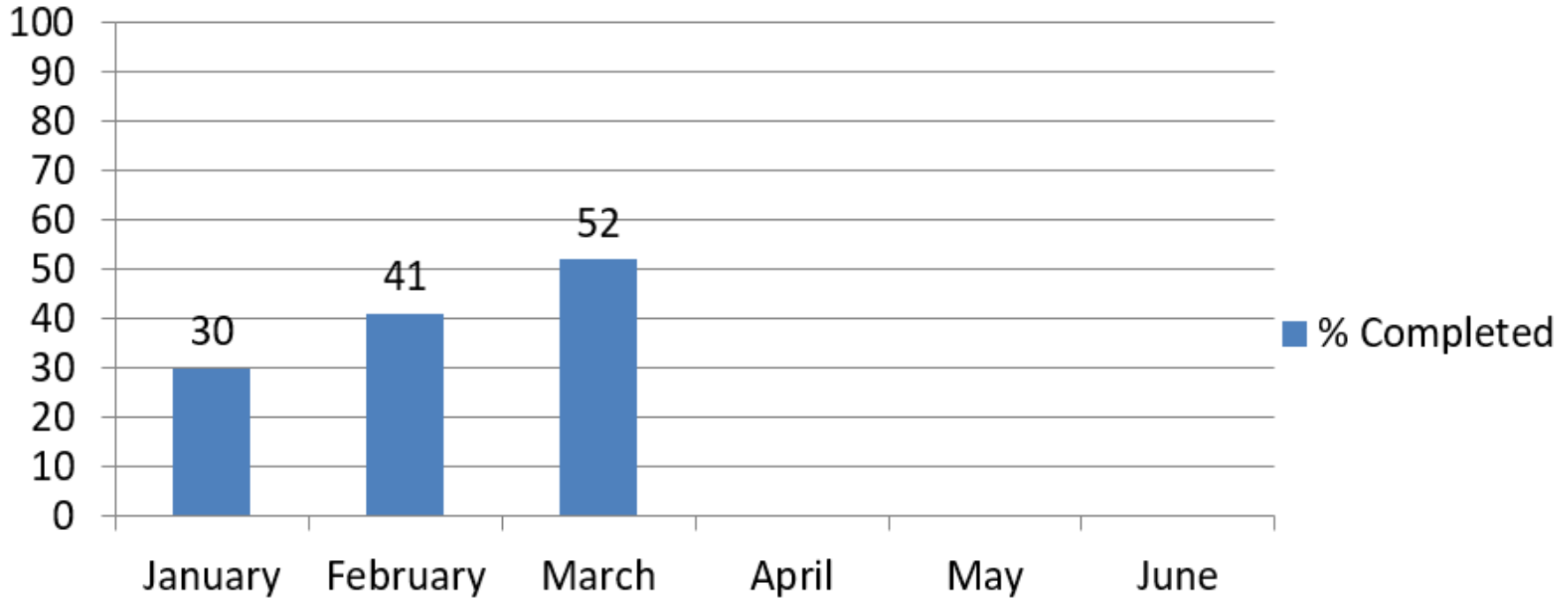


Bridgeport Campus – 2021 Point of Care Performance Report Summary

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							2 not documented out of 276 results. Volume has shown a very large increase and the staff are adjusting and trying to confirm the M.D.s are placing the order in EPIC before giving them the result
		N=108	N=99	N=119	N=46	N=179	N=276							
# of i-STAT codes / # of cartridges run		18 / 445	18 / 347	6/227	11/336	14/335	27/395							4 staff had an increased error rate. Reviewed cartridge handling filling with them. (2 of them run very few samples and needed a review. One was due for their 6 month competency review.)
i-STAT Quality Check Codes	<5.0%	4.0%	5.2%	2.6%	3.3%	4.2%	6.8%							

Bridgeport Hospital Laboratory CAP Competency Completions January 2022 – June 2022

Goal 100%

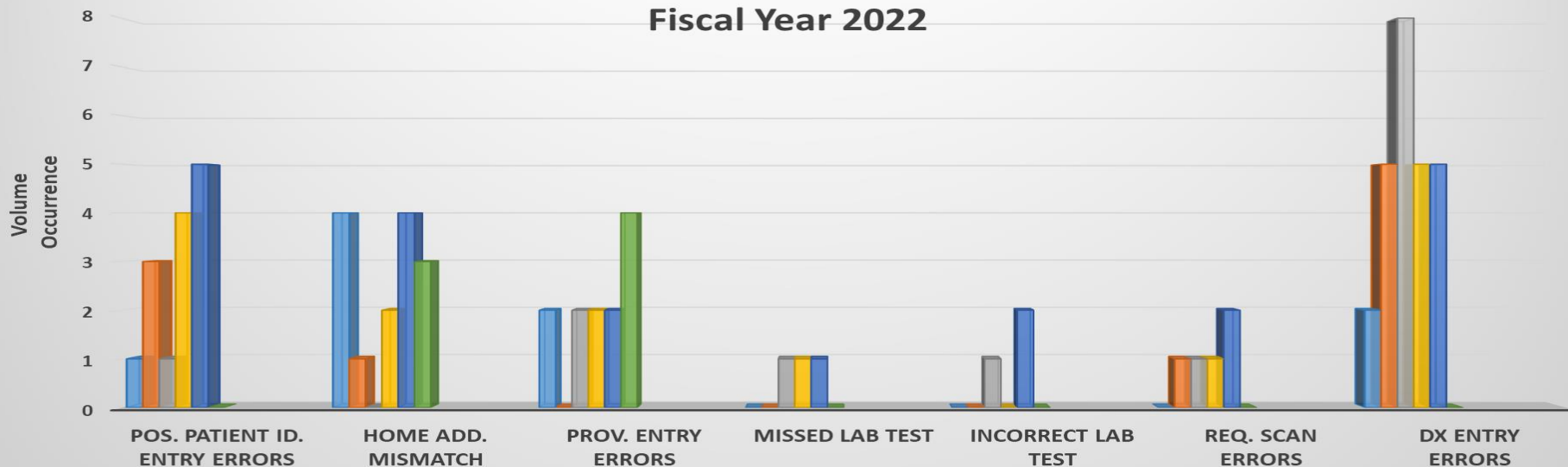


Completed						
Total	82/273	124/299	161/311			
% Completed	30%	41%	52%			

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	0	3	4	0	0	0	0
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.

Milford Draw Station

Outpatient Test Requisition QC Monitoring Check

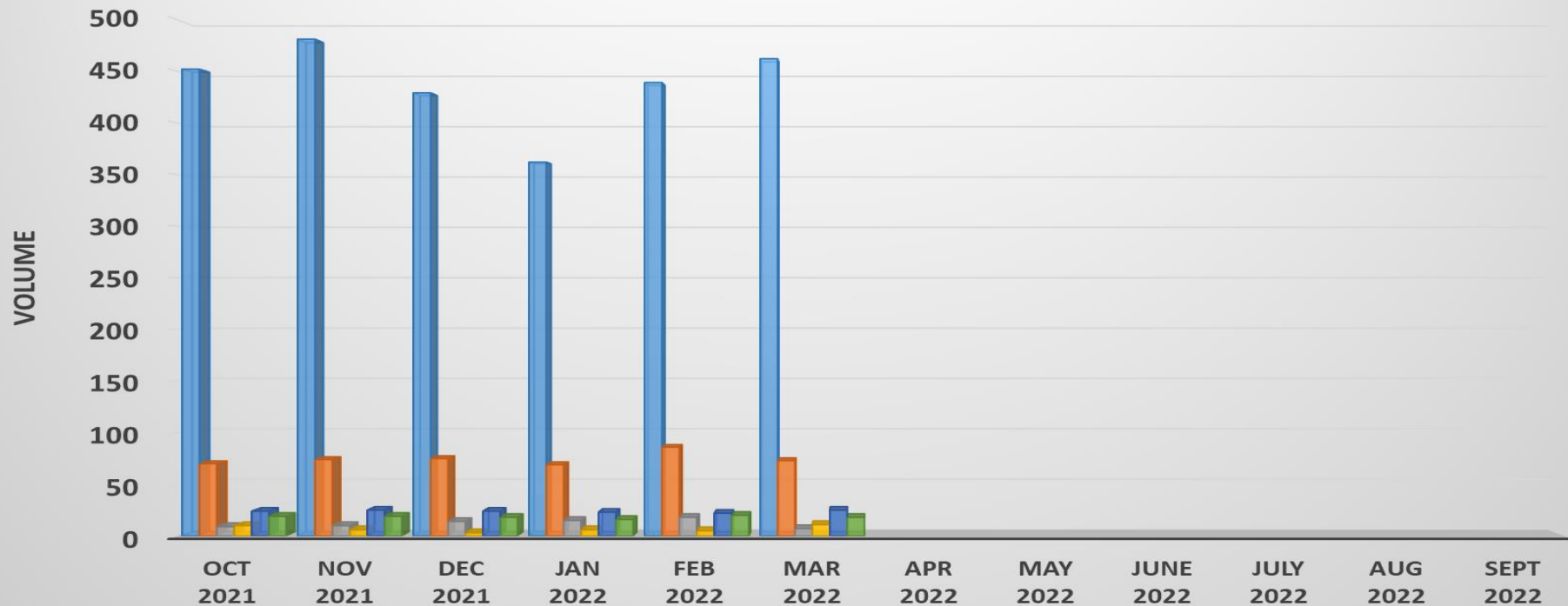
Error Metric Defined

March 2022

A. 3 Requisition addresses differs from EPIC MRN file.

B. 3 Provider mismatch (Requisit. differs from EPIC MRN); 1 listed "CC" provider not found in patient MRN file.

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	462						
# of Req. Reviewed	70	74	75	69	86	73						
Mnthly Errors	9	10	14	15	18	7						
EPIC Prov. Entry	10	6	3	6	5	11						
# of Business Days/month	24	25	24	23	22	25						
Est. Ave. Patients per day	19	19	18	16	20	18						

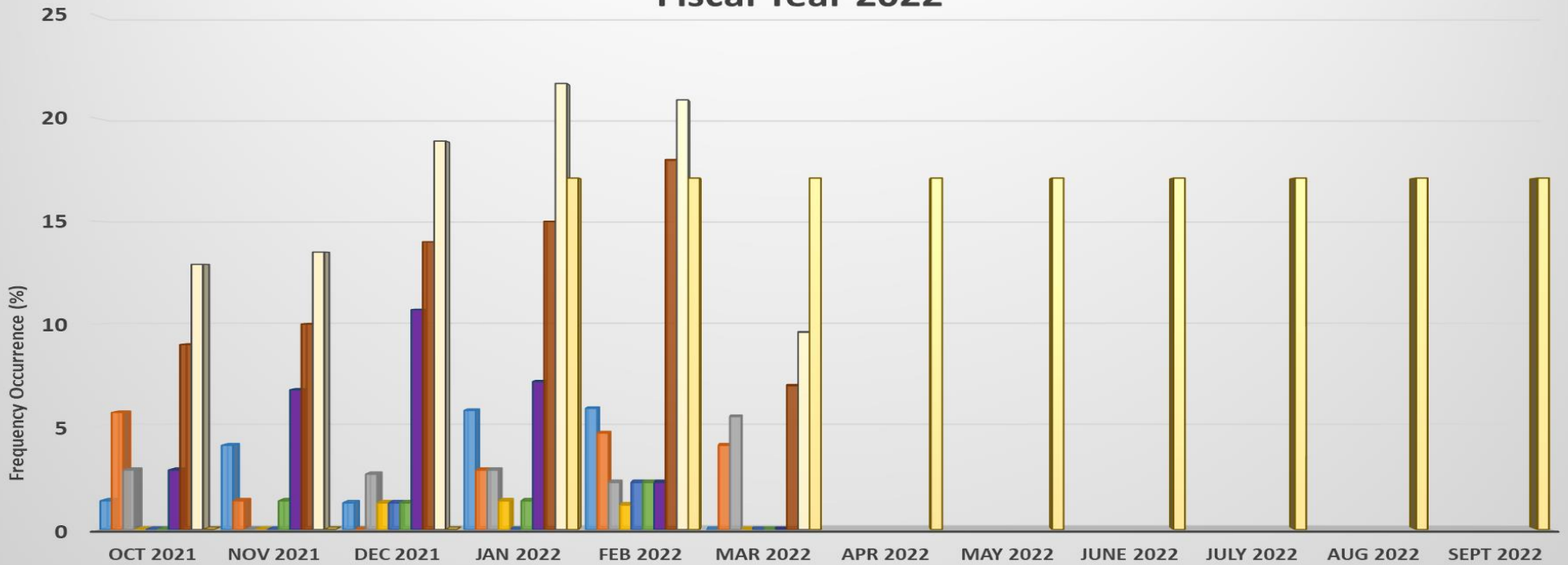
■ Tot. Patient Volume
 ■ # of Req. Reviewed
 ■ Mnthly Errors
■ EPIC Prov. Entry
 ■ # of Business Days/month
 ■ Est. Ave. Patients per day

Note: EPIC Prov. Entry: Lab test orders transcribed, into EPIC, directly by NEMGYNHH Provider or authorized staff.

Lab Requisition QC Data Entry Error Rate (%)

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

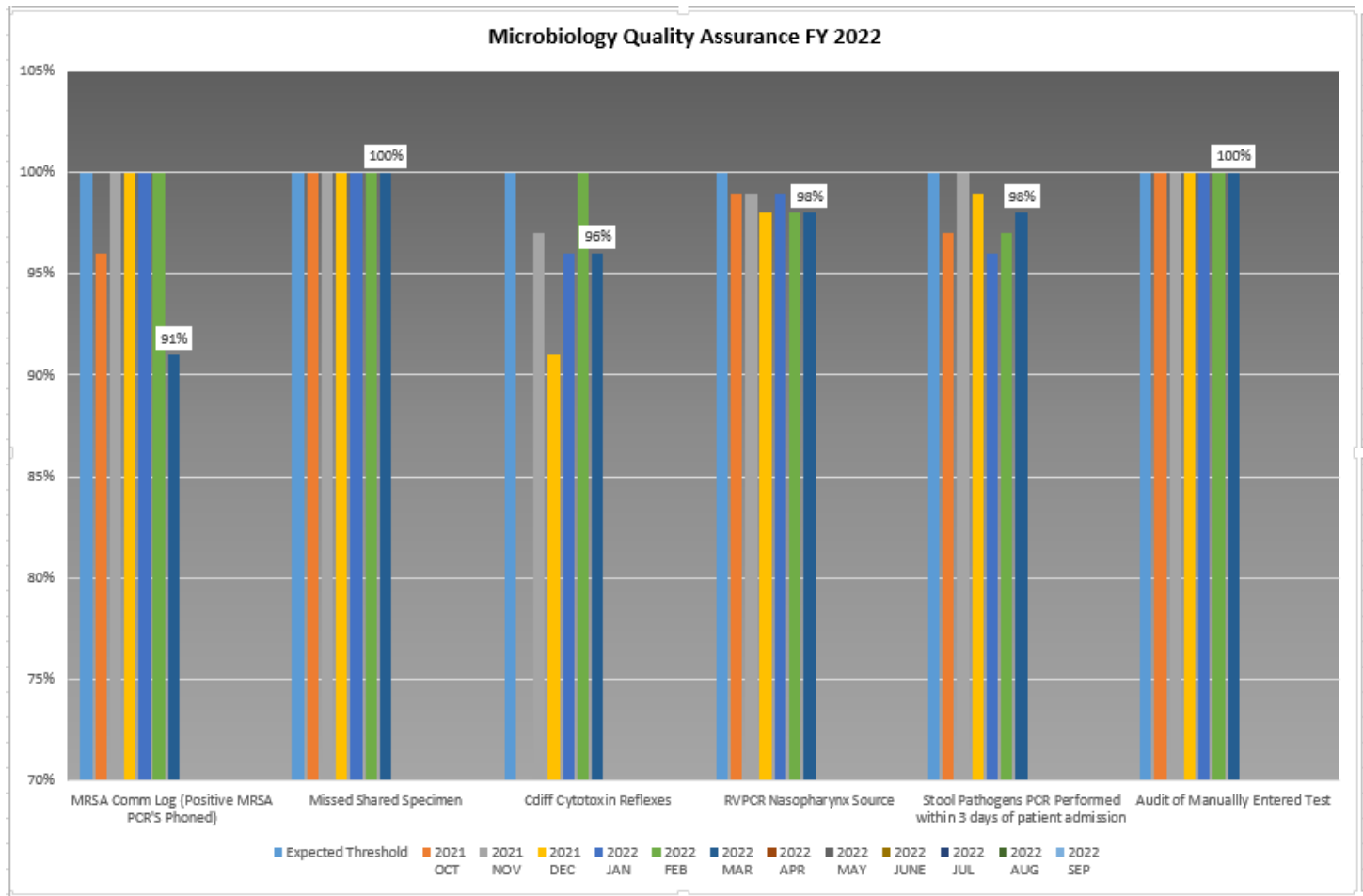
Fiscal Year 2022



	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	0						
Home Add. Mismatch (%)	5.7	1.4	0	2.9	4.7	4.1						
Prov. Entry Error (%)	2.9	0	2.7	2.9	2.3	5.5						
Missed Lab Test (%)	0	0	1.3	1.4	1.2	0						
Incorrect Lab Test (%)	0	0	1.3	0	2.3	0						
Req. Scan Error (%)	0	1.4	1.3	1.4	2.3	0						
Dx Entry Error (%)	2.9	6.8	10.7	7.2	2.3	0						
Total Errors (as # of Occ.)	9	10	14	15	18	7						
Total Error Rate 2022 (%)	12.9	13.5	18.9	21.7	20.9	9.6						
Ave Error Rate Calen. 2021 (%)	0	0	0	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 (%)

