

Laboratory Medicine – April 2022

May 18, 2022

Attendance

<p>jones8w8</p> <p>Mute ...</p> <p>Mute ...</p> <p>jones8w8</p>	<p>Alejandro</p> <p>Ask to Unmute ...</p> <p>Mute ...</p> <p>Alejandro</p>	<p>laura buhlmann</p> <p>Ask to Unmute ...</p> <p>Mute ...</p> <p>laura buhlmann</p>	
<p>Matt Wimbrow</p> <p>Mute ...</p> <p>Matt Wimbrow</p>	<p>Taylor Munson</p> <p>Mute ...</p> <p>Taylor Munson</p>	<p>Christine Miner...</p> <p>Mute ...</p> <p>Christine Minerowicz</p>	<p>aziza ezzaki</p> <p>Mute ...</p> <p>aziza ezzaki</p>
<p>Lisa Krause</p> <p>Mute ...</p> <p>Lisa Krause</p>	<p>Ann Parisi</p> <p>Mute ...</p> <p>Ann Parisi</p>	<p>kathleen castillo</p> <p>Mute ...</p> <p>kathleen castillo</p>	<p>laprie</p> <p>Mute ...</p> <p>laprie</p>

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

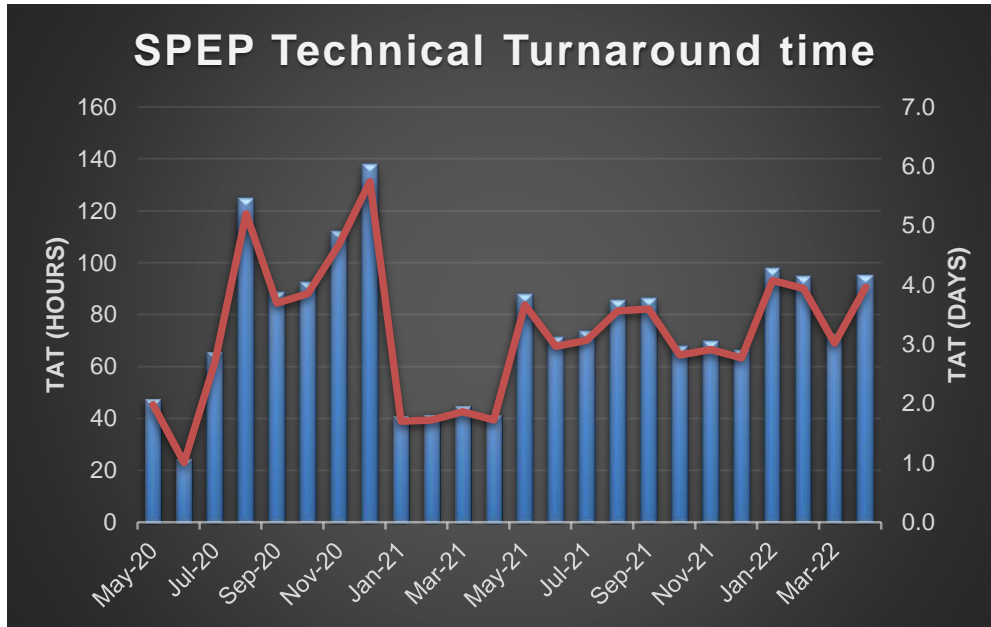
FY21 vs. FY22 Baseline Comparison

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
Mar 2022	3.02
April 2022	3.96
YTD	3.6

Original Baseline:
May 2020 – Dec 2020



FY21



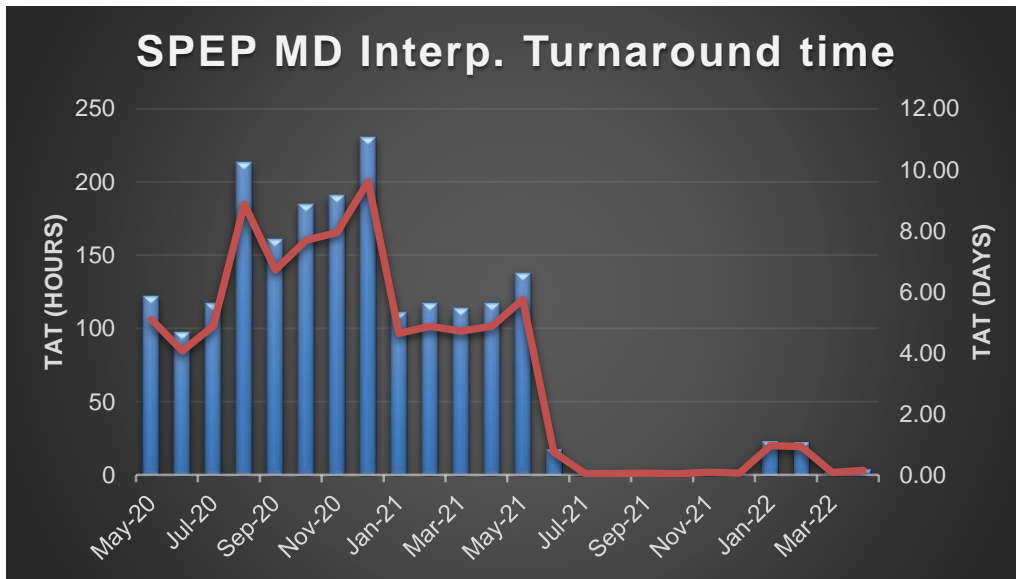
FY22



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
Mar 2022	0.08
Apr 2022	0.15
FYTD	0.43

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



FY21

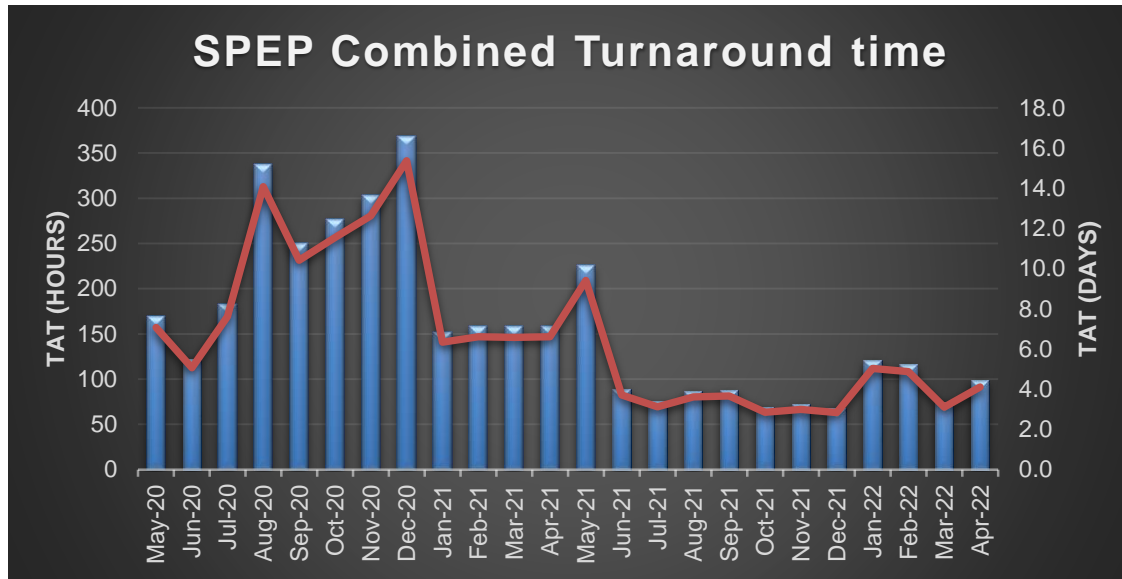


FY22



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
Mar 2022	3.10
Apr 2022	4.12
FYTD	3.99

Baseline:
May 2020 – Dec 2020



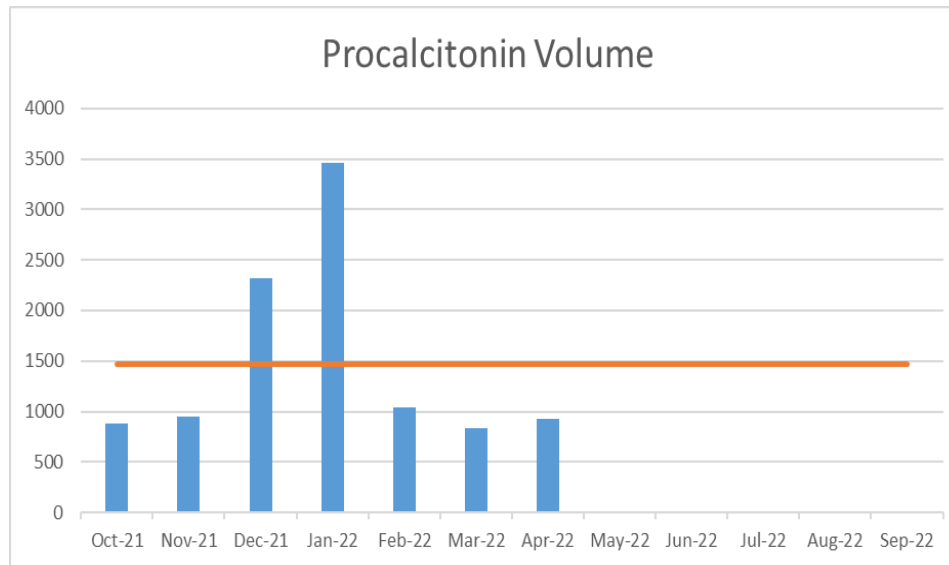
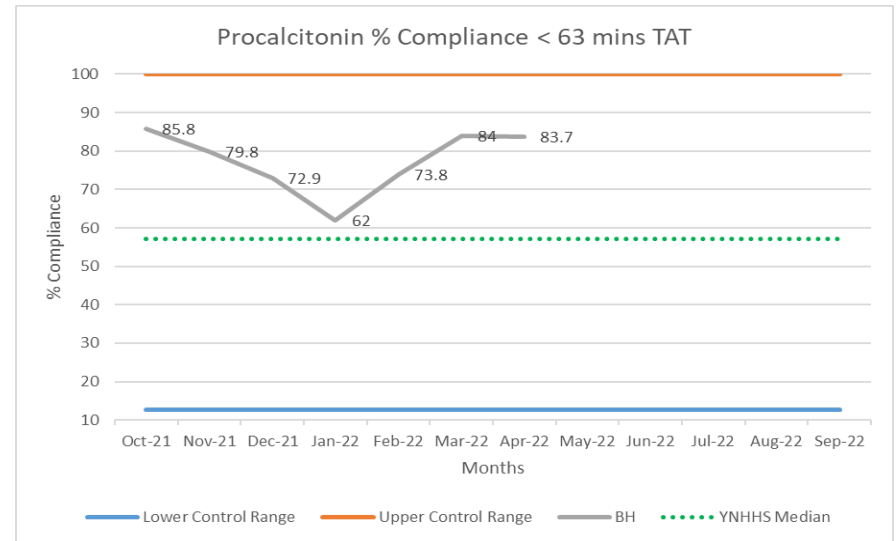
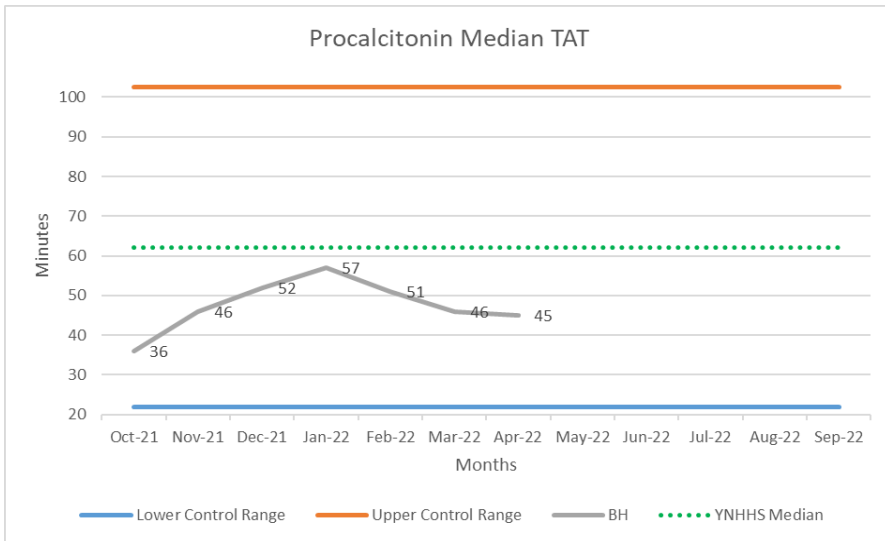
FY21



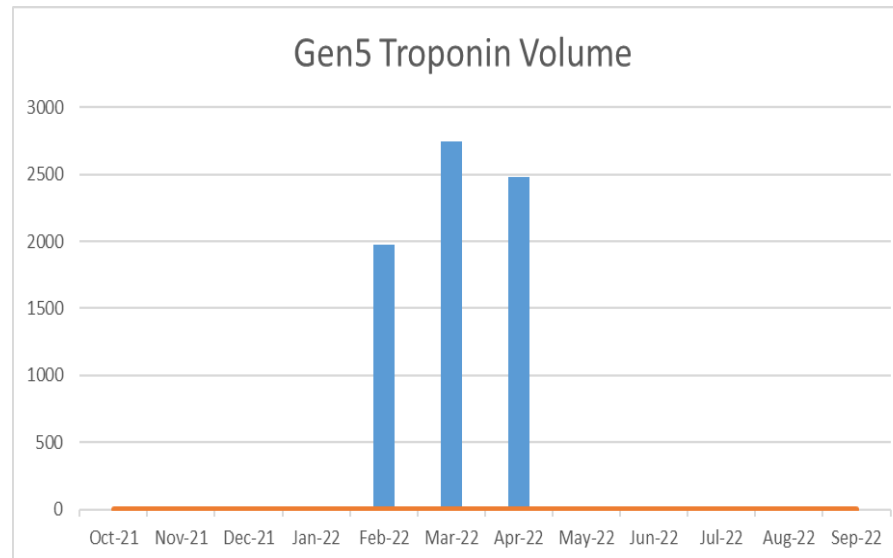
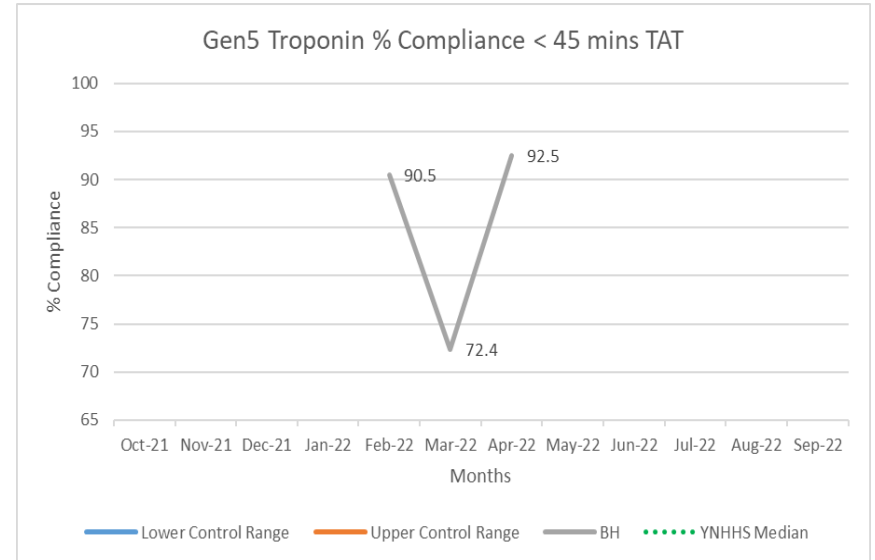
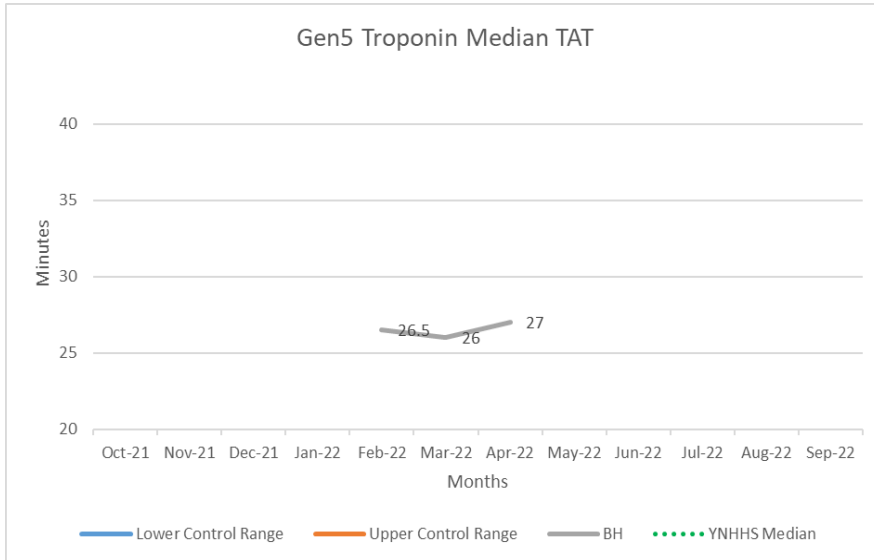
FYTD22



Bridgeport Campus – Procalcitonin

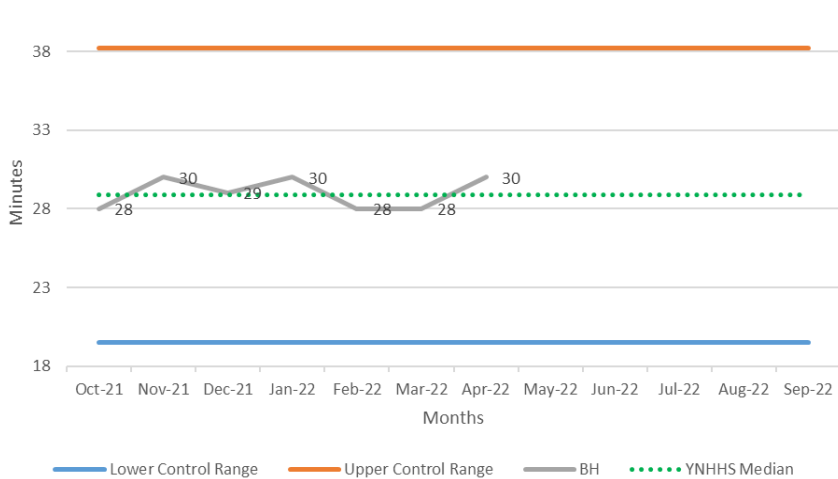


Bridgeport Campus – Gen 5 Troponin TAT

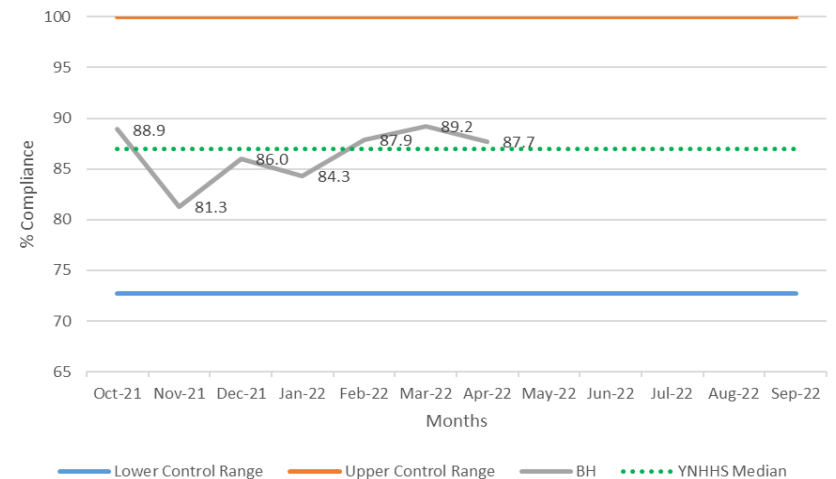


Bridgeport Campus – Basic Metabolic Panel (BMP) ED TAT

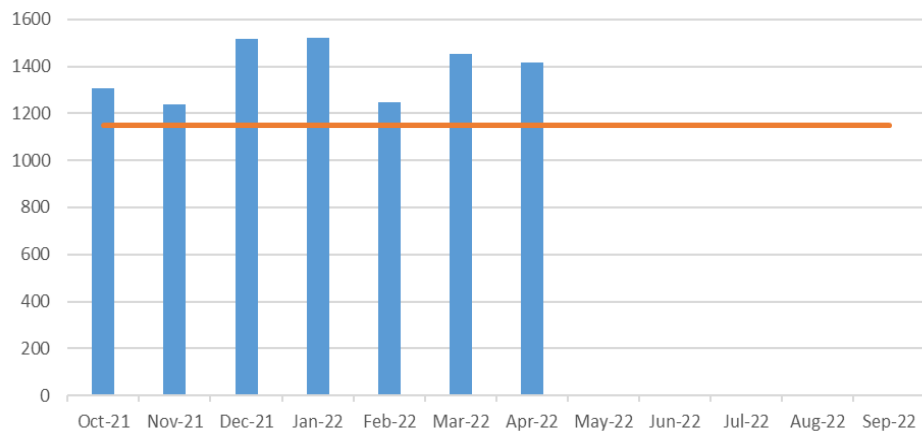
BMP Median TAT



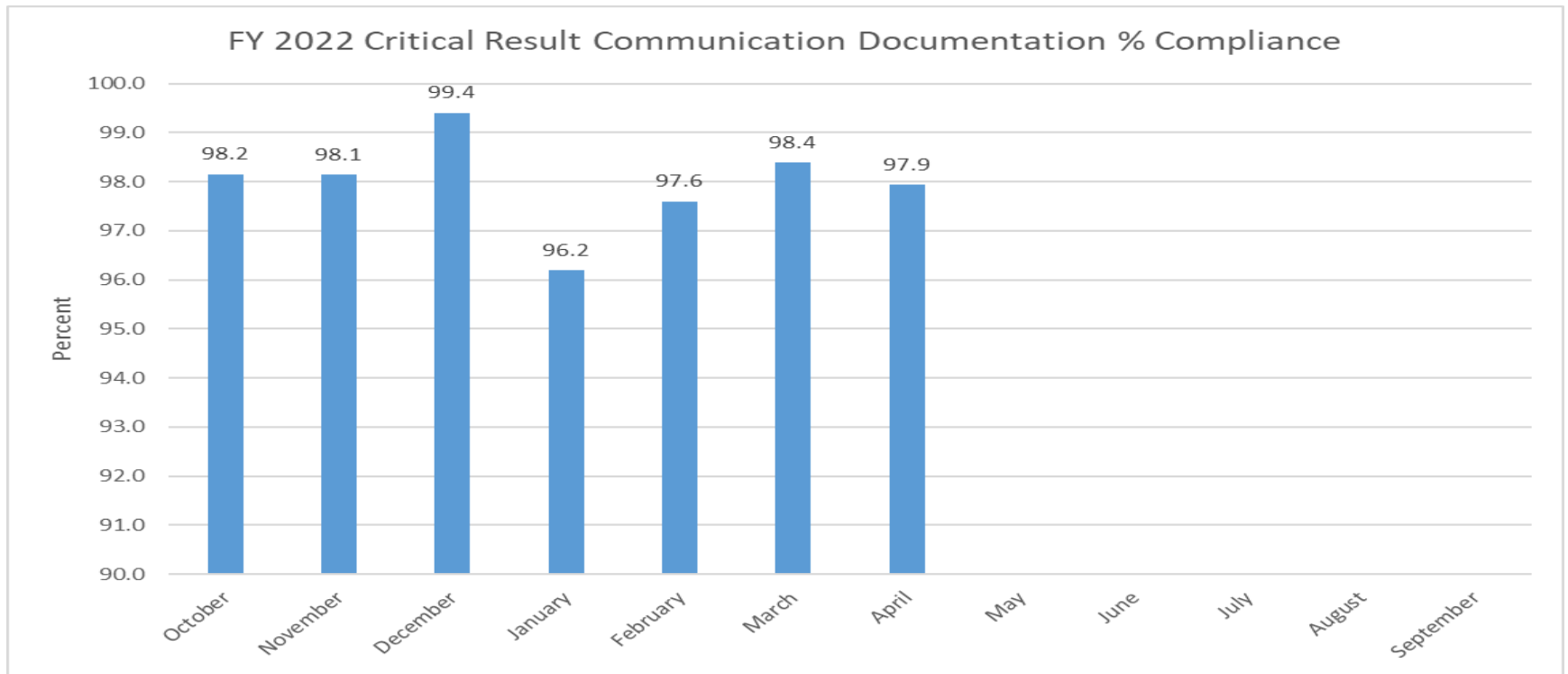
BMP % Compliance < 45 mins TAT



BMP Volume



Chemistry & Immunology

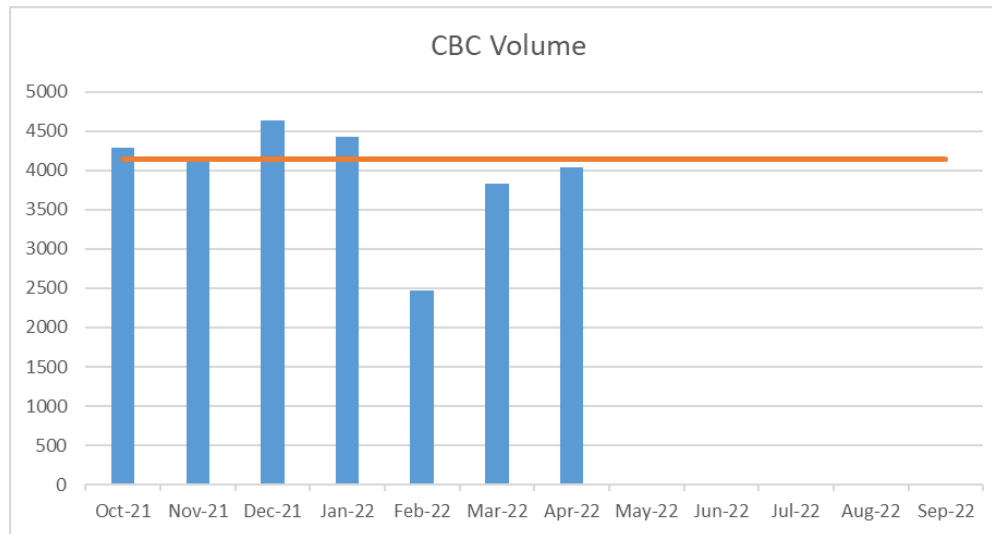
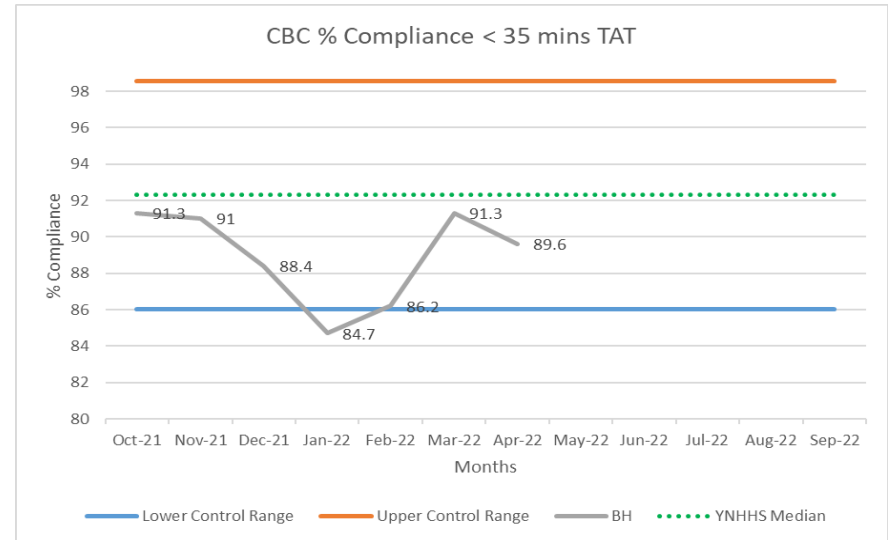
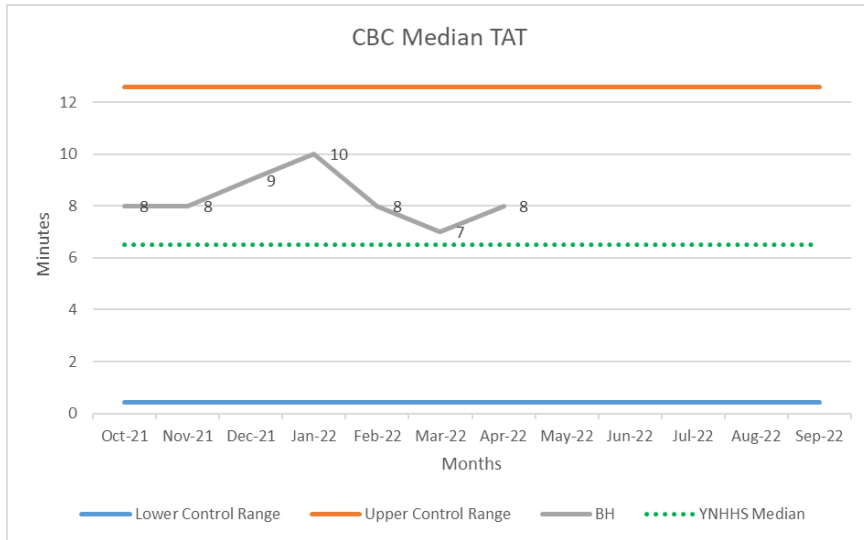


