

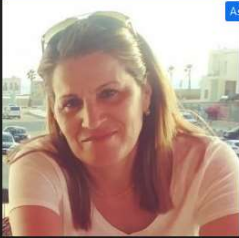

# Laboratory Medicine – October 2022

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November 22, 2022

# Attendance

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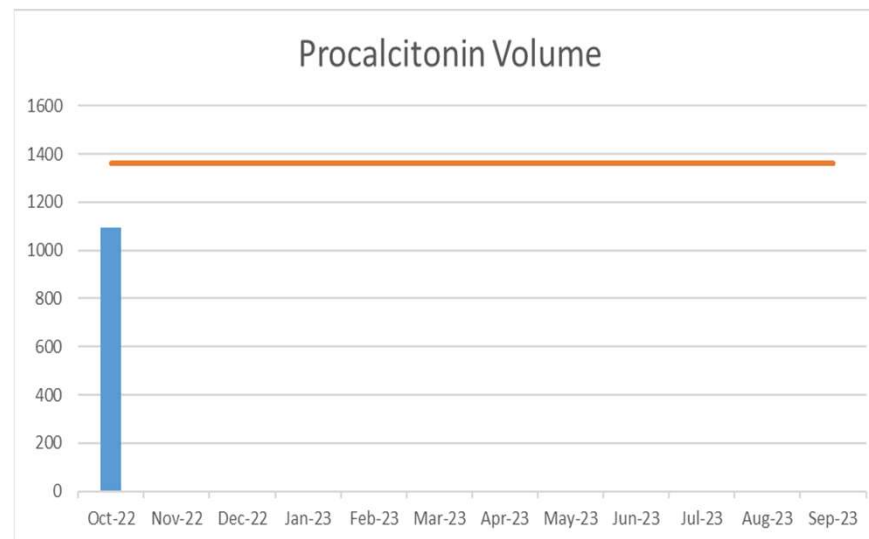
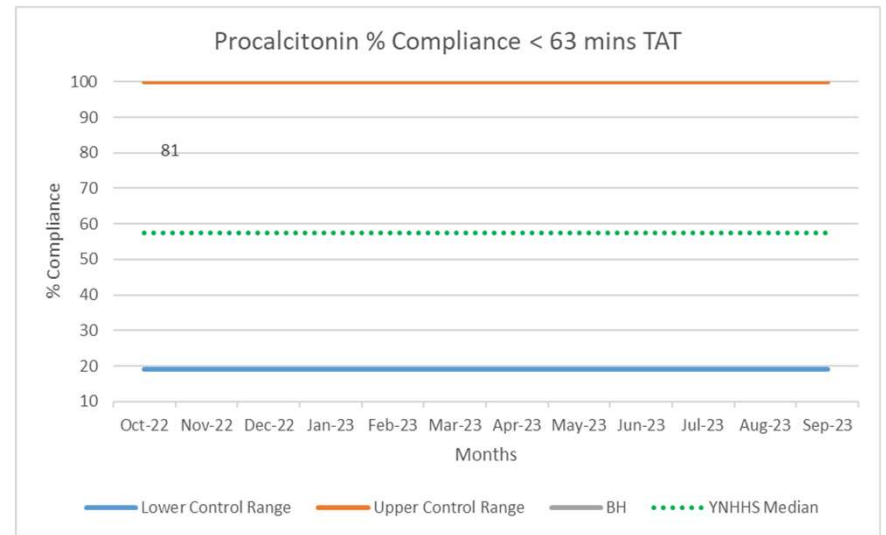
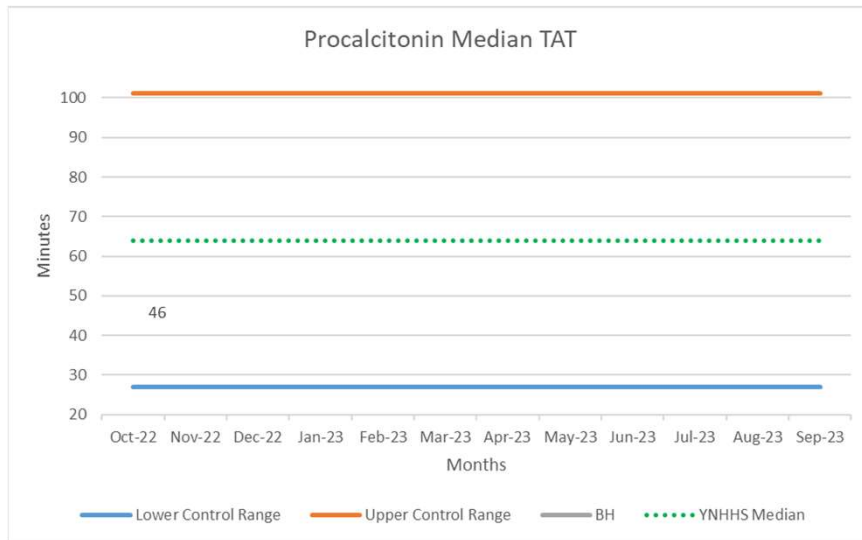
<b>MUNSONTO</b> <small>MUNSONTO</small>	<b>teodorico lee</b> <small>teodorico lee</small>	<b>jones8w8</b> <small>jones8w8</small>	<b>Igzvai</b> <small>Igzvai</small>
<b>Ann Parisi</b> <small>Ann Parisi</small>	 <small>aziza ezzaki</small>	<b>Lisa Krause</b> <small>Lisa Krause</small>	<b>kathleen castillo</b> <small>kathleen castillo</small>
<b>Alejandro</b> <small>Alejandro</small>	<b>Laura Buhlmann</b> <small>Laura Buhlmann</small>	<b>Ed Snyder</b> <small>Ed Snyder</small>	 <small>12036663740</small>

# Bridgeport and Milford Campuses Turnaround Time Goals

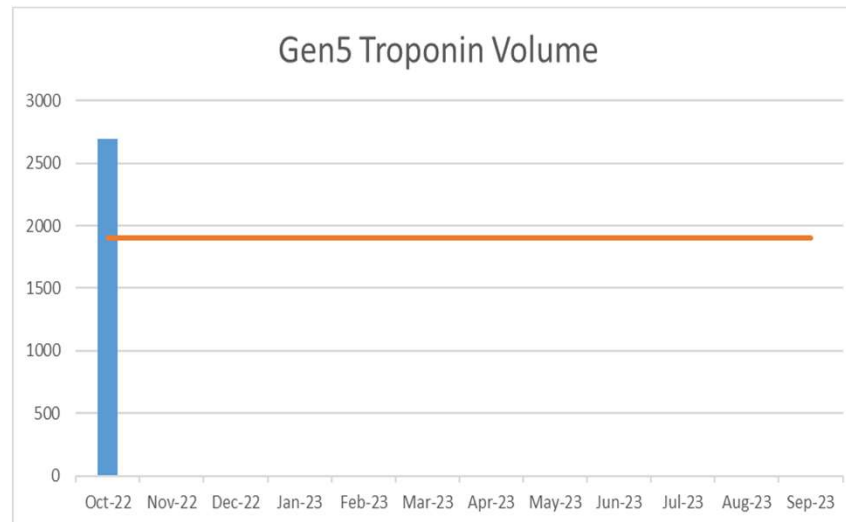
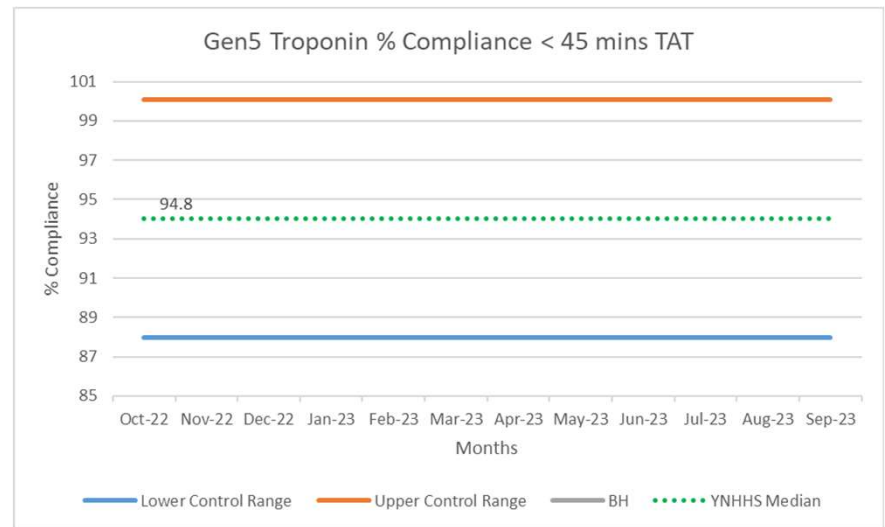
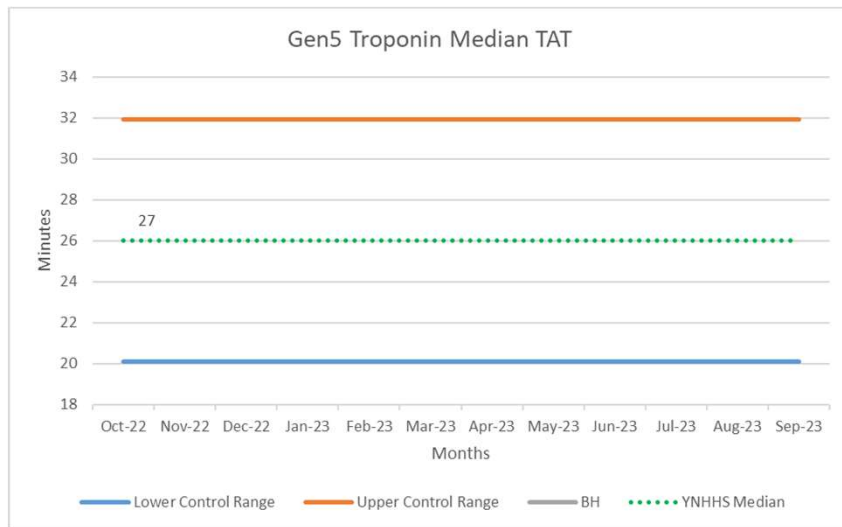
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- Mean determined from median TAT across the Yale New Haven Health System delivery networks
  - Bridgeport and Milford Campuses – Bridgeport Hospital, Greenwich Hospital, Lawrence Memorial Hospital, Westerly Hospital, St. Raphael and York Street Campus – 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

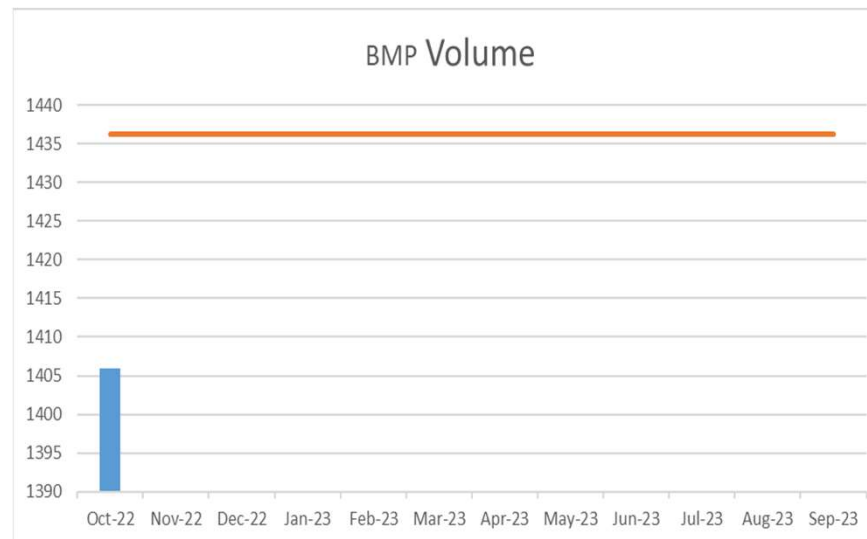
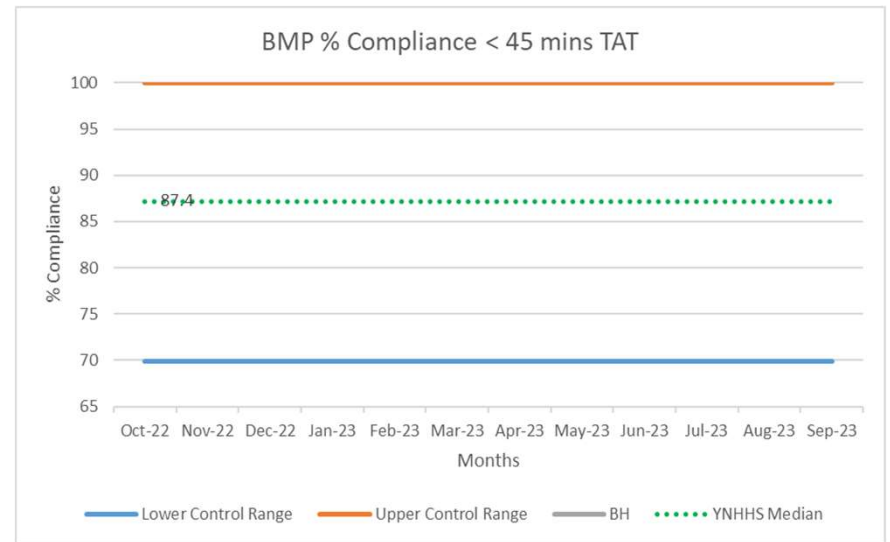
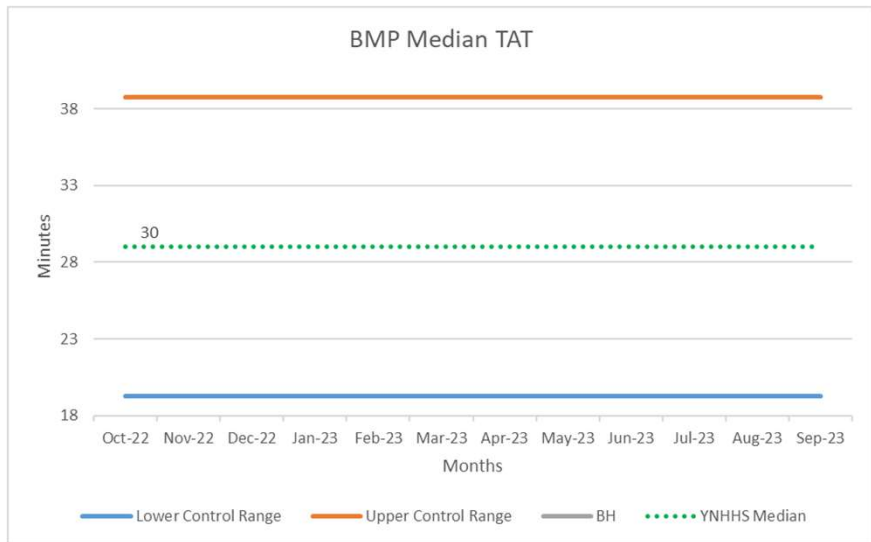
# Bridgeport Campus – Procalcitonin