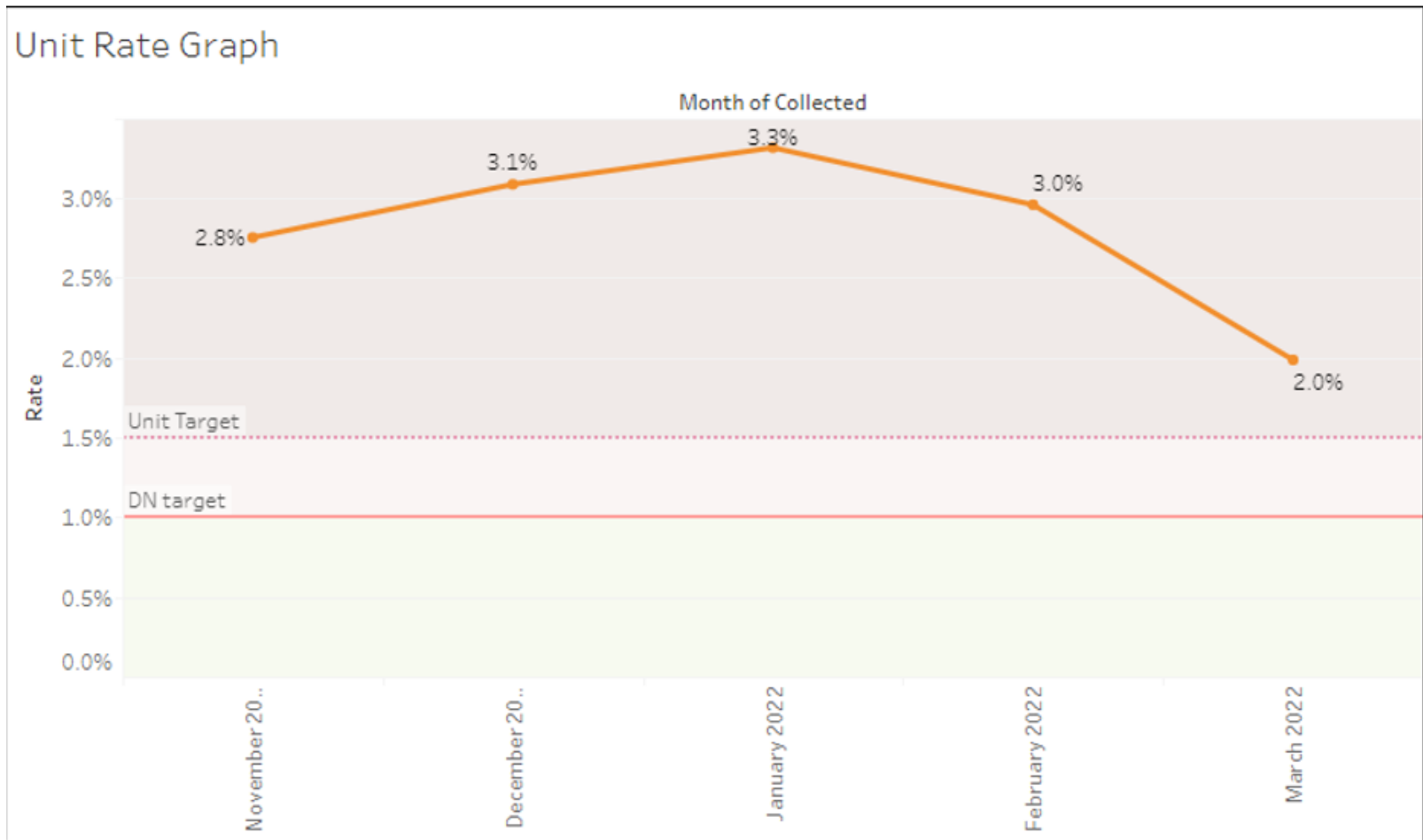
Microbiology QM for FY 2022



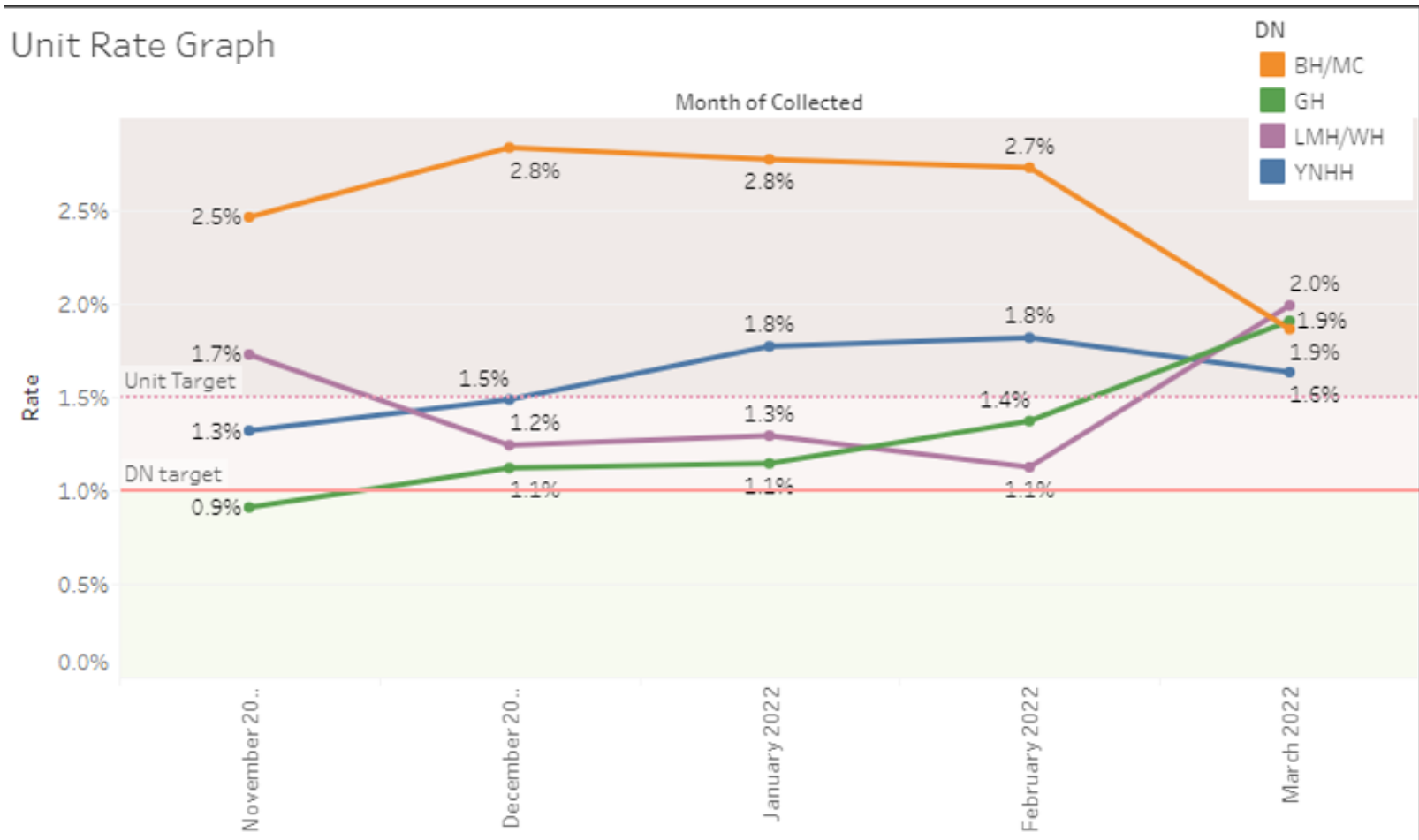
Total Volumes and errors

Total V	October	November	December	January	February	March
MRSA	236	269	313	299	216	249
MRSA +	27	23	38	32	25	34
Cdiff	142	133	121	121	136	144
Cdiff +	20	33	33	24	24	23
RVP	211	263	242	107	95	129
Stool	141	126	100	109	123	150
Stool Admitted	68	48	51	57	64	65
Errors	6	2	0	2	3	0

BH Blood Culture Contamination Rate



Blood culture Contamination Rate DNs Comparison

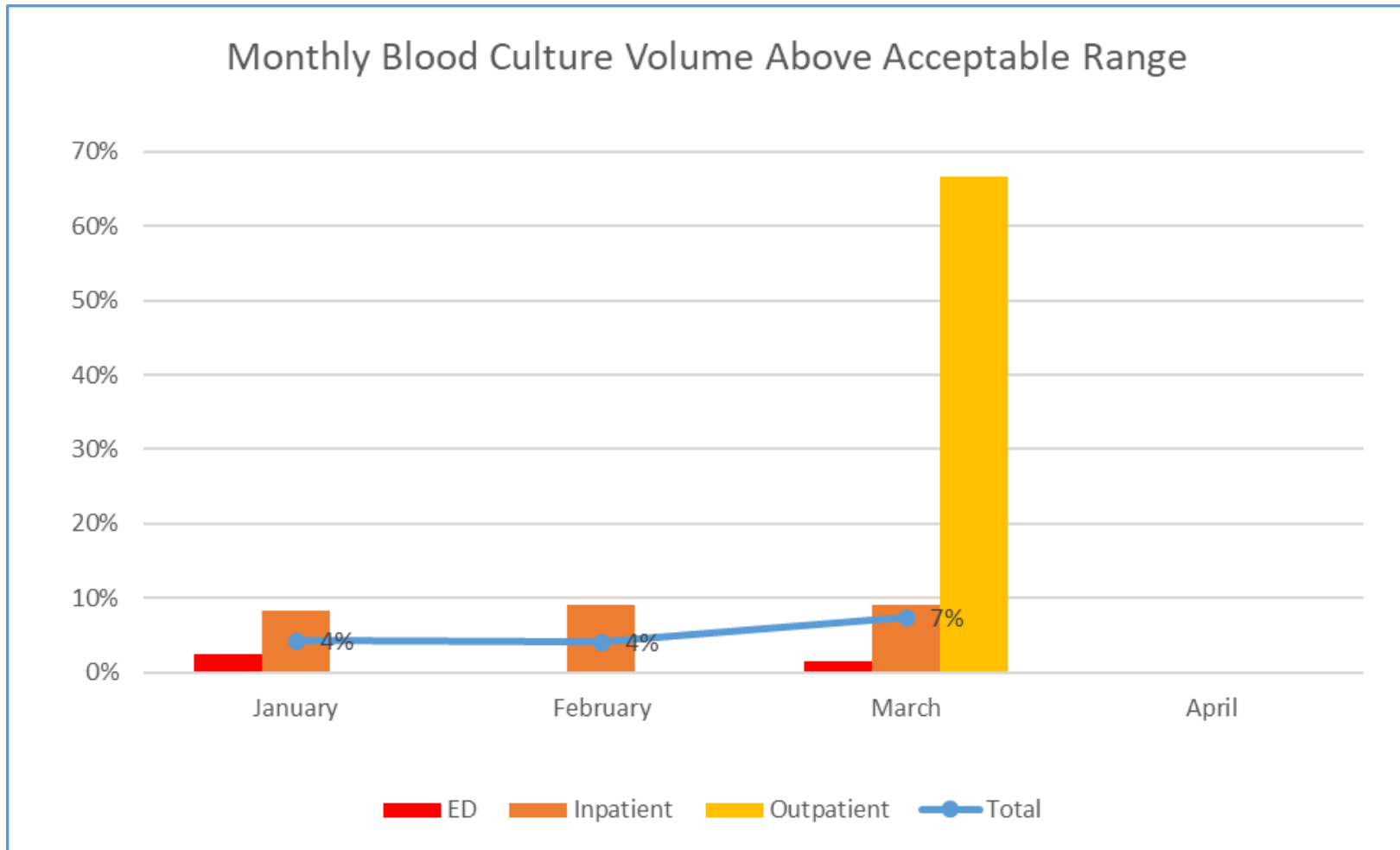


Blood Culture Bottle Volumes – Above Optimal

Total Number of Bottles Drawn				
	Total	ED	Inpatient	Outpatient
# Drawn	94	66	22	6
# Above Optimal	7	1	2	4

Above Acceptable Range				
Month	Total	ED	Inpatient	Outpatient
January	4%	3%	8%	0%
February	4%	0%	9%	0%
March	7%	2%	9%	67%

Blood Culture Bottle Volumes – Above Optimal

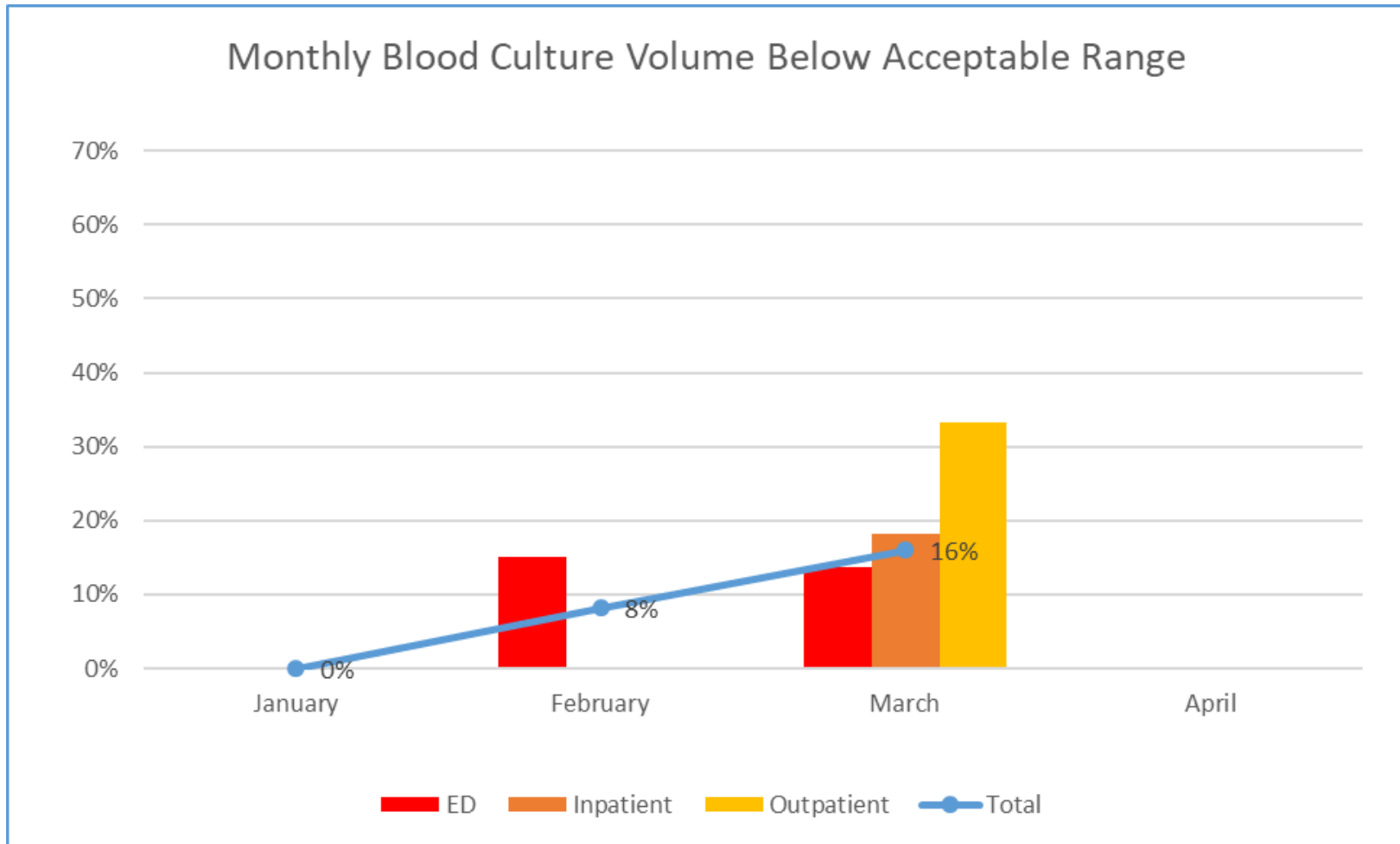


Blood Culture Bottle Volumes – Below Optimal

Total Number of Bottles Drawn				
	Total	ED	Inpatient	Outpatient
# Drawn	94	66	22	6
# Below Optimal	15	9	4	2

Below Acceptable Range				
Month	Total	ED	Inpatient	Outpatient
January	0%	0%	0%	0%
February	8%	15%	0%	0%
March	16%	14%	18%	33%

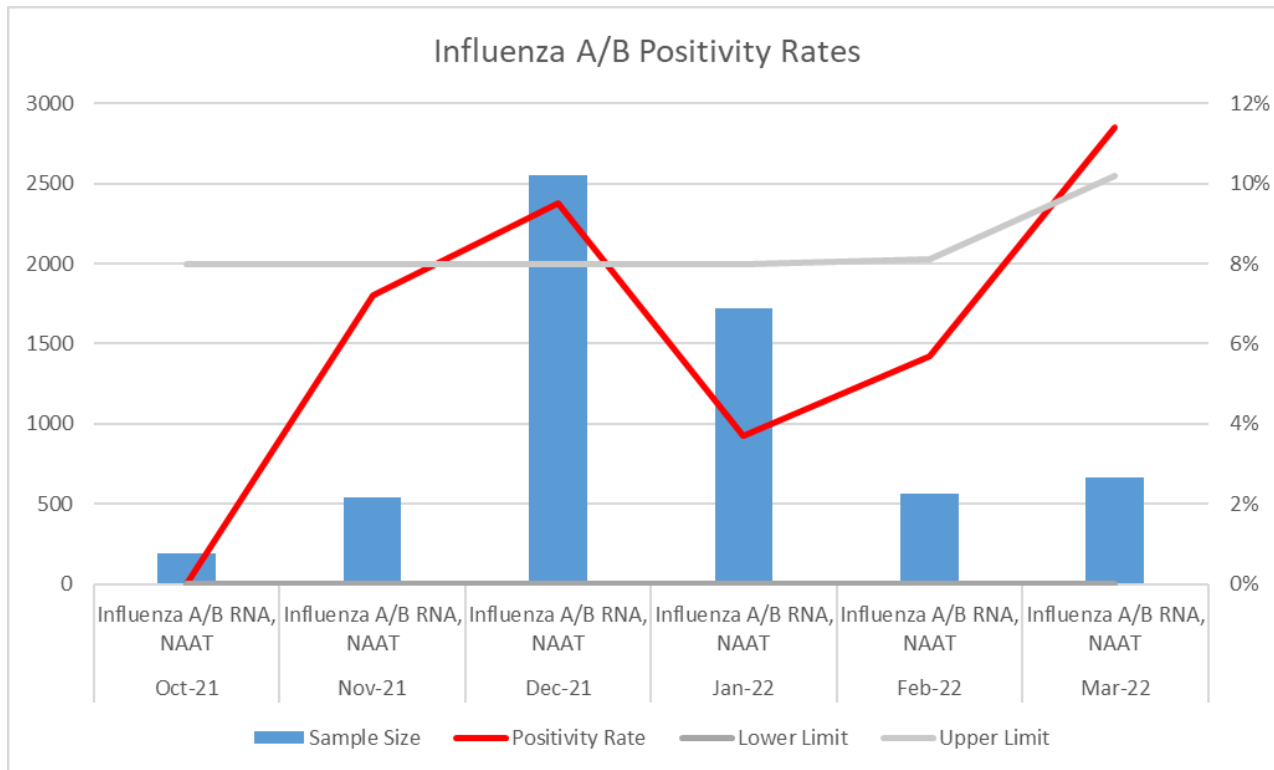
Blood Culture Bottle Volumes – Below Optimal