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
n	975	914	1350	1248	1332	1306	1355					
#compliant	957	897	1342	1201	1300	1285	1327					
#noncompliant	18	17	8	47	32	21	28					

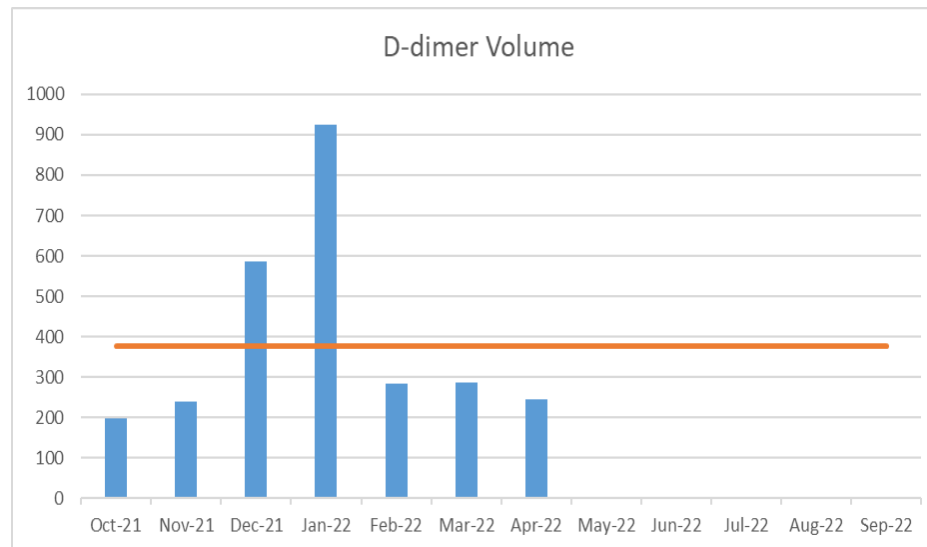
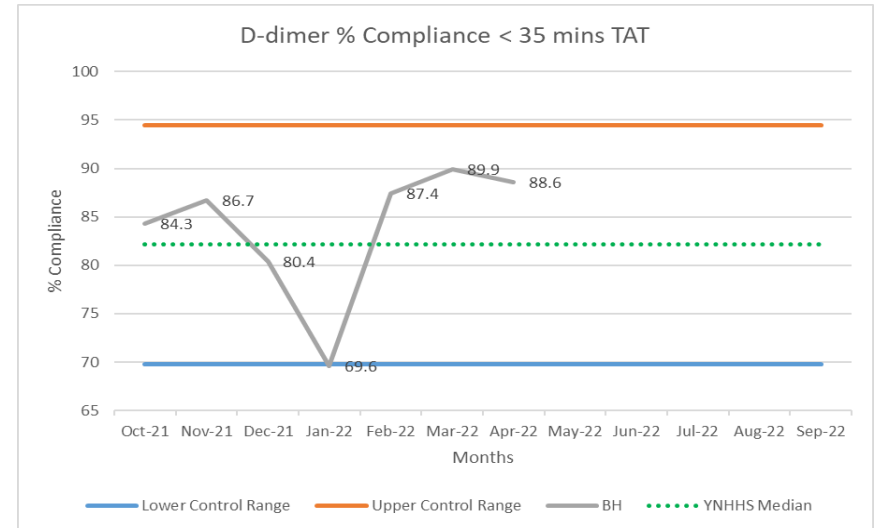
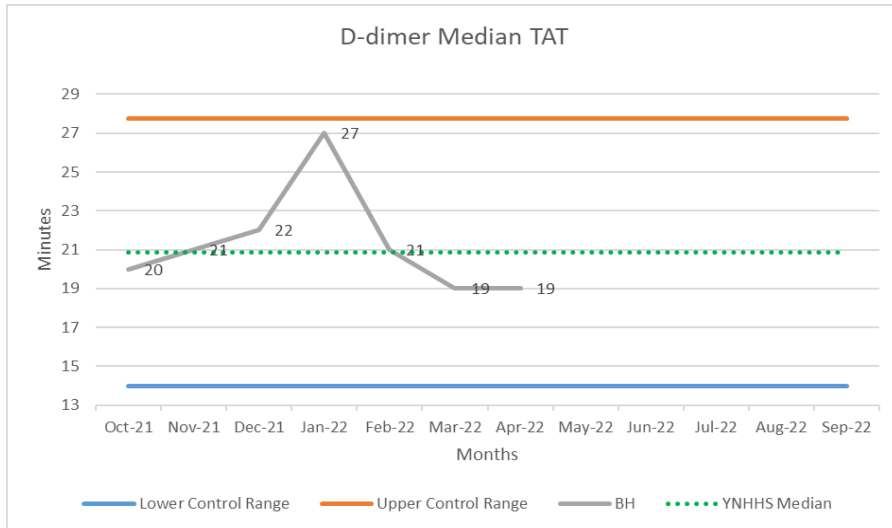
not called	4	5	5	11	9	1	5					
no full name	8	8	2	32	5	19	21					
no title	6	4	1	4	18	1	1					
other							1*					

*phoned to inappropriate receiver

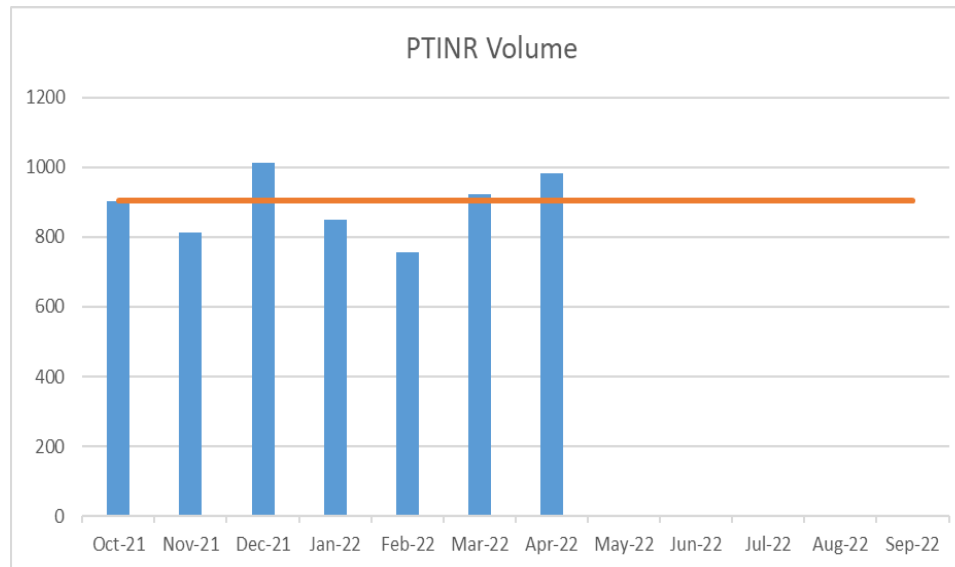
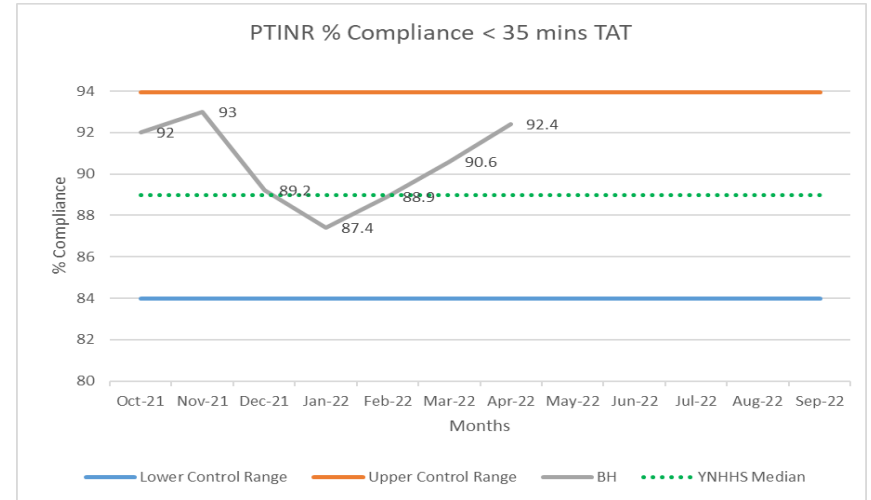
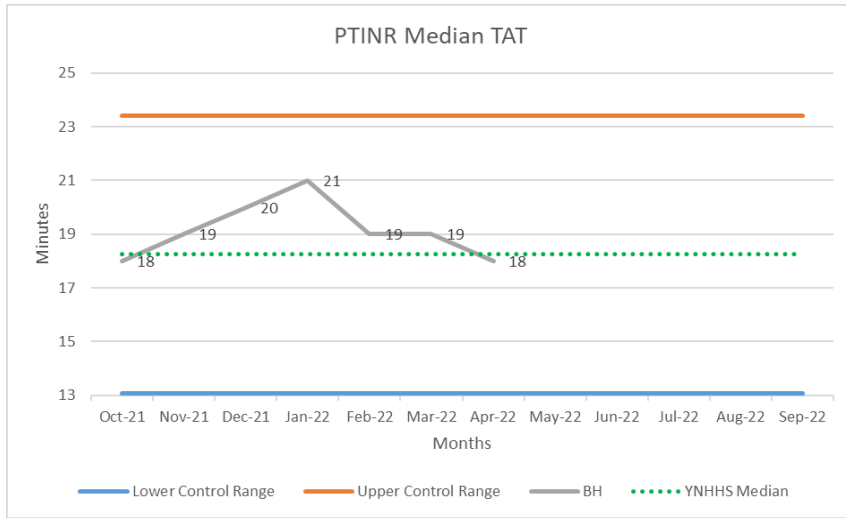
Bridgeport Campus – Complete Blood Count (CBC) ED TAT



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 = 136 #with cytology ordered =69	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	

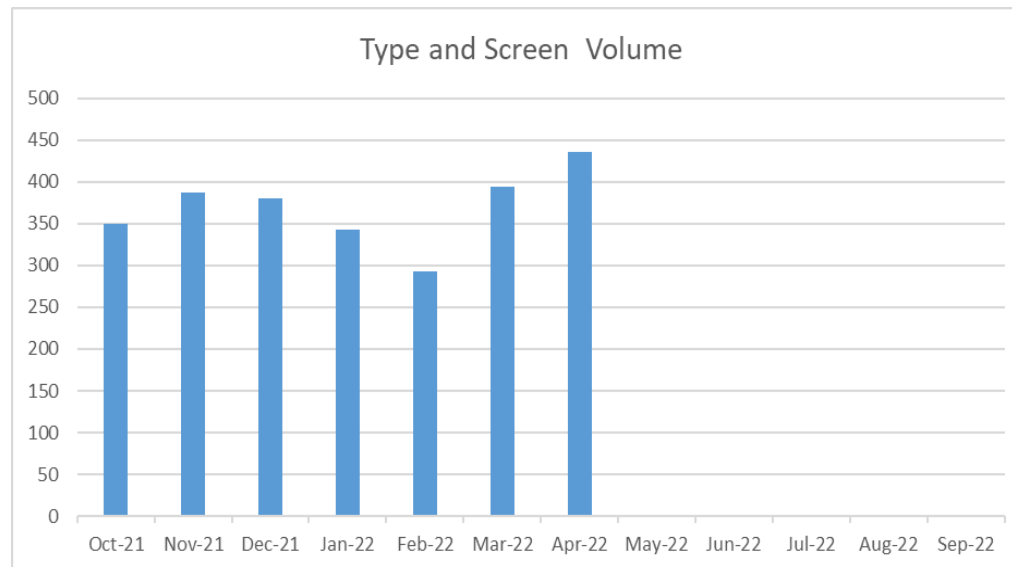
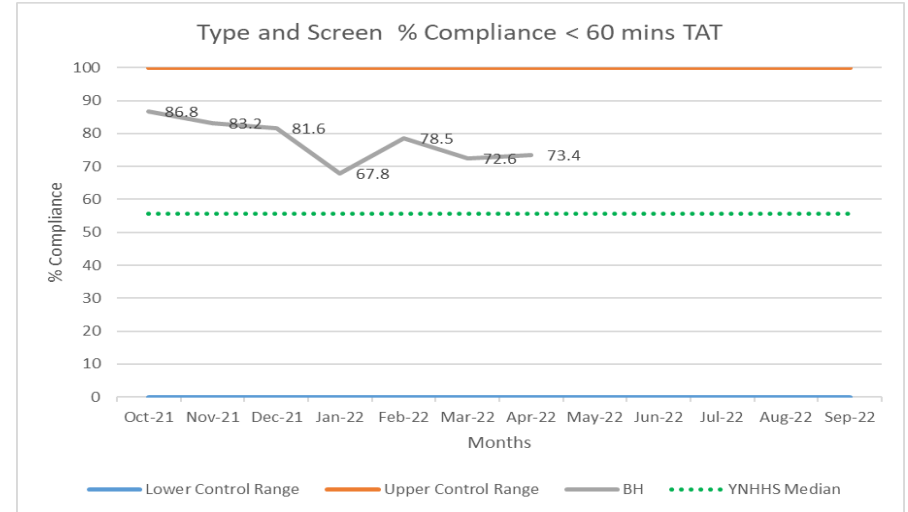
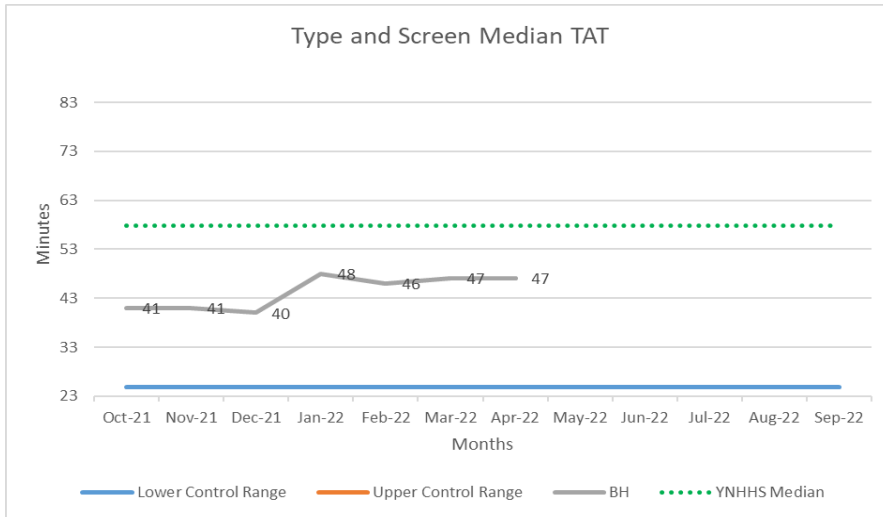
Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Manually entered results match worksheets	100% compliance	30	EPIC	100%	100%		K. Castillo	

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	11	EPIC	82%	100%	2 corrected reports not reported to care team. Techs counselled.	K. Castillo	

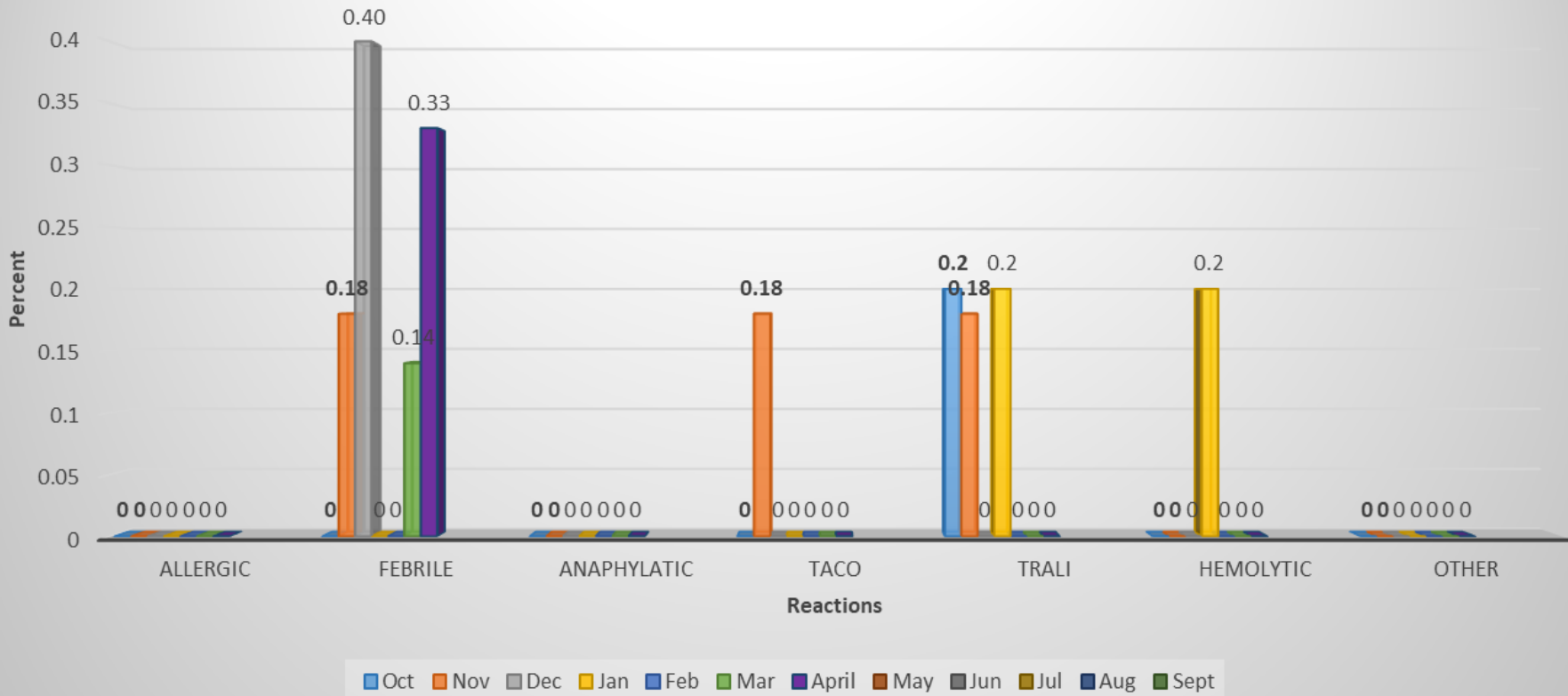
Aspect of Care	Threshold Expected / Target	Sample Size	Data Source	Threshold Achieved	Prior Month's Data	Remedial Action Taken	Responsible Party	Outcome
Critical Values are called to care giver and documented properly	100% compliance	10	EPIC	100%	100%		K. Castillo	

Corrected reports:
 Total corrected Reports =11
 Data entry error – 9
 Comment added- 2

Bridgeport Campus – Type and Screen ED TAT

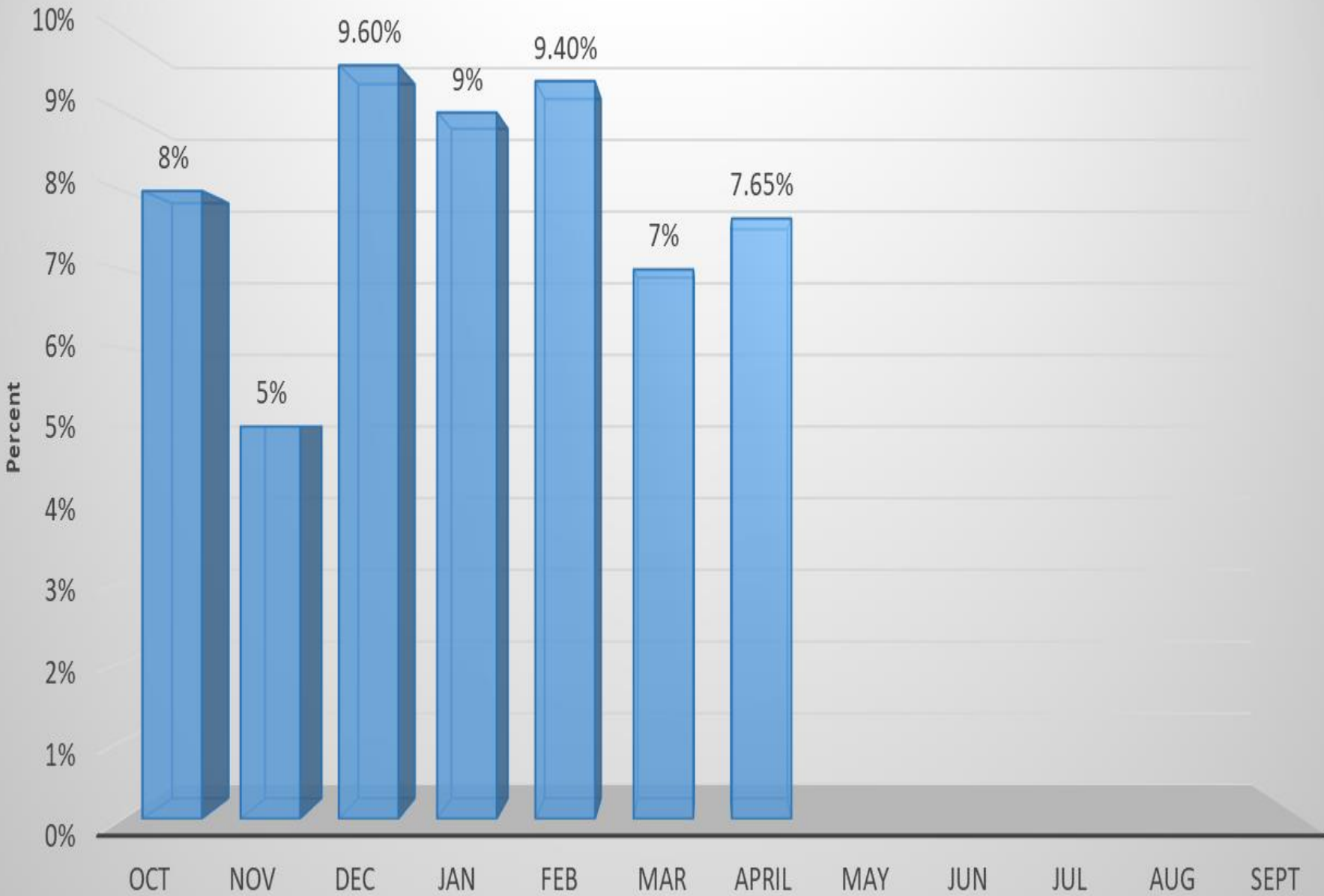


2022 Transfusion Reaction – Bridgeport Campus

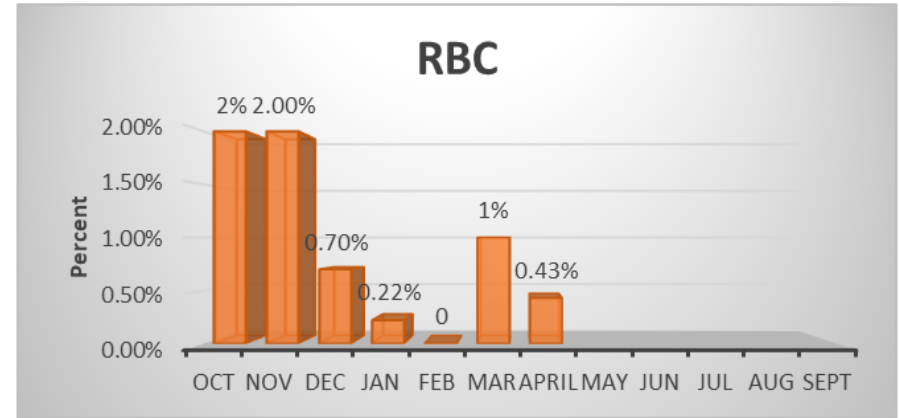
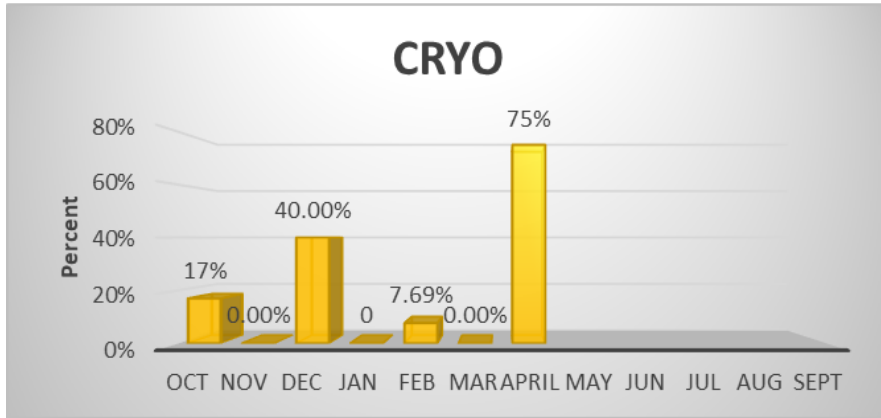