# Bridgeport Campus – Gen 5 Troponin TAT

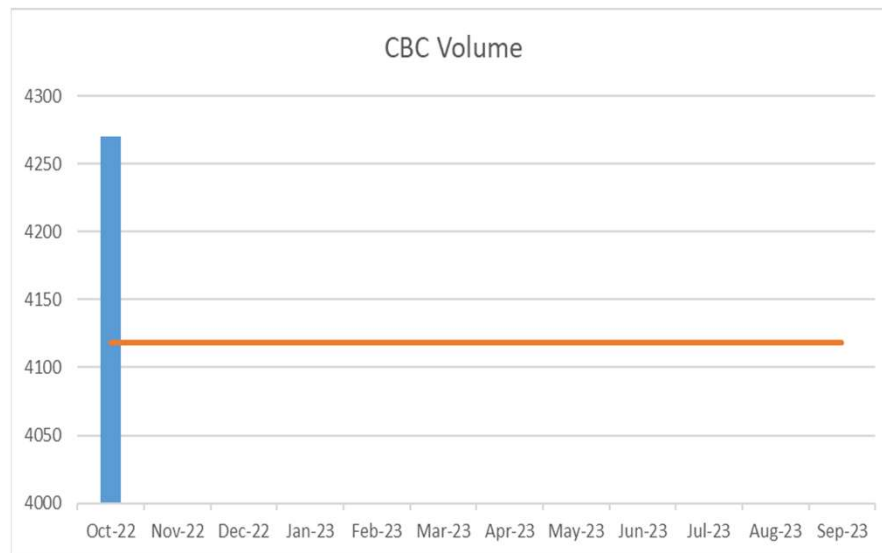
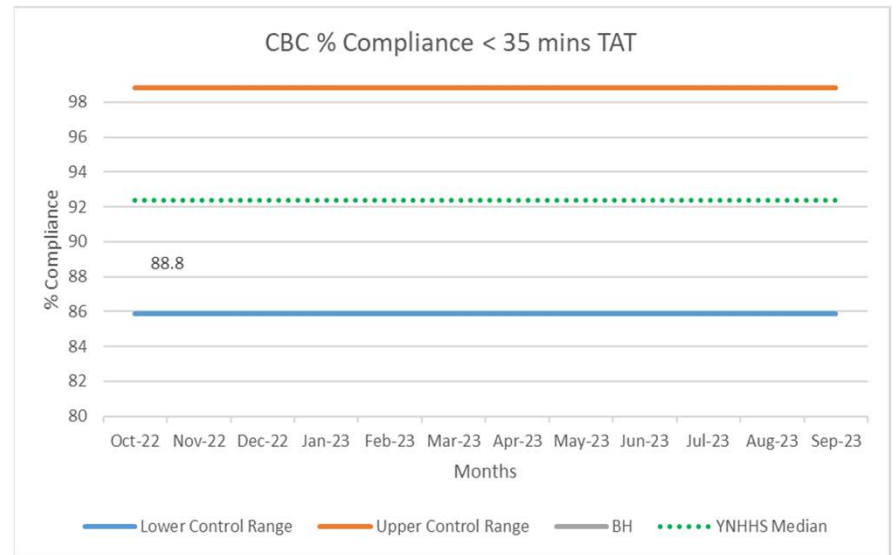
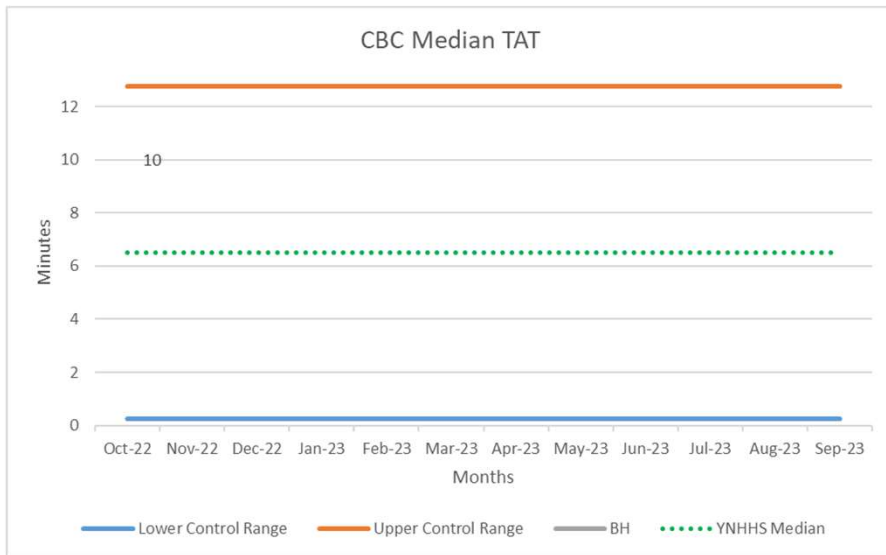


# Bridgeport Campus – Basic Metabolic Panel (BMP) ED TAT



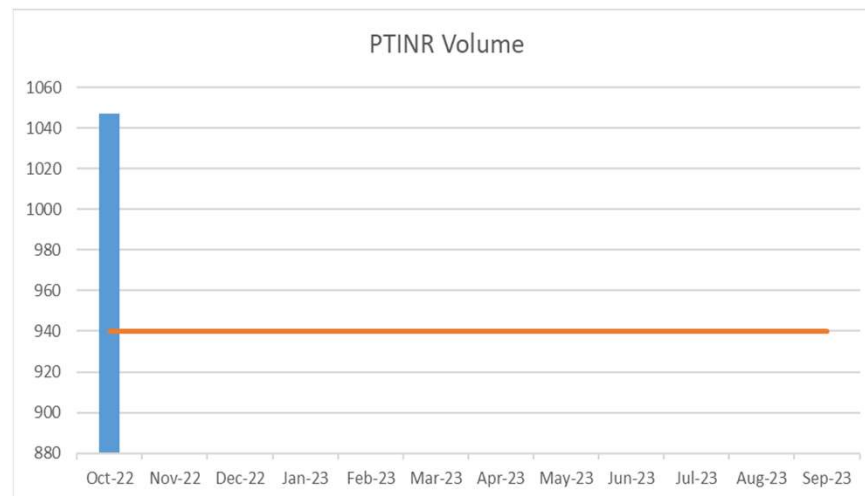
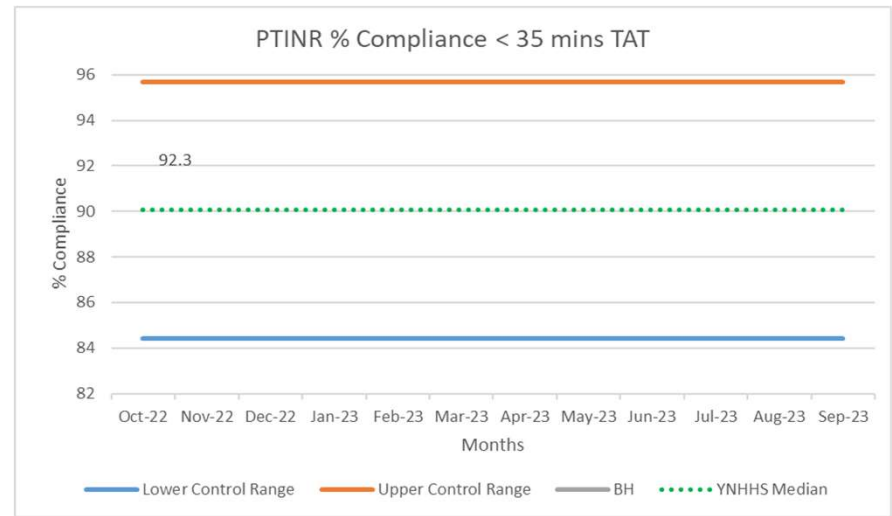
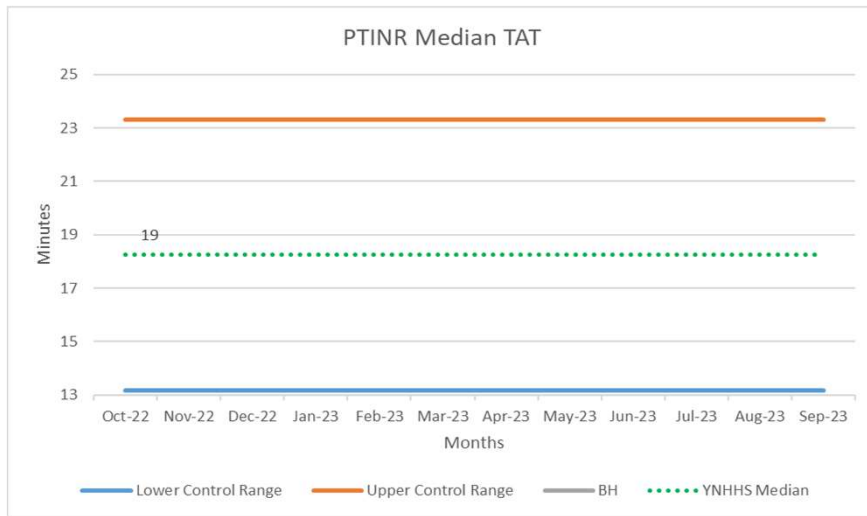


# Bridgeport Campus – Complete Blood Count (CBC) ED TAT

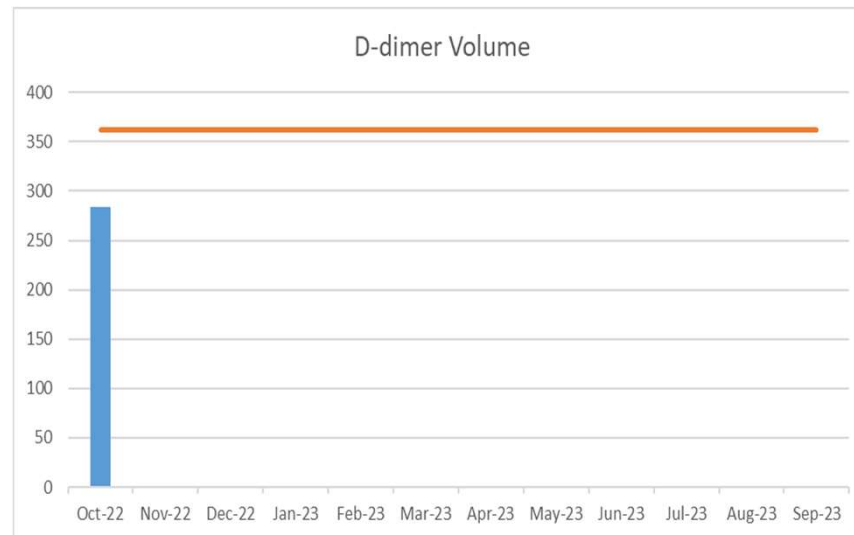
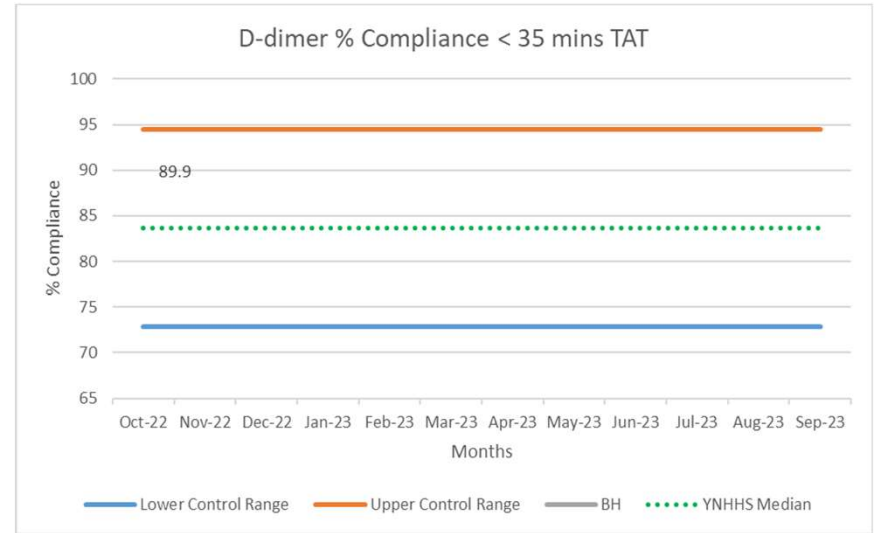
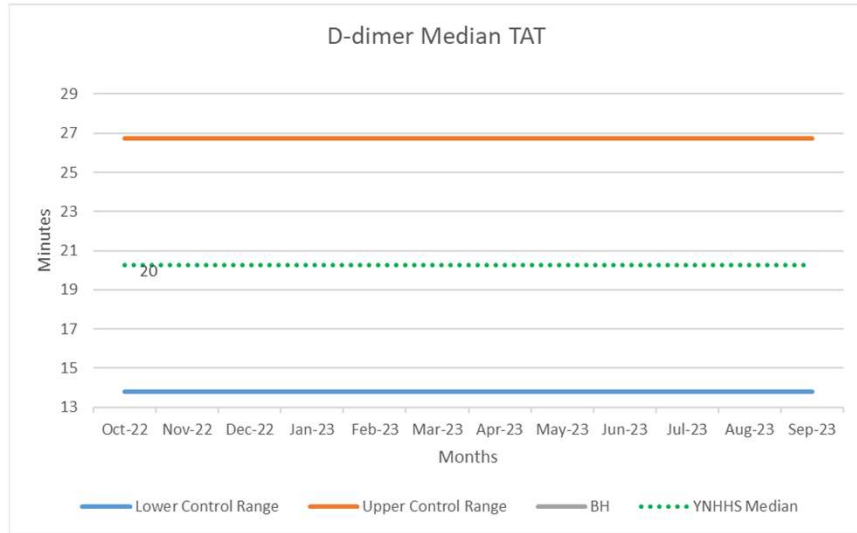