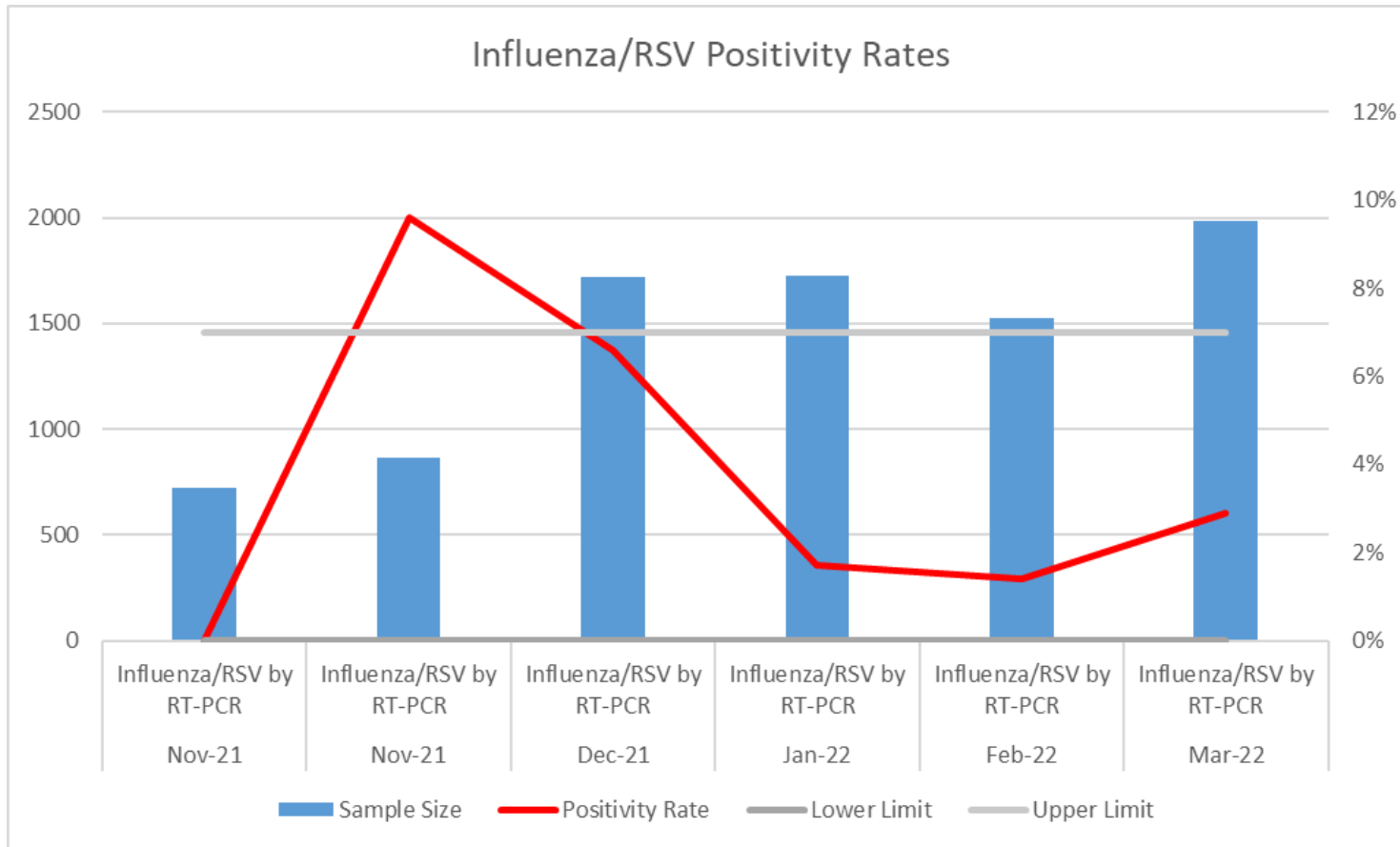
Molecular Statistics – Environmental Testing

Date	Tests	Sample size	Positive Count	% Positivity	Lower Limit	Upper Limit	Environment Monitoring	Epidemiological Trends	Evaluation Notes
Mar-22	SARS CoV-2 (COVID-19) RNA	13377	857	4%	0%	17%	Negative	None	None
Mar-22	MRSA/SAUR Blood PCR	32	32	34%	25%	41%	Negative	None	Consistent with Blood Contamination rates
Mar-22	Influenza A/B RNA, NAAT	667	76	11%	0%	10%	Negative	National positivity rates spiked in end of March. Flu A considered Widespread by CT DPH.	None
Mar-22	Influenza/RSV by RT-PCR	1982	57	3%	0%	7%	Negative	None	None
Mar-22	MRSA Colonization Status	209	35	16%	3%	19%	Negative	None	None
Mar-22	MTB w/rflx Rifampin PCR	3	0	0%	0%	100%	Negative	None	Requires prior approval from Infectious Disease before PCR testing
Mar-22	GBS PCR Pen NonAllergic	90	22	24%	15%	30%	Negative	None	None
Mar-22	GBS PCR Pen Allergic	8	3	38%	5%	51%	Negative	None	None
Mar-22	Group A Strep PCR	132	14	9%	4%	22%	Negative	None	None
Mar-22	HSV 1 AND 2 DIRECT PCR,	15	3	20%	0%	61%	Negative	None	None
Mar-22	Chlamydia trachomatis, NAAT	621	24	4%	3%	6%	Negative	None	None
Mar-22	N. gonorrhoeae, NAAT	621	2	0%	1%	4%	Negative	None	None
Mar-22	Stool Pathogens PCR	129	21	16%	0%	20%	Negative	None	None
Mar-22	Resp Virus PCR Panel	118	30	25%	0%	58%	Negative	None	None