	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	YTD % Adverse Reaction
# of Reaction	1	3	2	2	0	1	2						
# of Products Transfused	636	553	498	437	362	697	604						
Overall Percentage	0.20%	0.54%	0.4%	0.4%	0	0.14%	0.33%						

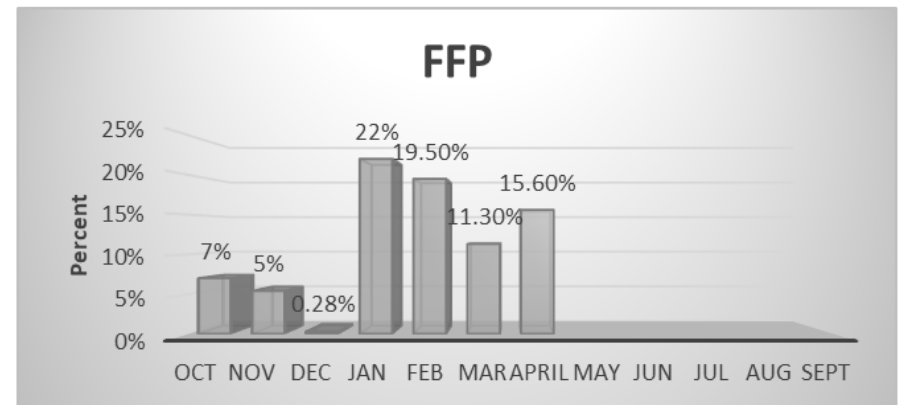
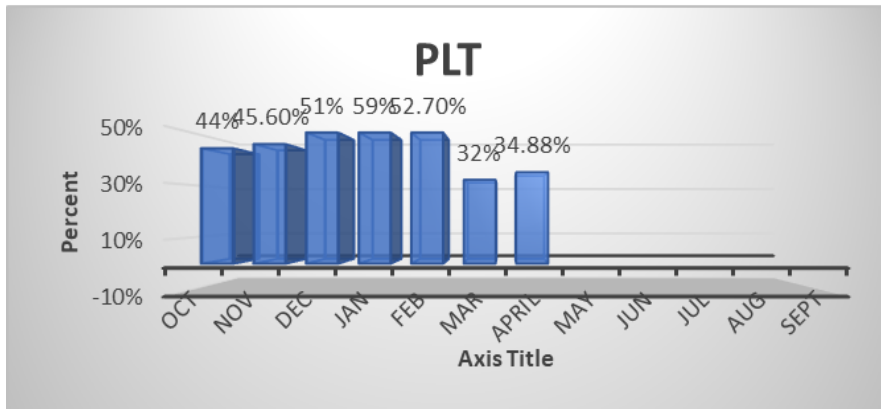
2022 Overall Wastage Bridgeport Campus



Wastage By Blood Components 2022 - Bridgeport Campus

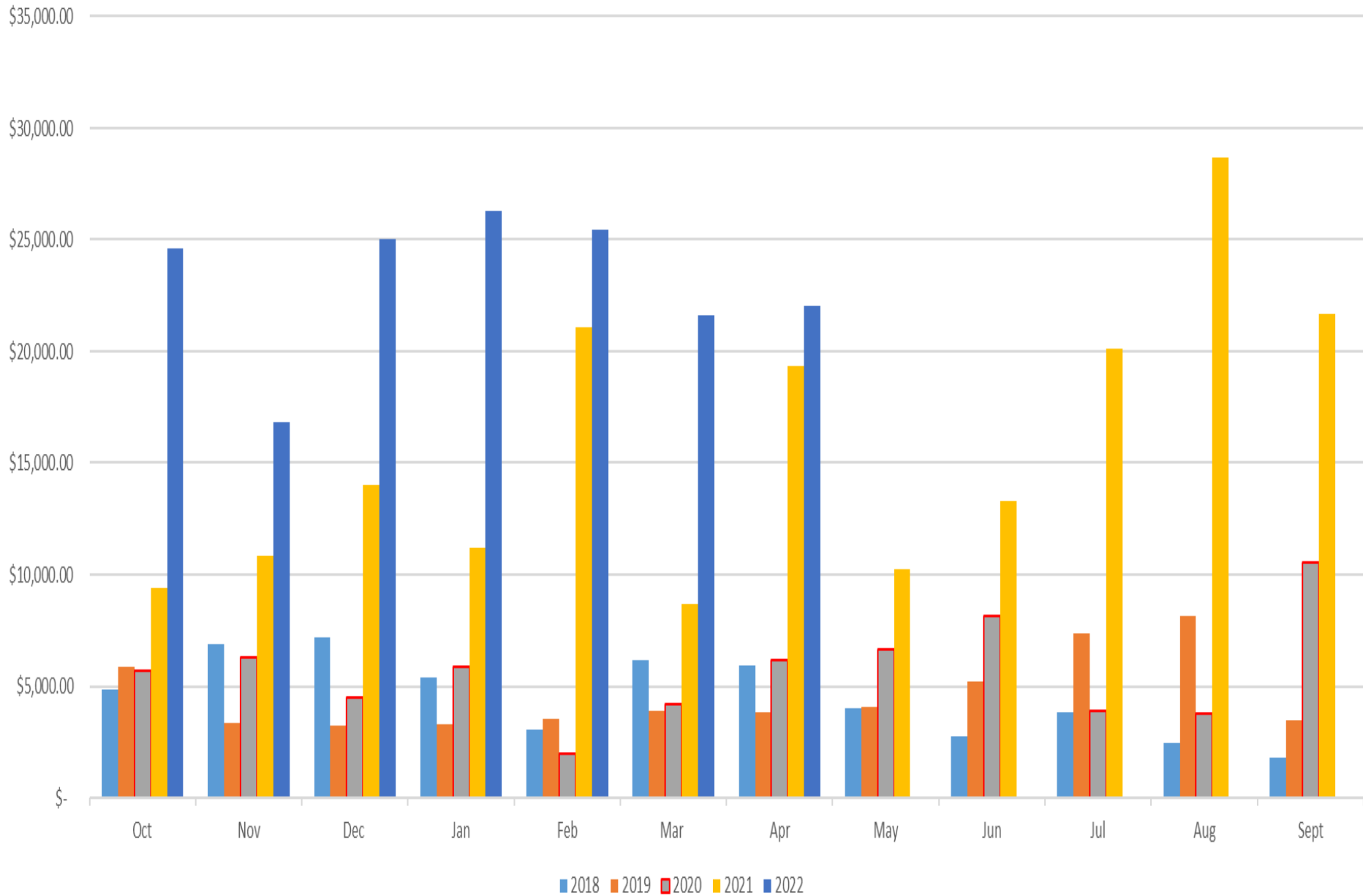


Total Amount \$161,863.59



	October	November	December	January	February	March	April	May	June	July	August	September
# of Products Used	688	582	498	547	461	697	604					
# of Products Wasted	52	29	53	55	48	53	50					

Bridgeport Campus Blood Wastage FY18, FY19, FY20, FY21

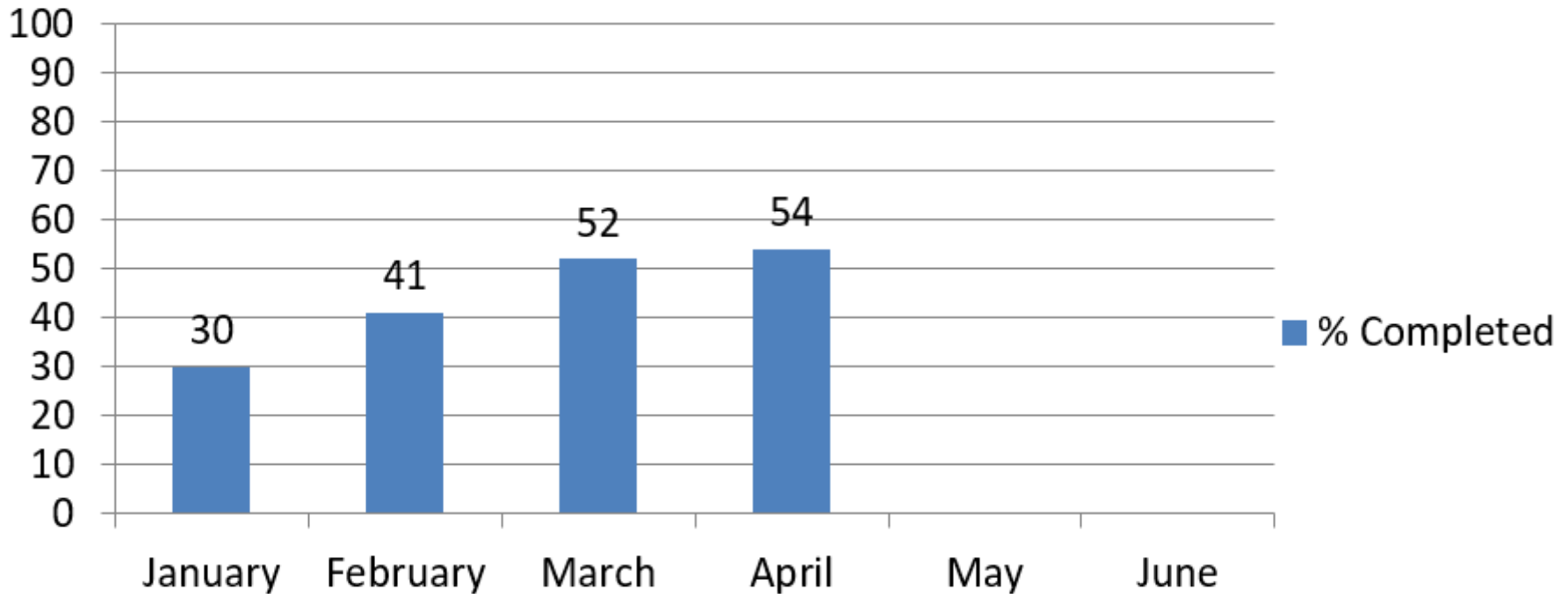


Bridgeport Campus – 2021 Point of Care Performance Report Summary

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						2 documentation errors - corrected by staff. Ask Dr. Gupta to remind residents that the orders need to be placed immediately so that the results can be documented in EPIC in a timely manner.
		N=108	N=99	N=119	N=46	N=179	N=276	N=201						
# of i-STAT codes / # of cartridges run		18 / 445	18 / 347	6/227	11/336	14/335	27/395	14/287						3 errors while staff were running QC during case preparations - suggested not performing them while rushed. No other issues identified
i-STAT Quality Check Codes	<5.0%	4.0%	5.2%	2.6%	3.3%	4.2%	6.8%	4.9%						

Bridgeport Hospital Laboratory CAP Competency Completions January 2022 – June 2022

Goal 100%

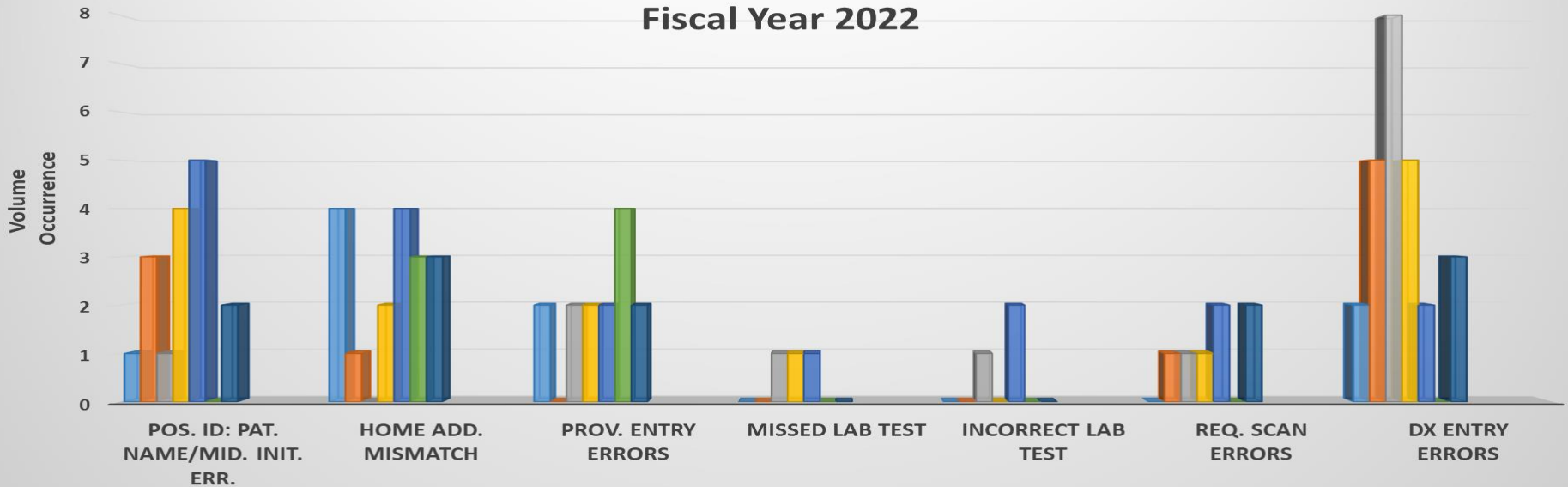


Completed						
Total	82/273	124/299	161/311	171/317		
% Completed	30%	41%	52%	54%		

Test Requisition QI Monitoring Check Vol. Occurrence

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

Fiscal Year 2022



	Pos. ID: Pat. Name/Mid. Init. Err.	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	2
MAR 2022	0	3	4	0	0	0	0
APR 2022	2	3	2	0	0	2	3
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

Outpatient Test Requisition QC Monitoring Check
Milford Draw Station: 40 Commerce Park, MFD, CT. 06460
Error Metric Defined

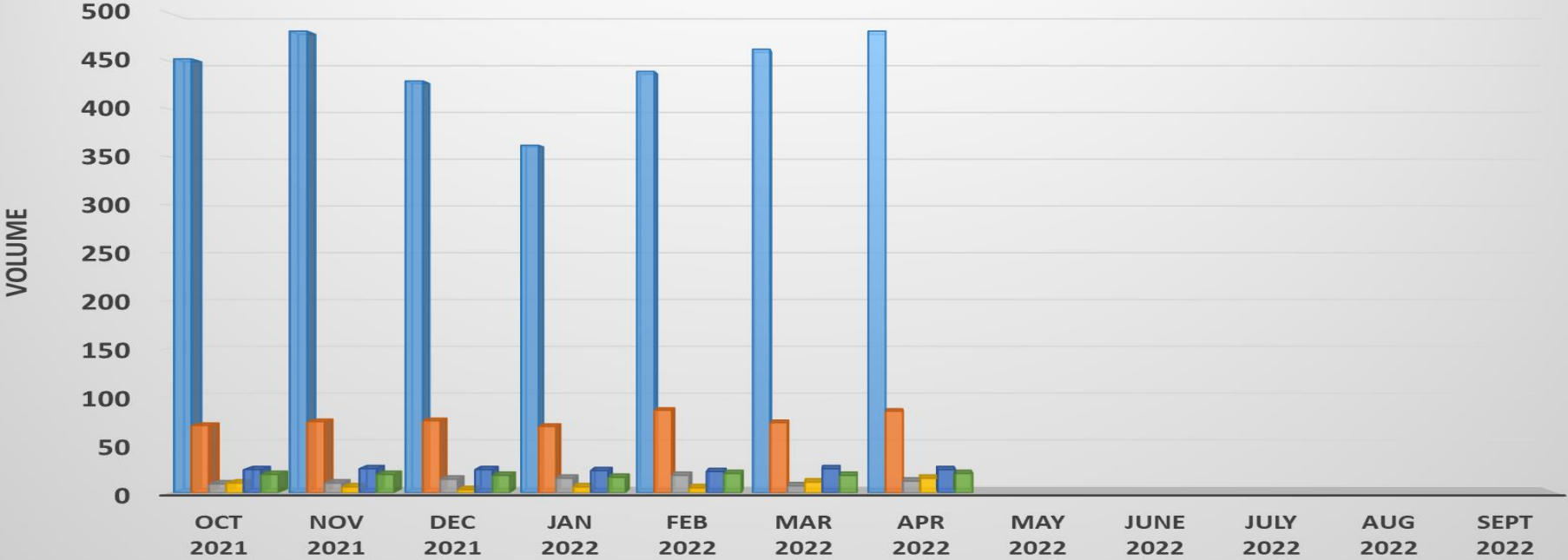
#2

5/4/2022

APRIL

- A. 2 Missing Middle Initials.
- B. 3 Requisition addresses differs from EPIC MRN file.
- C. 2 Provider mismatch (Requisit. differs from EPIC MRN).
- D. 1 document scan missing; 1 document scan with conflicting patient information.
- E. 3 instances of Dx missing.

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	481					
# of Req. Reviewed	70	74	75	69	86	73	85					
Mnthly Errors	9	10	14	15	18	7	12					
EPIC Prov. Entry	10	6	3	6	5	11	15					
# of Business Days/month	24	25	24	23	22	25	24					
Est. Ave. Patients per day	19	19	18	16	20	18	20					

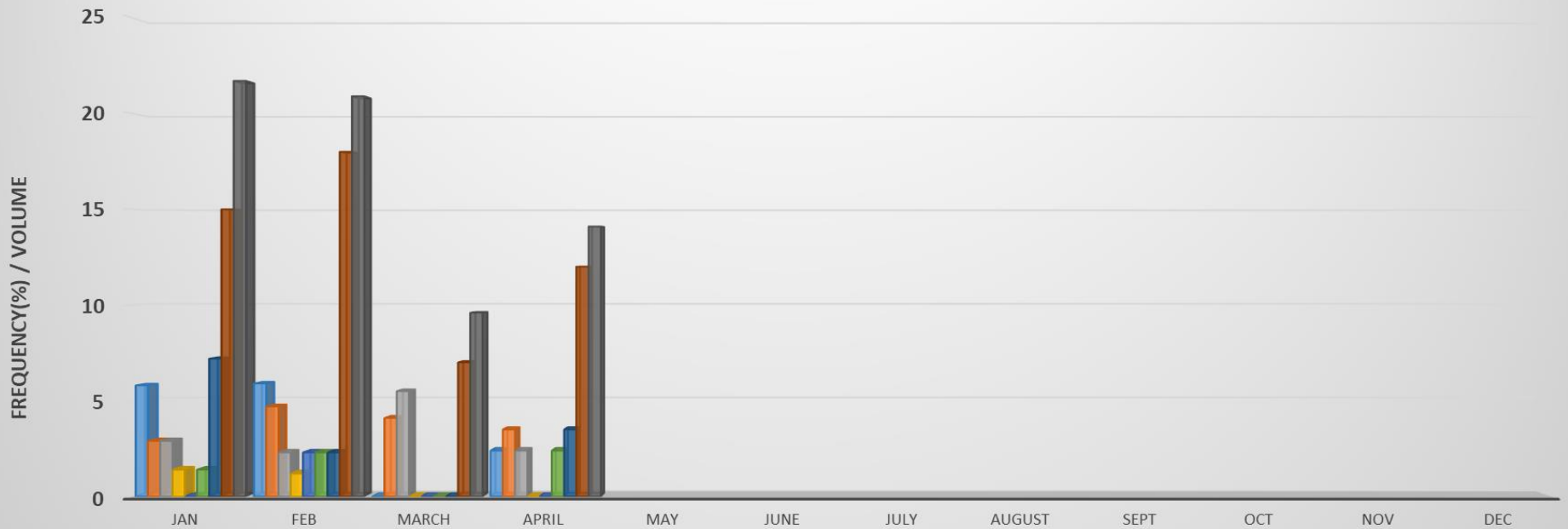
■ Tot. Patient Volume
 ■ # of Req. Reviewed
 ■ Mnthly Errors
■ EPIC Prov. Entry
 ■ # of Business Days/month
 ■ Est. Ave. Patients per day

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

Lab Requisition QC Data Entry Error Rate (%)

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

2022



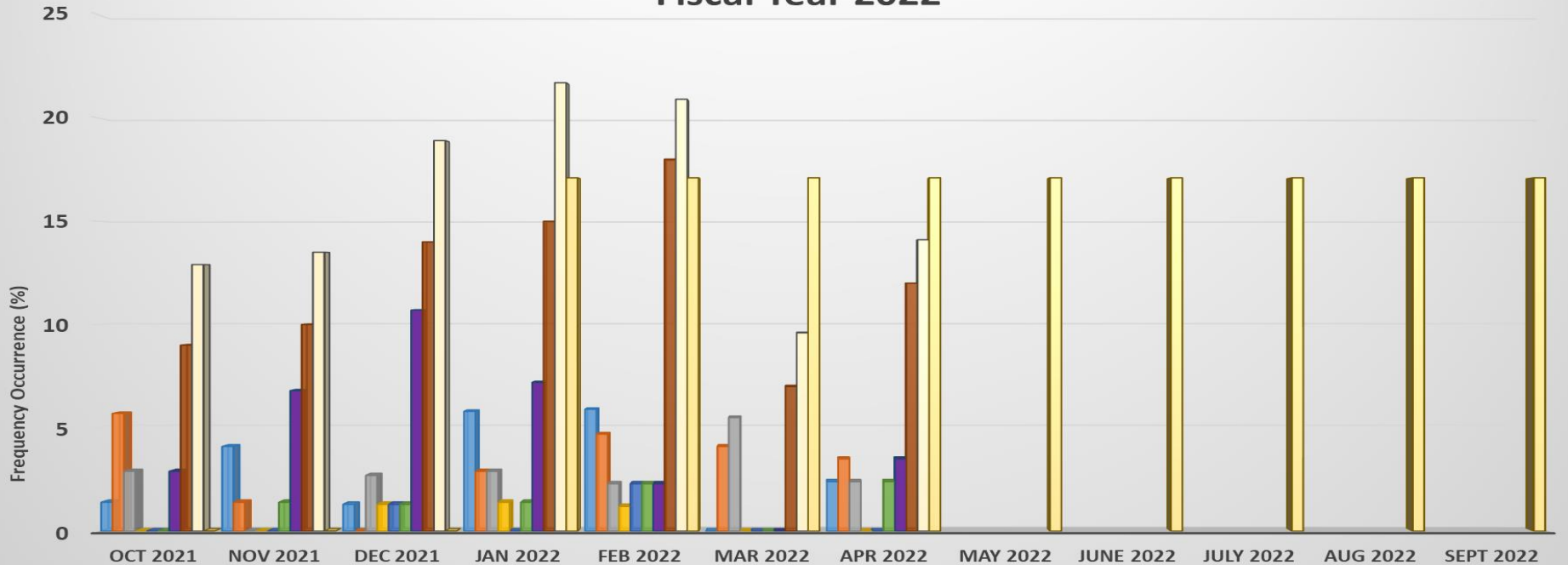
	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
Pos. ID: Pat. Name/Mid. Init. Errors (as %)	5.8	5.9	0	2.4								
Home Add. Mismatch (%)	2.9	4.7	4.1	3.5								
Prov. Entry Error (%)	2.9	2.3	5.5	2.4								
Missed Lab Test (%)	1.4	1.2	0	0								
Incorrect Lab Test (%)	0	2.3	0	0								
Req. Scan Error (%)	1.4	2.3	0	2.4								
Dx Entry Error (%)	7.2	2.3	0	3.5								
Total Errors	15	18	7	12								
Total Error Rate (%)	21.7	20.9	9.6	14.1								