# Bridgeport Campus – PTINR ED TAT



# Bridgeport Campus – D-dimer ED TAT

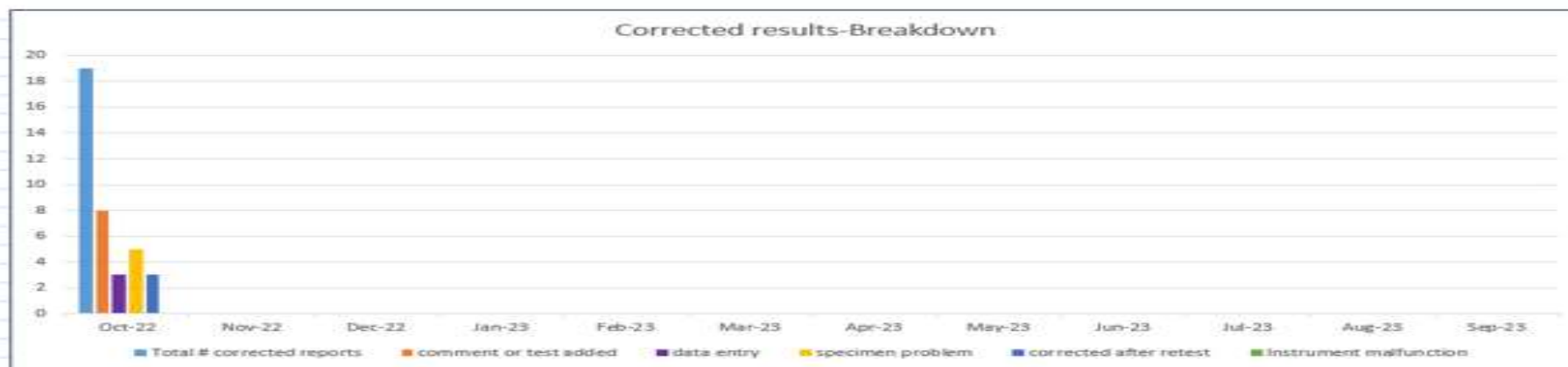




# Aspect of Care

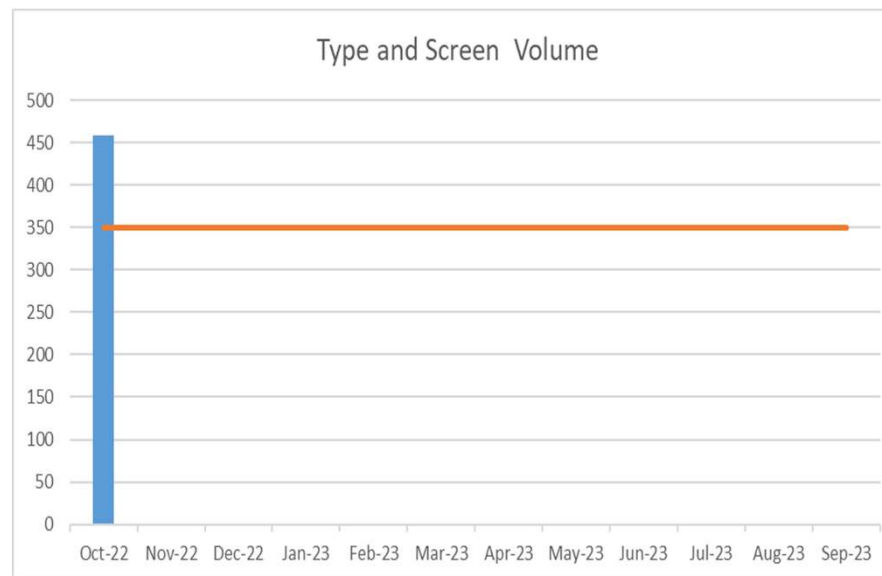
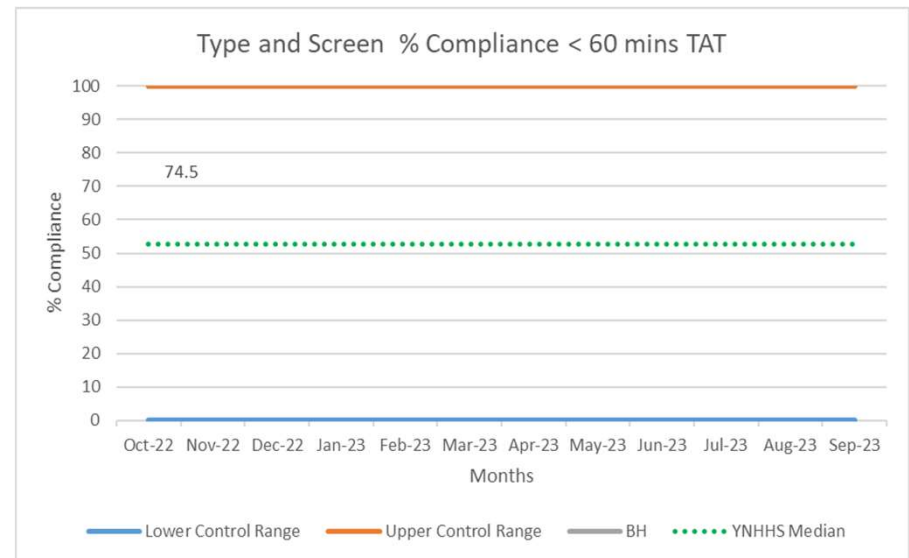
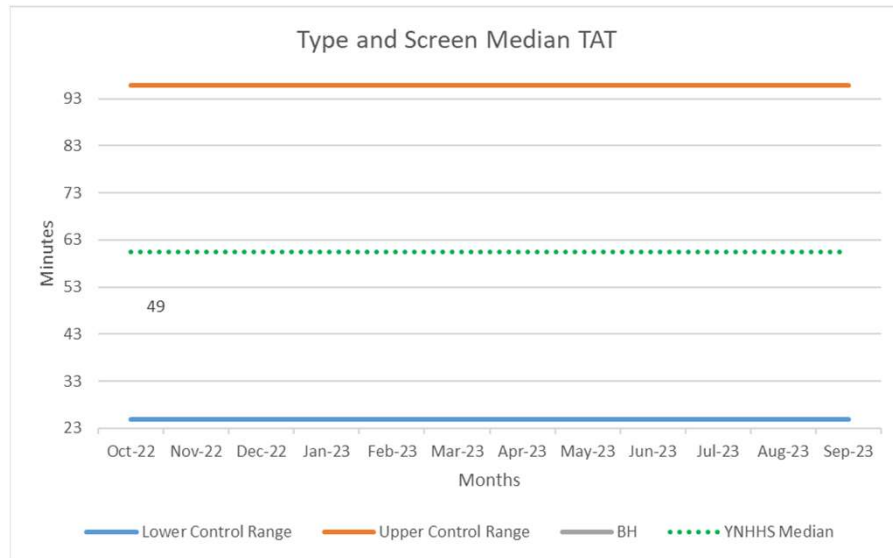


<b>Action/outcome:</b>	were called but improperly documented. New employee- retrained on policy												
		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
corrected appended results		11											
incorrect documentation		2											
correct documetation		9											





# Bridgeport Campus – Type and Screen ED TAT



# Bridgeport and Milford Hospital Transfusion Reactions FY23

<b>Bridgeport and Milford Hospital Transfusion Reactions FY23</b>																		
Months	Total Per Site		Allergic		Febrile		Anaphy		TACO		TRALI		Hemolytic		Septic		Other	
	BH	MC	BH	MC	BH	MC	BH	MC	BH	MC	BH	MC	BH	MC	BH	MC	BH	MC
Oct	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nov																		
Dec																		
Jan																		
Feb																		
Mar																		
Apr																		
May																		
Jun																		
Jul																		
Aug																		
Sep																		
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Bridgeport Hospital Blood Bank Platelet Wastage

---

	<b>Oct</b>	<b>Total Amount</b>
Transfusion	48	\$32,319.84
Wasted	27	\$18,179.91
Total	75	\$50,499.75
% wasted	36%	
Wasted/Day	0.87	\$585.80

Number of Extended Plts	38	\$25,589.54
Number Transfused	16	\$10,773.28
Number Discarded	22	\$14,813.26



# Platelet Wastage

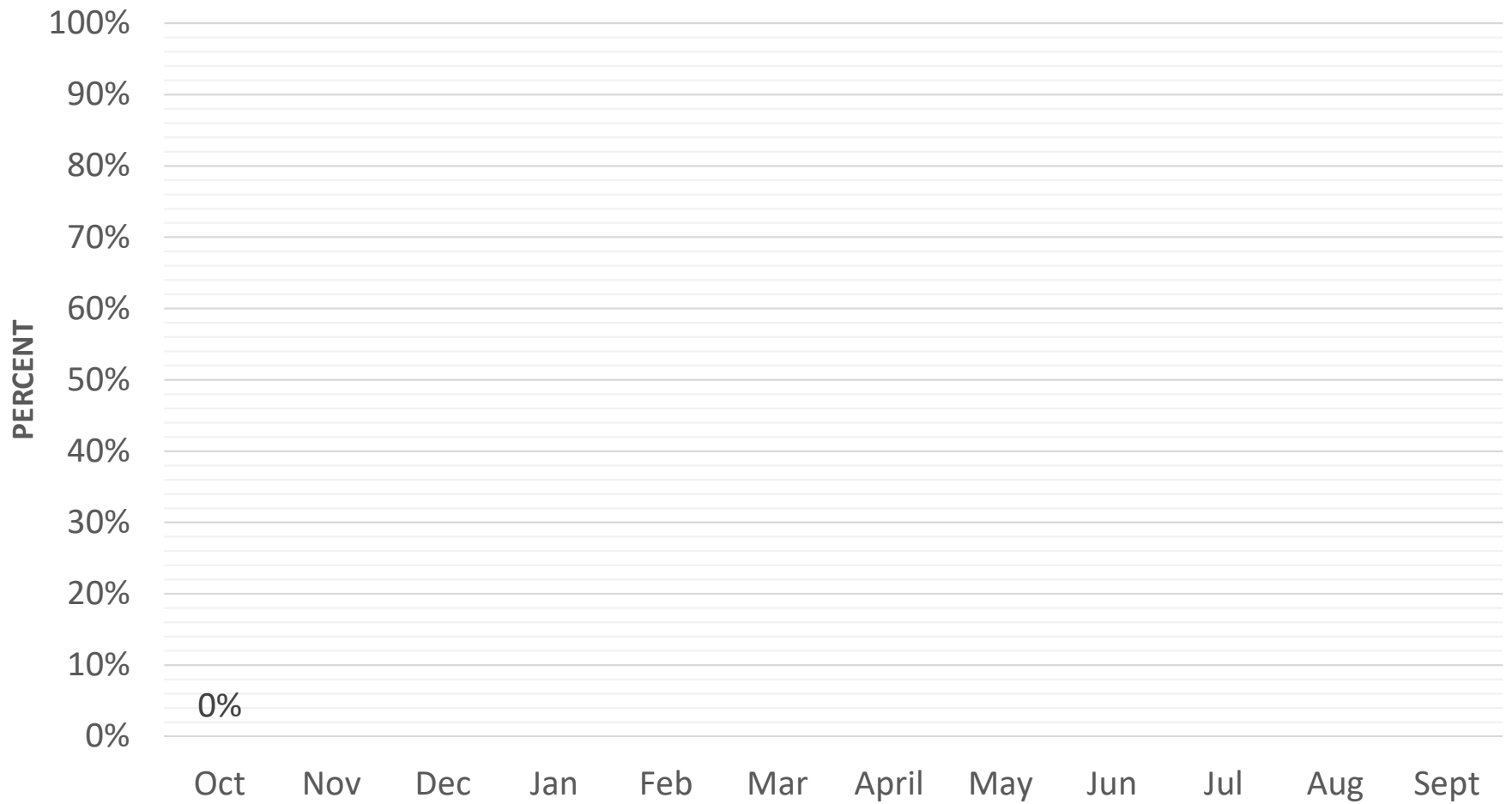


# Bridgeport Hospital Blood Bank Cryo

---

	<b>Oct</b>	<b>Total Amount</b>
Transfusion	8	\$2,652.00
Wasted	0	\$0.00
<b>Total</b>	<b>8</b>	<b>\$2,652.00</b>