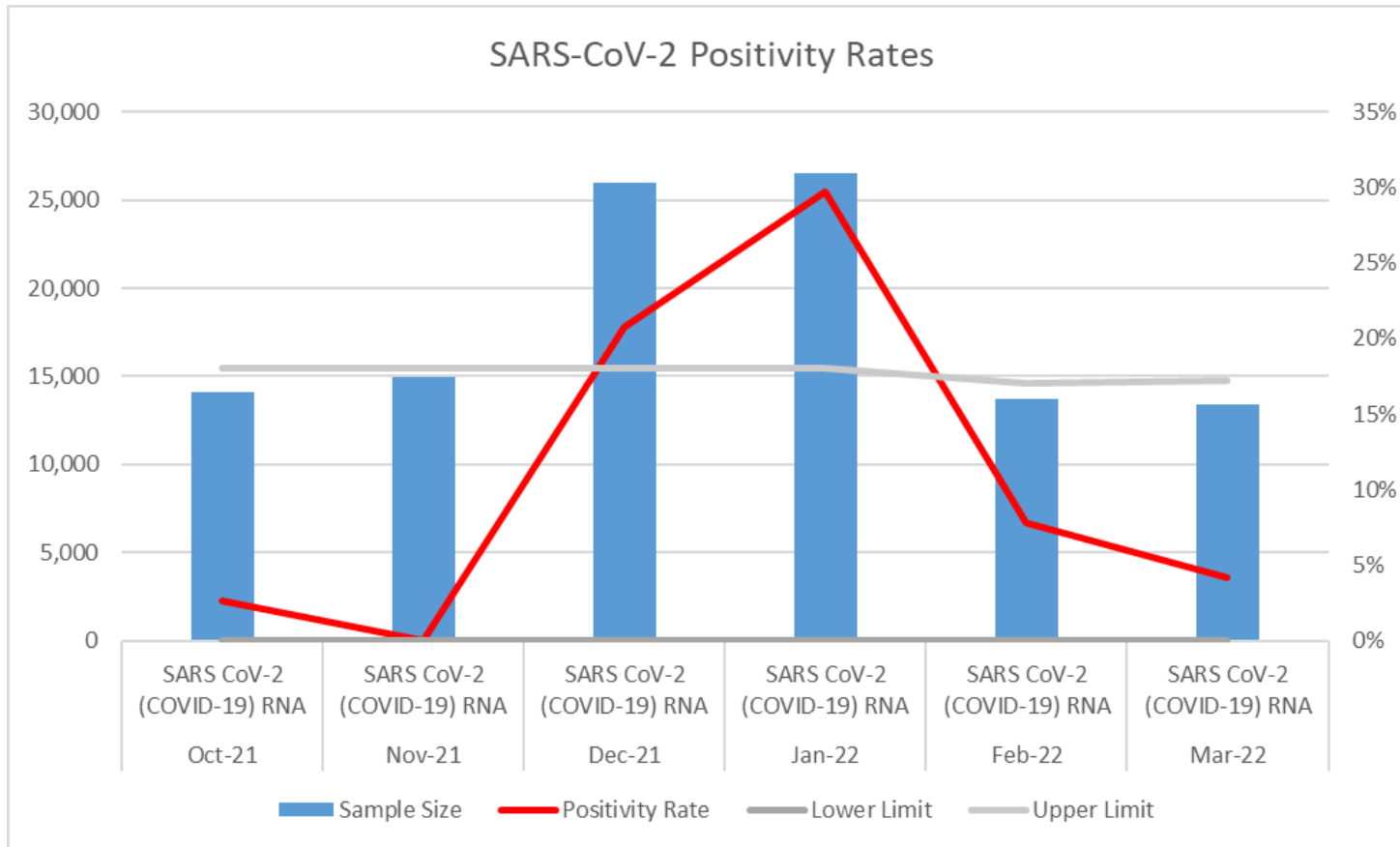
Molecular Statistics – Positivity Rates



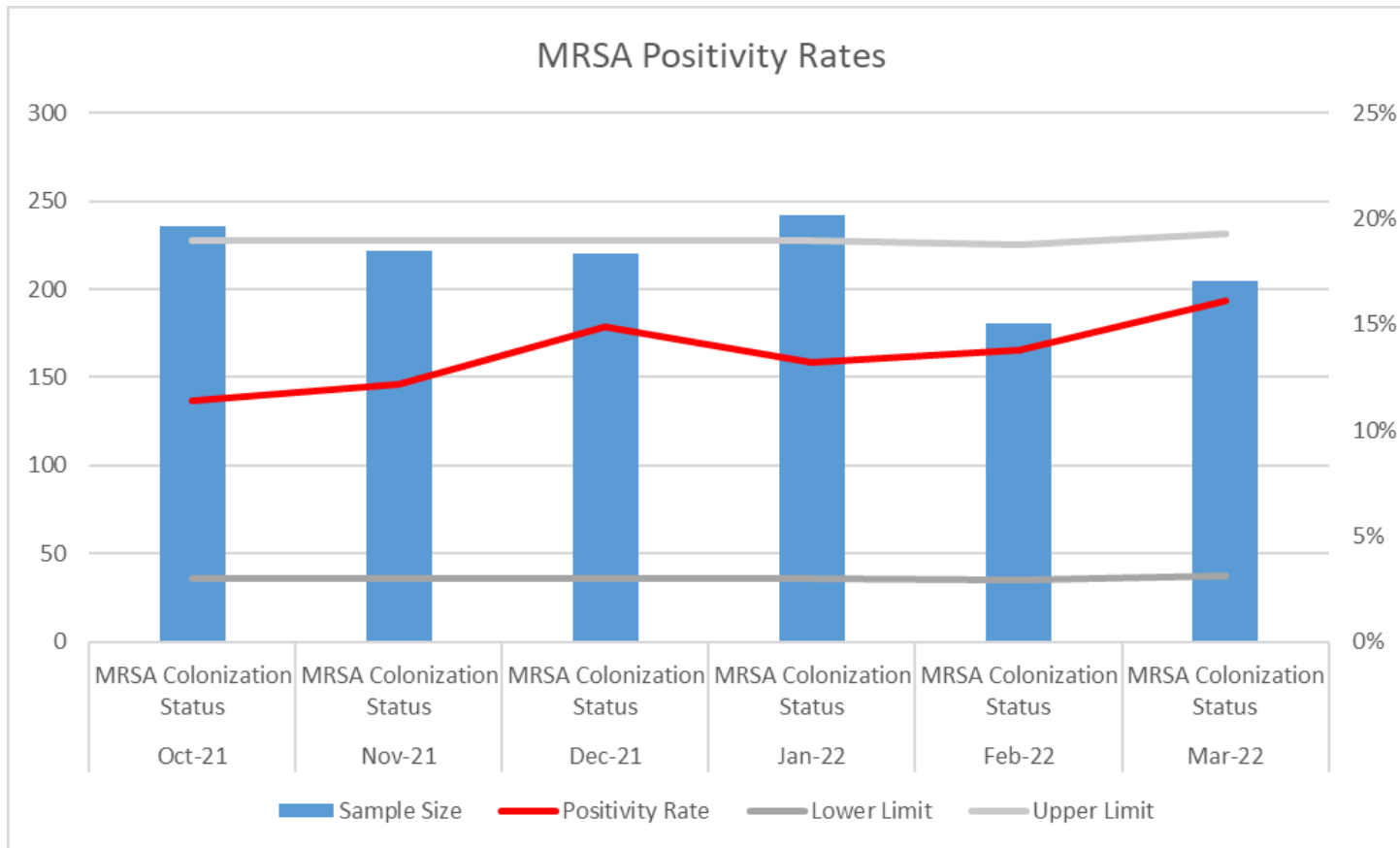
Molecular Statistics – Positivity Rates



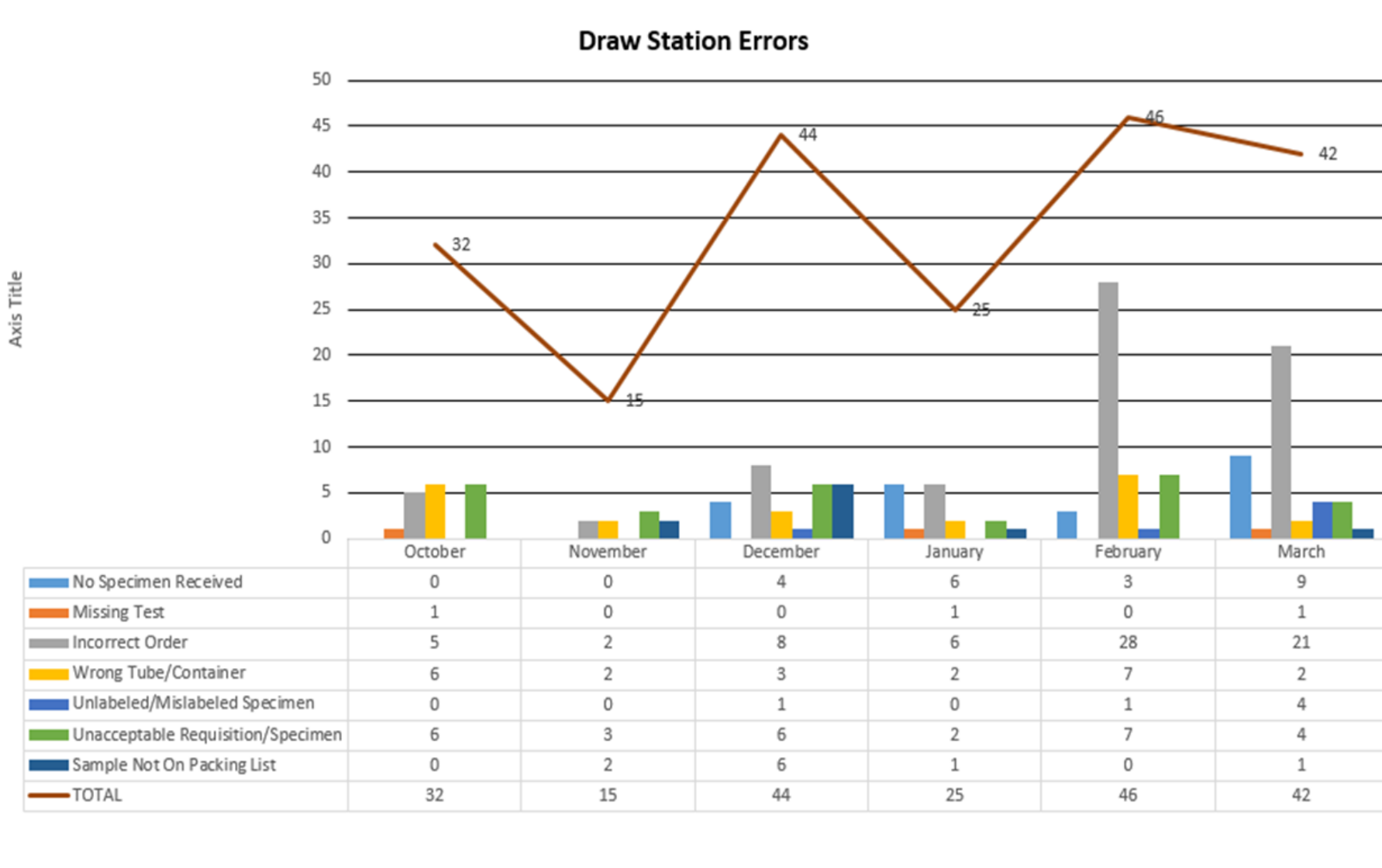
Molecular Statistics – Positivity Rates



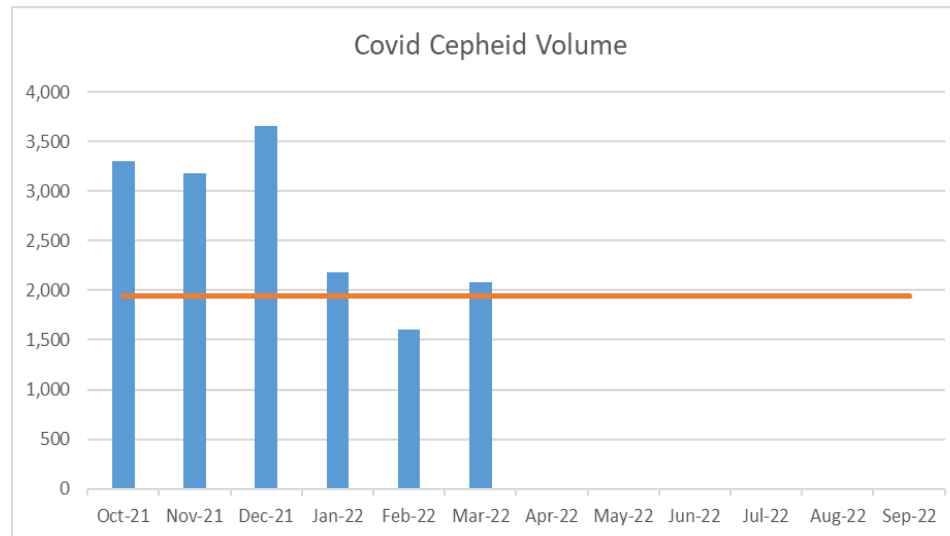
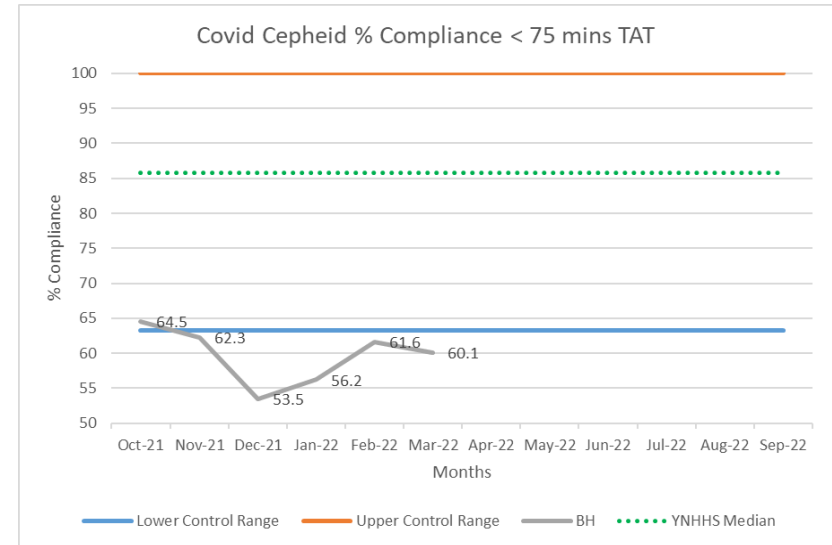
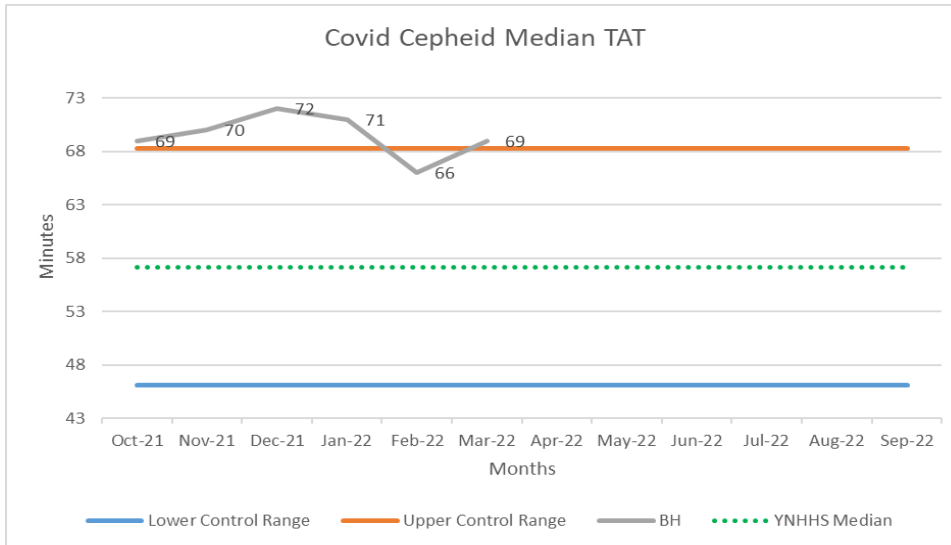
Molecular Statistics – Positivity Rates



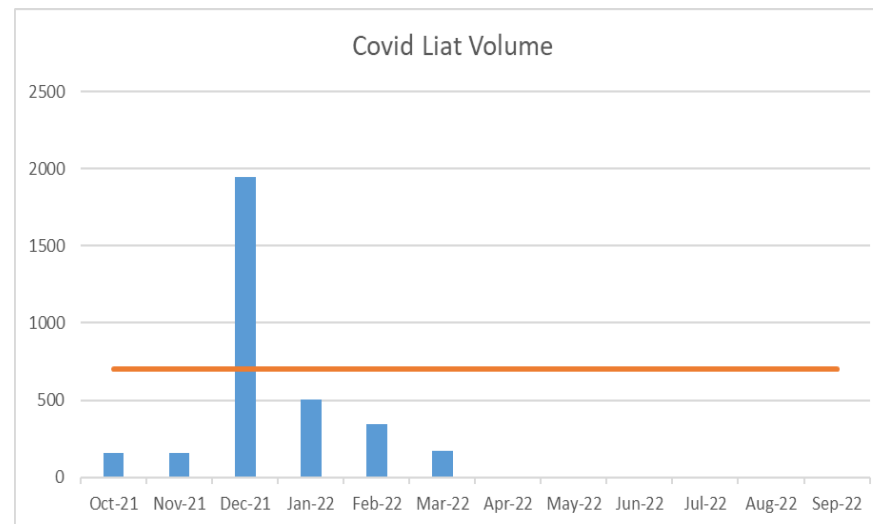
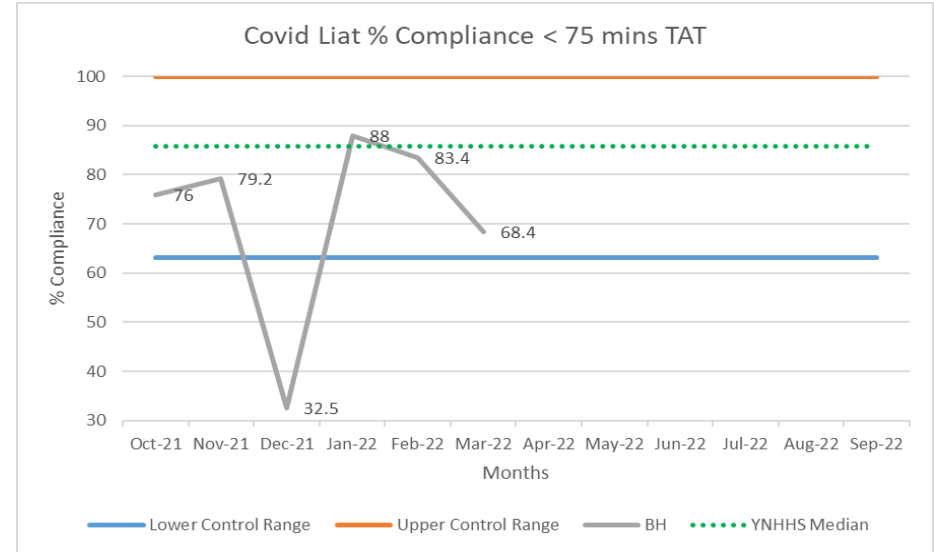
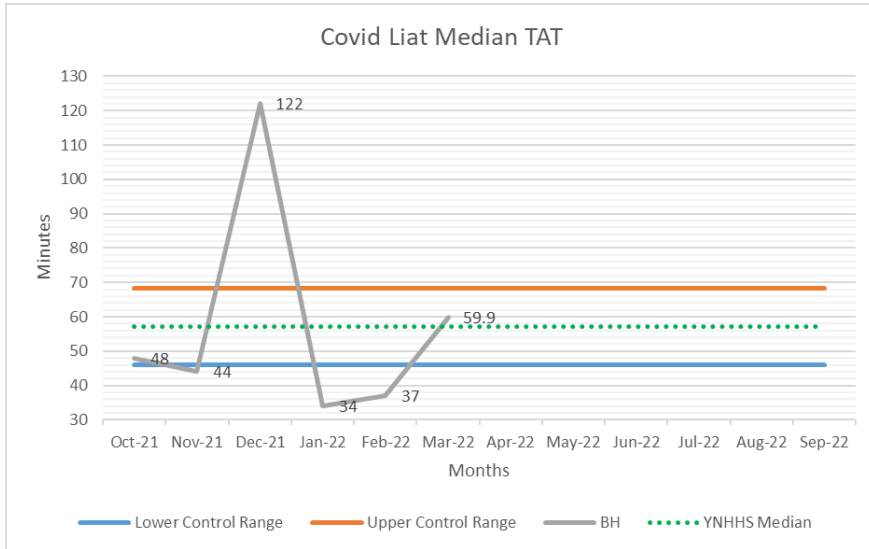
Draw Station Errors



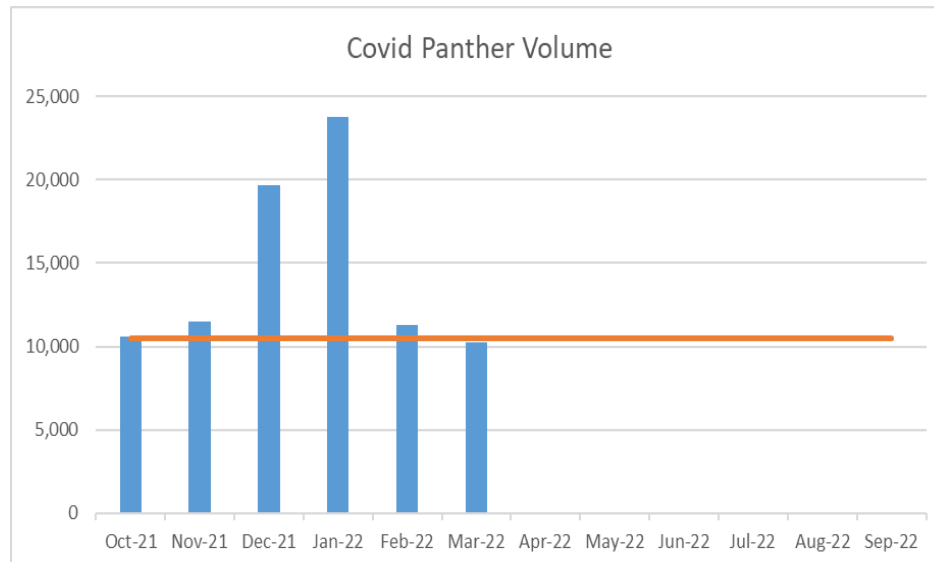
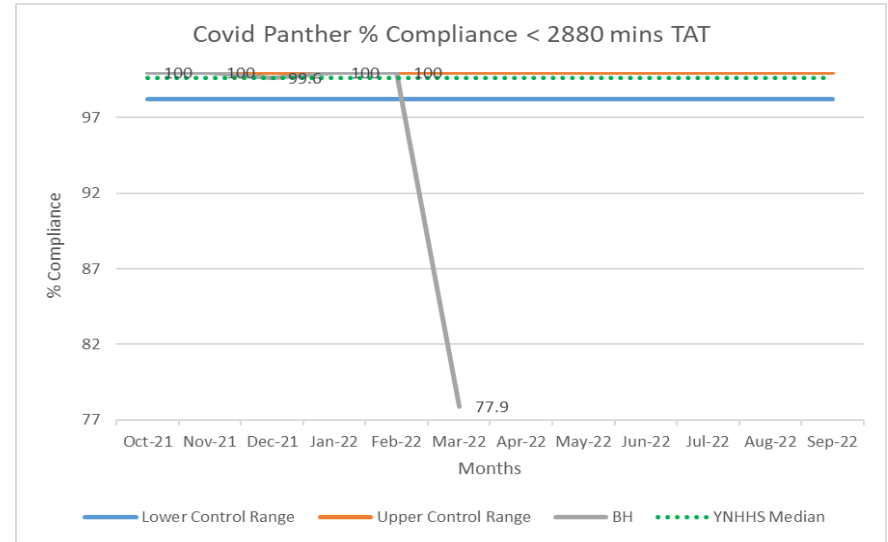
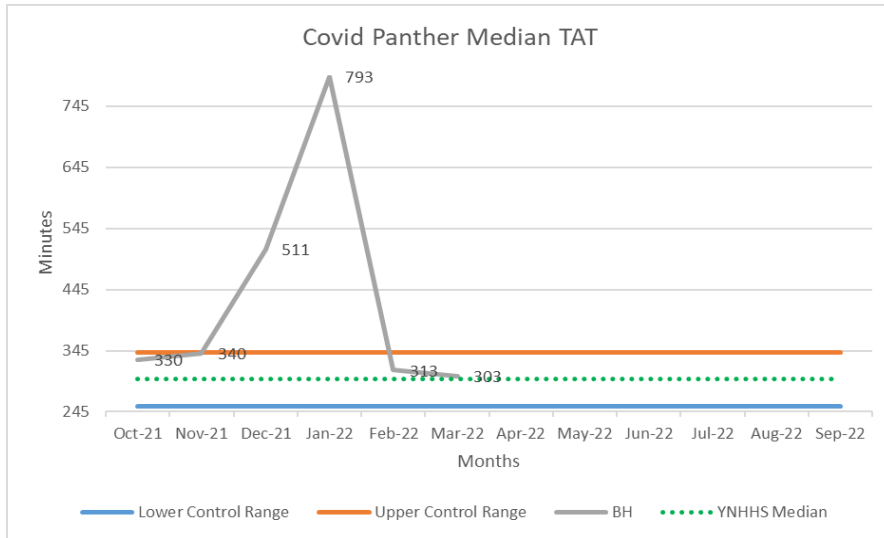
Bridgeport Campus – COVID-19 Cepheid



Bridgeport Campus – COVID Liat



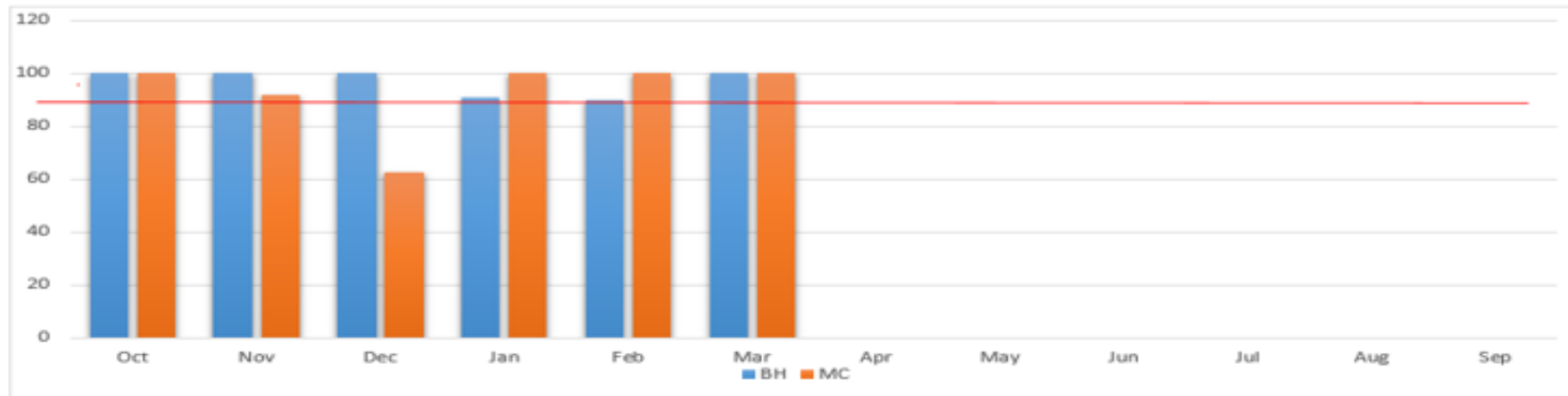
Bridgeport Campus – COVID-19 Panther



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 6/6 surveys	100%	90%	None	None required	Lab management and administration
		MC 4/4 surveys	100%	100%			

CAP PT Evaluation Completion TAT within 30 days
Benchmark 90%



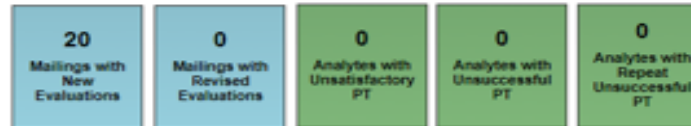
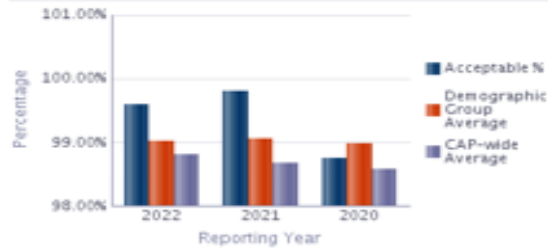
Proficiency Testing Performance BC	98%	395/398 analytes	99%	100%	None	None required for benchmark-each section investigates failed/unsatisfactory performances.	Laura
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Lab General - Bridgeport

Proficiency Testing Performance Overview ?

Select View: Graph ▼

Acceptable Proficiency Testing by Year and Group



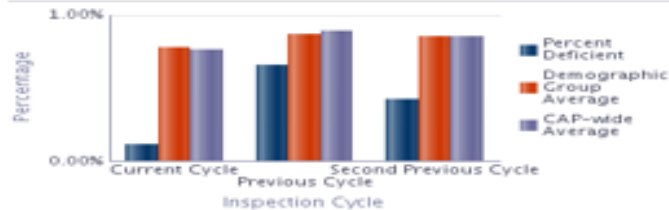
Reporting Year	Acceptable %	Demographic Group Average ?	CAP-wide Average
2022	99.58%	99.02%	98.80%
2021	99.81%	99.06%	98.67%
2020	98.76%	98.98%	98.58%

Period Name	Percent Deficient	Demographic Group Average ?	CAP-wide Average
Current Cycle	0.11%	0.77%	0.76%
Previous Cycle	0.65%	0.87%	0.89%
Second Previous Cycle	0.42%	0.85%	0.85%

Accreditation Performance Overview ?