Pos. ID: Pat. Name/Mid. Init. Errors (as %)	Home Add. Mismatch (%)	Prov. Entry Error (%)
Missed Lab Test (%)	Incorrect Lab Test (%)	Req. Scan Error (%)
Dx Entry Error (%)	Total Errors	Total Error Rate (%)

Lab Requisition QC Data Entry Error Rate (%)

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

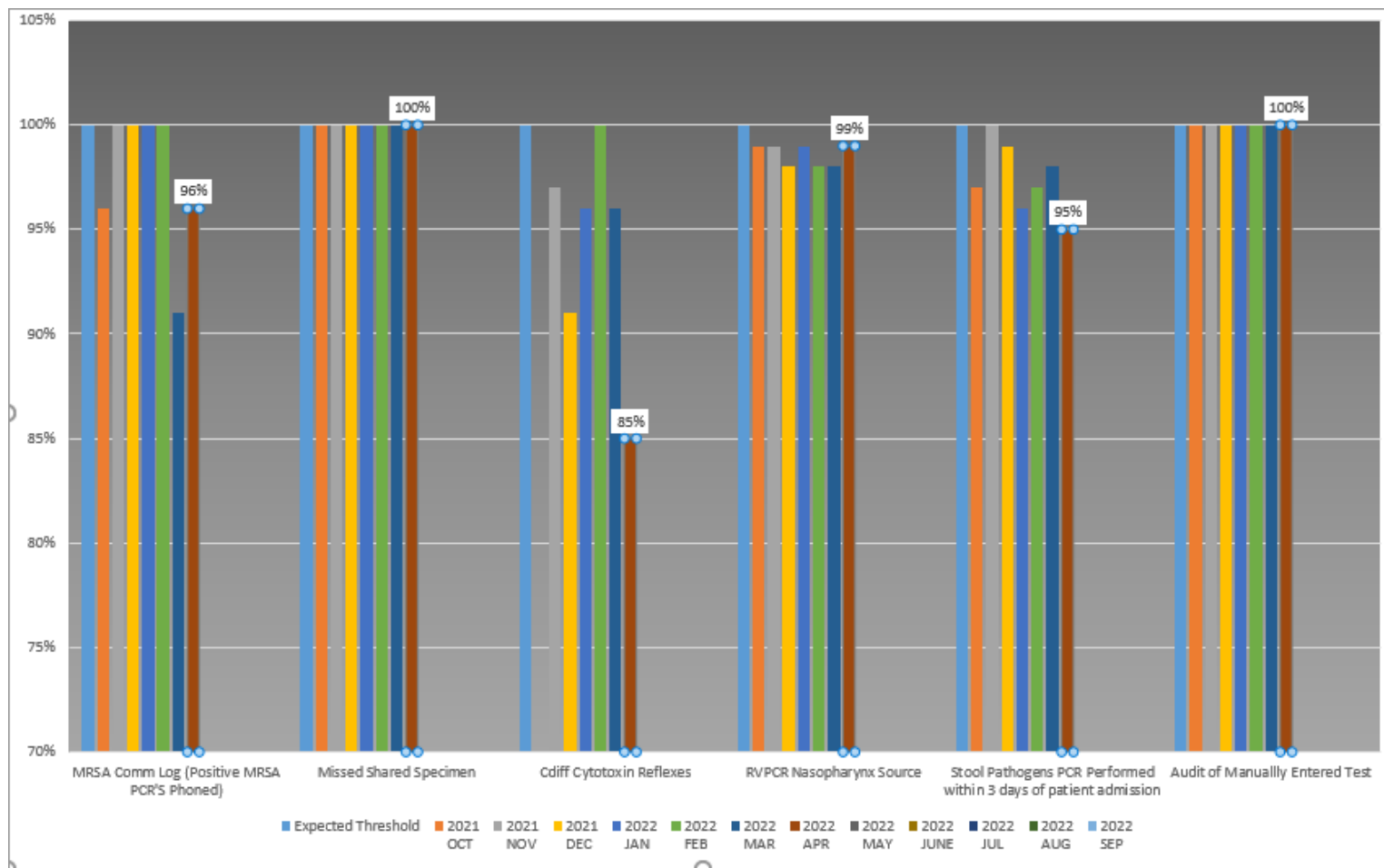
Fiscal Year 2022



	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. ID: Pat. Name/Mid. Init. Err. (as %)	1.4	4.1	1.3	5.8	5.9	0	2.4					
Home Add. Mismatch (%)	5.7	1.4	0	2.9	4.7	4.1	3.5					
Prov. Entry Error (%)	2.9	0	2.7	2.9	2.3	5.5	2.4					
Missed Lab Test (%)	0	0	1.3	1.4	1.2	0	0					
Incorrect Lab Test (%)	0	0	1.3	0	2.3	0	0					
Req. Scan Error (%)	0	1.4	1.3	1.4	2.3	0	2.4					
Dx Entry Error (%)	2.9	6.8	10.7	7.2	2.3	0	3.5					
Total Errors (as # of Occ.)	9	10	14	15	18	7	12					
Total Error Rate 2022 (%)	12.9	13.5	18.9	21.7	20.9	9.6	14.1					
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. ID: Pat. Name/Mid. Init. Err. (as %)	Home Add. Mismatch (%)
Prov. Entry Error (%)	Missed Lab Test (%)
Incorrect Lab Test (%)	Req. Scan Error (%)
Dx Entry Error (%)	Total Errors (as # of Occ.)

FY 2022 Microbiology QM

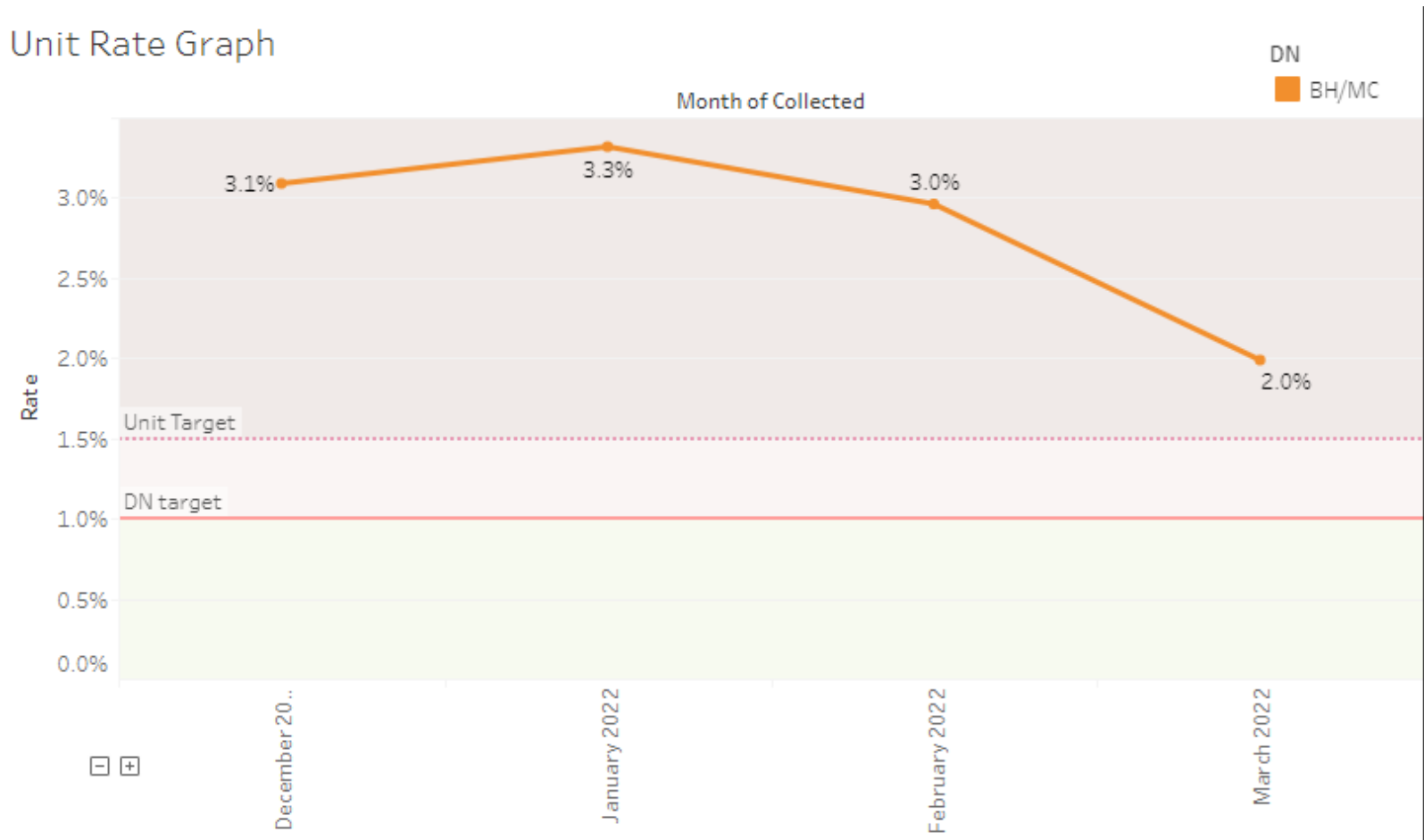


Total Volumes and Errors

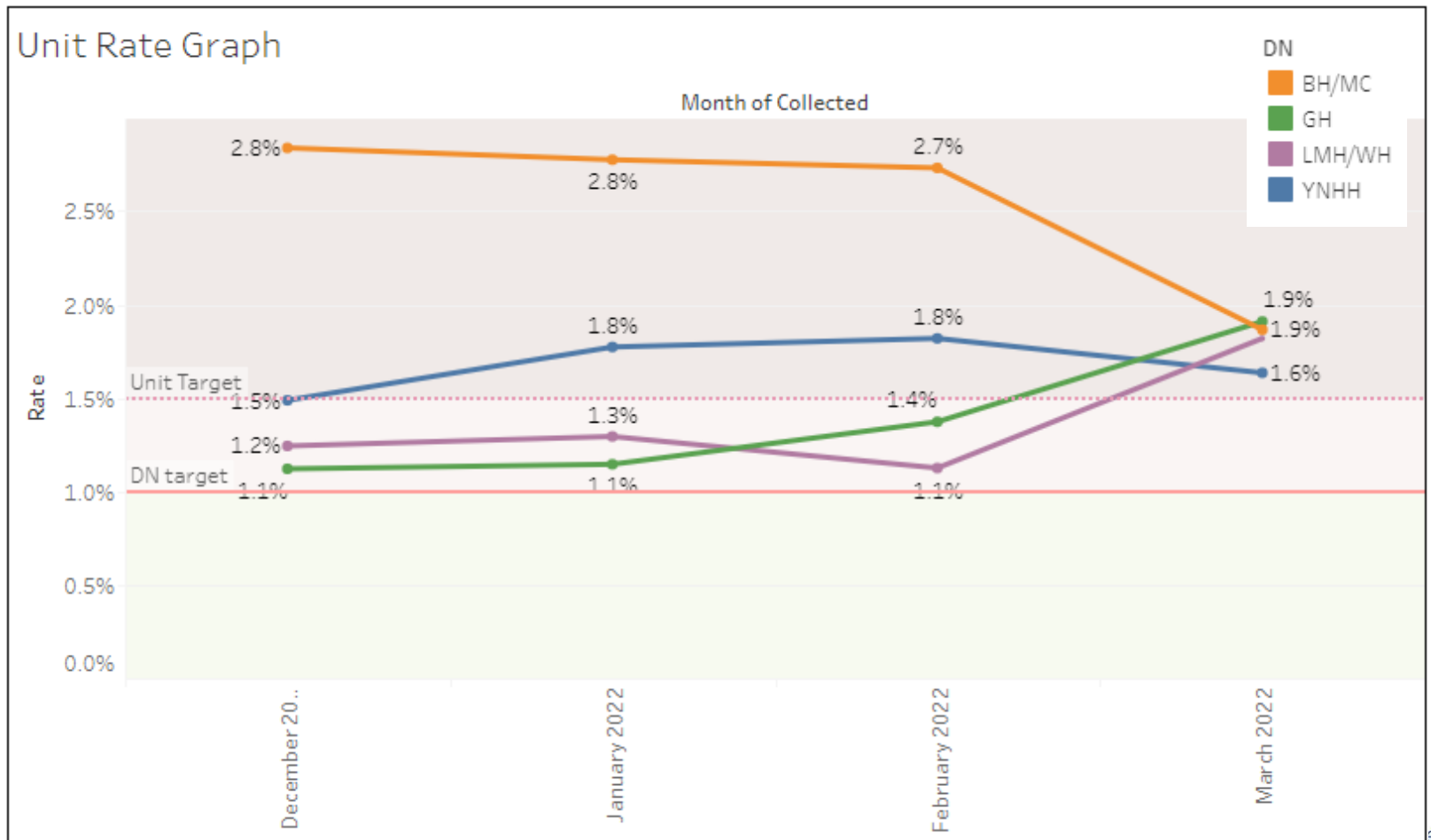
Total V	October	November	December	January	February	March	April	May	June	July	AUG	Sept
MRSA	236	269	313	299	216	249	309					
MRSA +	27	23	38	32	25	34	47					
Cdiff	142	133	121	121	136	144	138					
Cdiff +	20	33	33	24	24	23	20					
RVP	211	263	242	107	95	129	155					
Stool	141	126	100	109	123	150	132					
Stool Admitted	68	48	51	57	64	65	63					
Errors	6	2	0	2	3	0	0					

BH Blood Culture Contamination rate

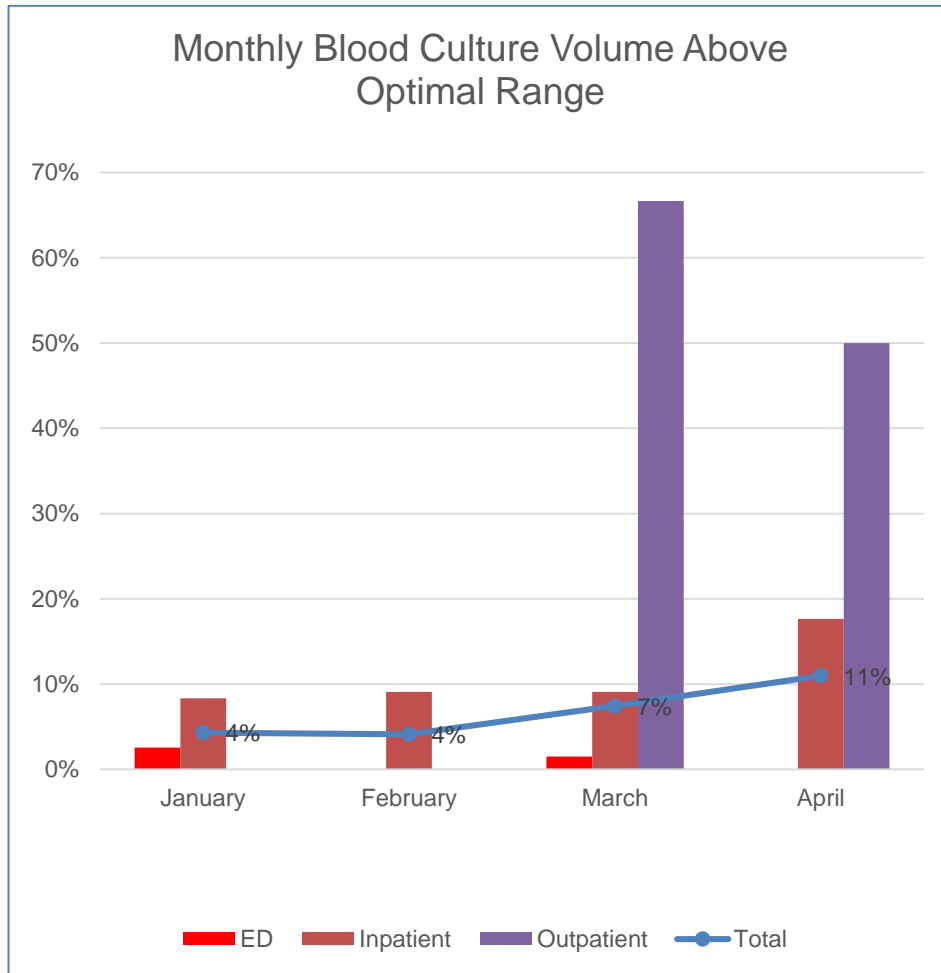
Unit Rate Graph



Blood culture Contamination Rate DNs Comparison



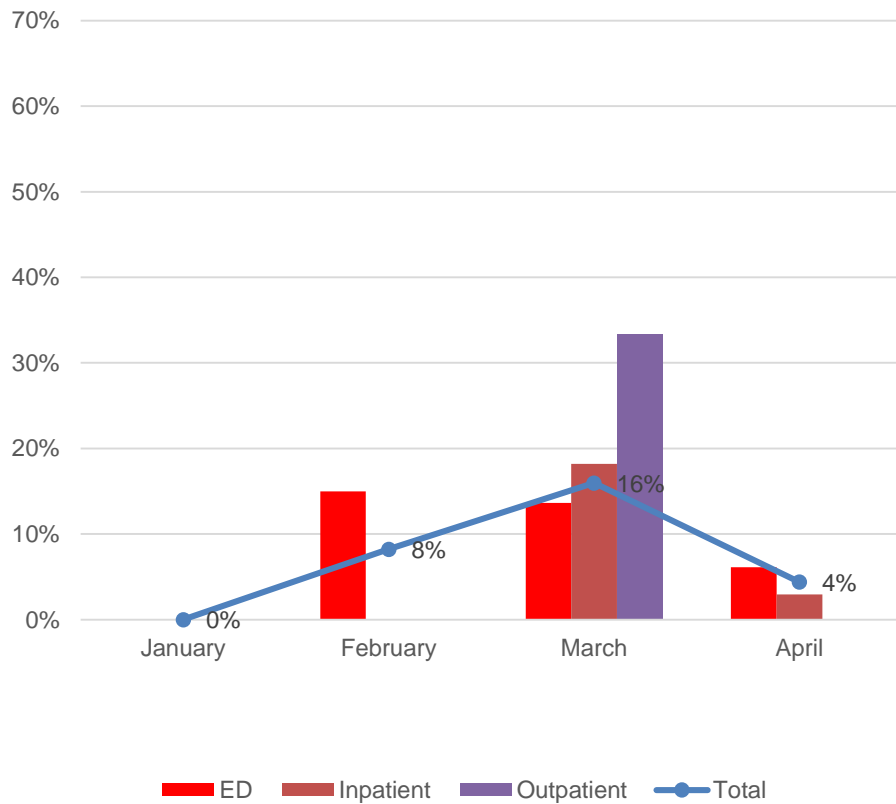
Blood Culture Volumes



Above Optimal Range				
Month	Total	ED	Inpatient	Outpatient
January	4%	3%	8%	0%
February	4%	0%	9%	0%
March	7%	2%	9%	67%
April	11%	0%	18%	50%

Blood Culture Volumes

Monthly Blood Culture Volume Below Optimal Range

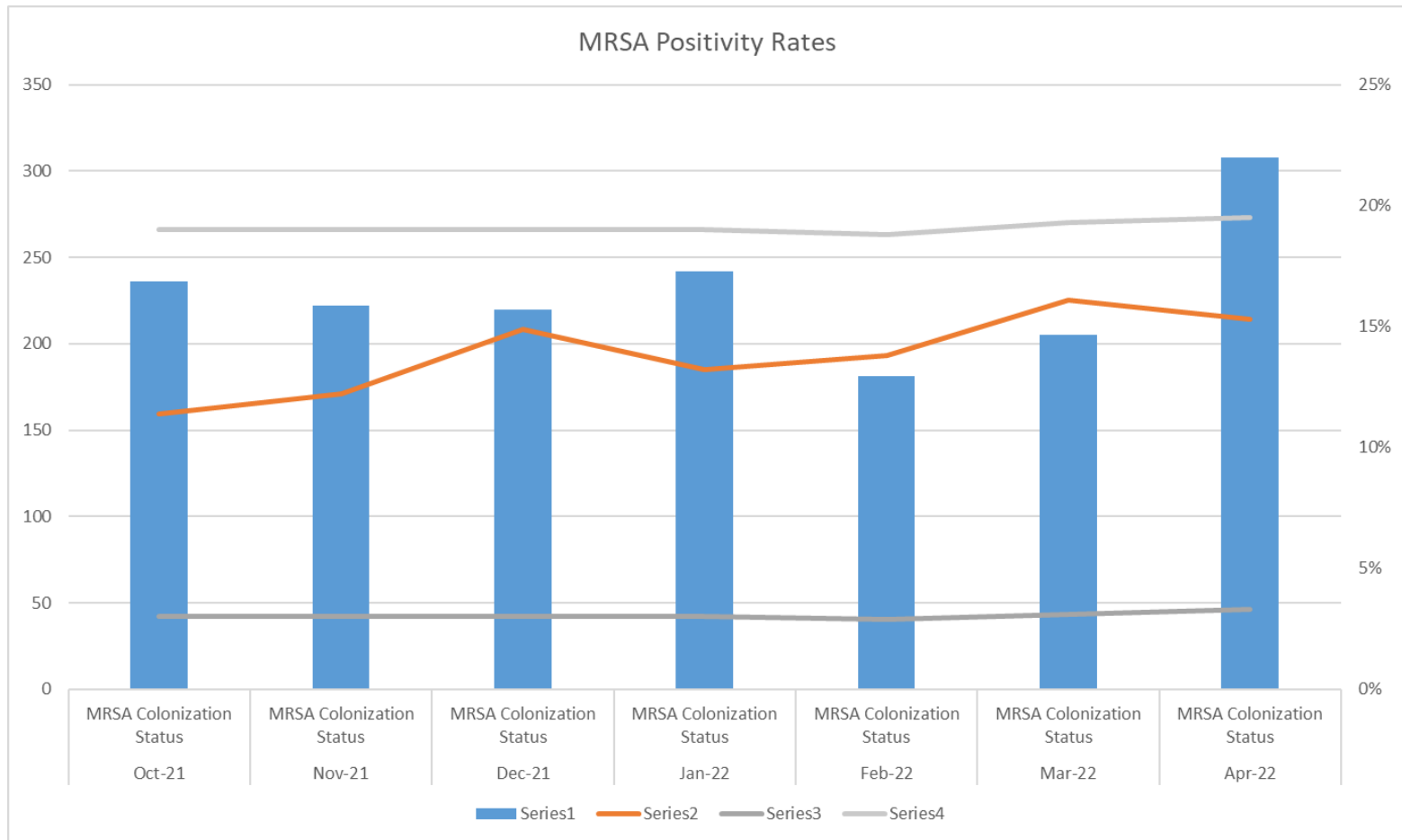


Below Optimal Range				
Month	Total	ED	Inpatient	Outpatient
January	0%	0%	0%	0%
February	8%	15%	0%	0%
March	16%	14%	18%	33%
April	4%	6%	3%	0%

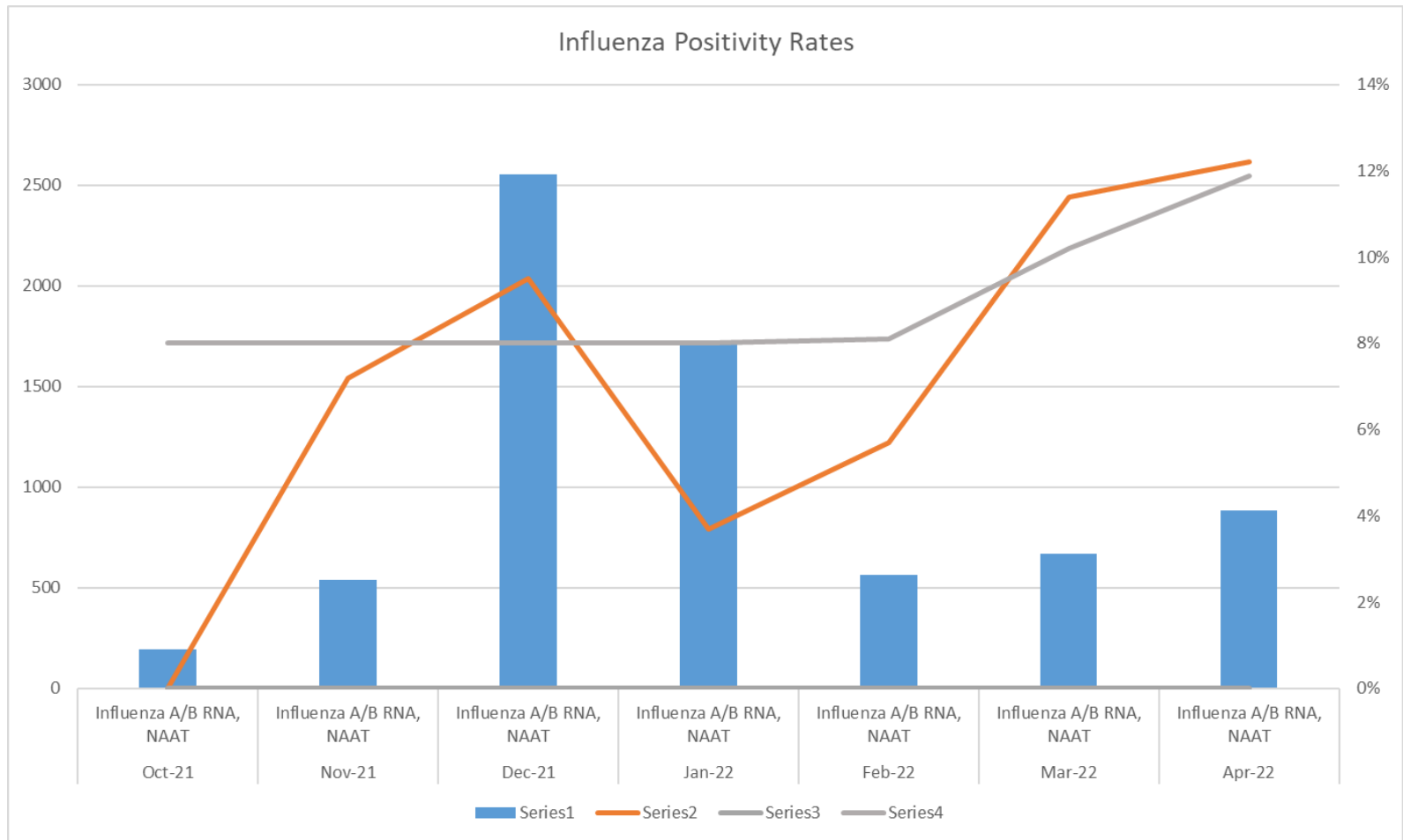
Molecular Statistics

Date	Tests	Sample size	Positive Count	% Positivity	Lower Limit	Upper Limit	Environment Monitoring	Epidemiological Trends	Evaluation Notes
Apr-22	Chlamydia trachomatis, NAAT	598	24	4%	3%	6%	Negative	None	None
Apr-22	GBS PCR Pen Allergic	17	5	29%	6%	50%	Negative	None	None
Apr-22	GBS PCR Pen NonAllergic	98	27	28%	15%	33%	Negative	None	None
Apr-22	Group A Strep PCR	113	12	11%	4%	22%	Negative	None	None
Apr-22	HSV 1 AND 2 DIRECT PCR,	26	9	35%	0%	60%	Negative	None	None
Apr-22	Influenza A/B RNA, NAAT	882	108	12%	0%	12%	Negative	None	None
Apr-22	Influenza/RSV by RT-PCR	2,286	115	5%	0%	7%	Negative	None	None
Apr-22	MRSA Colonization Status	308	47	15%	3%	20%	Negative	None	None
Apr-22	MRSA/SAUR Blood PCR	32	15	47%	15%	52%	Negative	None	None
Apr-22	MTB w/rflx Rifampin PCR	2	0	0%	0%	100%	Negative	None	None
Apr-22	N. gonorrhoeae, NAAT	598	11	2%	1%	4%	Negative	None	None
Apr-22	Resp Virus PCR Panel	137	31	23%	0%	57%	Negative	None	None
Apr-22	SARS CoV-2 (COVID-19) RNA	15,189	1,202	8%	0%	22%	Negative	State-wide rates increasing	None
Apr-22	Stool Pathogens PCR	110	14	13%	0%	20%	Negative	None	None