# Bridgeport Hospital Cryo Wastage FY2023



# Bridgeport Campus FFP

---

	<b>Oct</b>	<b>Total Amount</b>
Transfusion	52	\$2,928.12
Wasted	22	\$1,018.82
<b>Total</b>	<b>74</b>	<b>\$3,426.94</b>

# Bridgeport Hospital Fresh Frozen Plasma Wastage



# Bridgeport Hospital Blood Bank RBC

---

	<b>Oct</b>	<b>Total Amount</b>
Transfusion	449	\$103,103.87
Wasted	4	\$918.52
<b>Total</b>	<b>453</b>	<b>\$104,022.39</b>

# Bridgeport Hospital Red Blood Cell Wastage



# 2023 Overall Wastage Bridgeport Campus

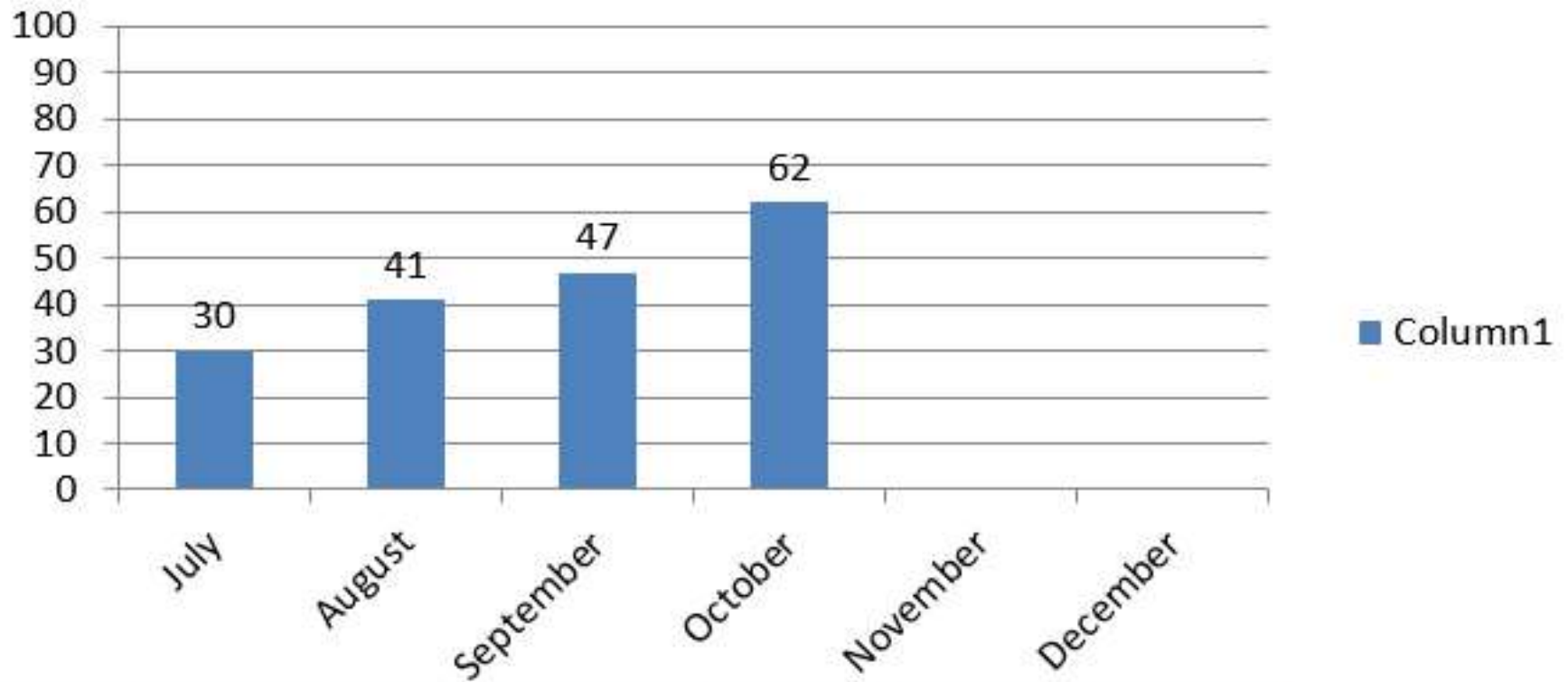






# Bridgeport Hospital Laboratory CAP Competency Completions July 2022 – December 2022

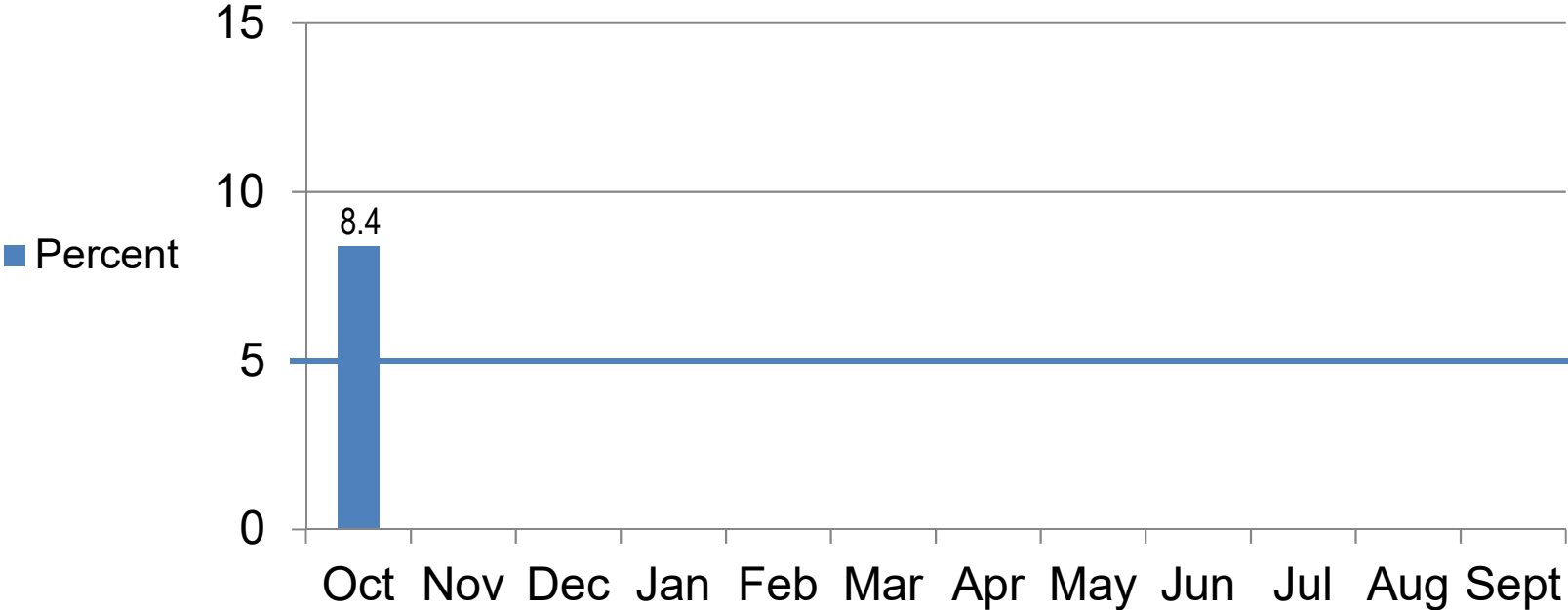
Goal 100%



Completed						
Completed/ Total	103/340	145/357	173/370	244/396		
% Completed	30%	41%	47%	62%		

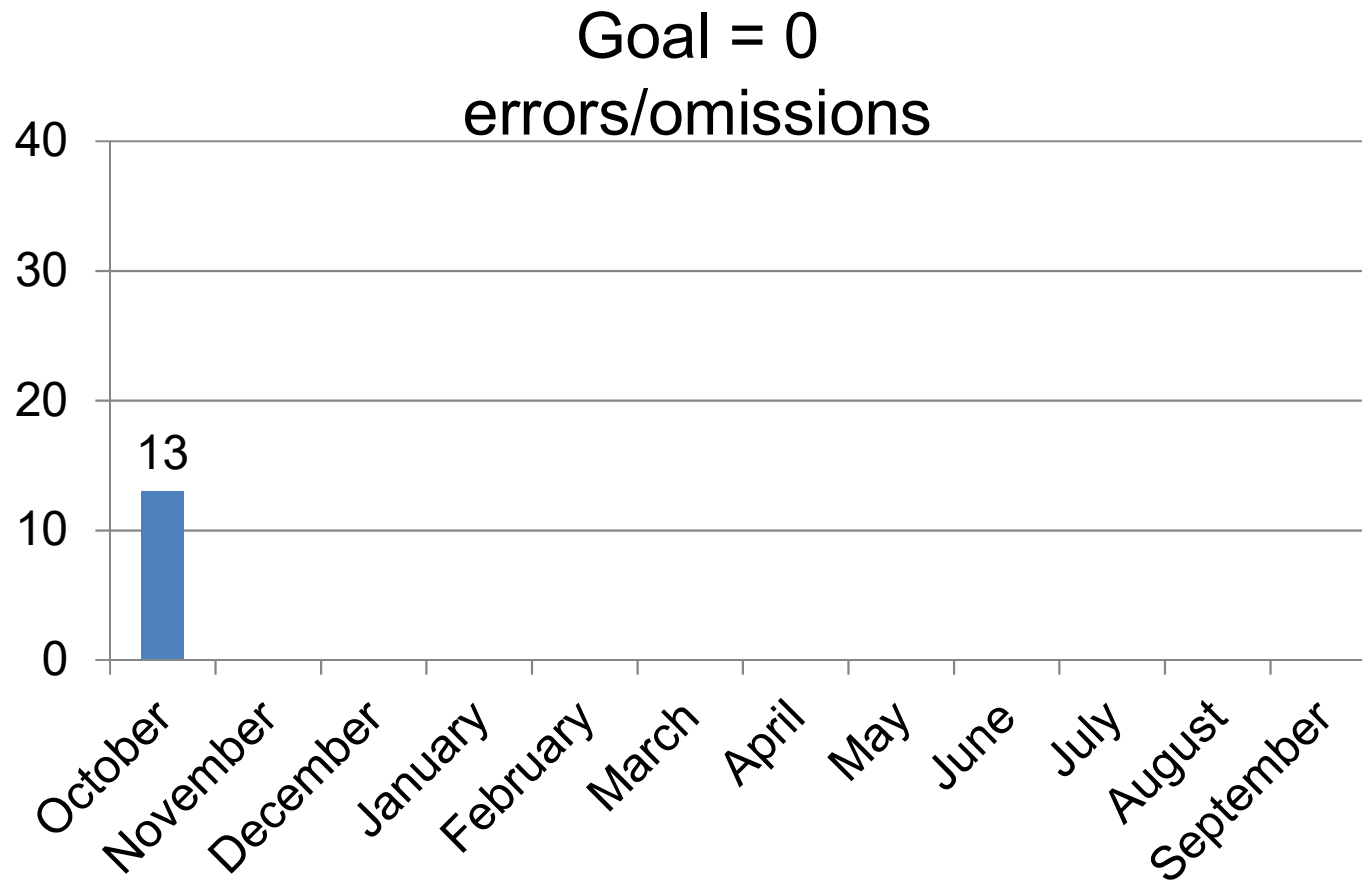
# Bridgeport Campus POCT i-STAT Quality Check Codes October 2022 – September 2023

Threshold:  $\leq 5\%$



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
# of Codes/ # of Samples	28/ 333											
% of Total	8.4%											

Bridgeport Campus POCT  
 Urine Pregnancy IQC Documentation  
 October 2022 – September 2023



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Internal Quality Control Documentation Errors / Omissions	13											

## Test Requisition QI Monitoring Check Vol. Occurrence

Milford Draw Station  
(40 Commerce Park, MFD., CT.)  
Calendar 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
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	1	4	2	1	0	1	2
JUNE 2022	0	3	1	0	0	1	6
JULY 2022	1	0	1	1	0	2	3
AUG 2022	4	5	1	0	0	3	7
SEPT 2022	3	6	2	0	0	1	8
OCT 2022	1	3	1	2	0	0	6
NOV 2022							
DEC 2022							