Select View: Graph ▼

Deficient Accreditation Performance by Cycle and Group



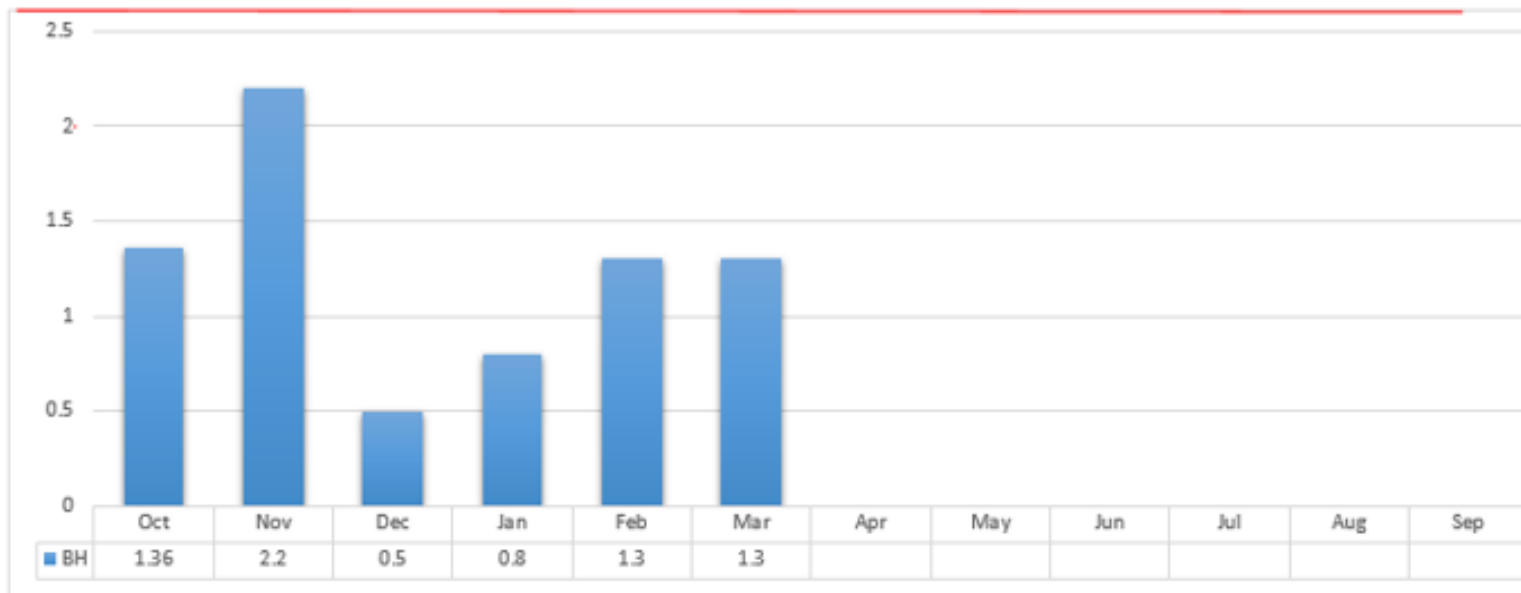
Last Accreditation Decision	Date
Accredited	3/8/2021

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

Lab General - Bridgeport

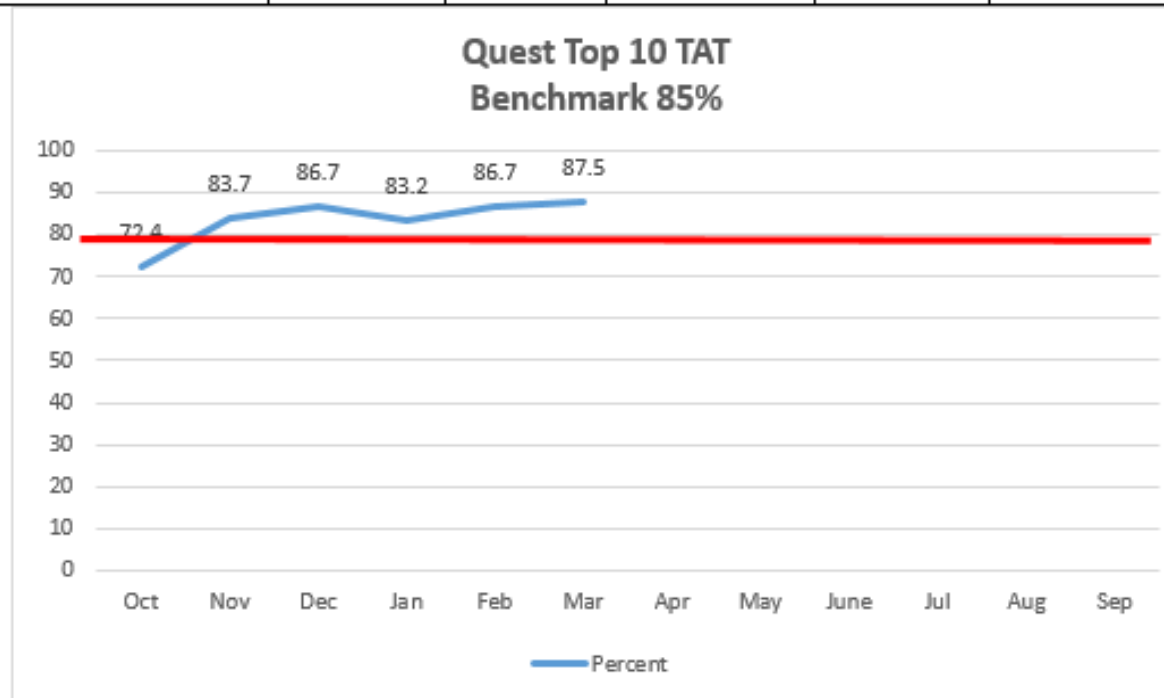
Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible
BC Lab Corrected/amended reports	<2.7/10,000 tests	196,214 tests	1.3 Per 10,000 results (0.13%)	1.3 (0.13%)	Corrected reports can lead to adverse patient outcomes	None needed benchmark met	Laboratory administration

Corrected Reports per 10,000 test results-Bridgeport Campus
Benchmark <2.7



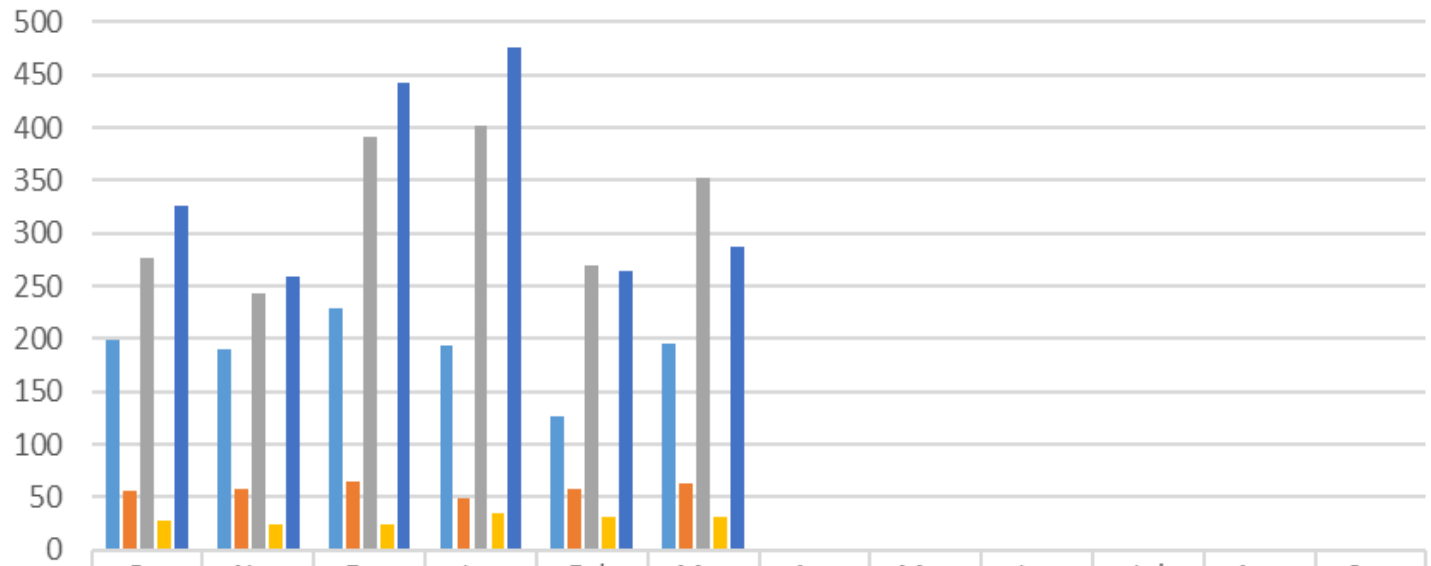
Lab General - Bridgeport

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	495 tests	87.5%	86.7%	Can cause delays in patient treatment/therapy	Quest has shown improvement since the beginning of this Fiscal year due to workflow improvements in Chantilly. Target was lowered to 85% in FY21 Continue increasing test sent to YH and bringing some sendouts in-house.



Lab General - Bridgeport

Bridgeport Campus Rejected Specimens by Classification



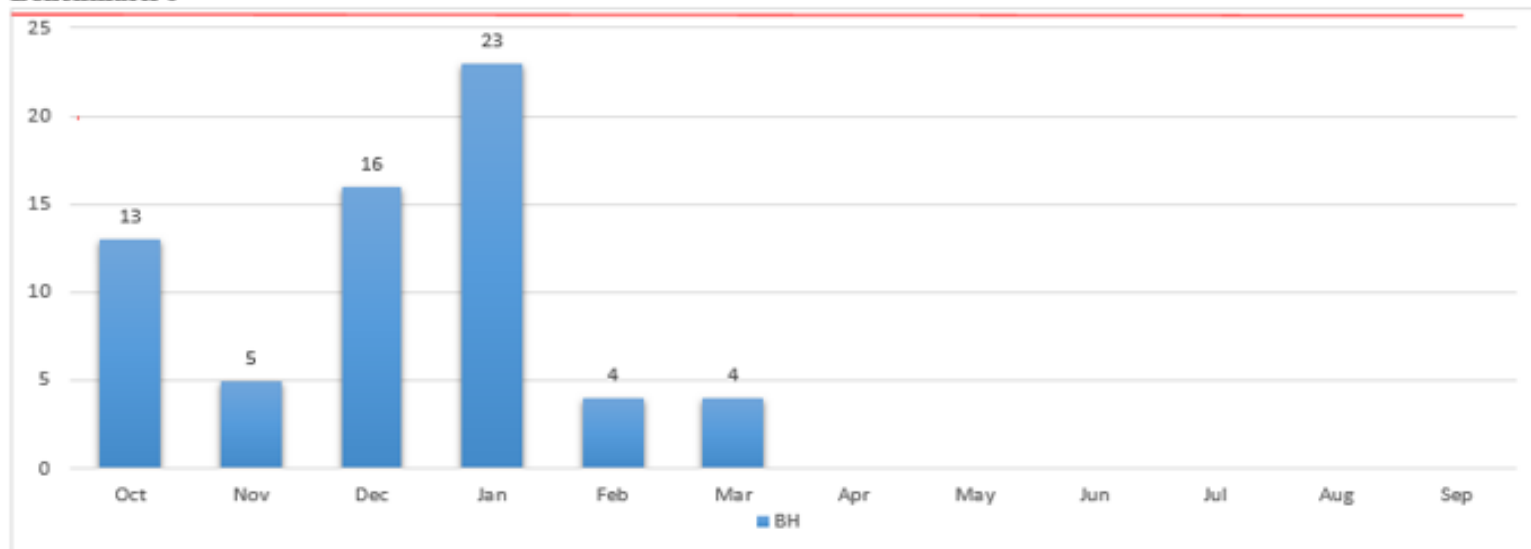
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Clotted	198	190	229	193	127	195						
Contaminated (IV + Other)	56	57	65	49	58	63						
Hemolyzed	276	243	391	401	269	352						
Not on Ice	28	25	24	35	31	32						
QNS	325	259	443	475	264	287						

■ Clotted
 ■ Contaminated (IV + Other)
 ■ Hemolyzed
 ■ Not on Ice
 ■ QNS

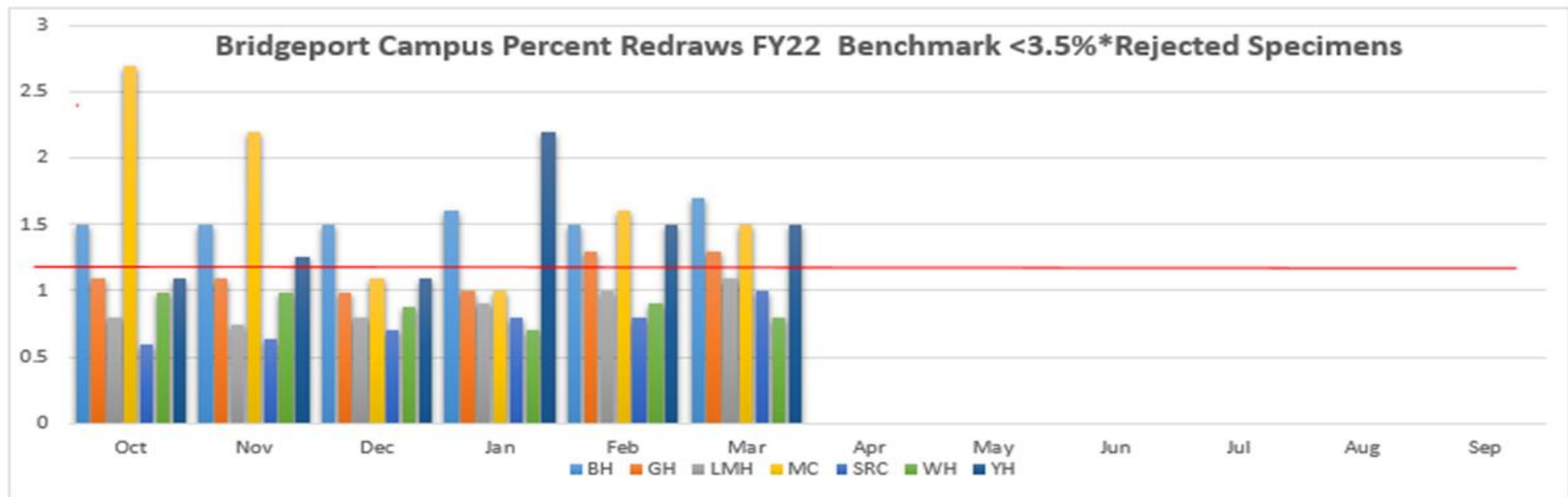
Lab General - Bridgeport

Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible Staff
Nonconforming events BC	0	196,214 tests	4	4	All 4 March entries were from Chemistry involving Troponins sent in gold top tubes that were not rejected by the front desk.	The off-shift coordinator reminded the central processor to reject troponin samples received in gold top tubes. 2 of the patients had to be redrawn.	Lab administration and management

**Bridgeport Campus Nonconforming Events
Benchmark 0**



Lab General – Bridgeport (Specimen Rejection Analysis)



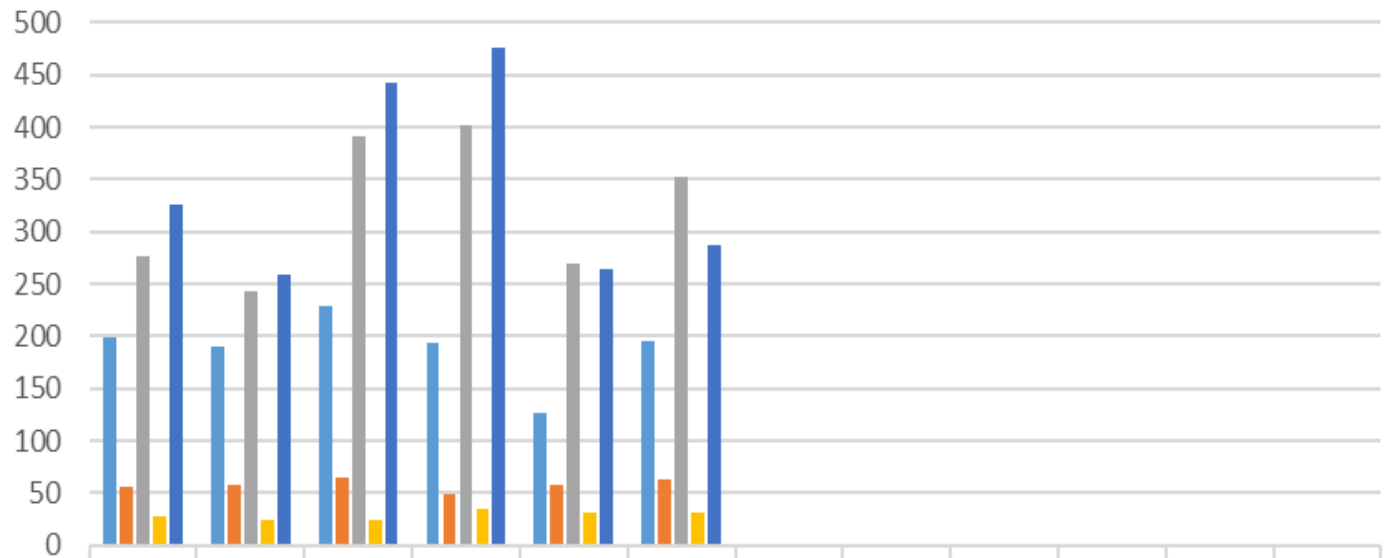
YNHHS Benchmark: (1.1% FY22 to date)

*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
Mar	1.7	1.3	1.1	1.5	1	0.8	1.5