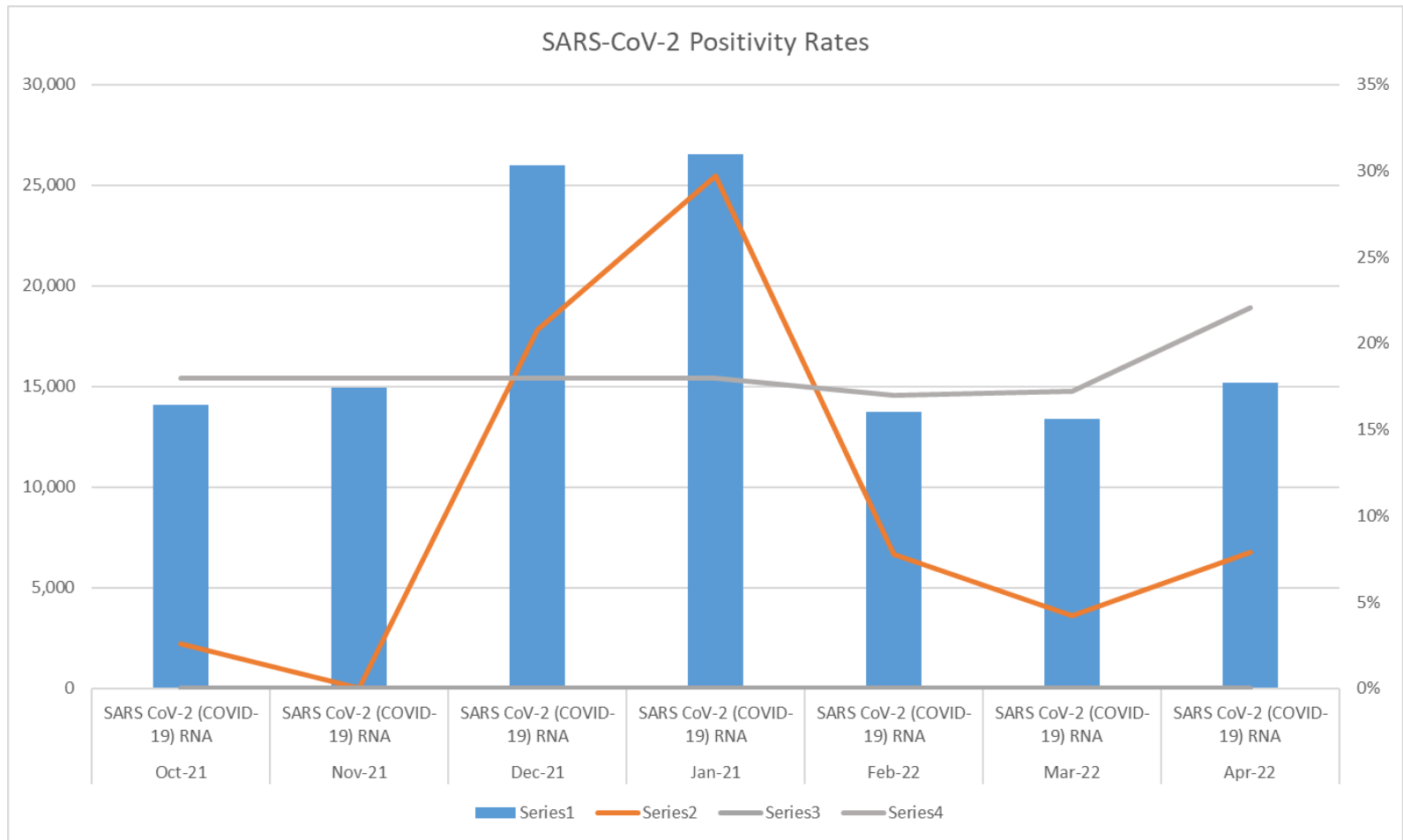
Molecular Statistics – Positivity Rates - MRSA



Molecular Statistics – Positivity Rates - Influenza

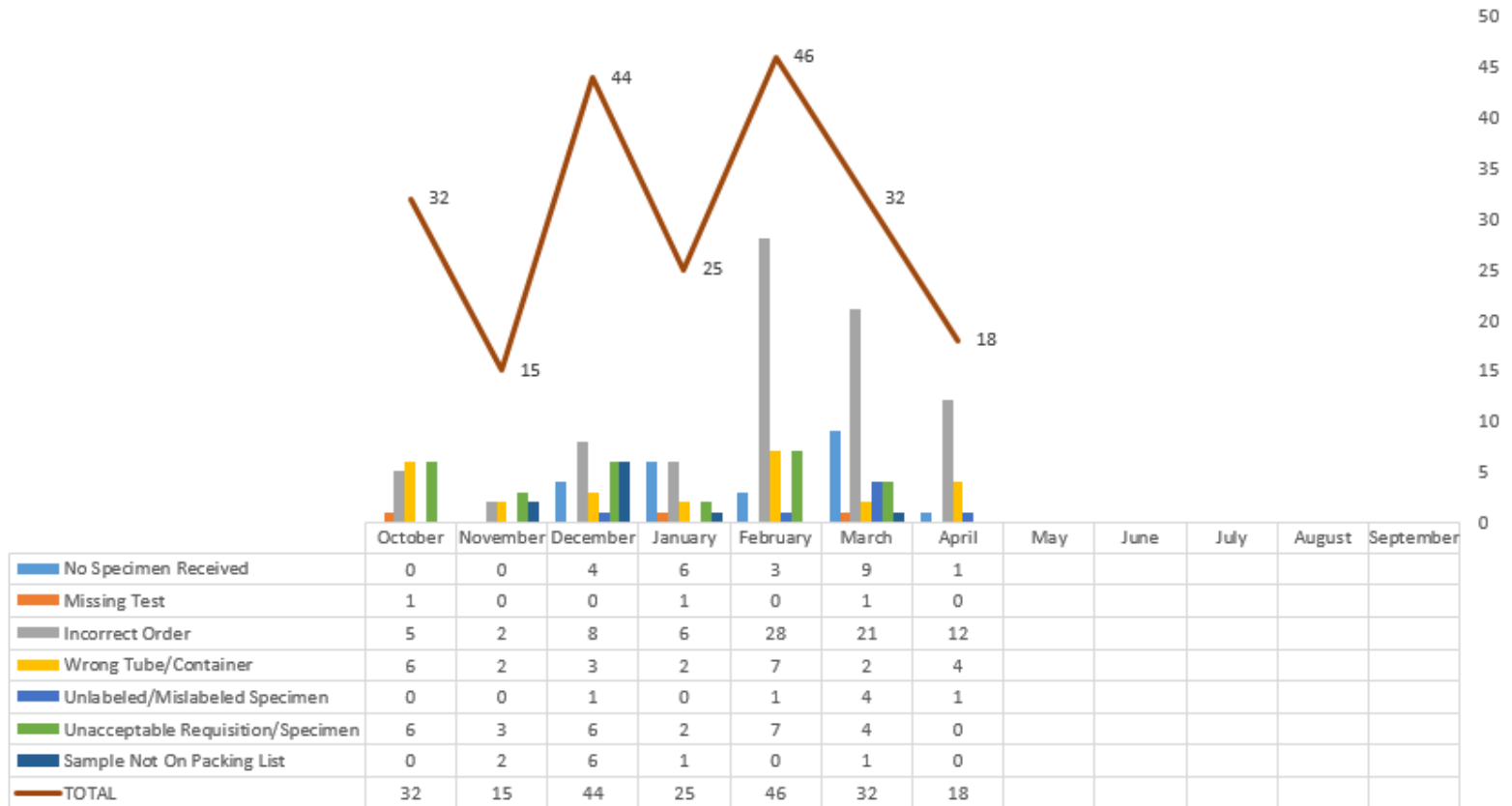


Molecular Statistics – Positivity Rates - Covid

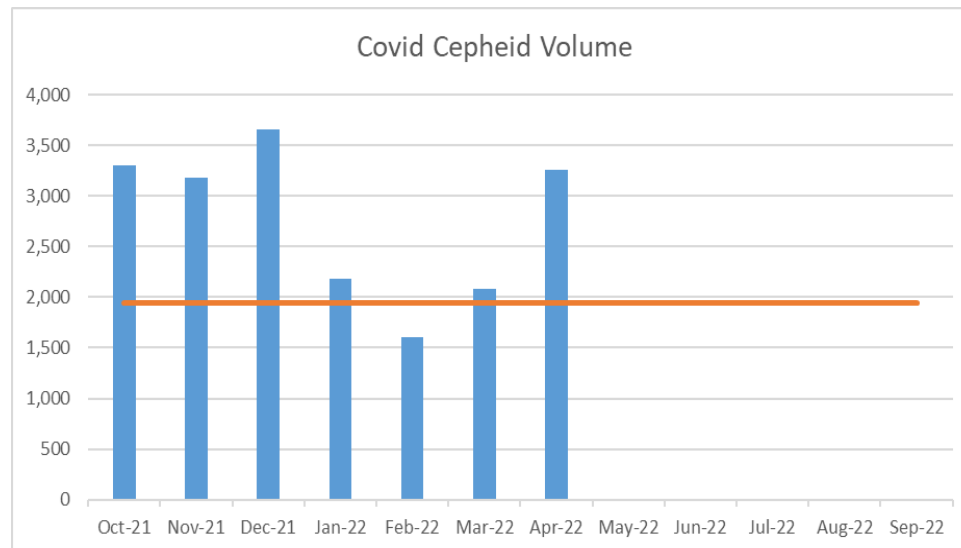
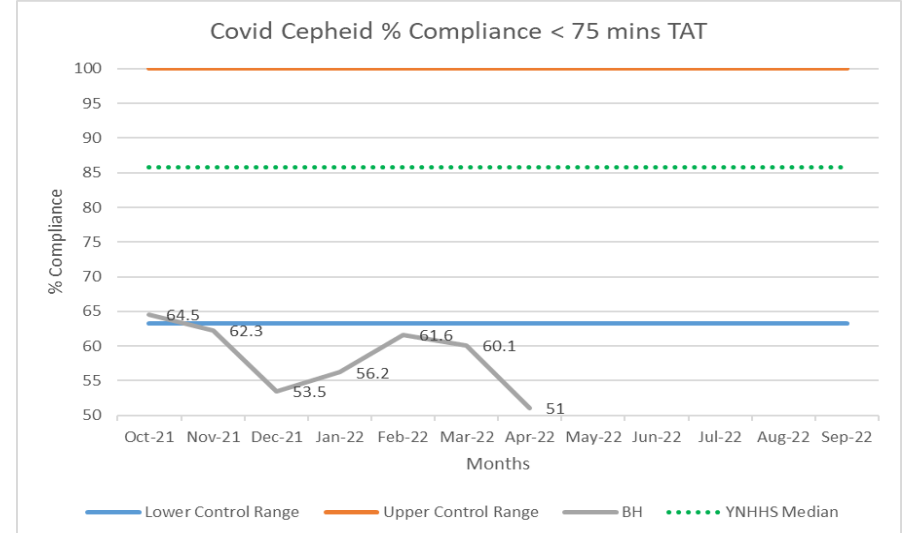
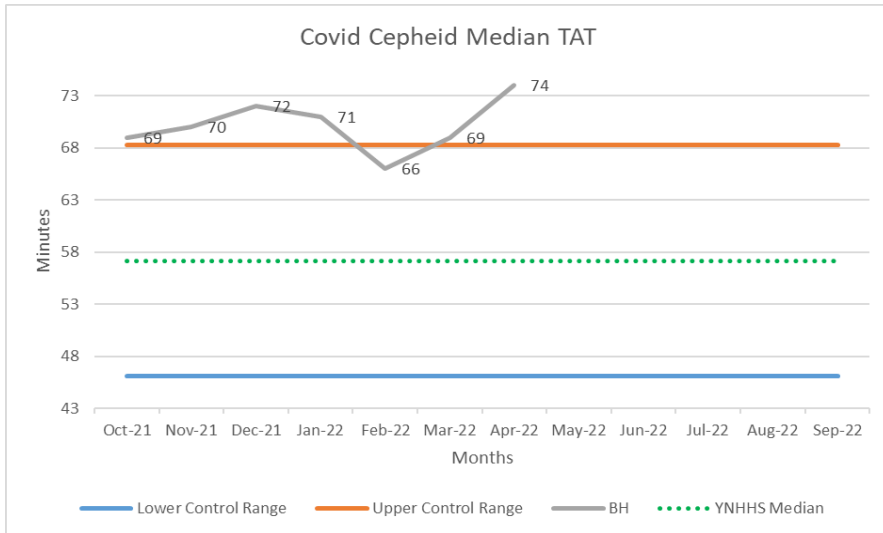


FY 2022 Draw station Errors

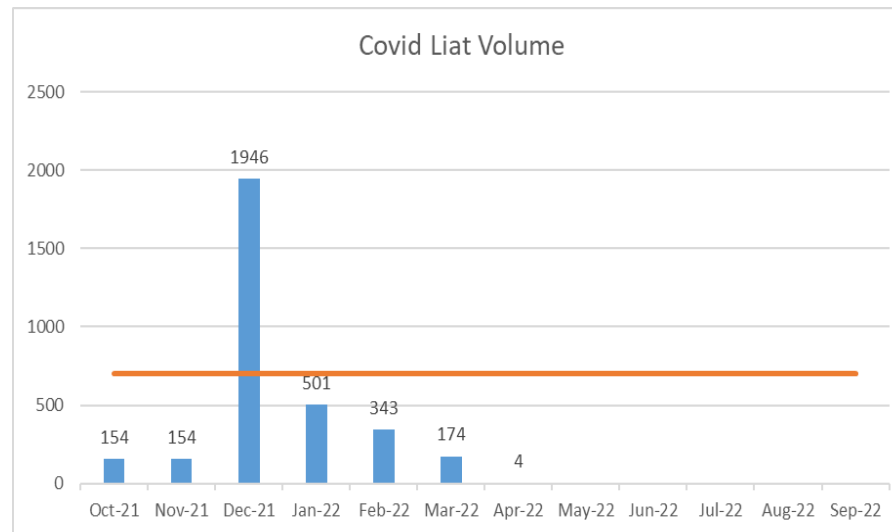
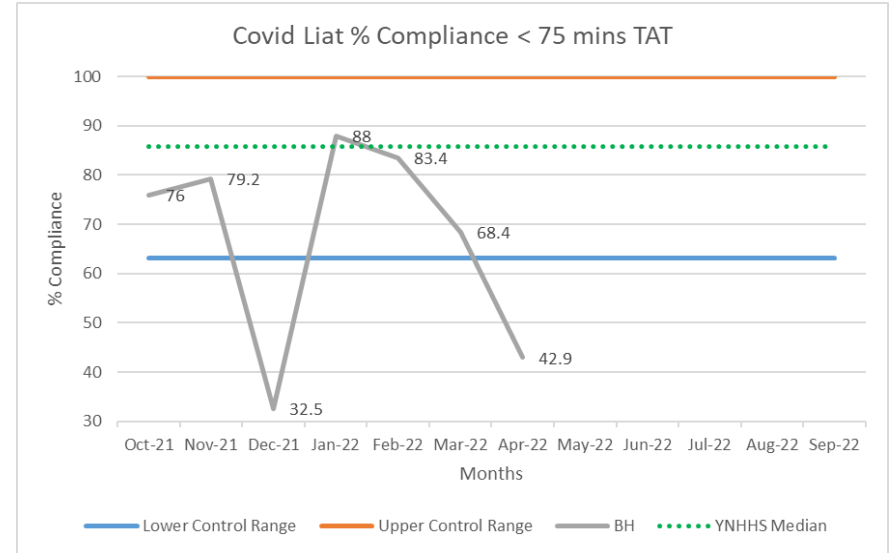
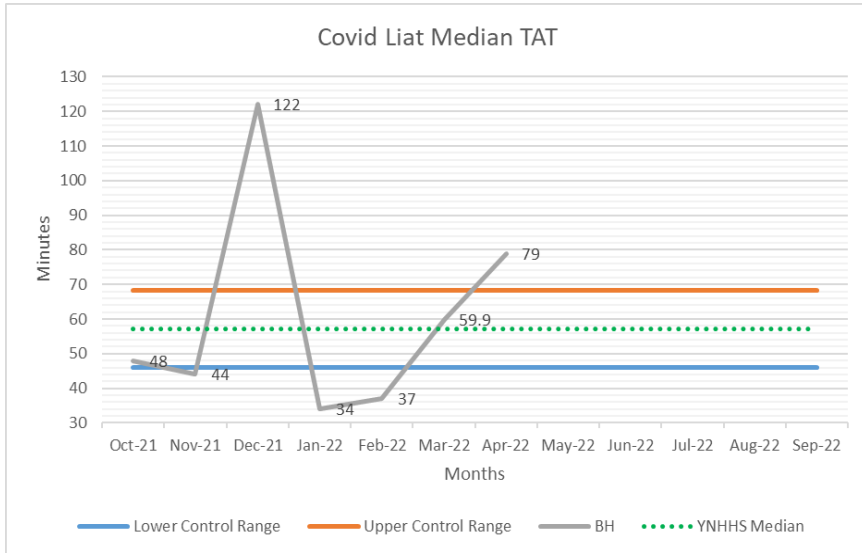
FY 2022 Draw Station Errors



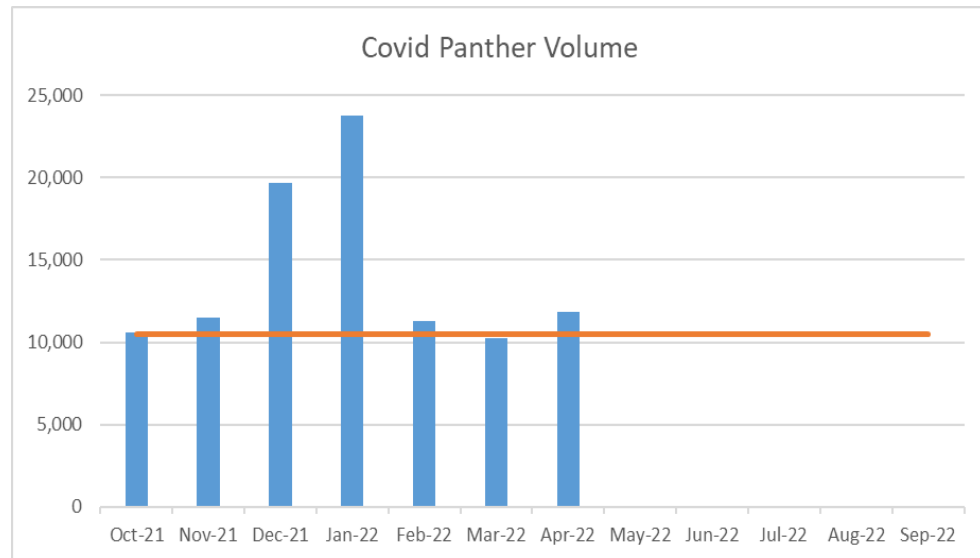
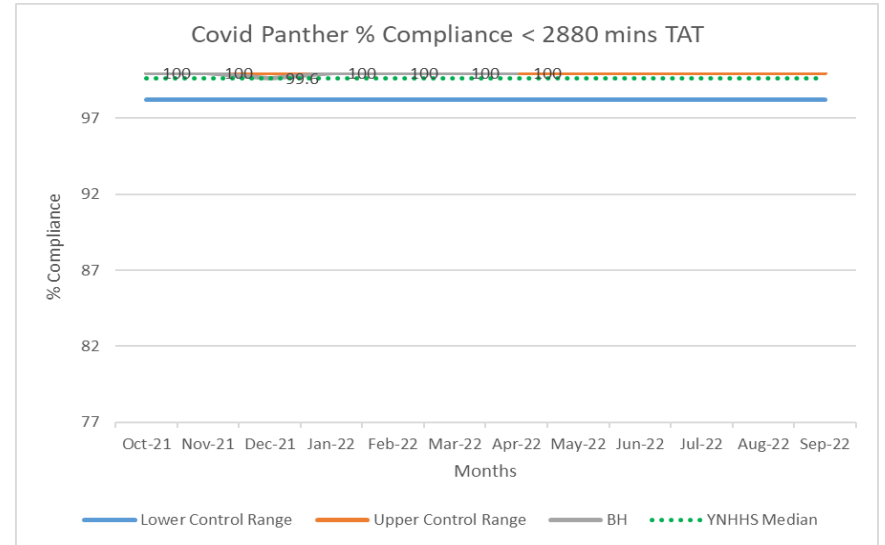
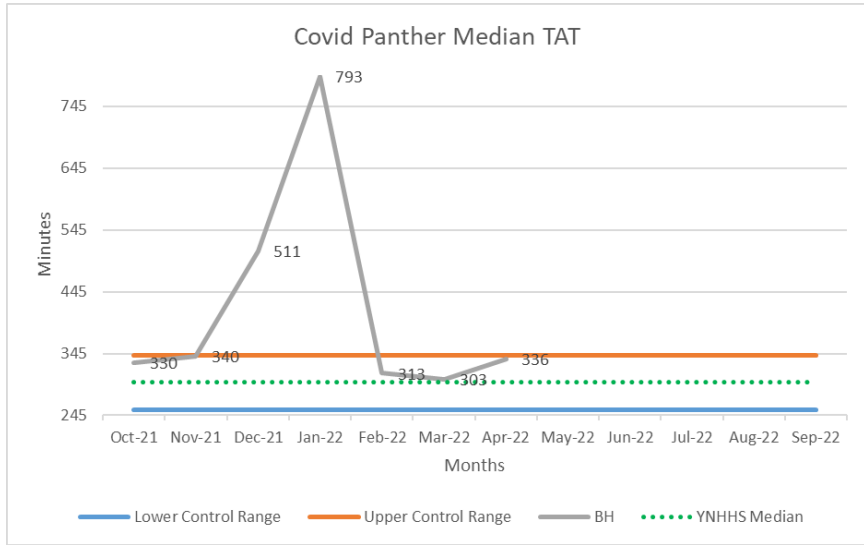
Bridgeport Campus – COVID-19 Cepheid



Bridgeport Campus – COVID Liat



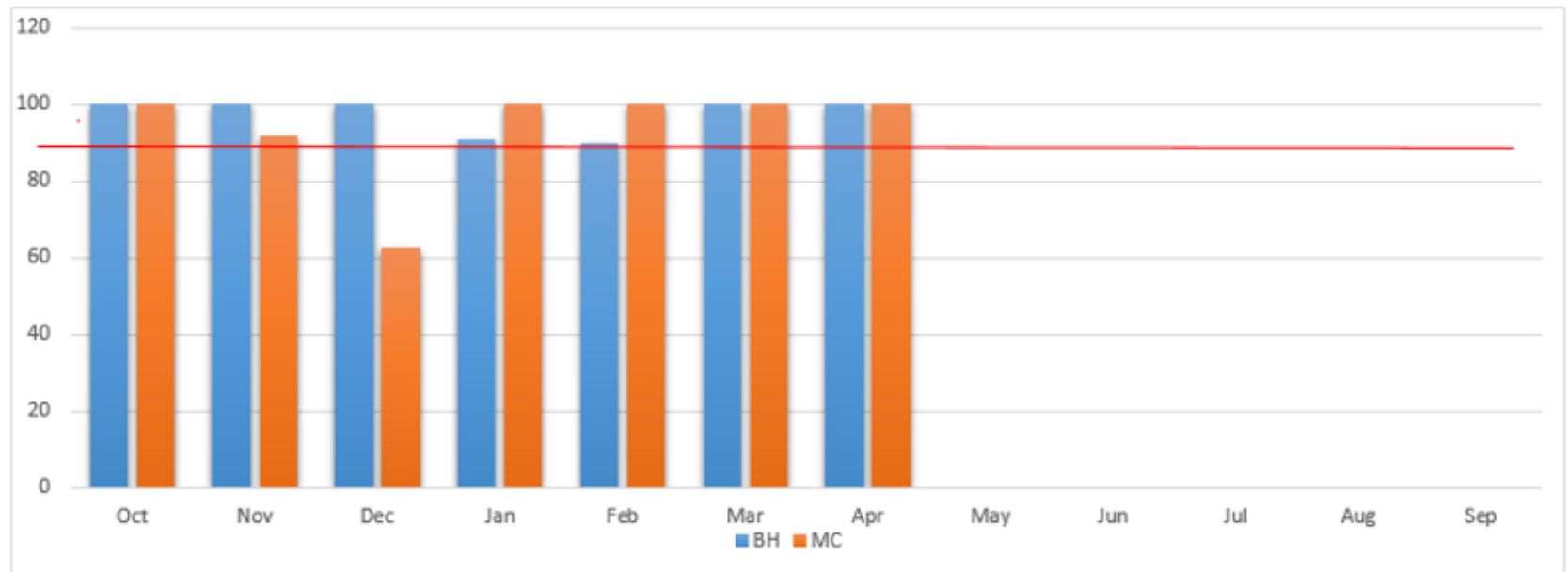
Bridgeport Campus – COVID-19 Panther



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 27/27 surveys	100%	100%	None	None required	Lab management and administration
		MC 10/10 surveys	100%	100%			

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



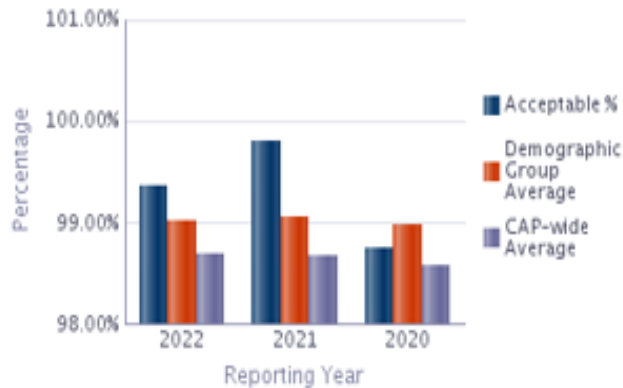
Lab General - Bridgeport

Proficiency Testing Performance BC	98%	529/533 analytes	99%	99%	None	None required for benchmark-each section investigates failed/unsatisfactory performances.	Laura
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Proficiency Testing Performance Overview ?