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

J-N = 69  
F-N = 86  
M-N = 73  
A-N = 85  
M-N = 89  
J-N = 93  
J-N = 84  
A-N = 89  
S-N = 109  
O-N = 105

**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 or are different in EPIC, for visit.

# Milford Draw Station Outpatient Test Requisition QC Monitoring Check Error Metric Defined

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

#2

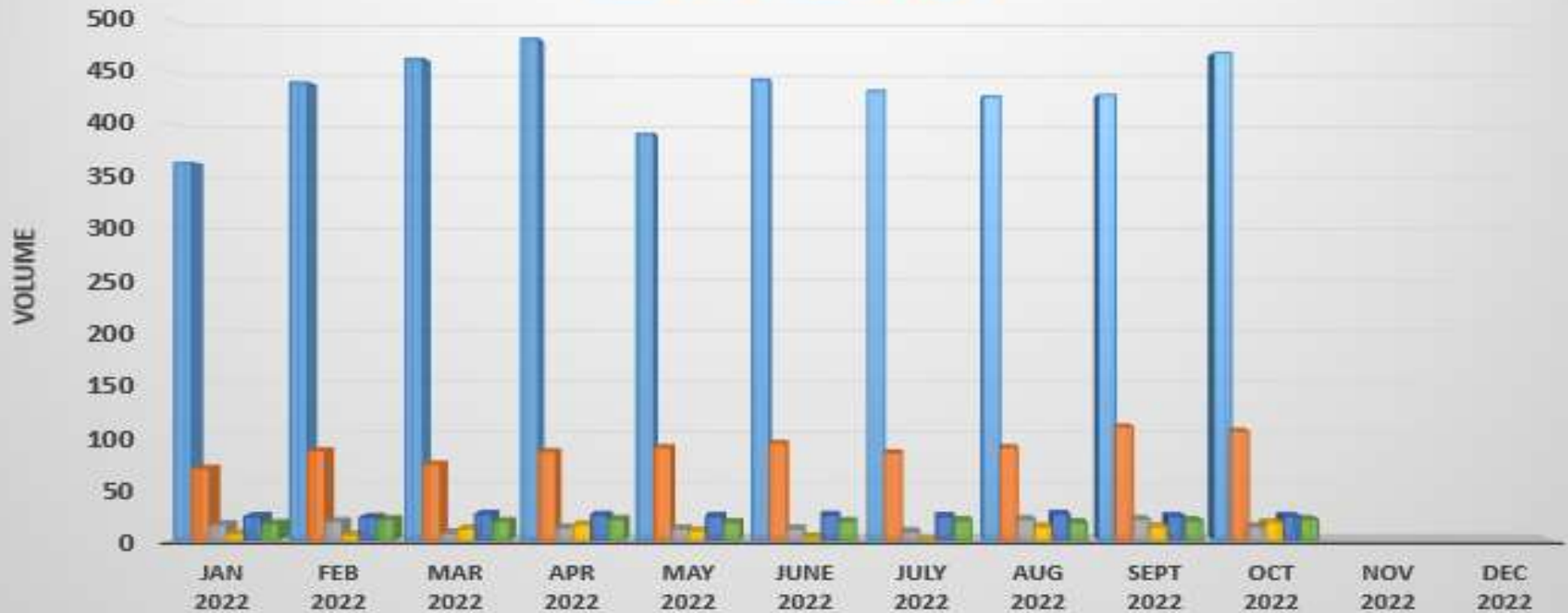
11/16/2022

**OCTOBER 2022**

- A. Address mismatch reflected 2 with differing cities and 1 with differing state.
- B. As a non YNH private lab requisition, 3 instances of incomplete hand printed requisition demographics is apparent.  
(Gender, address, phone number, not included on requisition).
- C. 1 instance of missing name-middle initial, of patient, from EPIC, yet listed on requisition.
- D. 1 instance of provider mismatch (Dr. Spector vs Dr. Tracy).
- E. Missing Dx entries tends to occur when more than 3-4 Dx are listed for the patient.
- F. Increasing use of EPIC use providers may suggest continuing convenience for patients visiting this location.



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



	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUNE 2022	JULY 2022	AUG 2022	SEPT 2022	OCT 2022	NOV 2022	DEC 2022
Tot. Patient Volume	362	439	462	481	390	442	431	426	427	467		
# of Req. Reviewed	69	86	73	85	89	93	84	89	109	105		
Mnthly Errors	15	18	7	12	11	11	8	20	20	13		
EPIC Prov. Entry	6	5	11	15	9	3	0	13	13	17		
# of Business Days/month	23	22	25	24	23	24	23	25	23	23		
Est. Ave. Patients per day	16	20	18	20	17	18	19	17	19	20		

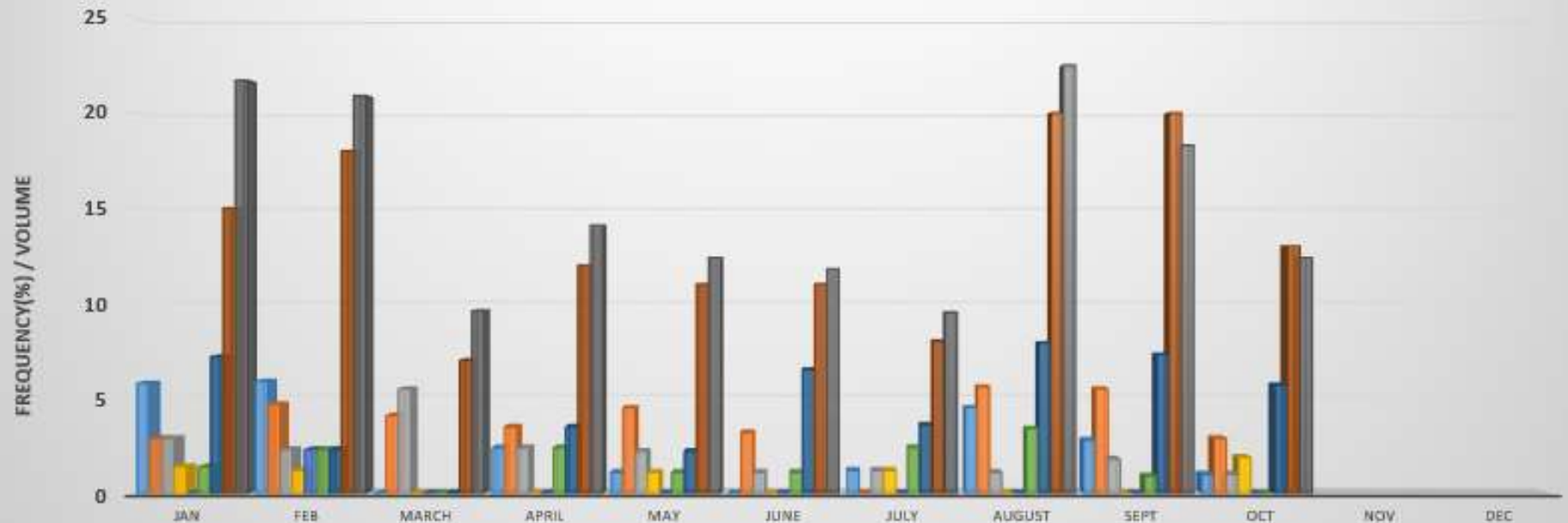
■ Tot. Patient Volume     
 ■ # of Req. Reviewed     
 ■ Mnthly Errors  
■ EPIC Prov. Entry     
 ■ # of Business Days/month     
 ■ Est. Ave. Patients per day

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

## Lab Requisition QC Data Entry Error Rate (%)

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

### Calendar Year 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	1.1	0	1.2	4.5	2.8	1.0		
Home Add. Mismatch (%)	2.9	4.7	4.1	3.5	4.5	3.2	0	5.6	5.5	2.9		
Prov. Entry Error (%)	2.9	2.3	5.5	2.4	2.2	1.1	1.2	1.1	1.8	1.0		
Missed Lab Test (%)	1.4	1.2	0	0	1.1	0	1.2	0	0	1.9		
Incorrect Lab Test (%)	0	2.3	0	0	0	0	0	0	0	0.0		
Req. Scan Error (%)	1.4	2.3	0	2.4	1.1	1.1	2.4	3.4	0.9	0.0		
Dx Entry Error (%)	7.2	2.3	0	3.5	2.2	6.5	3.6	7.9	7.3	5.7		
Total Errors	15	18	7	12	11	11	8	20	20	13		
Total Error Rate (%)	21.7	20.9	9.6	14.1	12.4	11.8	9.5	22.5	18.3	12.4		

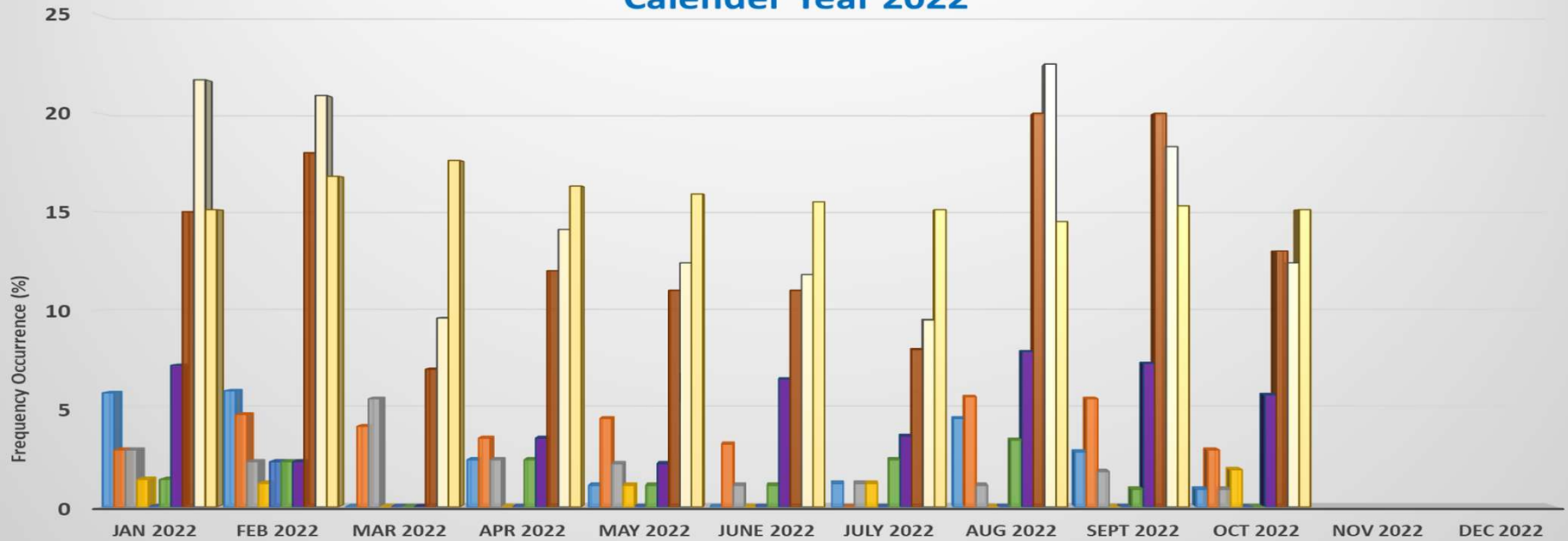
■ Pos. ID: Pat. Name/Mid. Init. Errors (as %)
 ■ Home Add. Mismatch (%)
 ■ Prov. Entry Error (%)