Laboratory General - Bridgeport

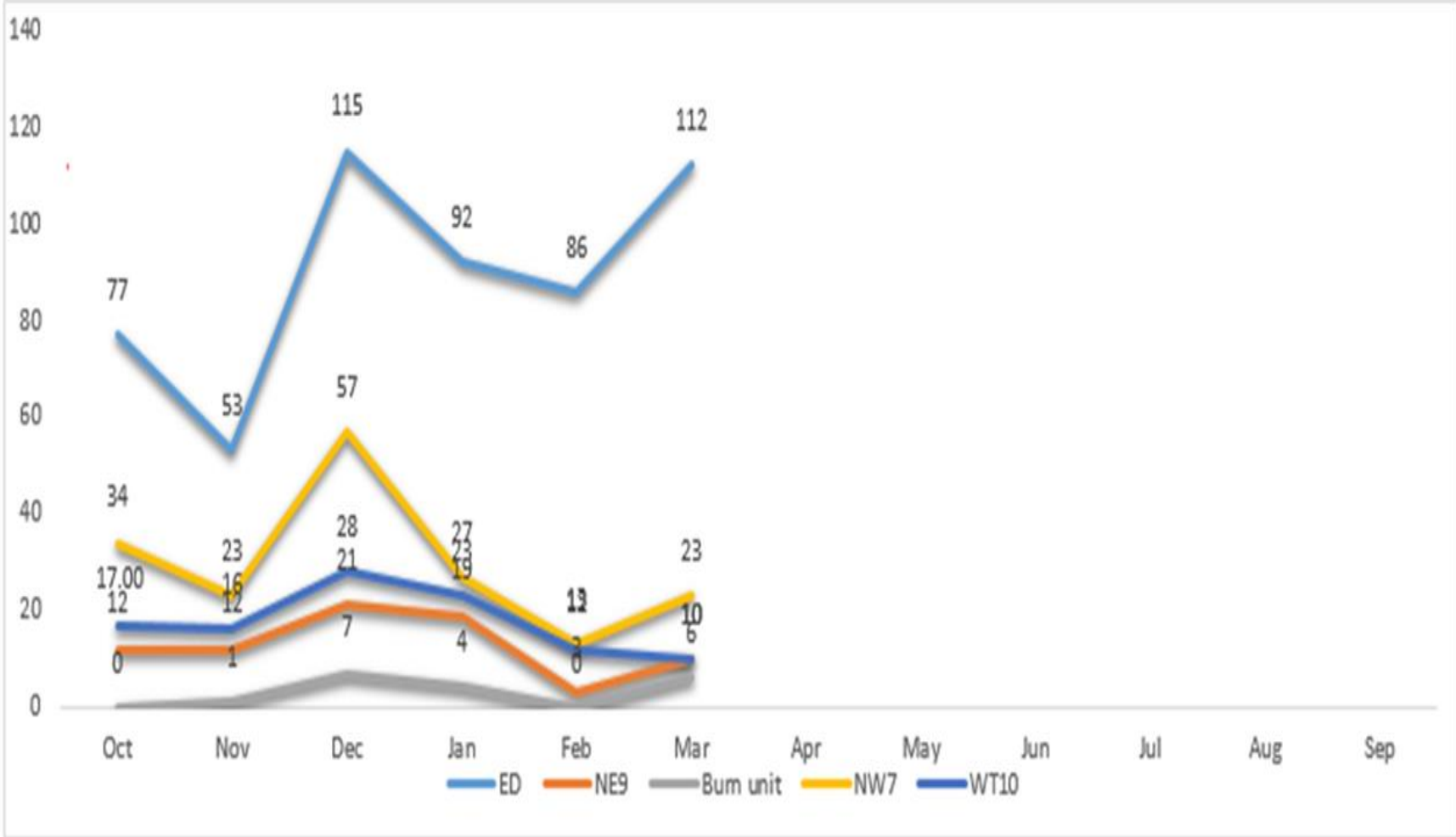
Bridgeport Campus Rejected Specimens by Classification



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
■ Clotted	198	190	229	193	127	195						
■ Contaminated (IV + Other)	56	57	65	49	58	63						
■ Hemolyzed	276	243	391	401	269	352						
■ Not on Ice	28	25	24	35	31	32						
■ QNS	325	259	443	475	264	287						

■ Clotted ■ Contaminated (IV + Other) ■ Hemolyzed ■ Not on Ice ■ QNS

Floor Audits of QNS specimens FY2022

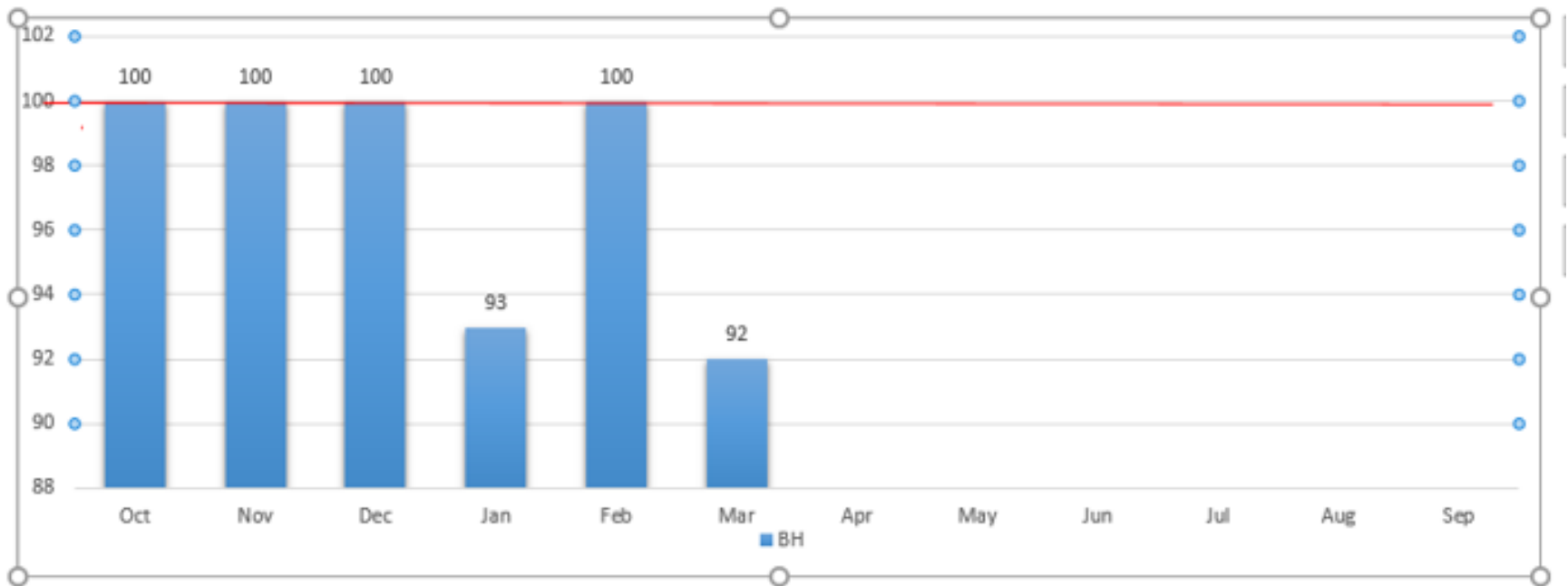


Laboratory General - Bridgeport

Events Calendar Task Completion (Both Campuses)

Target=100% 23/25* events completed

Events Calendar Completed
Benchmark 100%



* did not count the PM on AP Dako since it is scheduled and company keeps rescheduling, and 2 late competencies due to FMLA at the MC

Sample not on ice by Delivery Network - *To be presented at May 2022.*

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 - *To be presented at May 2022.*

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:

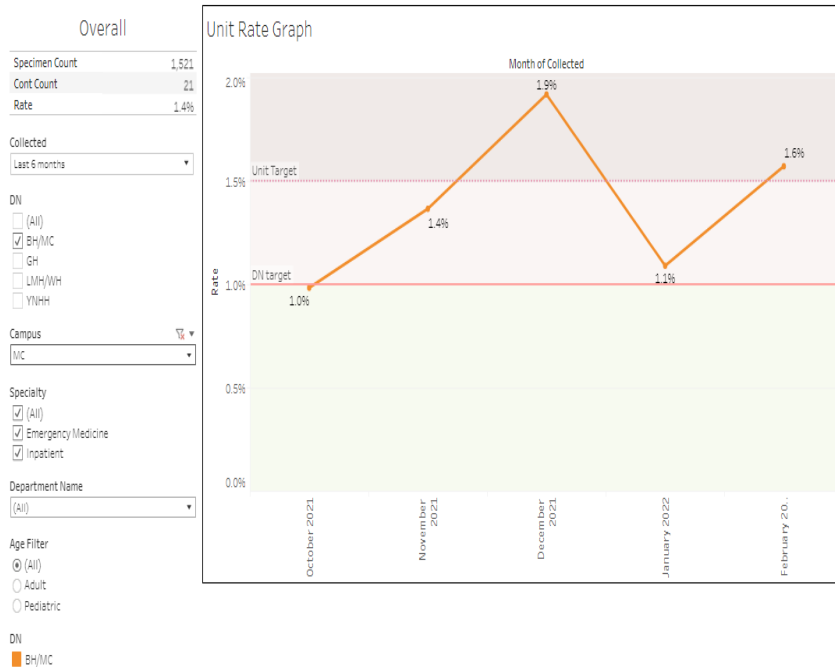
Row Labels	Count of Specimen ID
CALCIUM, IONIZED, WHOLE BLOOD	10
PTH, INTACT (BH)	8
AMMONIA	6
LACTIC ACID, WHOLE BLOOD (VENOUS) (MC)	3
ACTH (YH BH)	2
METHYLMALONIC ACID (YH BH)	2
PORPHOBILINOGEN SCREEN, URINE, RANDOM (BH GH YH)	1
HOMOCYSTEINE (BH GH YH)	1
Phosphatidylethanol (PEth), Whole Blood, Quantitative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

Milford Campus ED TAT Ordered to Collected and Collected to Received - *To be presented at May 2022.*

	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 - *To be presented at May 2022.*

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

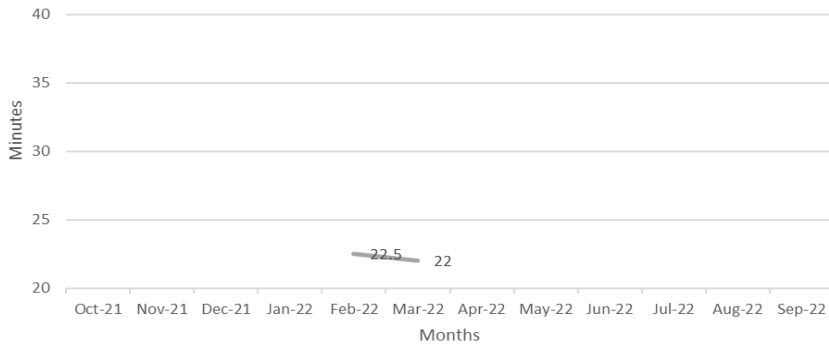


Prov Type Contaminations Y/N
 no
 yes

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%

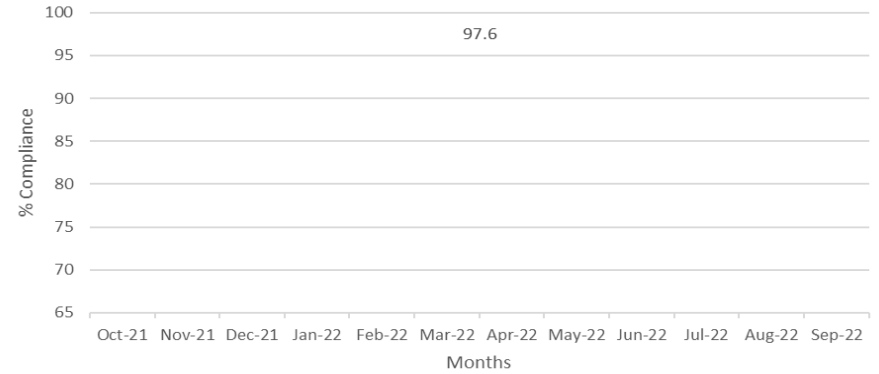
Milford Campus – Gen 5 Troponin TAT

Gen5 Troponin Median TAT



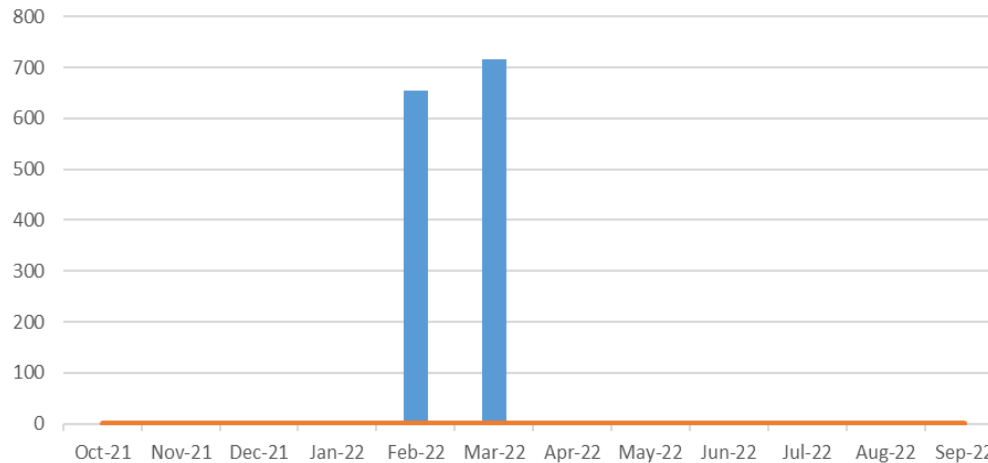
Lower Control Range Upper Control Range MC YNHHS Median

Gen5 Troponin % Compliance < 45 mins TAT

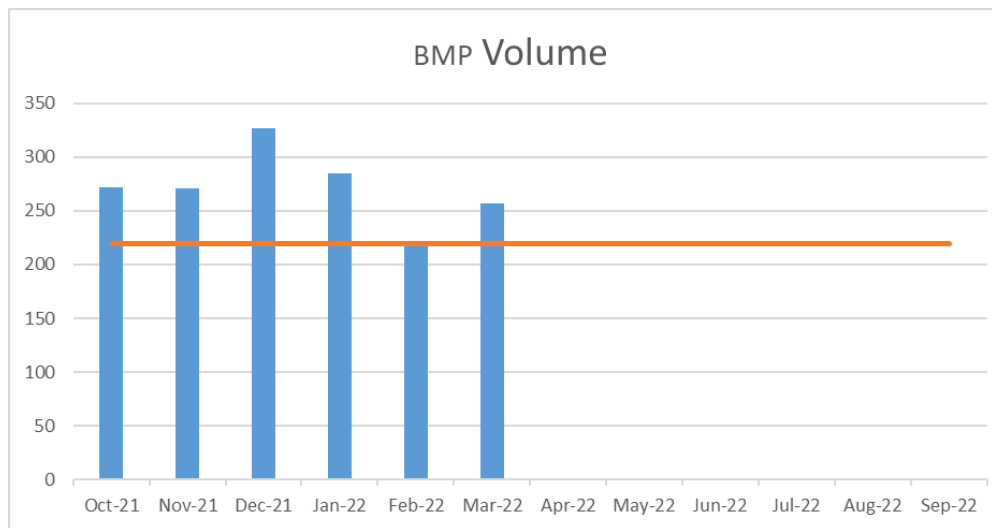
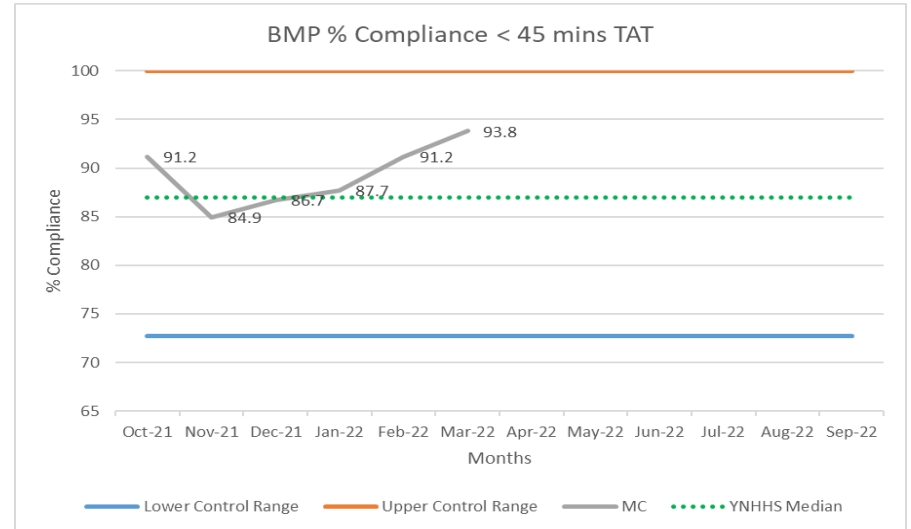
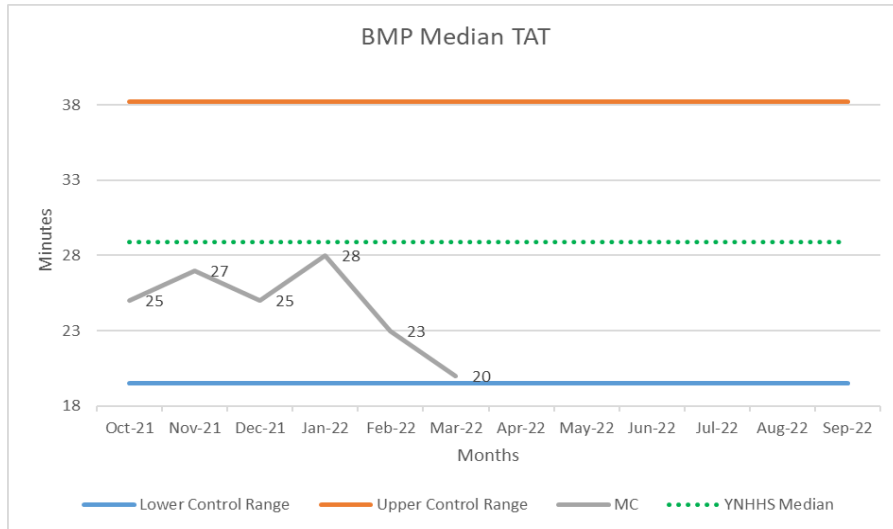