Select View: Graph ▼

Acceptable Proficiency Testing by Year and Group





20 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
--	---	---	---	--

Reporting Year	Acceptable %	Demographic Group Average ?	CAP-wide Average
2022	99.34%	98.99%	98.67%
2021	99.81%	99.06%	98.67%
2020	98.76%	98.99%	98.58%

Lab General - Bridgeport

Accreditation Performance Overview


Select View: Data 

Period Name	Percent Deficient	Demographic Group Average 	CAP-wide Average
Current Cycle	0.53%	0.76%	0.76%
Previous Cycle	0.11%	0.88%	0.90%
Second Previous Cycle	0.65%	0.85%	0.85%



Last Accreditation Decision	Date
Accredited	5/9/2022

Current Cycle Inspection(s)			
Date	Inspection Type	% Deficient	Recurring Deficiencies
3/29/2022	Routine	0.53	1

At MCBH PT performance YTD is:

Reporting Year	Acceptable %	Demographic Group Average 	CAP-wide Average
2022	100.00%	98.99%	98.67%
2021	99.30%	99.06%	98.67%
2020	99.74%	98.99%	98.58%

Select View: Data 

Period Name 	Percent Deficient	Demographic Group Average 	CAP-wide Average
Current Cycle	0.71%	0.76%	0.76%
Previous Cycle	0.74%	0.88%	0.90%
Second Previous Cycle	0.73%	0.85%	0.85%

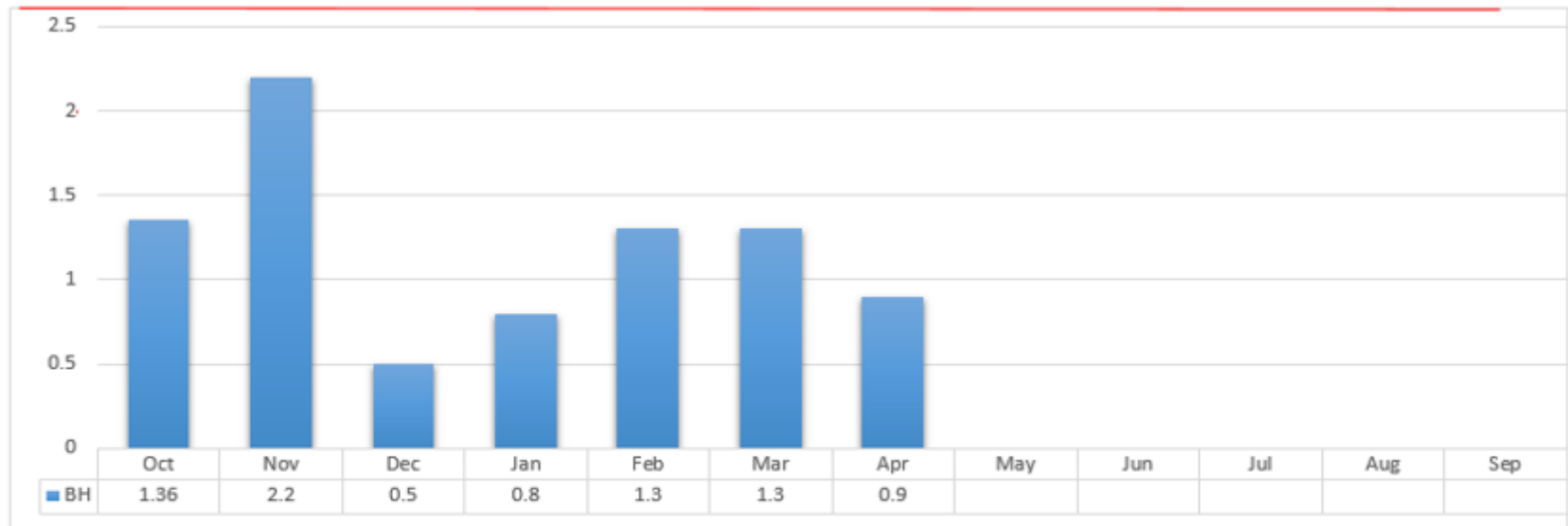
Last Accreditation Decision	Date
Accredited	5/9/2022

Current Cycle Inspection(s)			
Date	Inspection Type	% Deficient	Recurring Deficiencies
3/28/2022	Routine	0.71	0

Lab General - Bridgeport

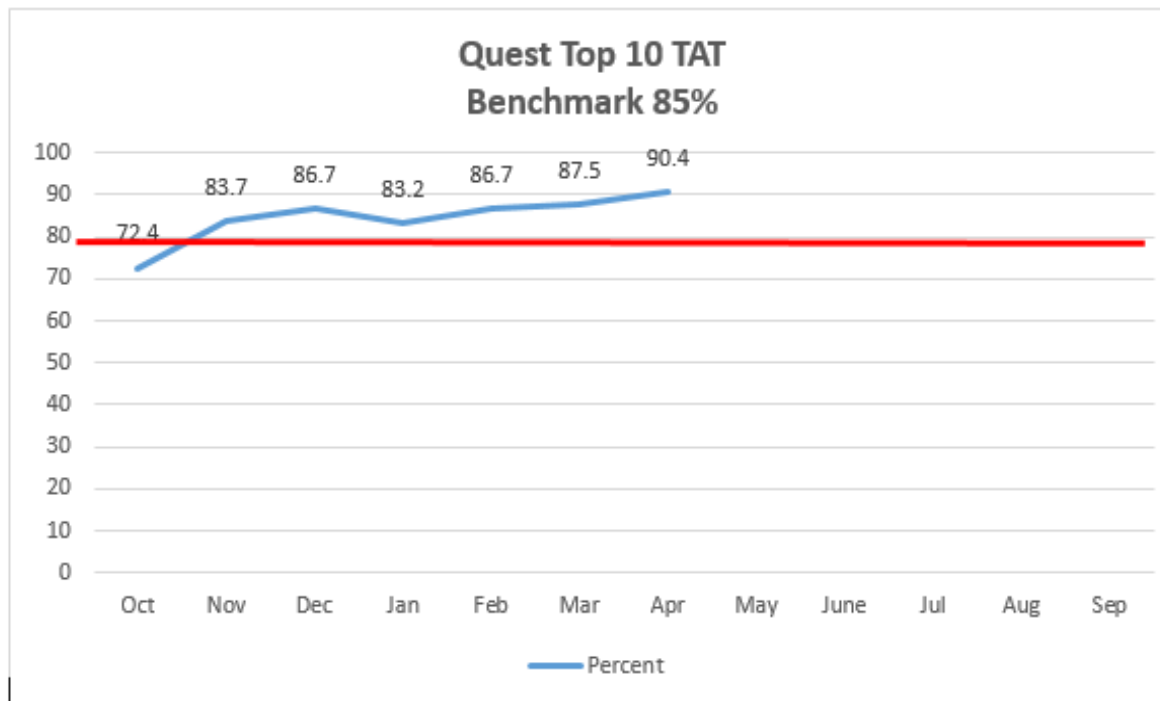
Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible
BC Lab Corrected/amended reports	<2.7/10,000 tests	194,250 tests	0.9 Per 10,000 results (0.009 %)	1.3 (0.13%)	Corrected reports can lead to adverse patient outcomes	None needed benchmark met	Laboratory administration

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



Lab General - Bridgeport

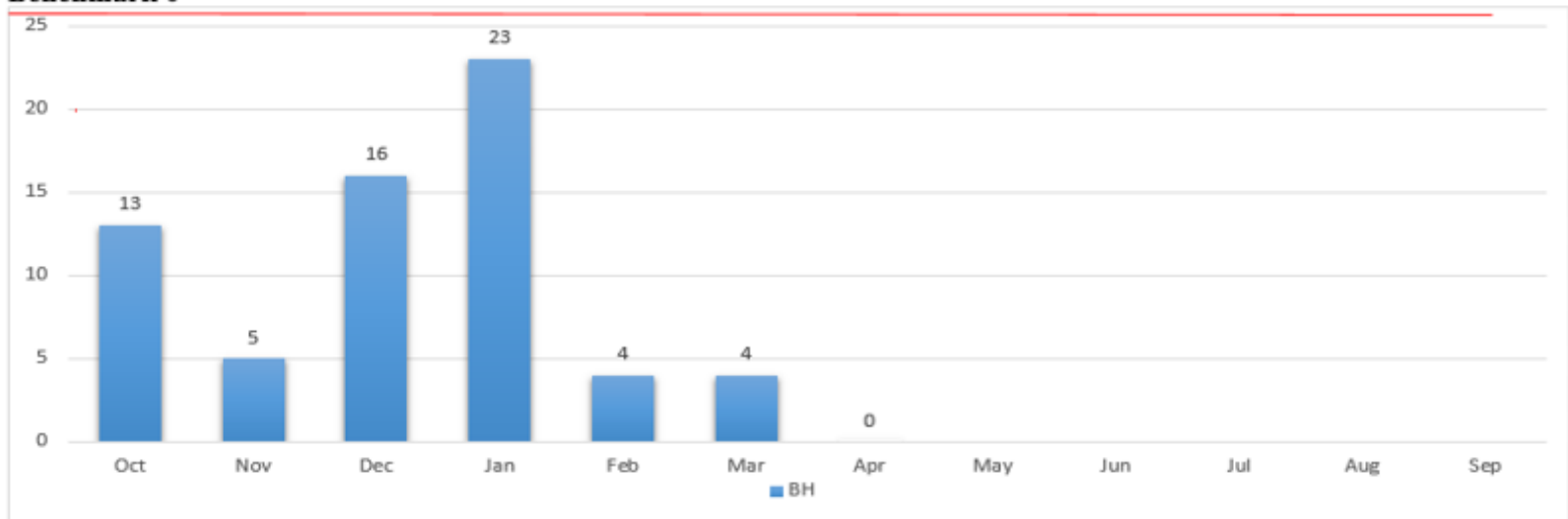
Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up
Quest TAT Top 10 tests by volume	85% On time	458 Tests	90.4%	87.5%	Can cause delays in patient treatment/therapy	Quest rep thinks decreased Covid testing may be the explanation for this improvement. Target was lowered to 85% in FY21 Continue increasing test sent to YH and bringing some sendouts inhouse.



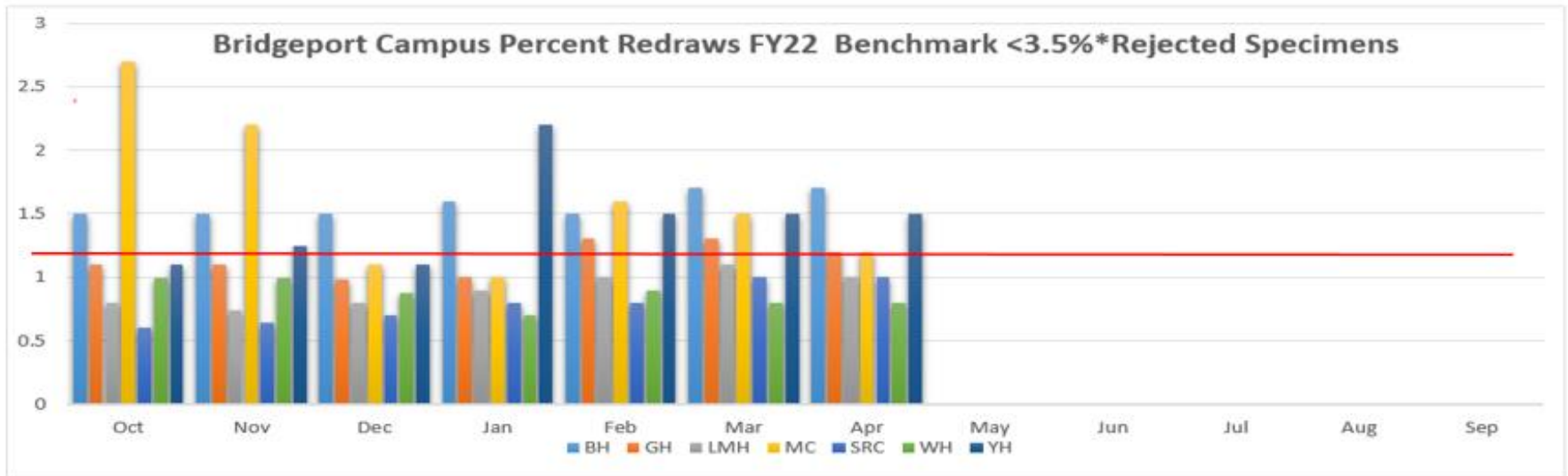
Lab General - Bridgeport

Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible Staff
Nonconforming events BC	0	194,250 tests	0	4	None	None needed	Lab administration and management

**Bridgeport Campus Nonconforming Events
Benchmark 0**



Lab General – Bridgeport (Specimen Rejection Analysis)



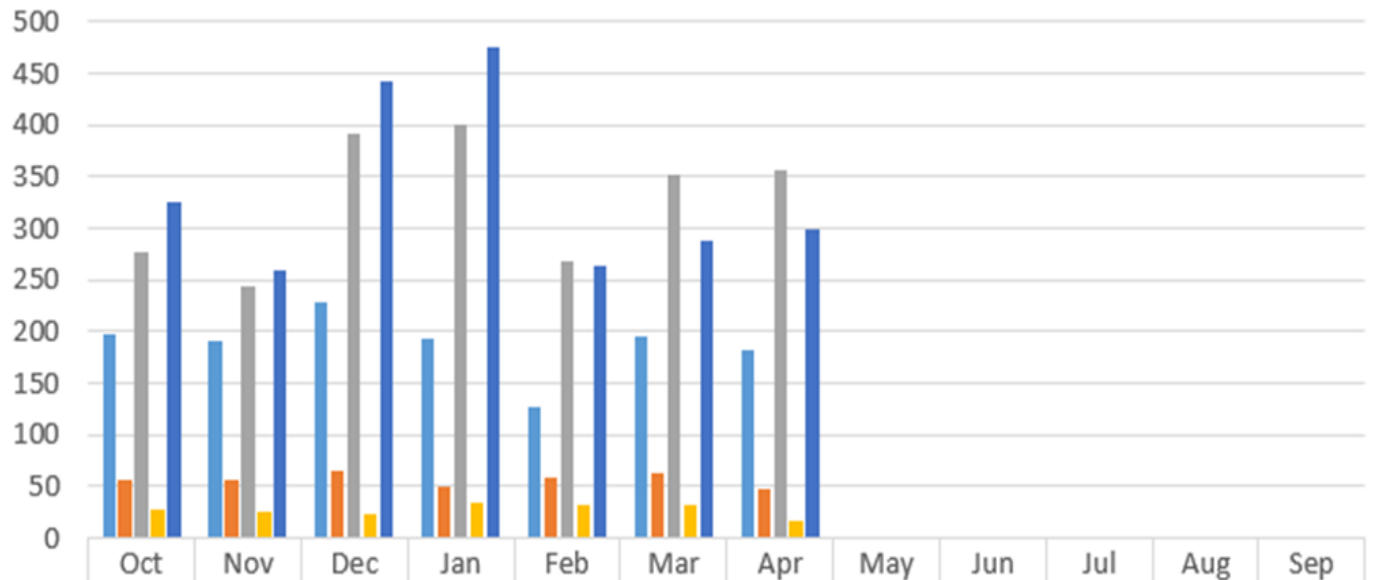
YNHHS Benchmark (1.1% FY22 to date)

*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
Apr	1.7	1.2	1	1.2	1	0.8	1.5

Laboratory General - Bridgeport

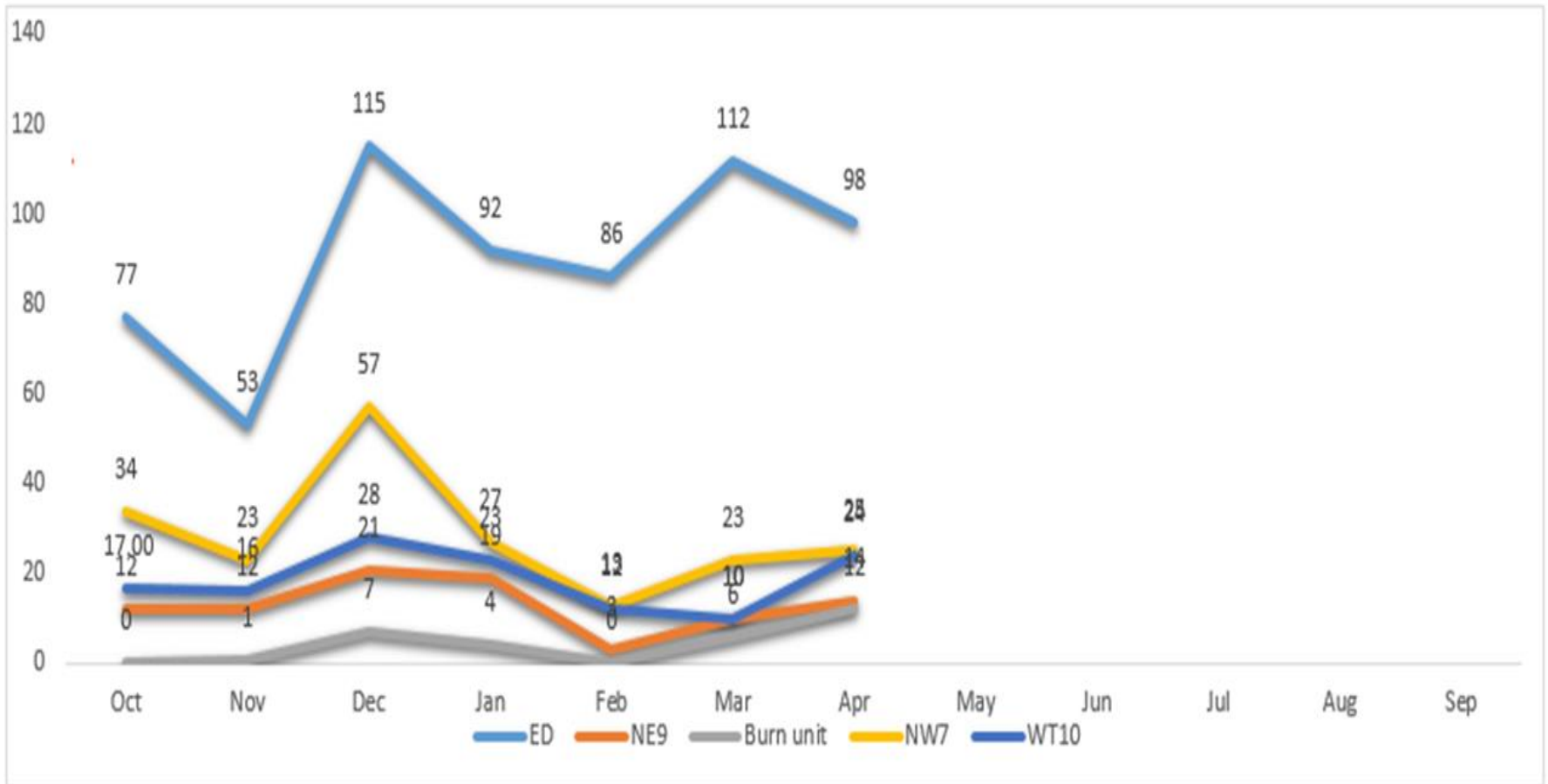
Bridgeport Campus Rejected Specimens by Classification



Clotted	198	190	229	193	127	195	181					
Contaminated (IV + Other)	56	57	65	49	58	63	48					
Hemolyzed	276	243	391	401	269	352	357					
Not on Ice	28	25	24	35	31	32	17					
QNS	325	259	443	475	264	287	299					

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

Floor Audits of QNS specimens FY2022



	ED	NE9	Burn unit	NW7	WT10
Apr	98	14	12	25	24

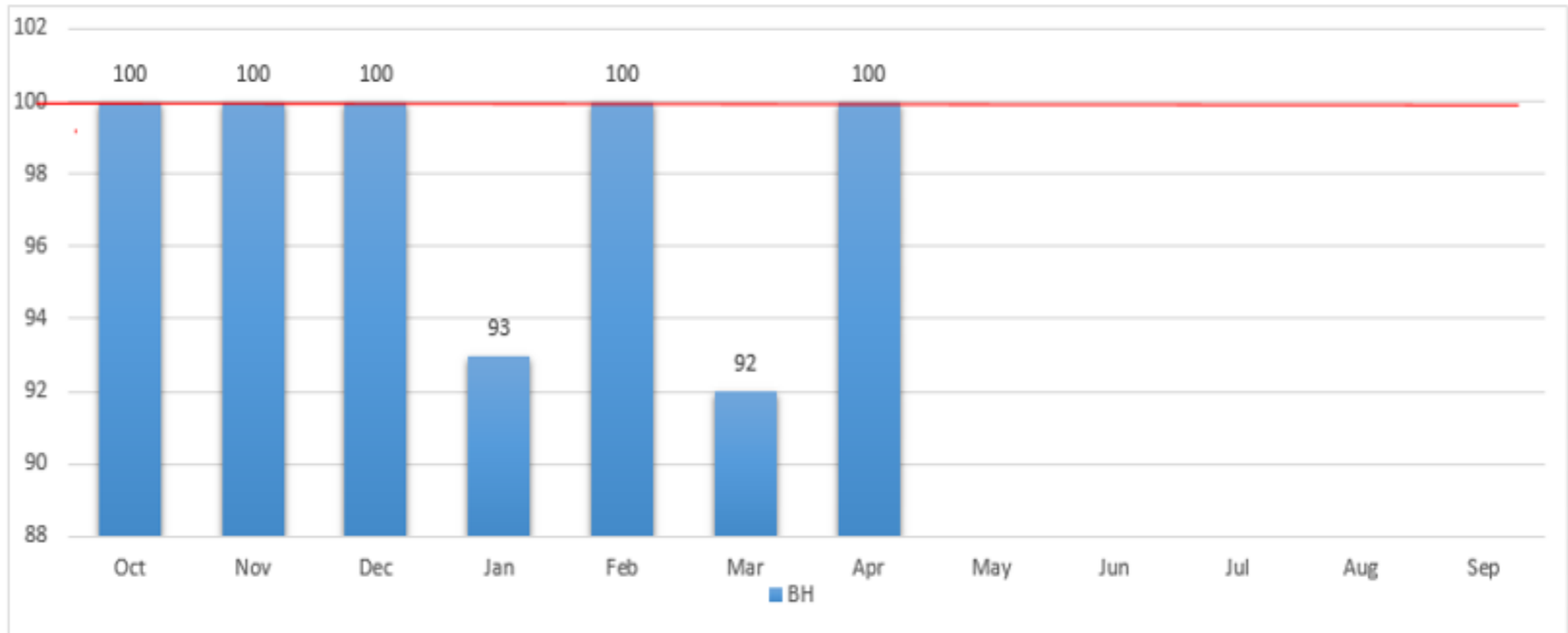
Laboratory General - Bridgeport

BH & MCBH

Events Calendar Completed

Benchmark 100%

16/16 events in April were completed



Sample not on ice by Delivery Network

Beaker Lab Rejections Rejection Classification Totals



System Organization	Rejection Classification	2021 Q4		2022 Q1		2022 Q2		May	Grand Total
		November	December	January	February	March	April		
BH	Collection Issue: Not on Ice	25	25	36	34	33	21	13	187
L&M	Collection Issue: Not on Ice	2	1	2	2	5	4	1	17
WH	Collection Issue: Not on Ice		2	1	3	1			7
YNHH	Collection Issue: Not on Ice	53	58	81	71	60	74	48	445
Grand Total		80	86	120	110	99	99	62	656

Select Timeframe
Last 6 Months

Begin Date
5/14/2019

End Date
5/15/2019

Delivery Network
(Multiple values)

Campus
(All)

Collection Department
(All)

Rejection Classification
Collection Issue: Not o...