■ 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) Calendar Year 2022

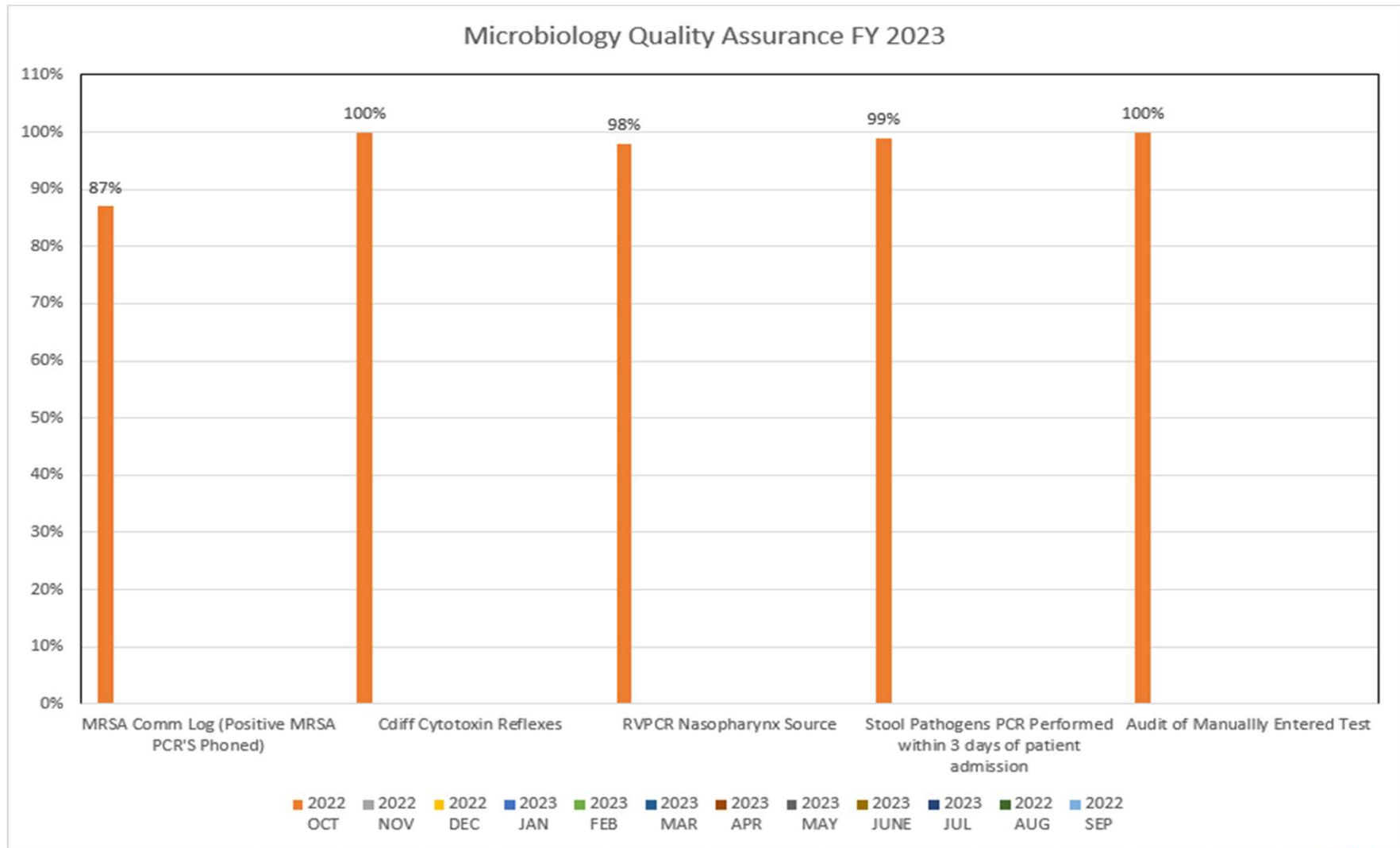


	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUNE 2022	JULY 2022	AUG 2022	SEPT 2022	OCT 2022	NOV 2022	DEC 2022
Pos. ID: Pat. Name/Mid. Init. Err. (as %)	5.8	5.9	0	2.4	1.1	0	1.2	4.5	2.8	0.9		
Home Add. Mismatch (%)	2.9	4.7	4.1	3.5	4.5	3.2	0	5.6	5.5	2.9		
Prov. Entry Error (%)	2.9	2.3	5.5	2.4	2.2	1.1	1.2	1.1	1.8	0.9		
Missed Lab Test (%)	1.4	1.2	0	0	1.1	0	1.2	0	0	1.9		
Incorrect Lab Test (%)	0	2.3	0	0	0	0	0	0	0	0.0		
Req. Scan Error (%)	1.4	2.3	0	2.4	1.1	1.1	2.4	3.4	0.9	0.0		
Dx Entry Error (%)	7.2	2.3	0	3.5	2.2	6.5	3.6	7.9	7.3	5.7		
Total Errors (as # of Occ.)	15	18	7	12	11	11	8	20	20	13		
Total Error Rate 2022 (%)	21.7	20.9	9.6	14.1	12.4	11.8	9.5	22.5	18.3	12.4		
Ave Error Rate FiscYr. 2022 (%)	15.1	16.8	17.6	16.3	15.9	15.5	15.1	14.5	15.3	15.1		

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.)

**Note:** The average overall error % rate for FY2022 (13.1%) was less than that of 2021 (17.1%).

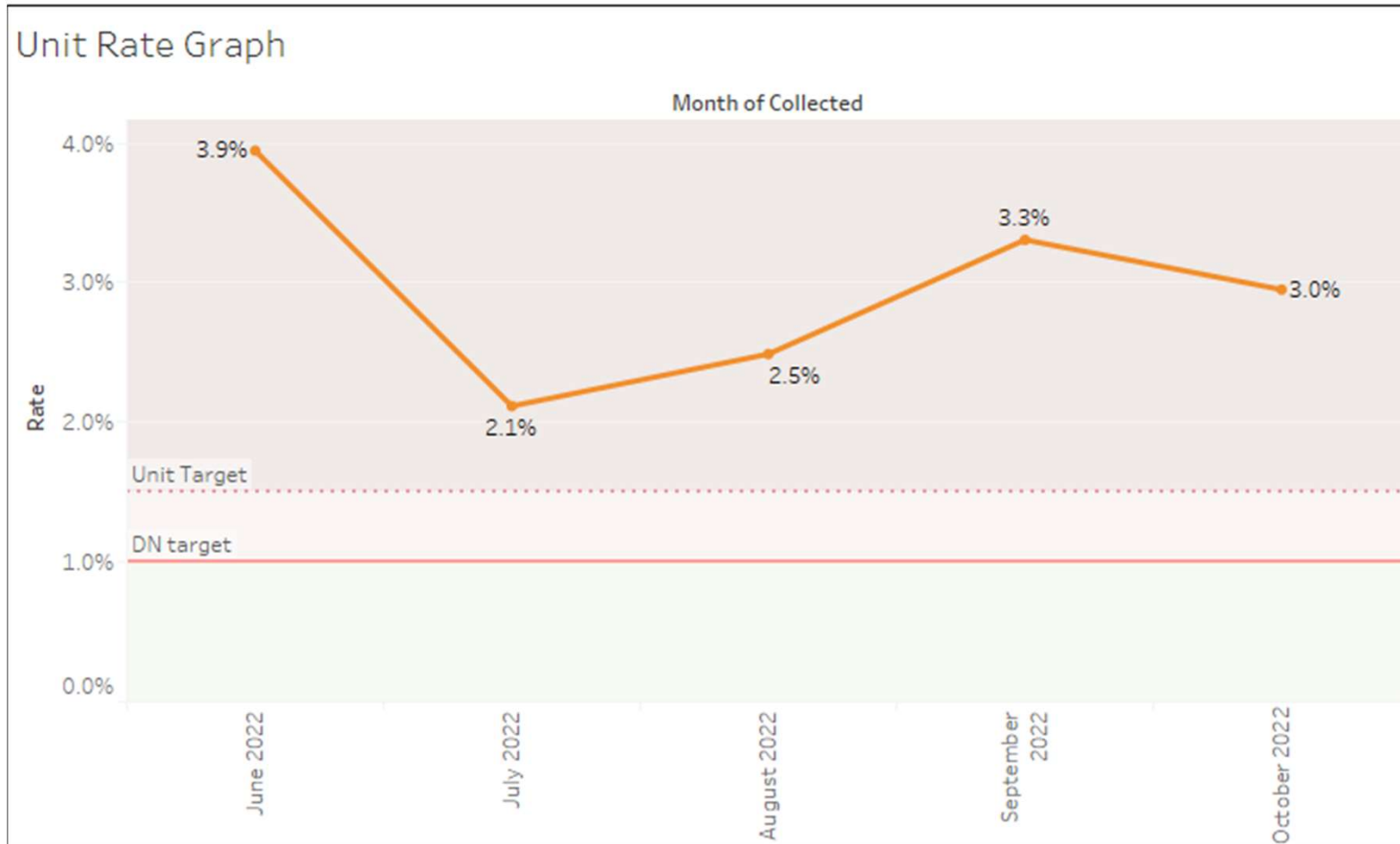
# Microbiology Quality Measures for FY 2023



# Microbiology Test Volumes

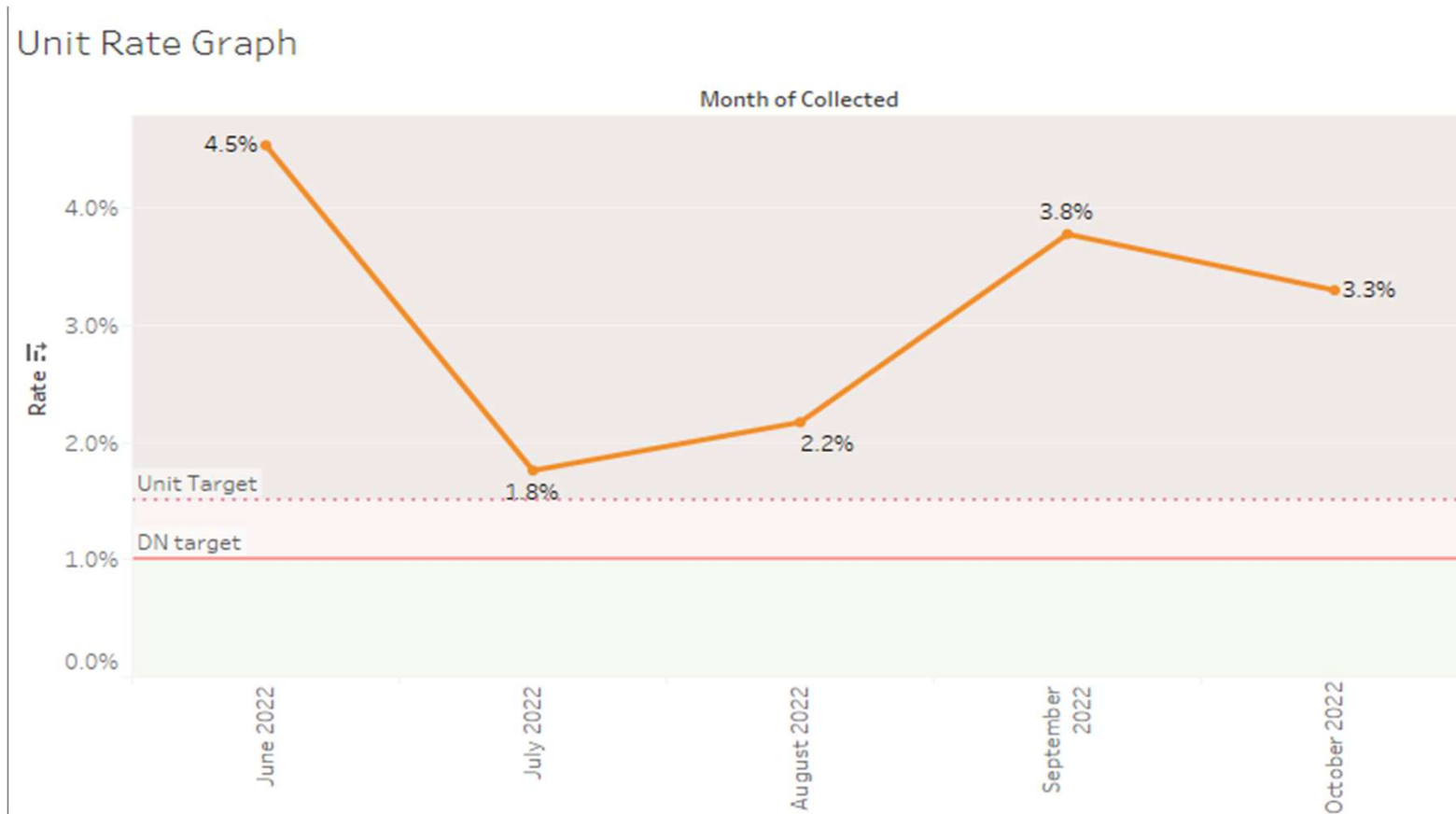
2023 Total V	October	November	December	January	February	March	April	May	June	July	August	Sept
MRSA	459											
MRSA +	39											
Cdiff	155											
Cdiff +	28											
RVP	312											
Stool	144											
Stool Admitted	49											
Errors	4											
Missed Specimen												