Lower Control Range Upper Control Range MC YNHHS Median

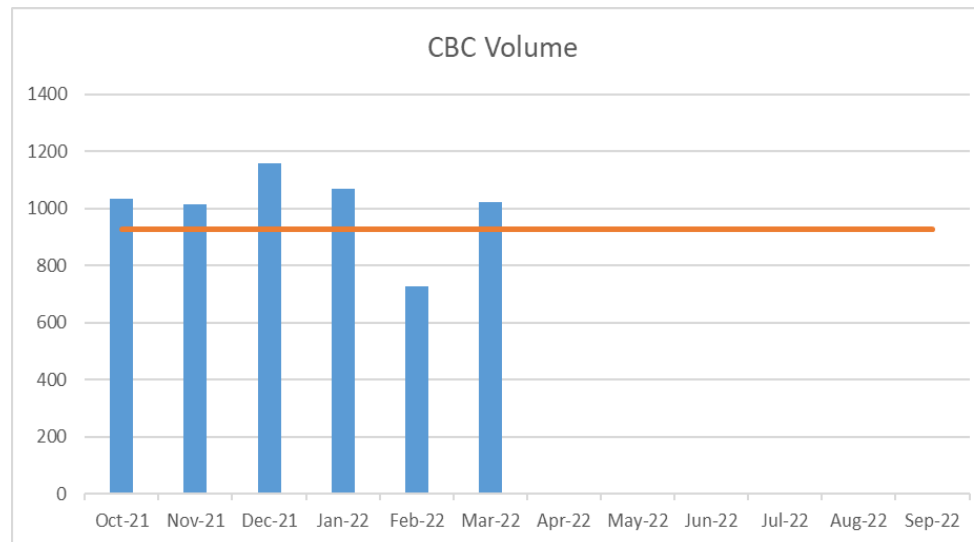
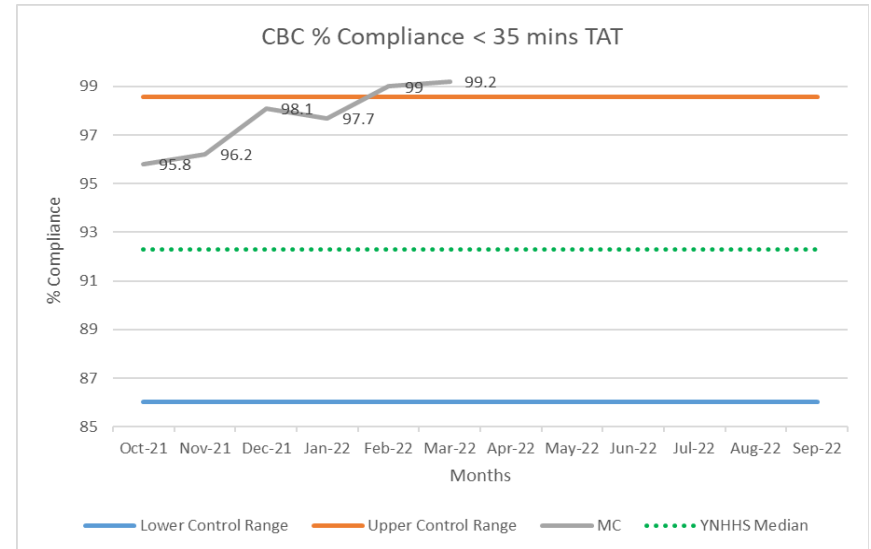
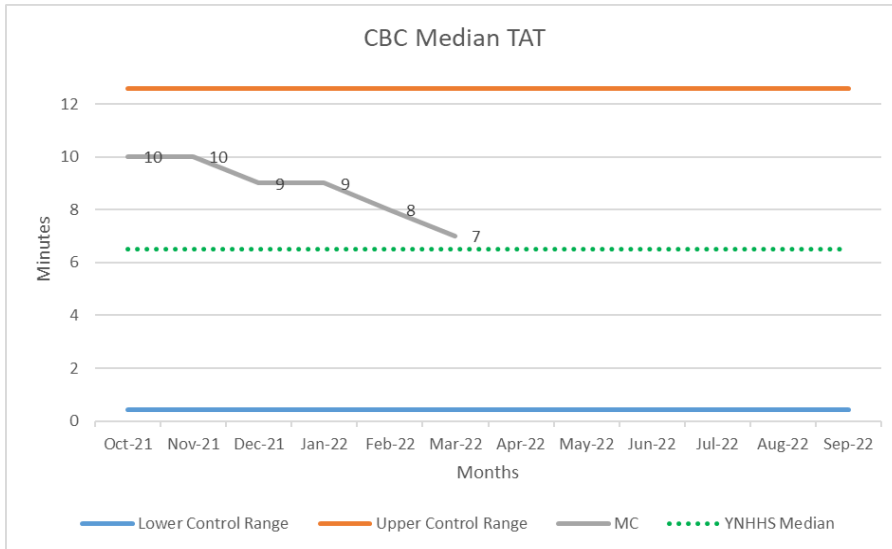
Gen5 Troponin Volume



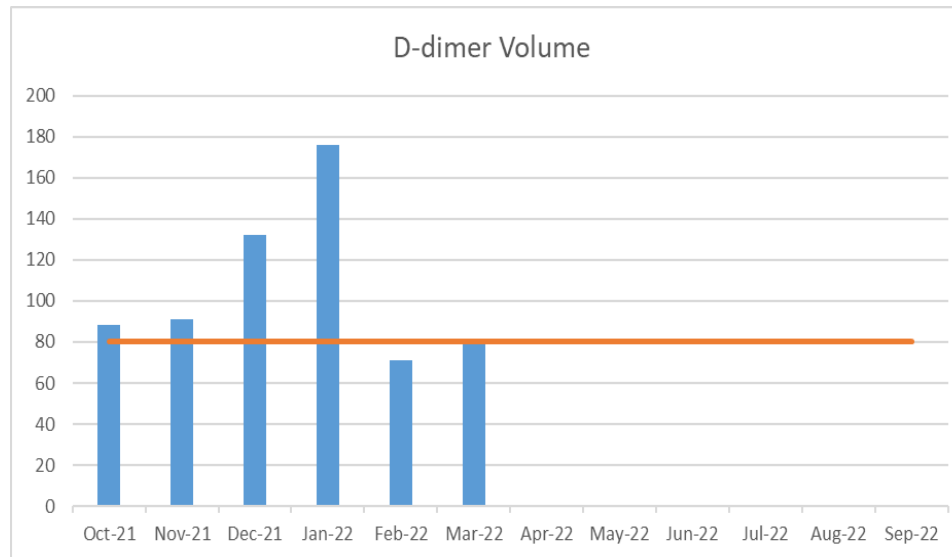
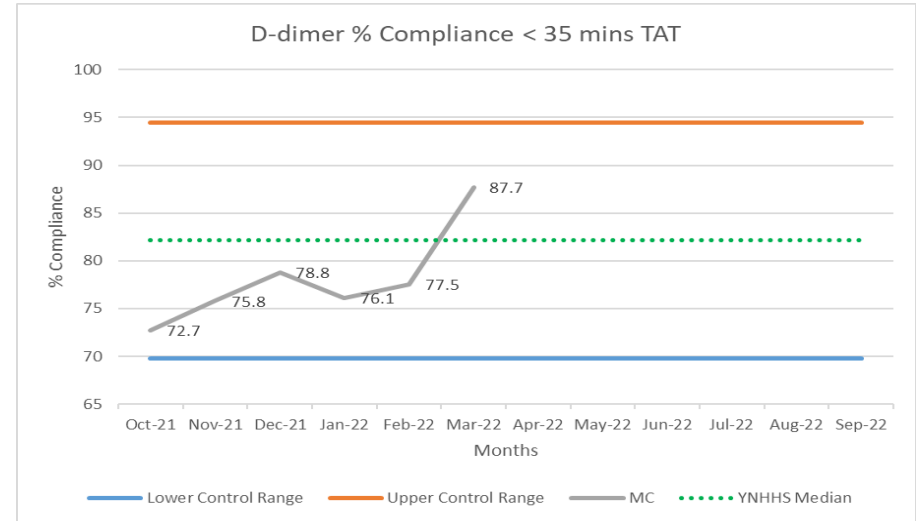
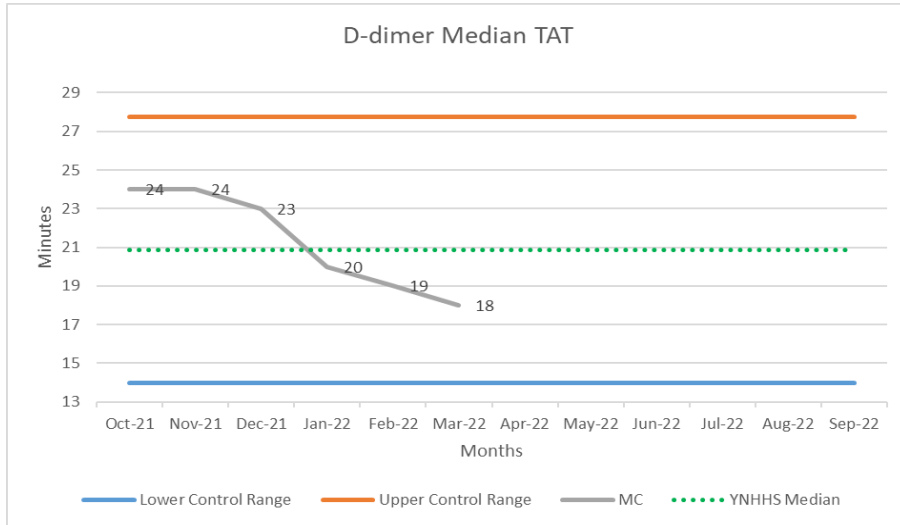
Milford Campus – Basic Metabolic Panel (BMP) ED TAT



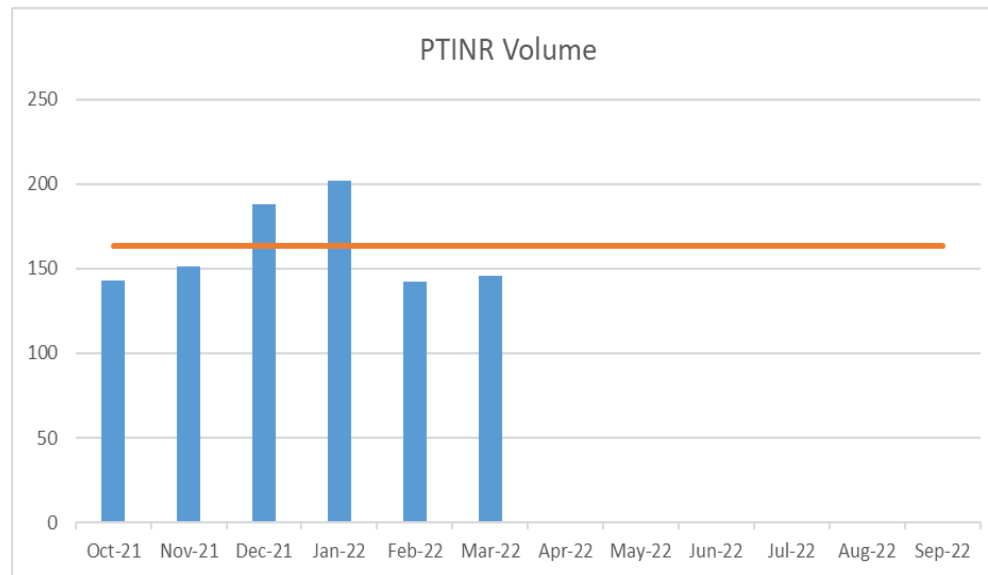
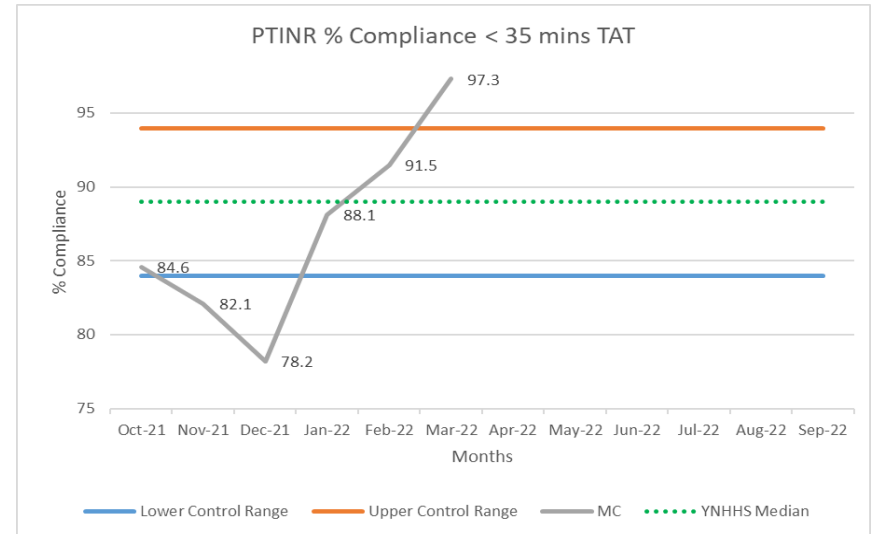
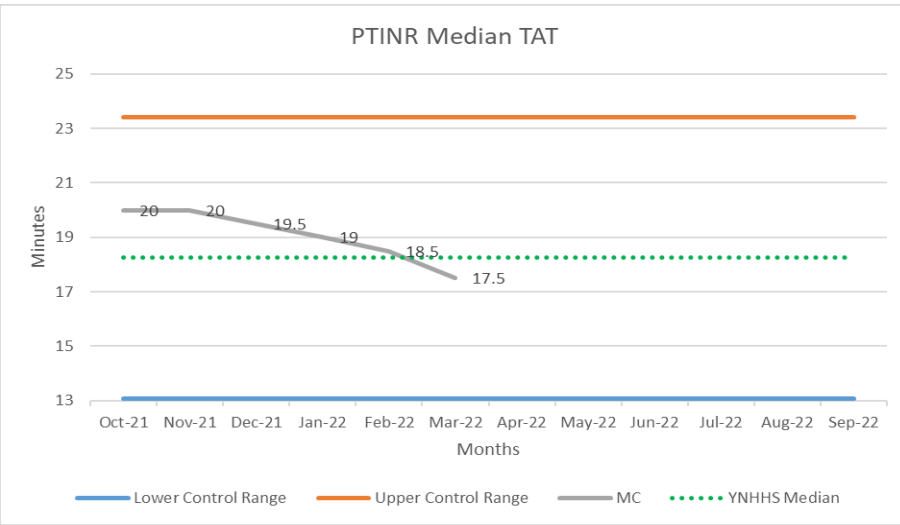
Milford Campus – Complete Blood Count (CBC) ED TAT



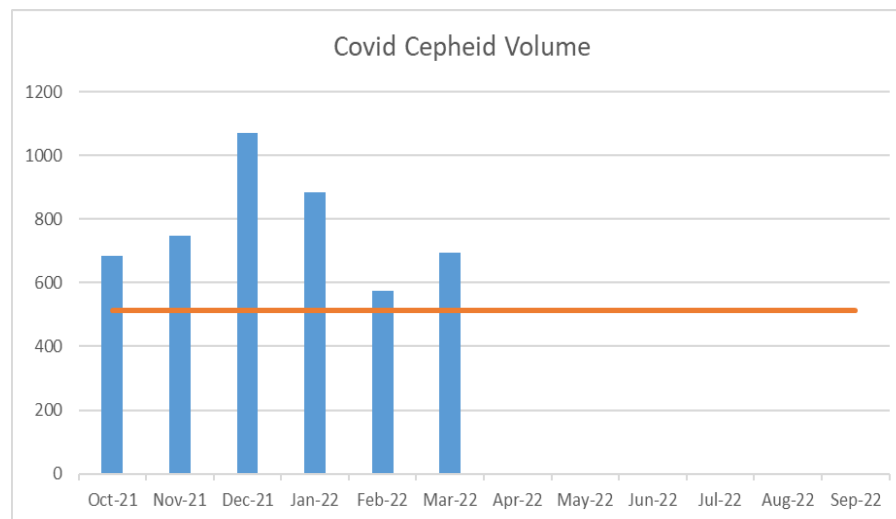
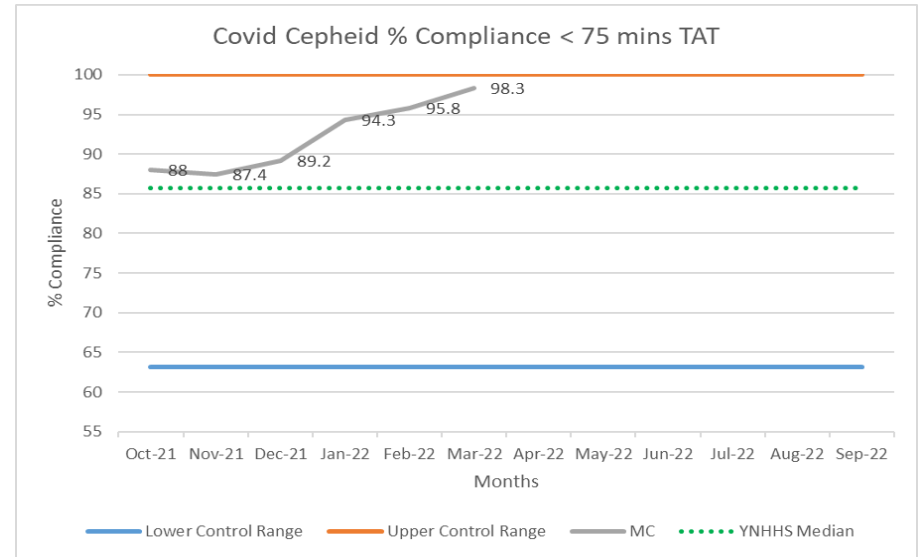
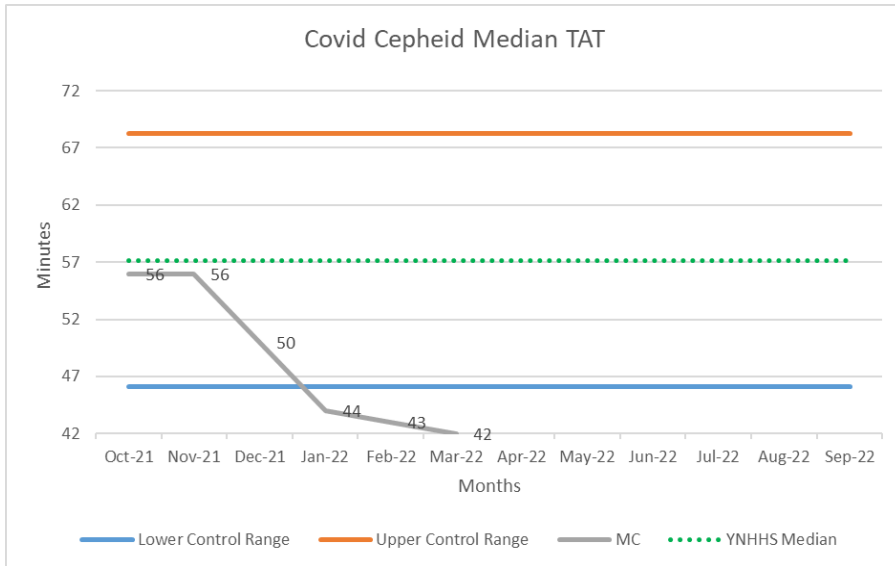
Milford Campus – D-dimer ED TAT