Specimen Type
(All)

Test Name
(All)

March Summary for samples not on ice

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	8										9
MICU	2.91	0	0	2										1
NW7	1.27	1	0	0										0
SICU	1.45	1	4	3										3
WT10	1.73	2	1	4										2
WT7	0.82	2	0	1										1
WT8	1.82	1	0	1										1

Overall Tests:

Row Labels	Count of Specimen ID
AMMONIA	9
PTH, INTACT (BH)	7
ACTH (YH BH)	5
CALCIUM, IONIZED, WHOLE BLOOD	5
METHYLMALONIC ACID (YH BH)	4
METANEPHRINES, FRACT, FREE, LC/MS/MS, PLASMA (BH GH LMW)	1
VITAMIN B1, WHOLE BLOOD	1
PYRUVIC ACID (GH BH)	1
(blank)	
Grand Total	33

April Summary for samples not on ice

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	8	4									8
MICU	2.91	0	0	2	1									1
NW7	1.27	1	0	0	1									1
SICU	1.45	1	4	3	2									3
WT10	1.73	2	1	4	2									2
WT7	0.82	2	0	1	1									1
WT8	1.82	1	0	1	0									1

Overall Tests:

Row Labels	Count of Specimen ID
AMMONIA	7
PTH, INTACT (BH)	6
METHYLMALONIC ACID (YH BH)	4
LACTIC ACID, WHOLE BLOOD (VENOUS) (MC)	2
CALCIUM, IONIZED, WHOLE BLOOD	1
ACTH (YH BH)	1
(blank)	
Grand Total	21

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		Mar 1 - 31, 2022		Apr 1 - 30, 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	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	29	6	29	7
BMP	20	10	18	9	20	11	27	10	18	9	19	10	21	10
CBC	18	11	16	11	21	11	22	11	16	10.5	16	11	17	11
D-dimer	13.5	12	13	11	21	12	21.5	12	15	12	15	10	17	11.5
PTINR	16	12	14	11	18	12	19	10	15	10	17	11	17	11
Type and Screen	16	11	16.5	11	18.5	15	15	7	17	10	14	6	16	12
COVID Cepheid	14	12	13	12	17	12	17	12	16	13	14	13	16	12

Blood Contamination Collector Rates

YaleNewHavenHealth

Blood Contamination

data as of: 5/13/2022 6:34:22 AM

Overall

Specimen Count 1,442
Cont Count 21
Rate 1.5%

Collected
Last 6 months

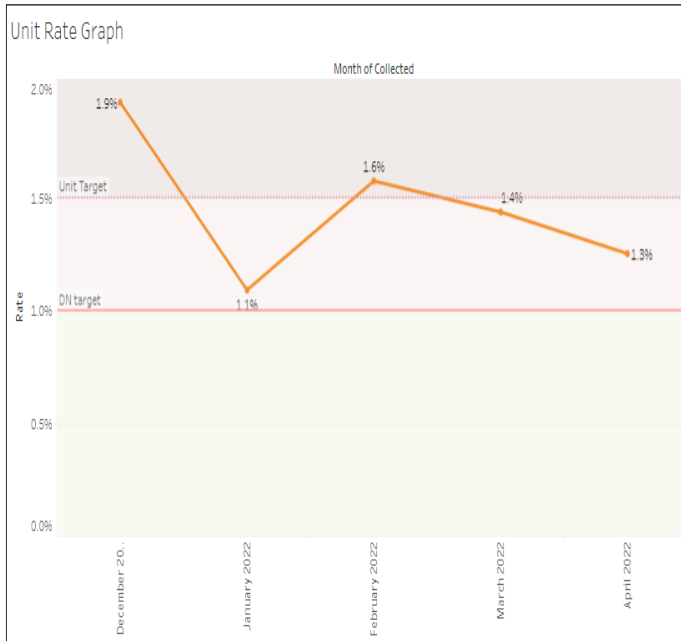
DN
 (All)
 BH/MC
 GH
 LMH/WH
 YNH/H

Campus
MC
 (All)
 BH
 MC
 Emergency Medicine
 Inpatient

Department Name
(All)

Age Filter
 (All)
 Adult
 Pediatric

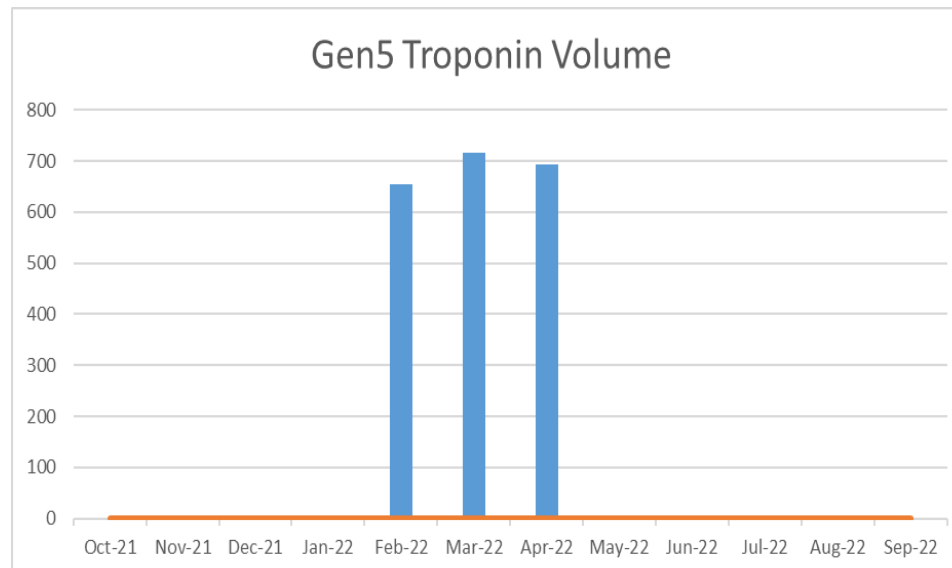
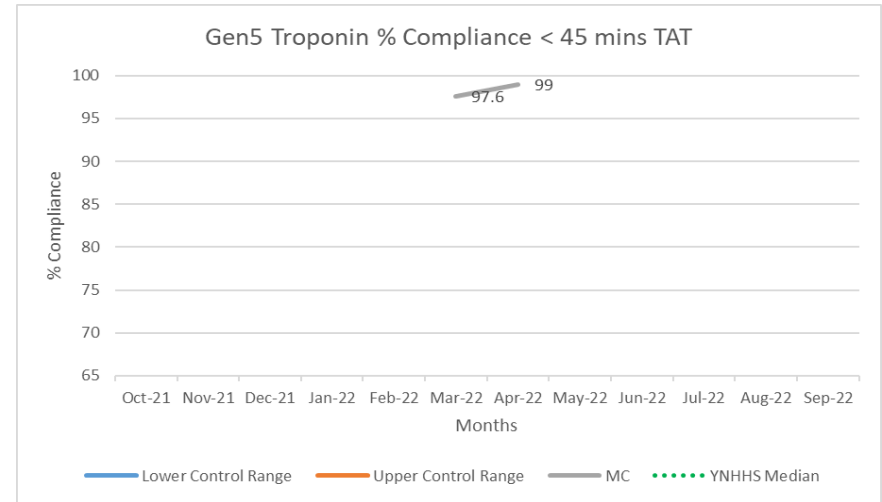
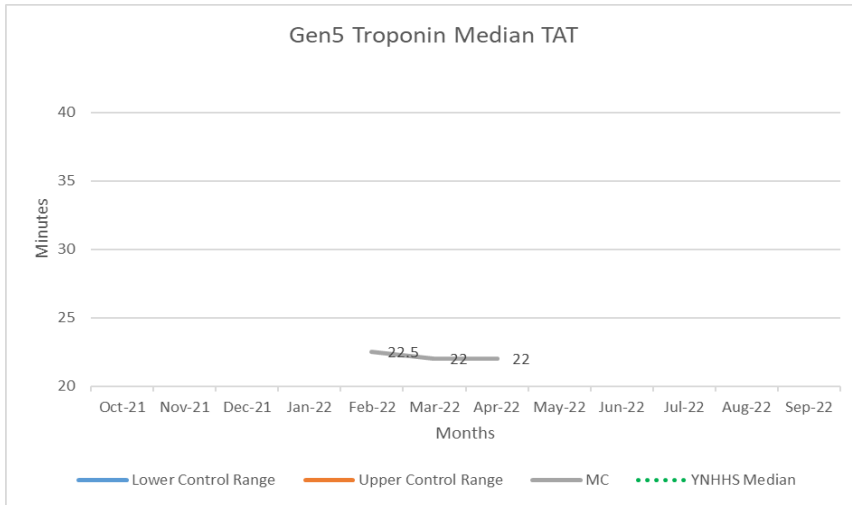
DN
 BH/MC



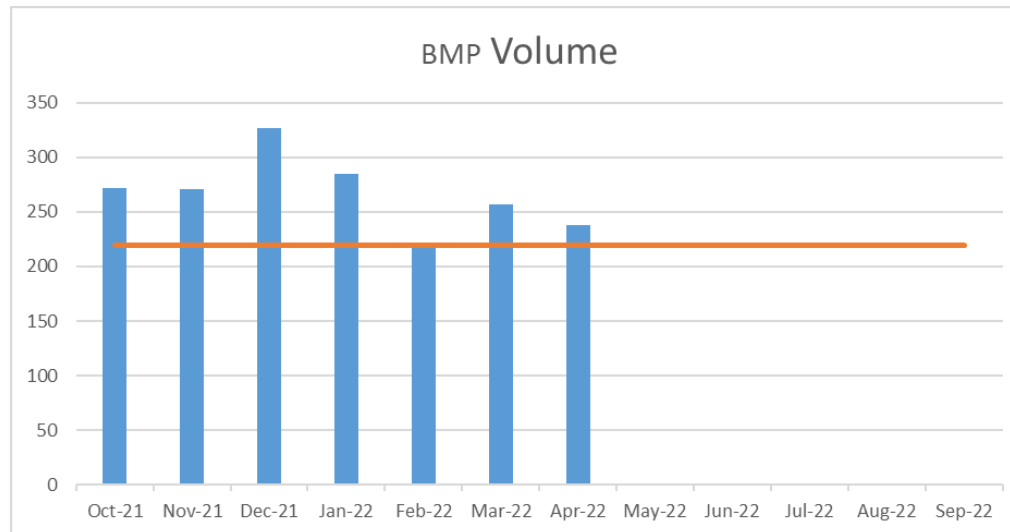
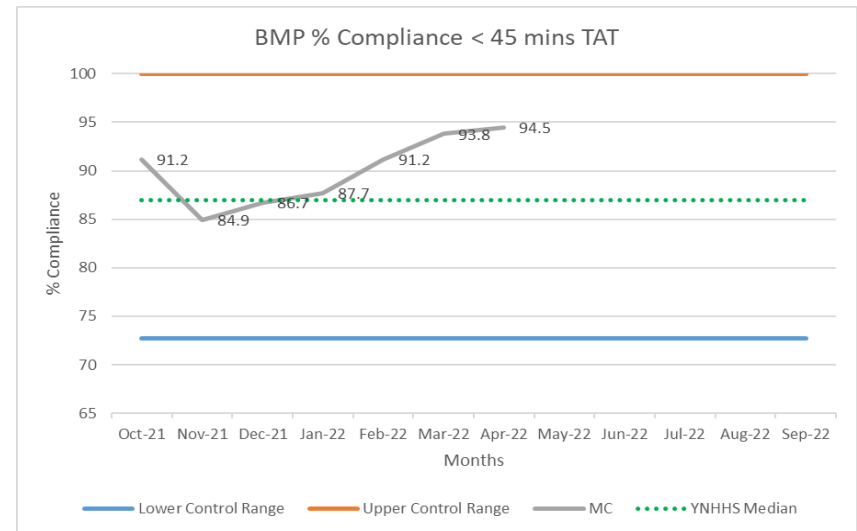
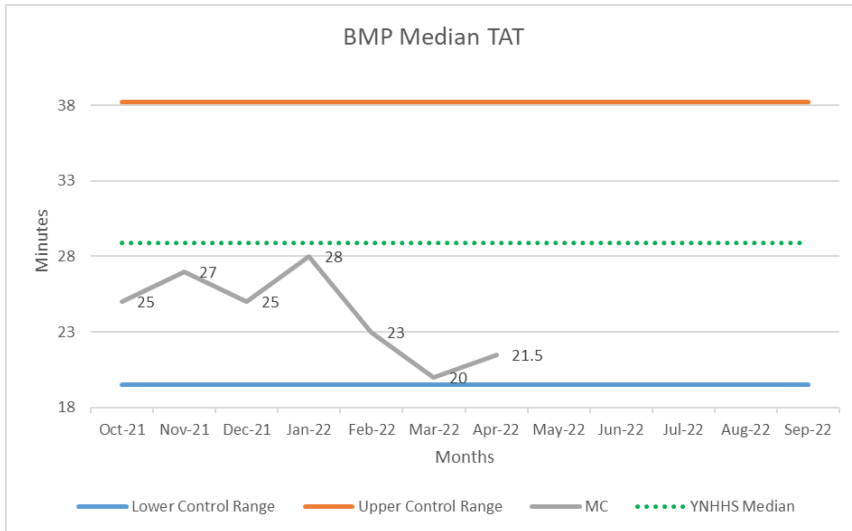
Prov Type: Contaminations Y/N: no yes

Prov Type	Month of Collected	Specimen Count	Cont Count	Rate
Unknown	December 2021	28	1	3.6%
Unknown	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%
		101	5	5.0%

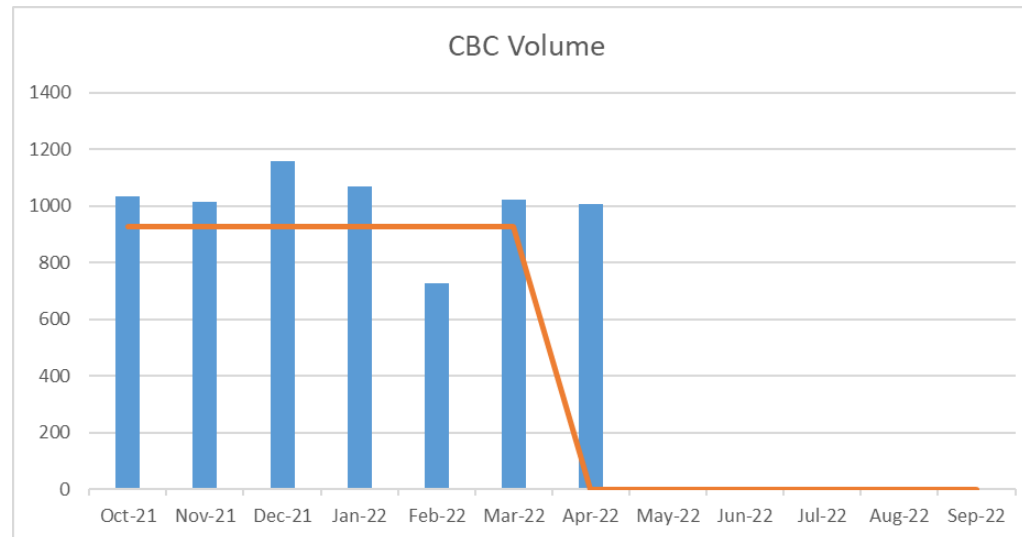
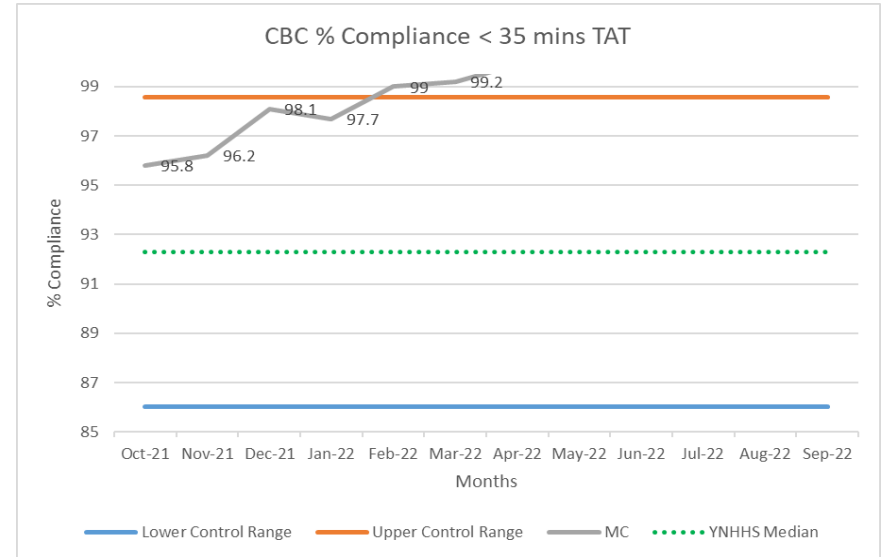
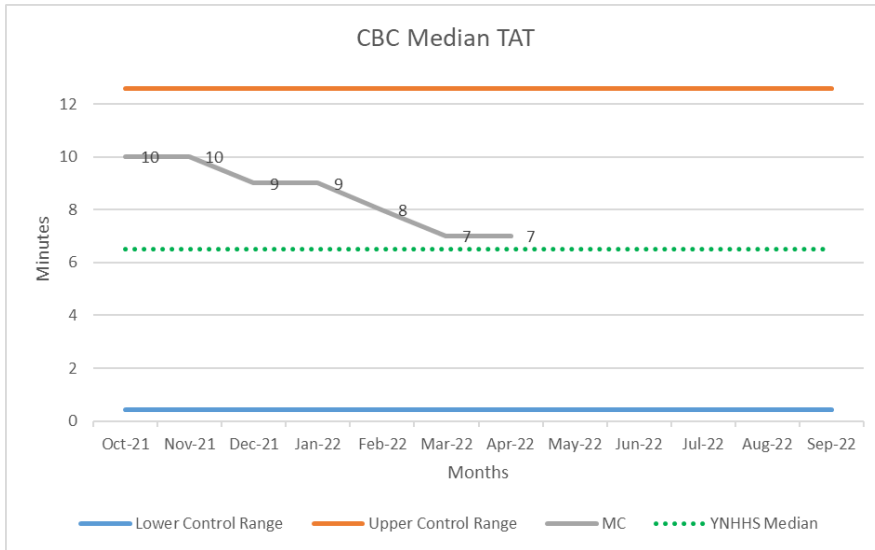
Milford Campus – Gen 5 Troponin TAT



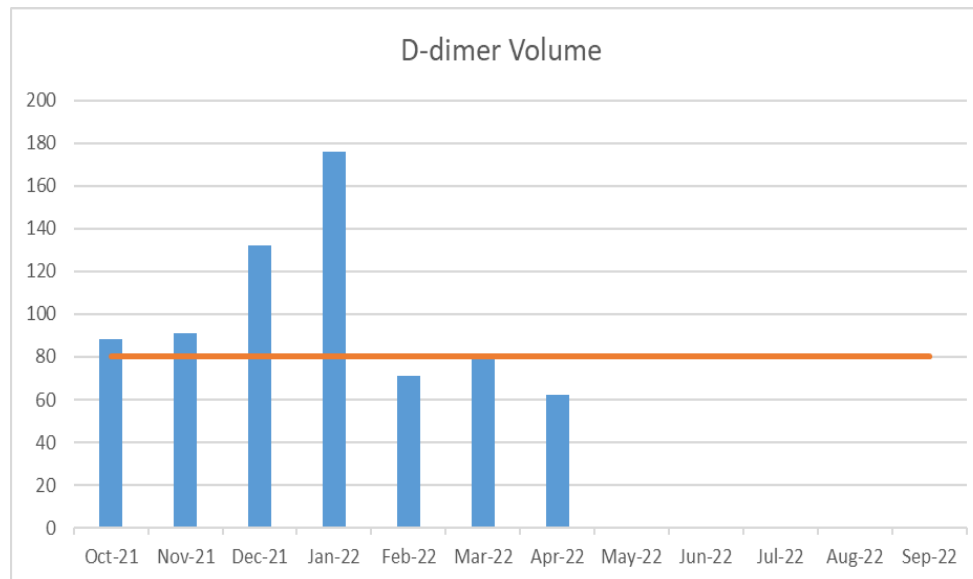
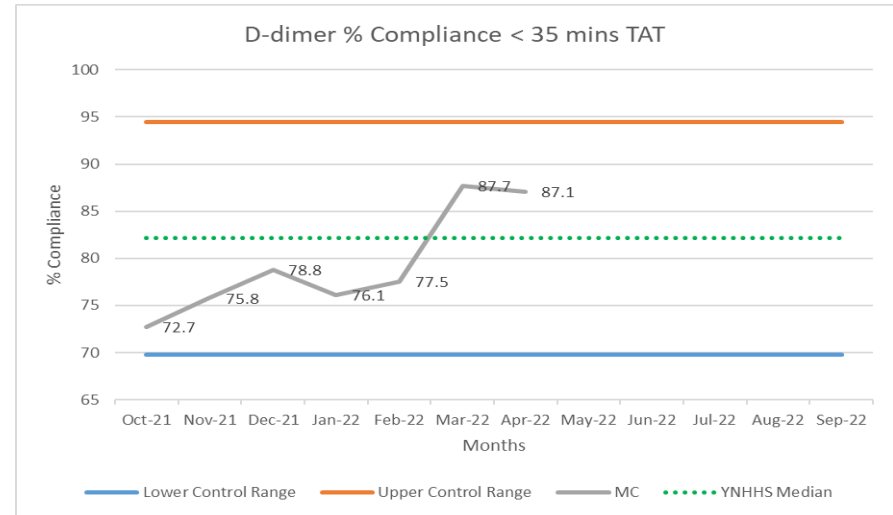
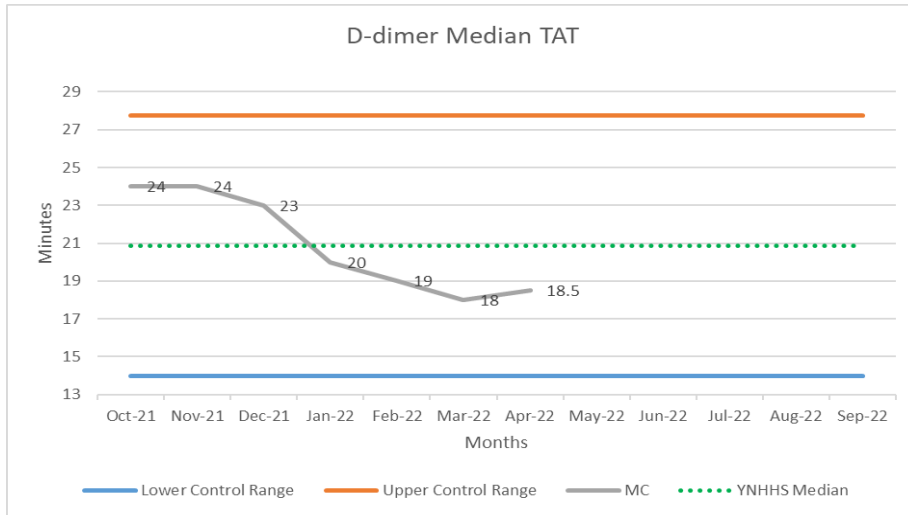
Milford Campus – Basic Metabolic Panel (BMP) ED TAT



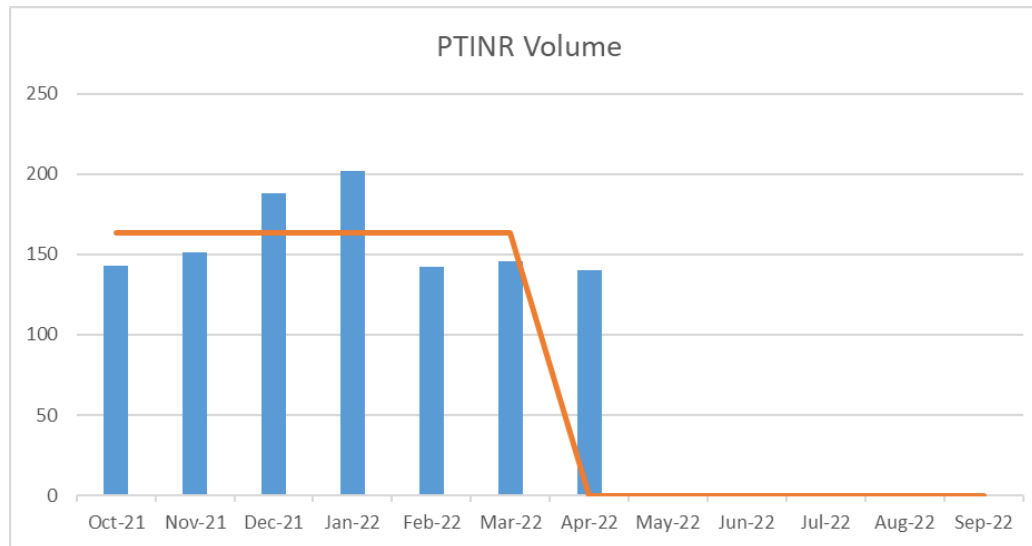
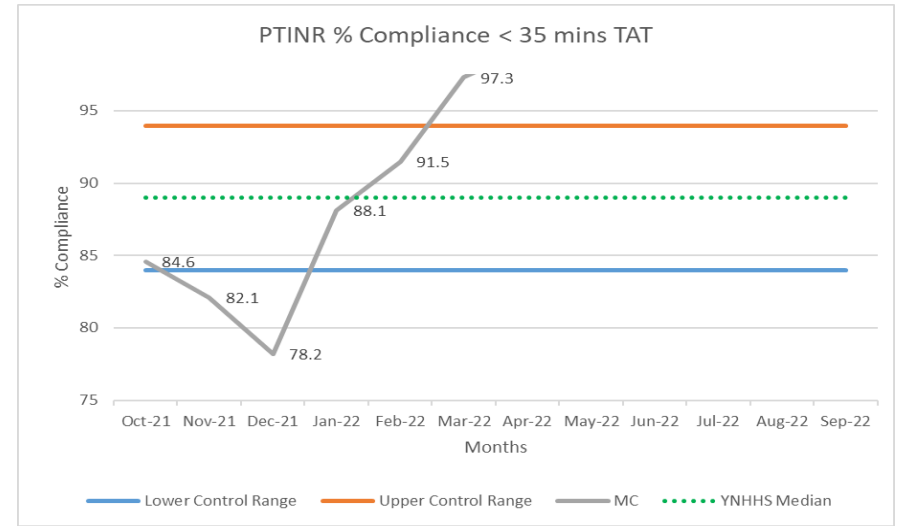
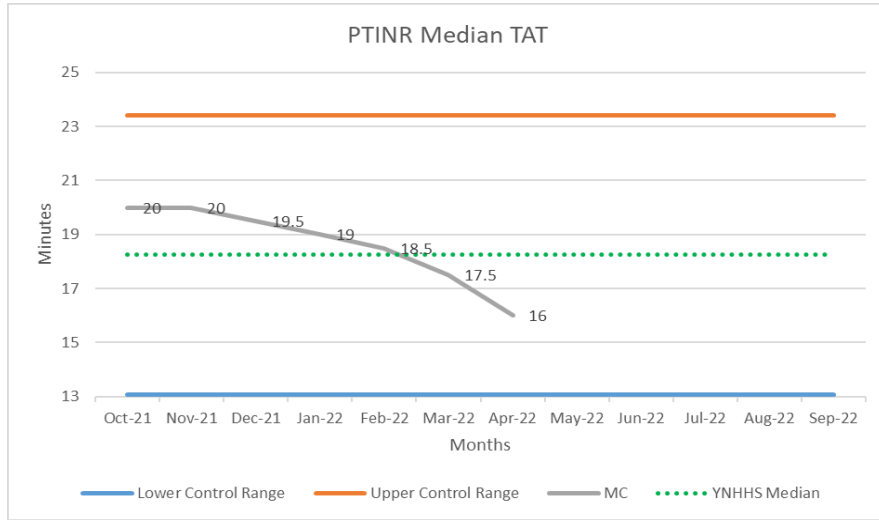
Milford Campus – Complete Blood Count (CBC) ED TAT