# BH Blood Culture Contamination Rate

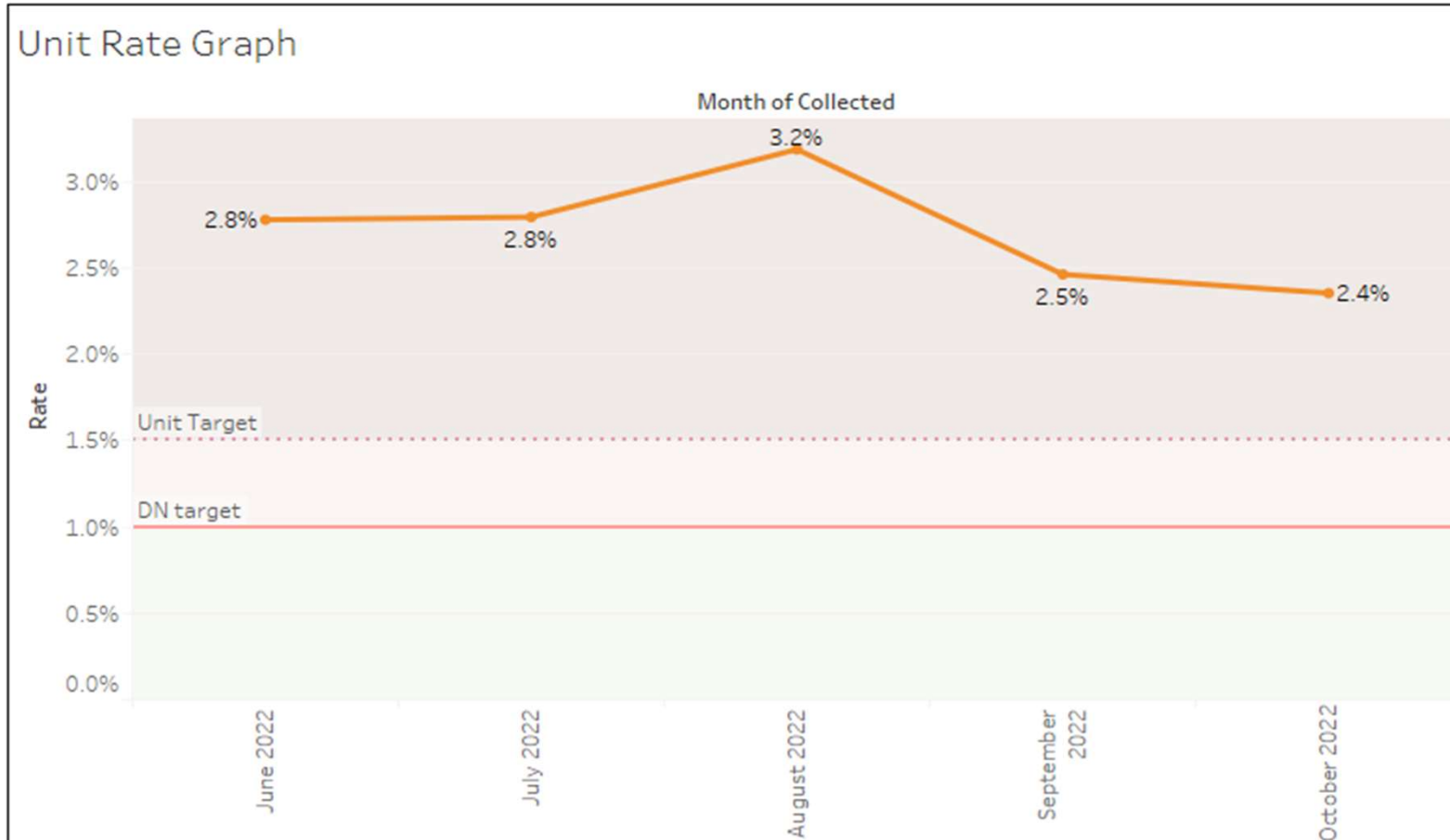


DN  
Campus  
BH/MC  
BH

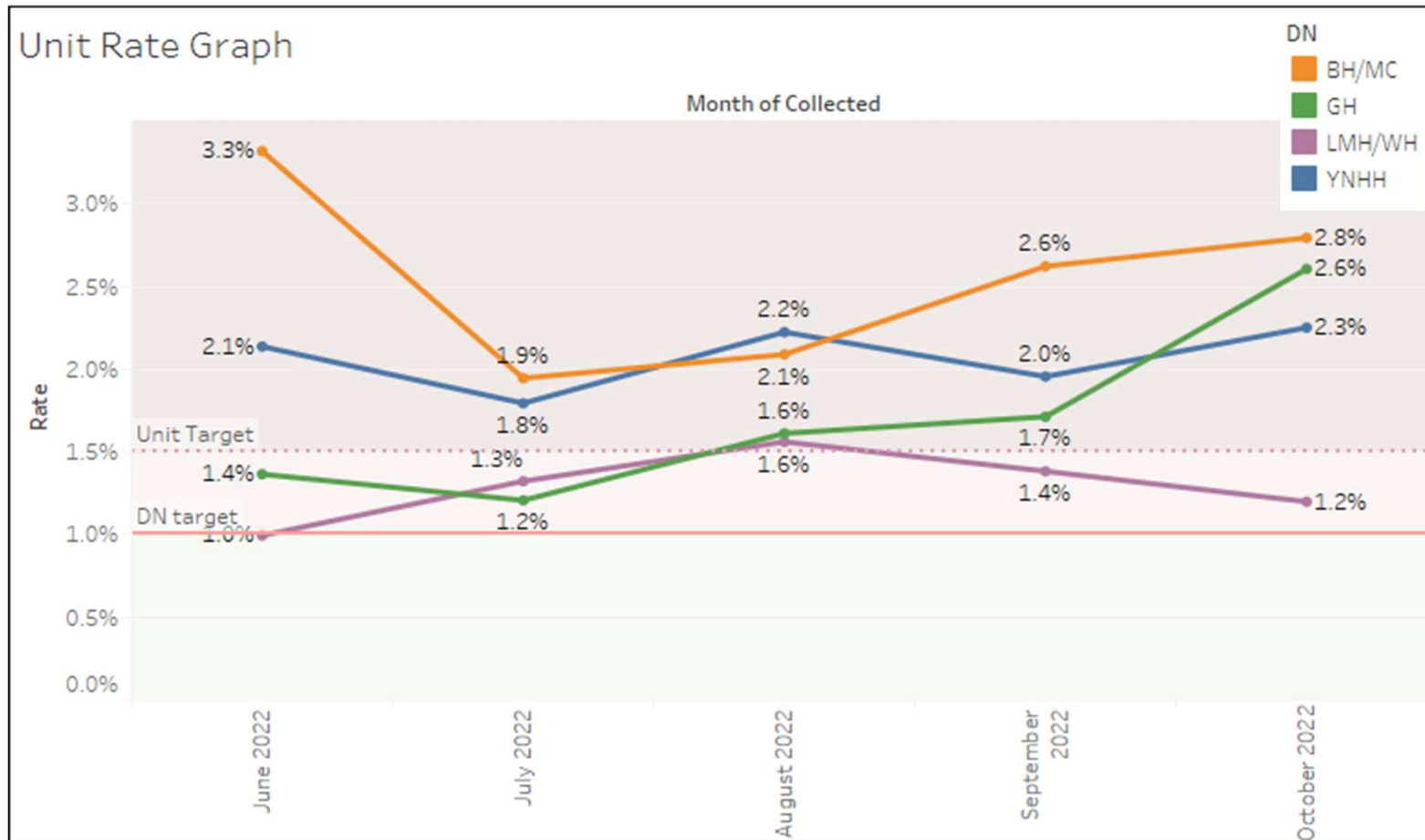
# BH Blood Culture Contamination Rate(ED only)



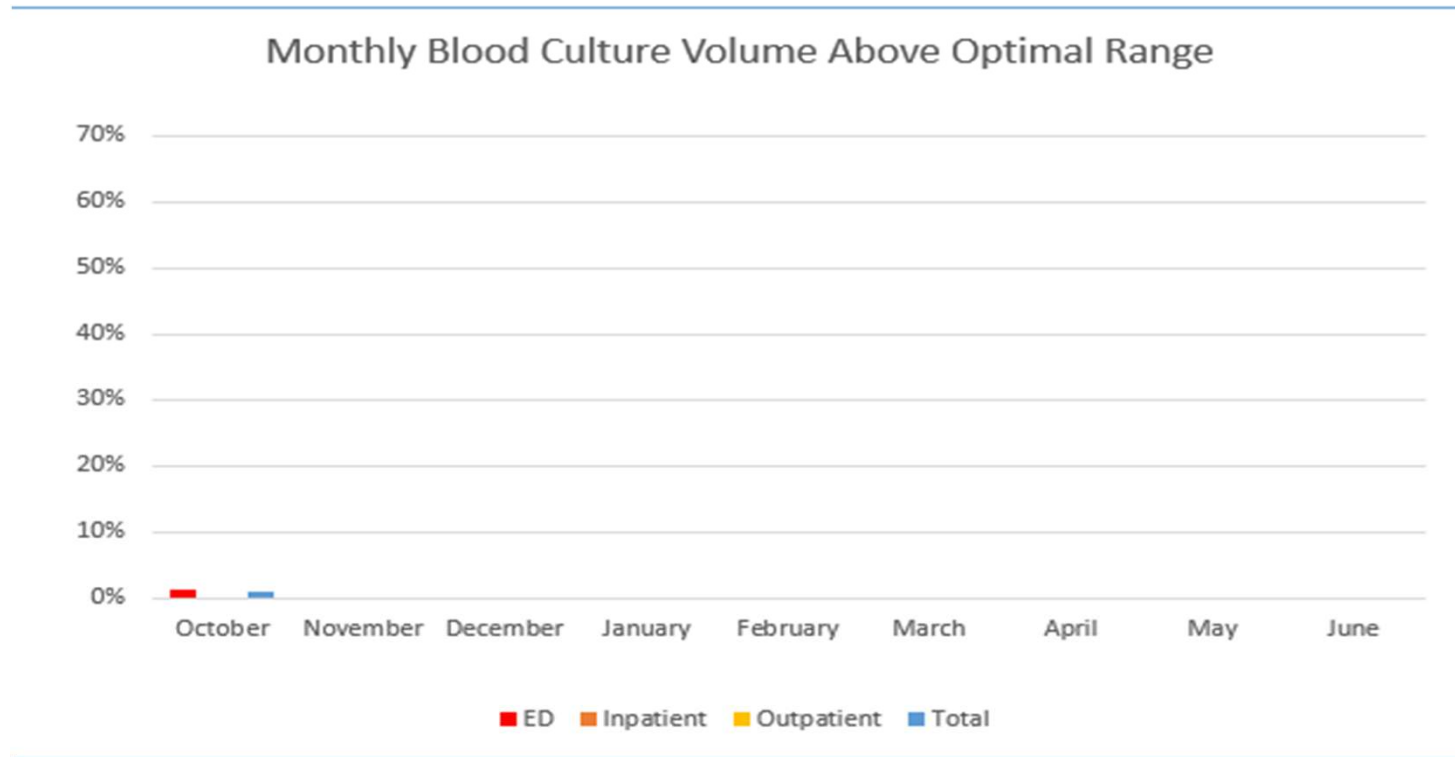
# BH Blood Culture Contamination Rate (excluding ED)



# Blood culture Contamination Rate DNs Comparison



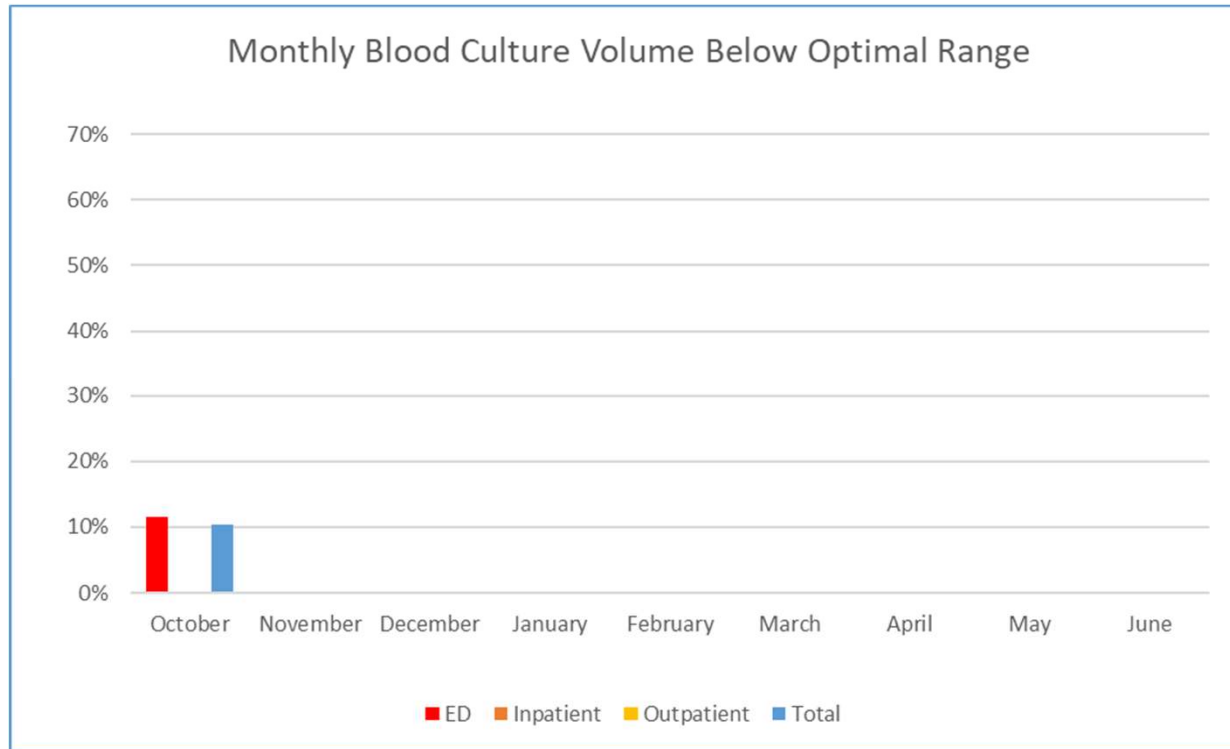
# Blood Culture Bottle Volumes – Above Optimal



Total Number of Bottles Drawn			
Total	ED	Inpatient	Outpatient
96	86	8	2
Number of Bottles Above Acceptable Volume			
Total	ED	Inpatient	Outpatient
1	1	0	0