Milford Campus – PTINR ED TAT

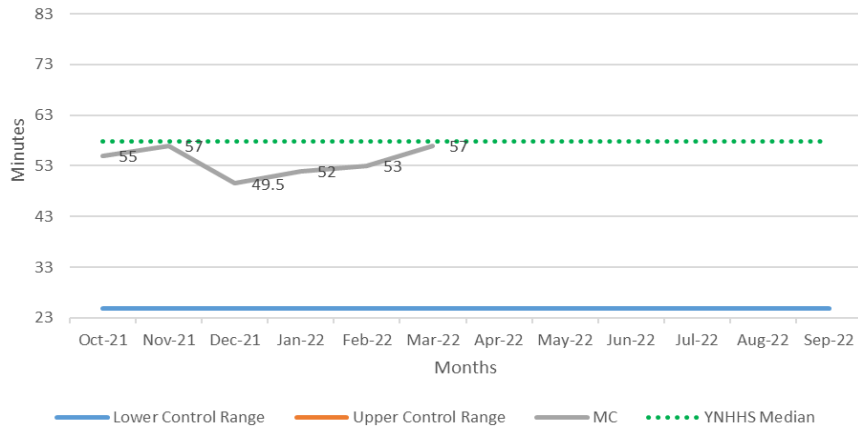


Milford Campus – COVID Cepheid PCR ED TAT

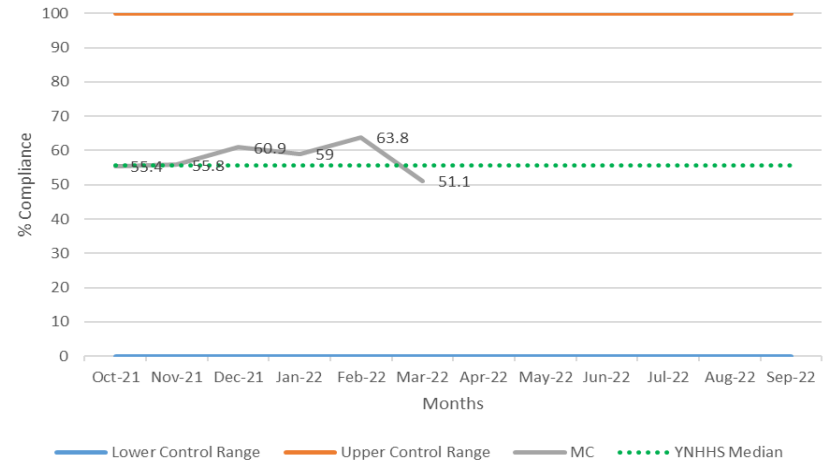


Milford Campus – Type and Screen ED TAT

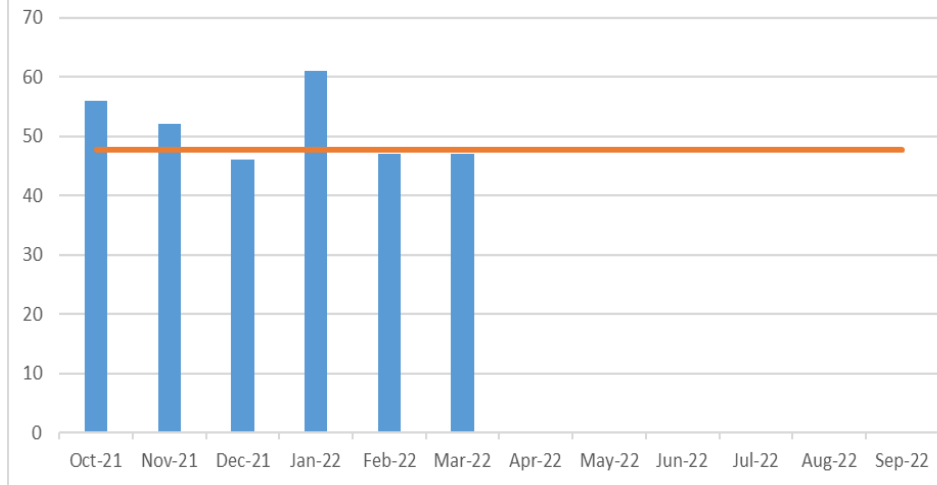
Type and Screen Median TAT



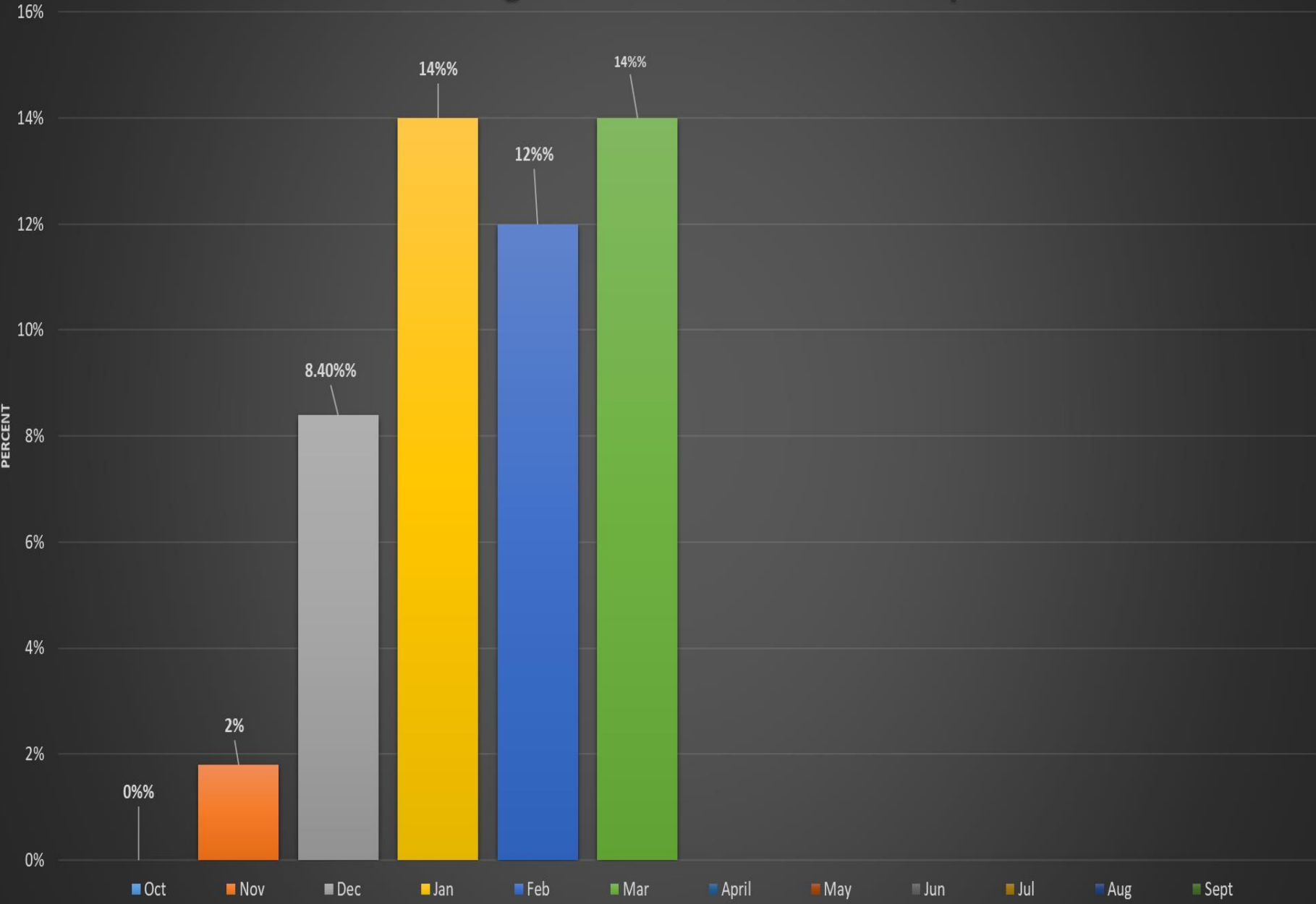
Type and Screen % Compliance < 60 mins TAT



Type and Screen Volume

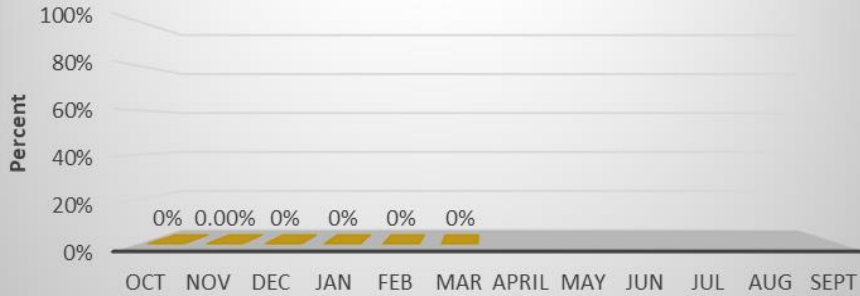


Overall Wastage YTD 2022 Milford Campus

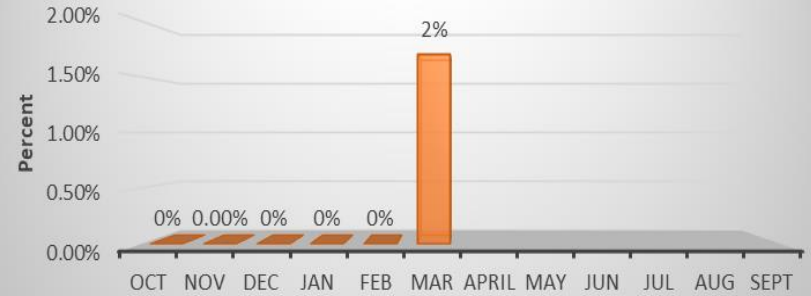


Milford Campus – Wastage By Blood Components

CRYO



RBC



PLT



FFP



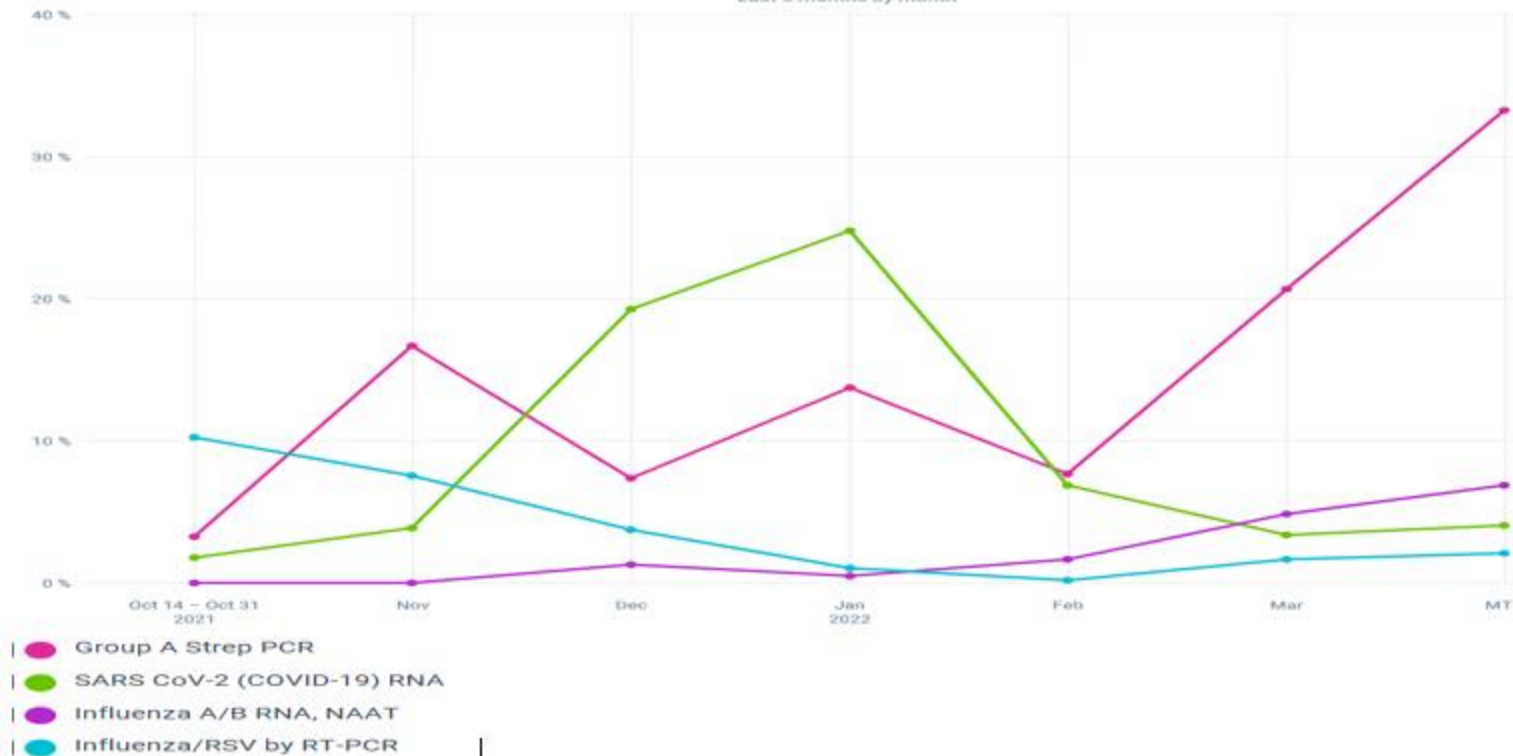
	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>
# of Products Used	100	111	87	58	65	60						
# of Products Wasted	0	2	8	10	9	10						

Milford Campus Molecular Dashboard

Date	Tests	Sample size	% Positivity	Derived Baseline	Environment Monitoring	Physician Feedback	Epidemiological Trends	Evaluation Notes	Corrective Action (if needed)
Mar-22	SARS-CoV-2	742	3.40%	3-12%	Negative	None	None	None	None
Mar-22	Group A Strep	29	20.70%	0-24%	Negative	None	None	CAP surveys increased positivity rate. Patient positive rate was 17%.	None
Mar-22	Flu A/B	82	4.90%	0-24%	Negative	None	None	None	None
Mar-22	Flu/RSV	547	1.70%	0-100%	Negative	None	None	None	None

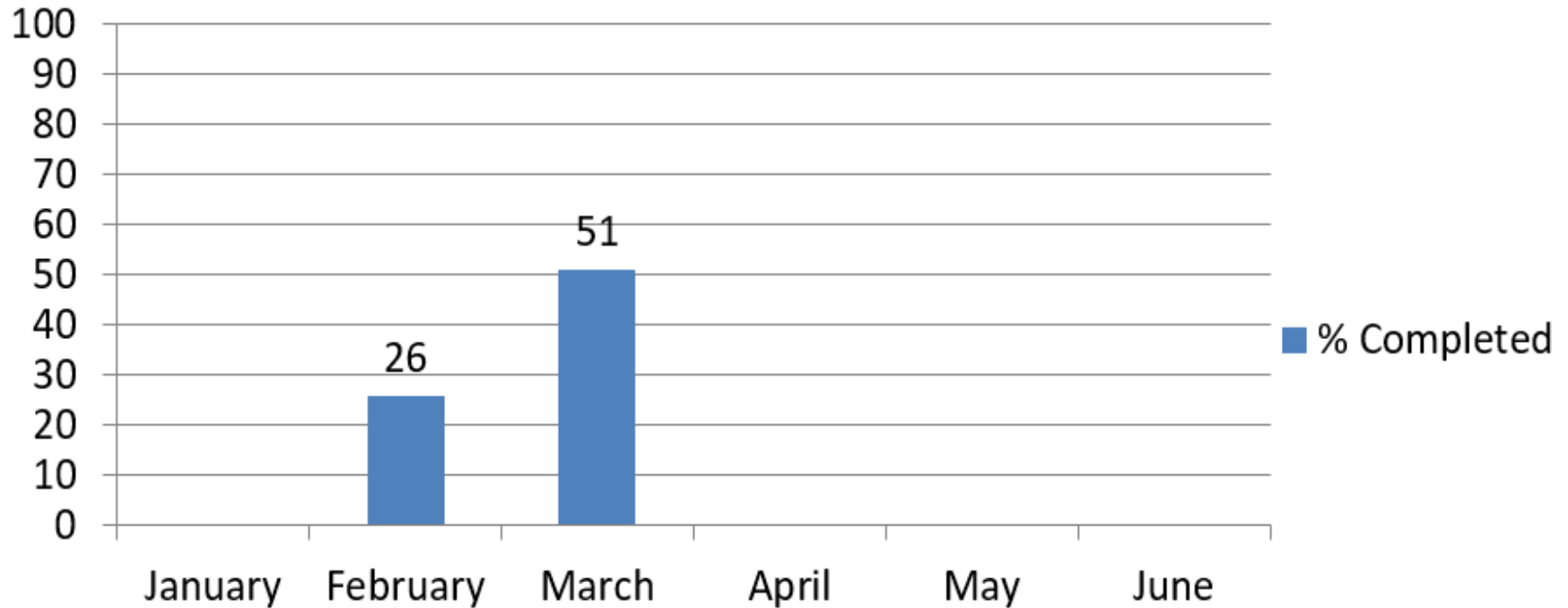
Percentage of Abnormal? by Test

Last 6 months by month



Milford Campus Laboratory CAP Competency Completions January 2022 – June 2022

Goal 100%



Completed	January	February	March	April	May	June
Total		25/96	51/101			
% Completed		26%	51%			

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 17,576	Manual Collection	0	4		None	Corrections without a completed comm log are seen as non-conforming. All corrected reports in March were accompanied by completed comm logs.	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 17,576	Manual collection	2.3	4.0	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 17,576							
Clotted	0			12	10	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		Beaker+ Tableau	4	3				
Hemolyzed (RN) (Phleb)	0			67	82				
Not on ice	0			1	1				
QNS	0			3	6				
Wrong container	0			11	10				
Duplicate order	0			3	3				
Incorrect order by provider	0			0	0				
Unable to obtain specimen.	0			0	3				
Incorrect specimen type. Exceeded clinical time requirements	0			17	16				
				3	3				
				1	3				
Critical Call TAT	60 min		Beaker	2.3	5.7	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