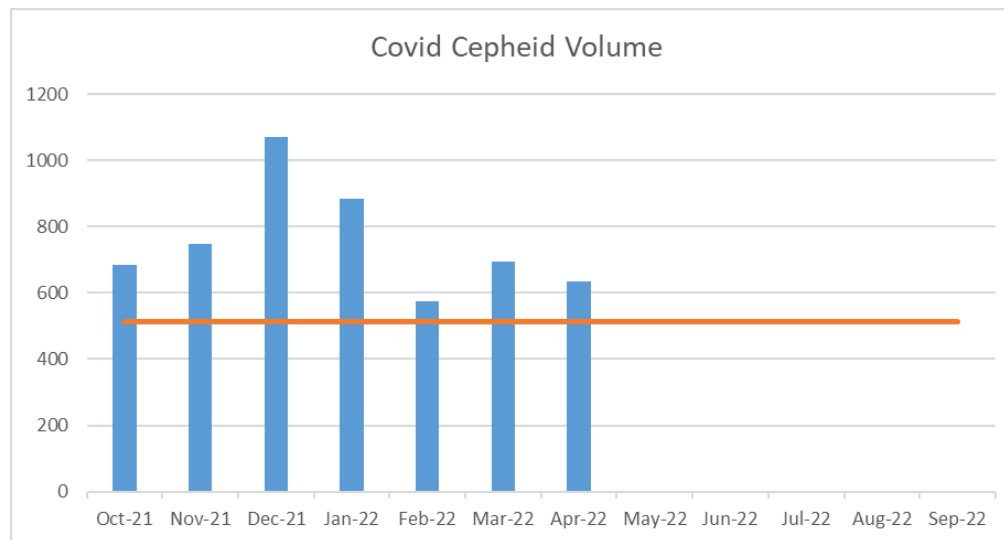
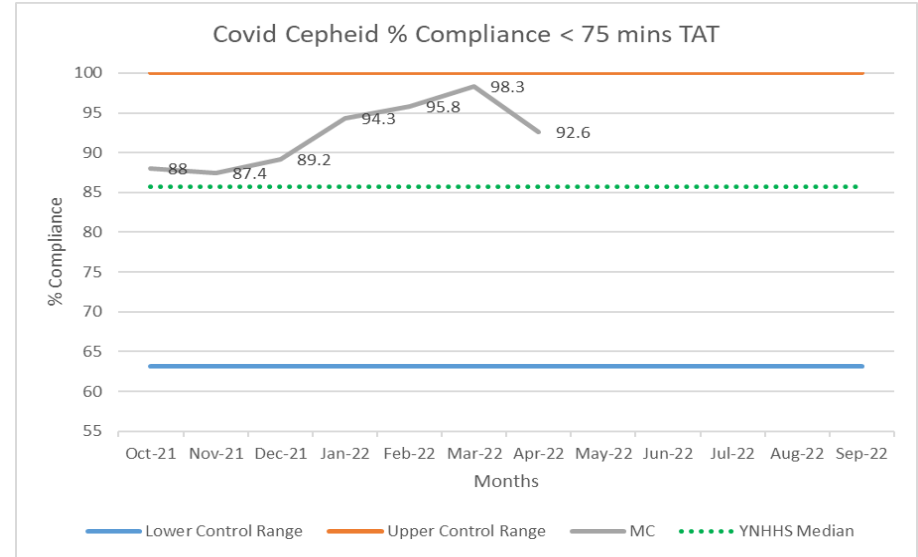
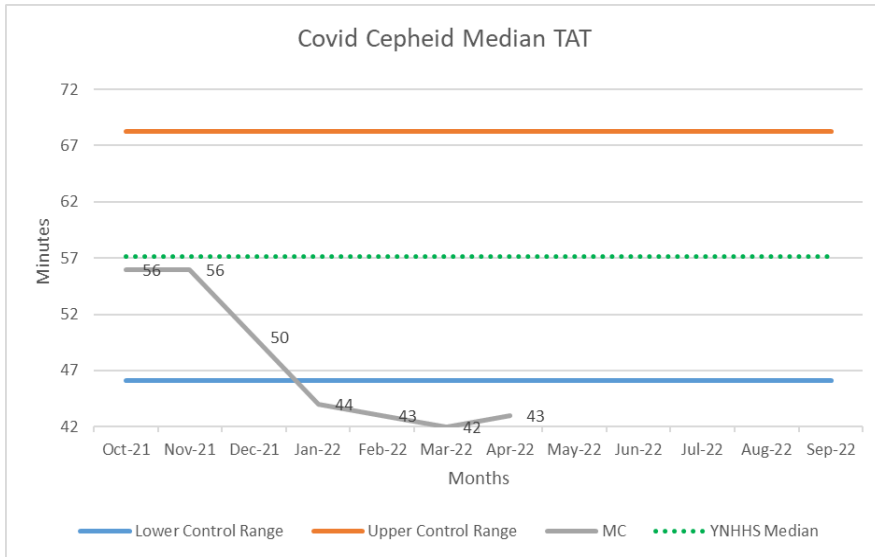
Milford Campus – D-dimer ED TAT



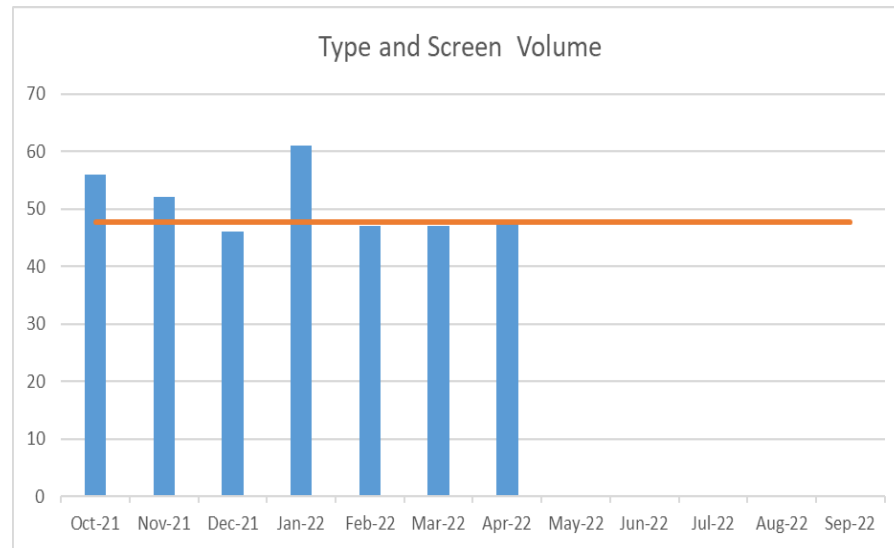
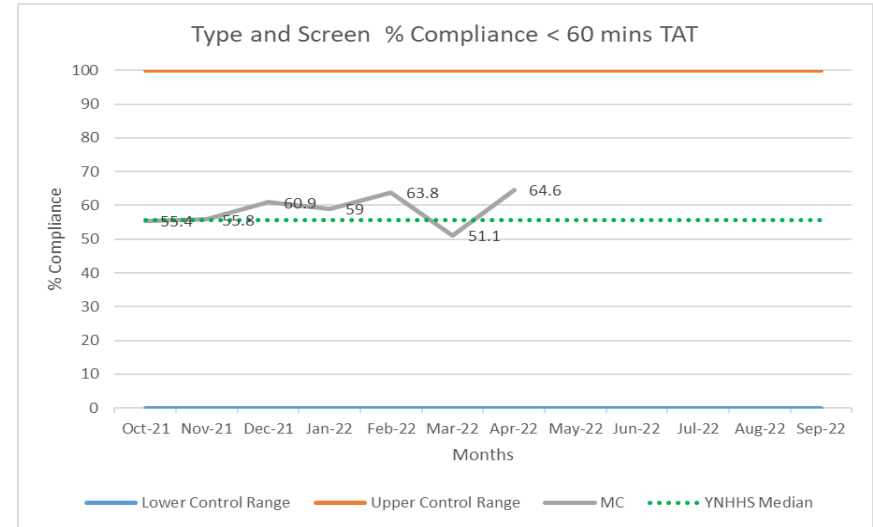
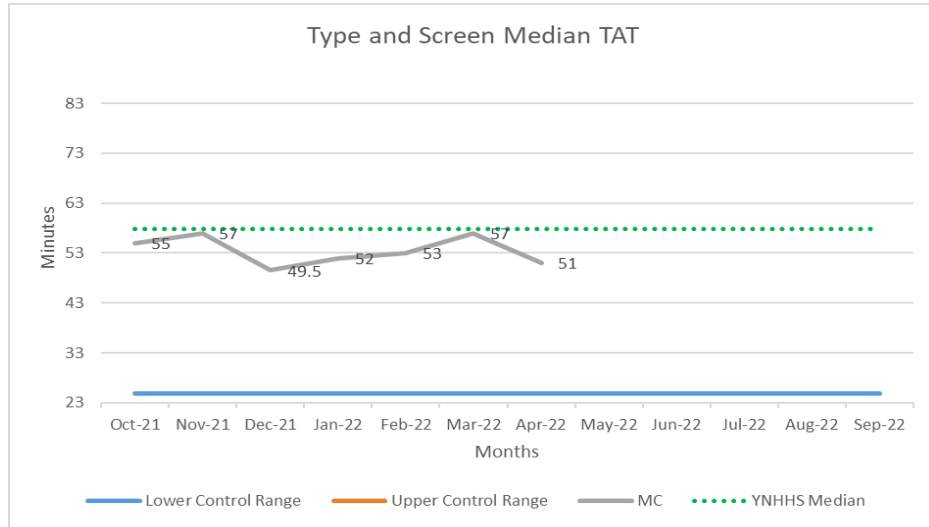
Milford Campus – PTINR ED TAT



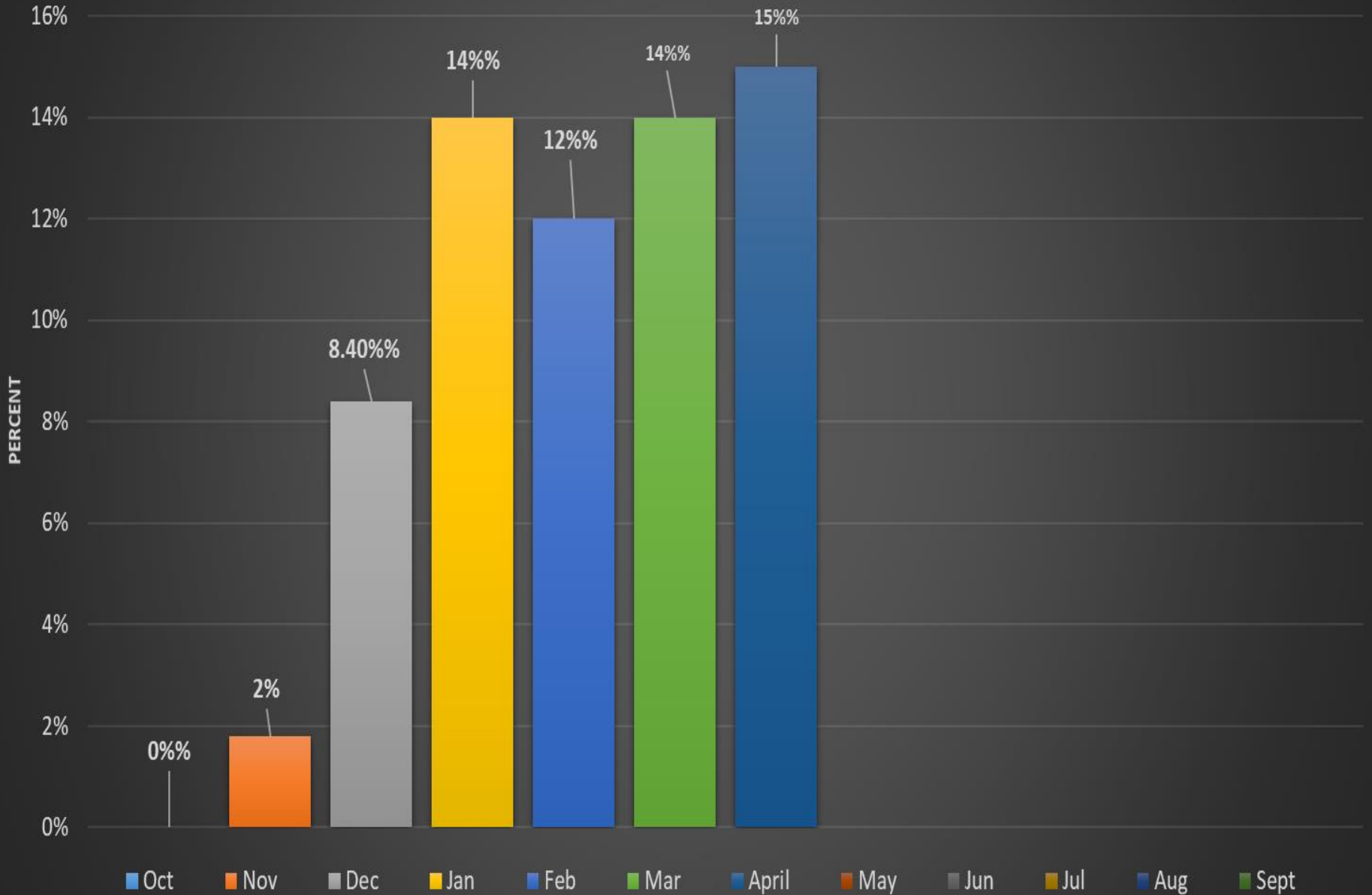
Milford Campus – COVID Cepheid PCR ED TAT



Milford Campus – Type and Screen ED TAT

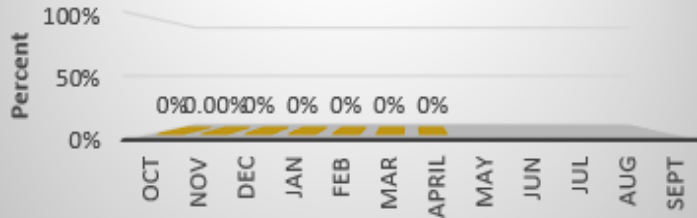


Overall Wastage YTD 2022 Milford Campus

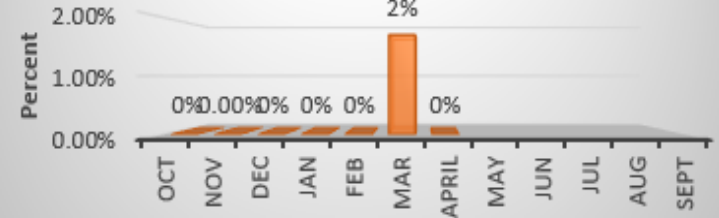


Milford Campus – Wastage By Blood Components

CRYO

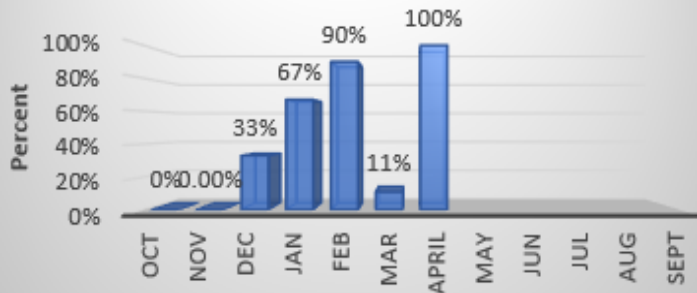


RBC

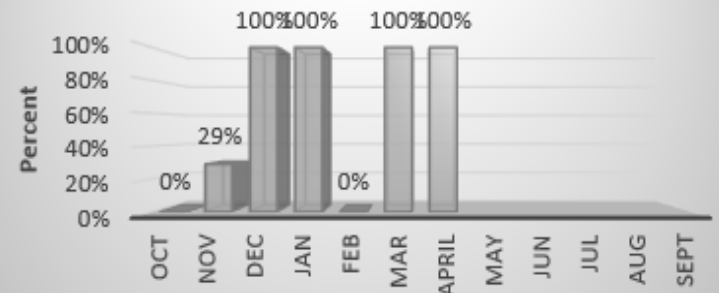


Total Amount \$27,204.90

PLT

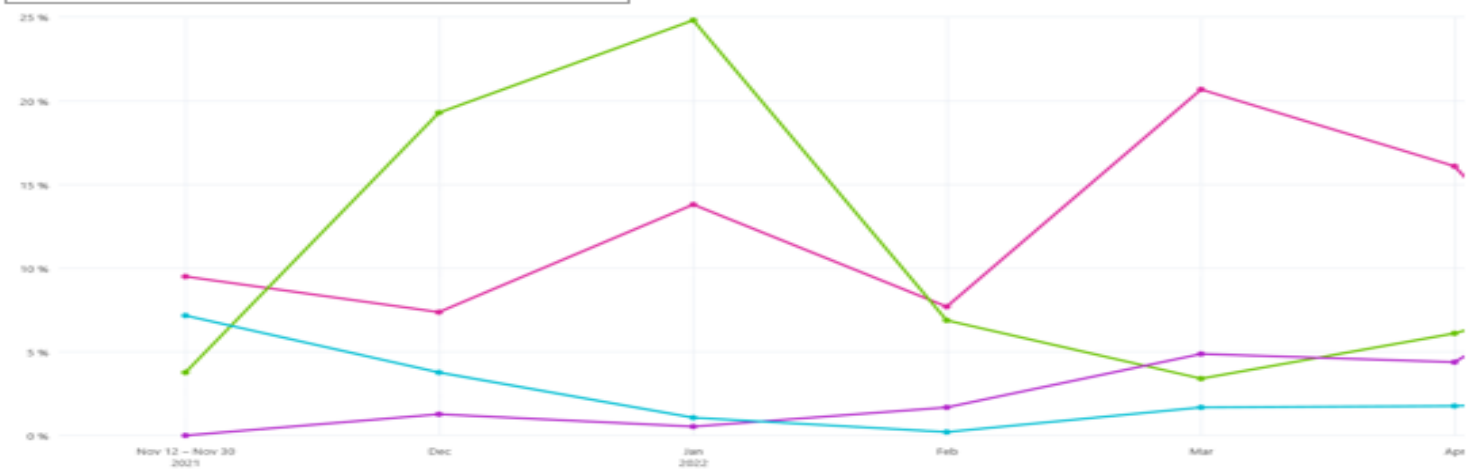
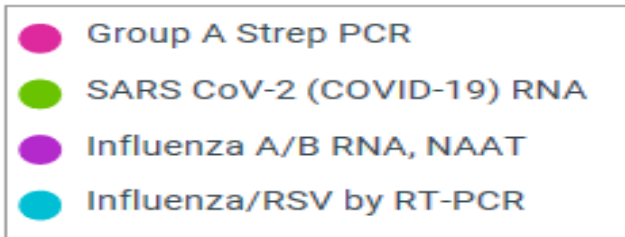


FFP



	October	November	December	January	February	March	April	May	June	July	August	September
# of Products Used	100	111	87	58	65	60	56					
# of Products Wasted	0	2	8	10	9	10	10					

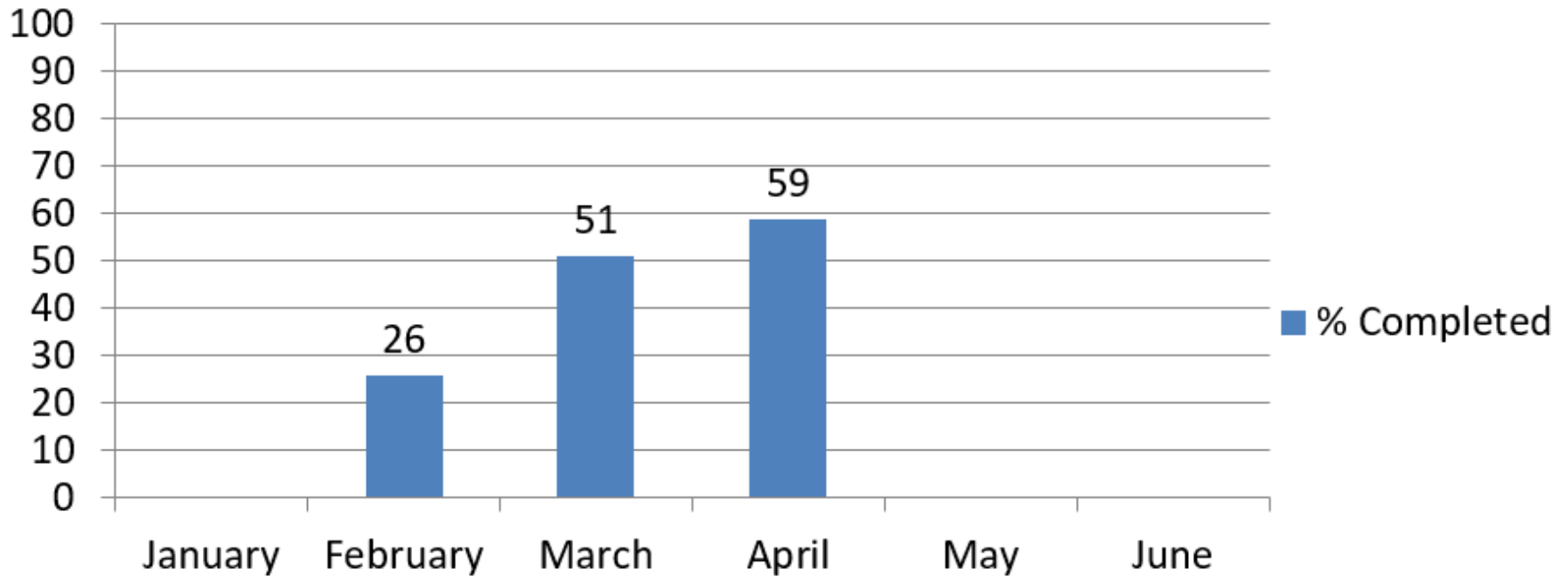
Milford Campus – Molecular Dashboard



Date	Tests	% Positivity	Derived Baseline	Environment Monitoring	Physician Feedback	Epidemiological Trends	Evaluation Notes
Apr-22	SARS-CoV-2	6.10%	3-12%	Negative	None	None	None
Apr-22	Group A Strep	1.80%	0-24%	Negative	None	None	None
Apr-22	Flu A/B	4.40%	0-24%	Negative	None	None	None
Apr-22	Flu/RSV	16.10%	0-100%	Negative	None	None	None

Milford Campus Laboratory CAP Competency Completions January 2022 – June 2022

Goal 100%



Completed						
Total		25/96	51/101	60/102		
% Completed		26%	51%	59%		

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 17,237	Manual Collection	0	0		none	Corrections without a completed comm log are seen as non-conforming. All corrected reports in April 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 17,237	Manual collection	2.3	2.3	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	1	0		none	Needle stick evaluation completed by Occ Health	Supervisors
Redraws		# Tests 17,237				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. Percent redraws = 0.6%	"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		Beaker+ Tableau	2	4				
Hemolyzed (RN) (Phleb)	0			53	67				
Not on ice	0			1	1				
QNS	0			5	3				
Wrong container	0			11	11				
Duplicate order	0			4	3				
Incorrect order by provider	0			0	0				
Unable to obtain specimen.	0			3	0				
Incorrect specimen type.				15	17				
Exceeded clinical time requirements				4	3				
				3	1				
Critical Call TAT	30 min		Beaker	7.0	2.3	Formatted report to show true TAT. Comm log completed on 100% of critical calls	<30 minute compliance = 97%	System decision to call criticals prior to verifying occurred in April. The current TAT is a mix of "verified to called" and "available to called". Following months' critical TAT should reflect the interval between result availability and completion of the comm log.	Supervisors