# Blood Culture Bottle Volumes – Below Optimal

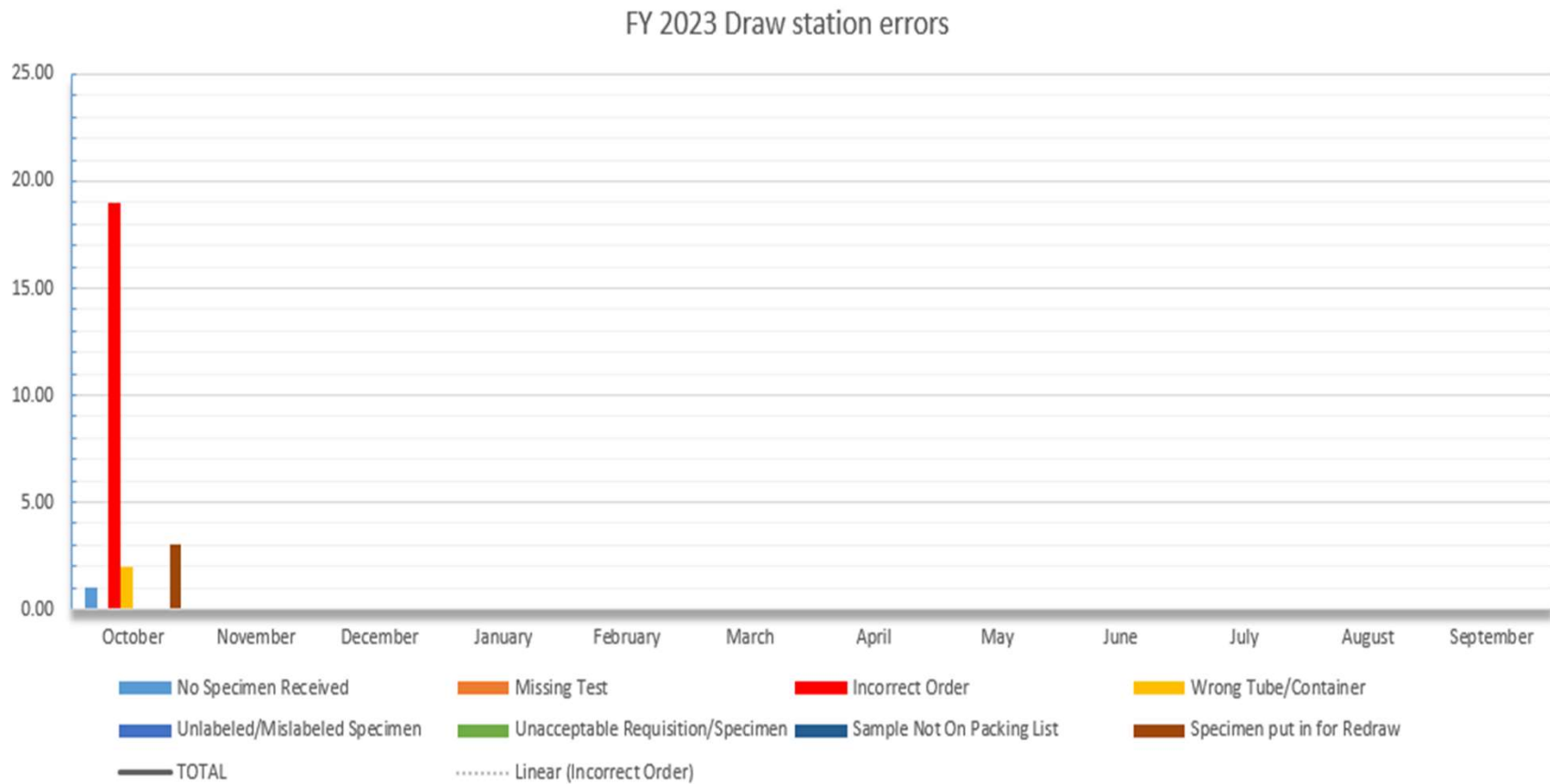


Total Number of Bottles Drawn			
Total	ED	Inpatient	Outpatient
96	86	8	2
Number of Bottles Below Acceptable Volume			
Total	ED	Inpatient	Outpatient
10	10	0	0

# Molecular Statistics

Date	Tests	Sample size	Positive Count	% Positivity	Lower Limit	Upper Limit	Environment Monitoring	Epidemiological Trends	Evaluation Notes
Oct-22	Chlamydia trachomatis, NAAT	677	37	5.5%	2%	7%	Negative	None	None
Oct-22	GBS PCR Pen Allergic	15	4	26.7%	2%	48%	Negative	None	None
Oct-22	GBS PCR Pen NonAllergic	84	19	22.6%	15%	33%	Negative	None	None
Oct-22	Group A Strep PCR	373	27	7.2%	2%	21%	Negative	None	None
Oct-22	HSV 1 AND 2 DIRECT PCR,	29	8	27.6%	0%	55%	Negative	None	None
Oct-22	Influenza A/B RNA, NAAT	1379	48	3.5%	0%	12%	Negative	None	None
Oct-22	Influenza/RSV by RT-PCR	2992	293	9.8%	0%	8%	Negative	Surge in RSV cases across CT	None
Oct-22	MRSA Colonization Status	407	39	9.6%	4%	19%	Negative	None	None
Oct-22	MRSA/SAUR Blood PCR	49	9	18.4%	13%	52%	Negative	None	None
Oct-22	MTB w/rflx Rifampin PCR	3	0	0.0%	0%	96%	Negative	None	None
Oct-22	N. gonorrhoeae, NAAT	677	14	2.1%	1%	3%	Negative	None	None
Oct-22	Resp Virus PCR Panel	289	105	36.3%	2%	55%	Negative	None	None
Oct-22	SARS CoV-2 (COVID-19) RNA	12206	1098	9.0%	0%	21%	Negative	None	None
Oct-22	Stool Pathogens PCR	139	9	6.5%	0%	19%	Negative	None	None

# FY2023 Draw Station Errors



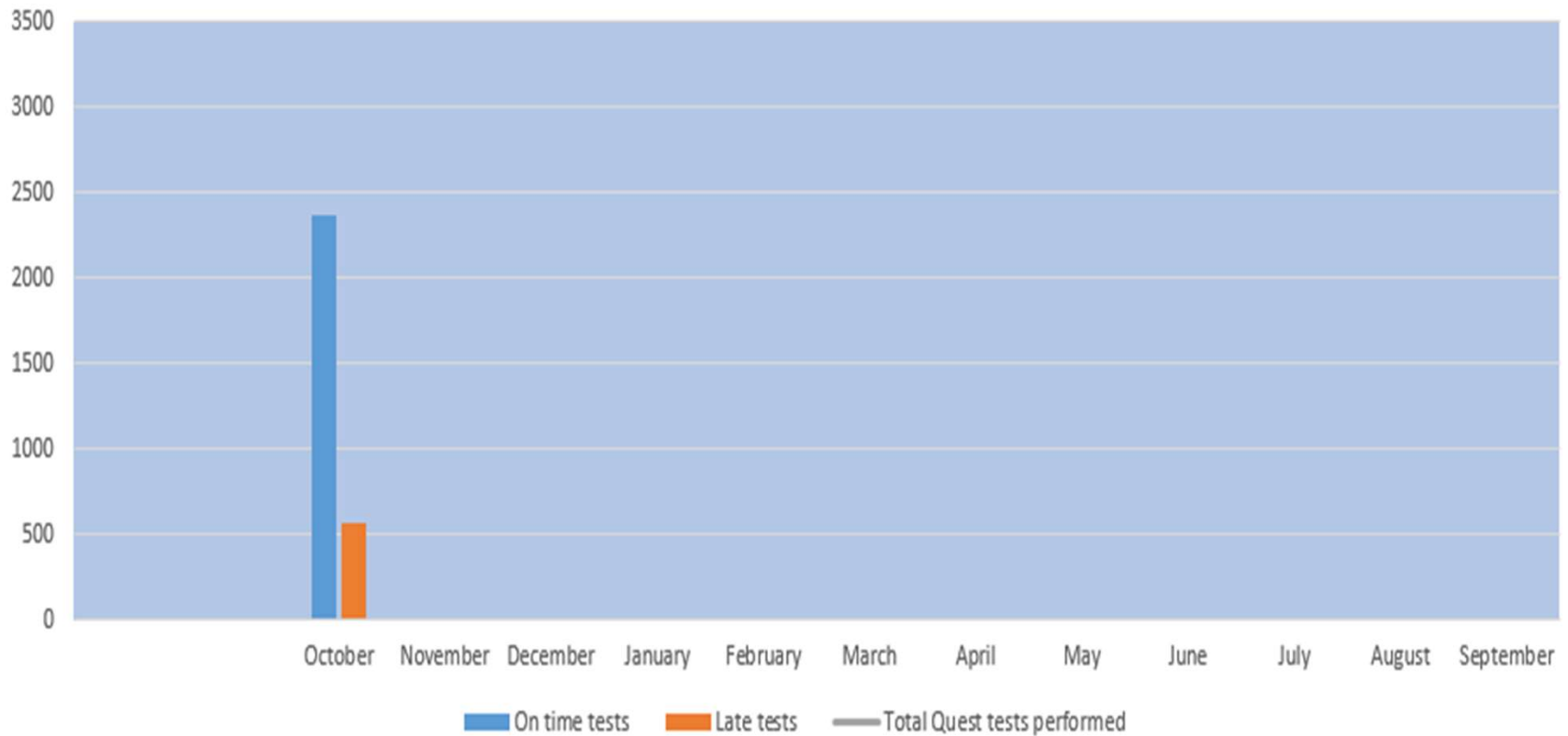
# Quest Rejected Tests

## Tests not performed by Quest

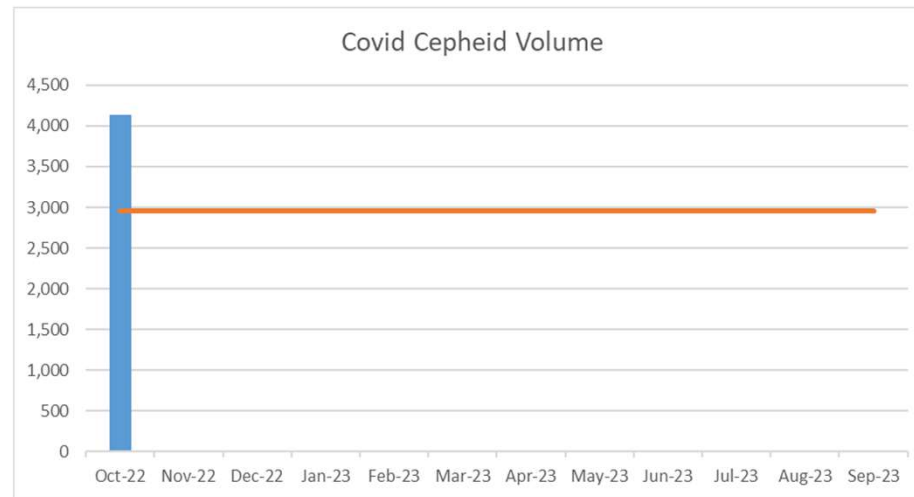
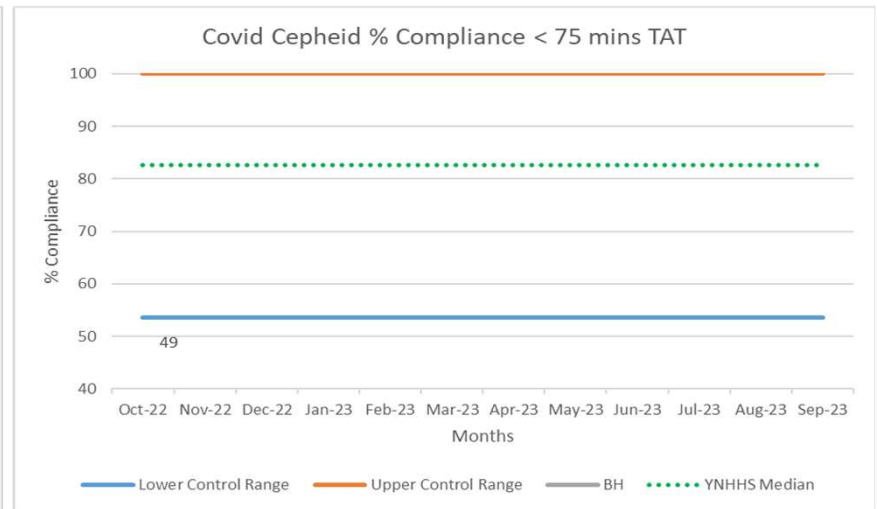
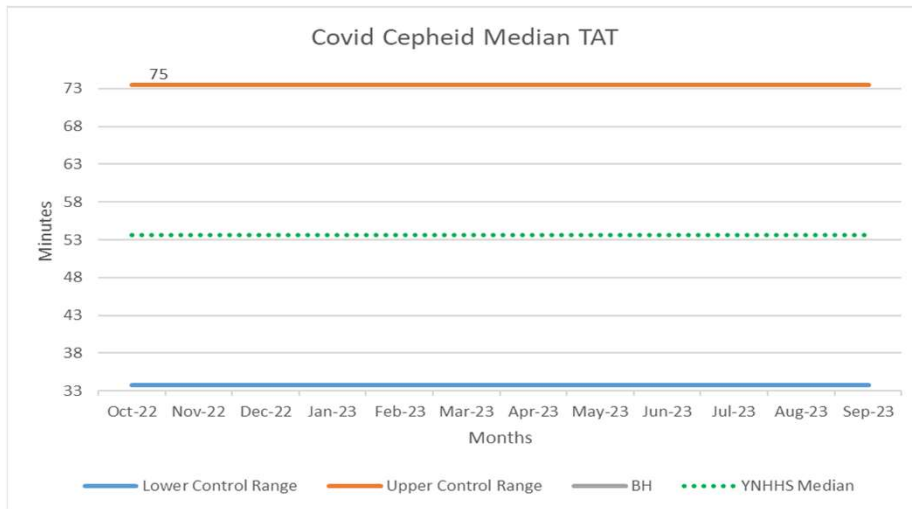


# Quest TAT

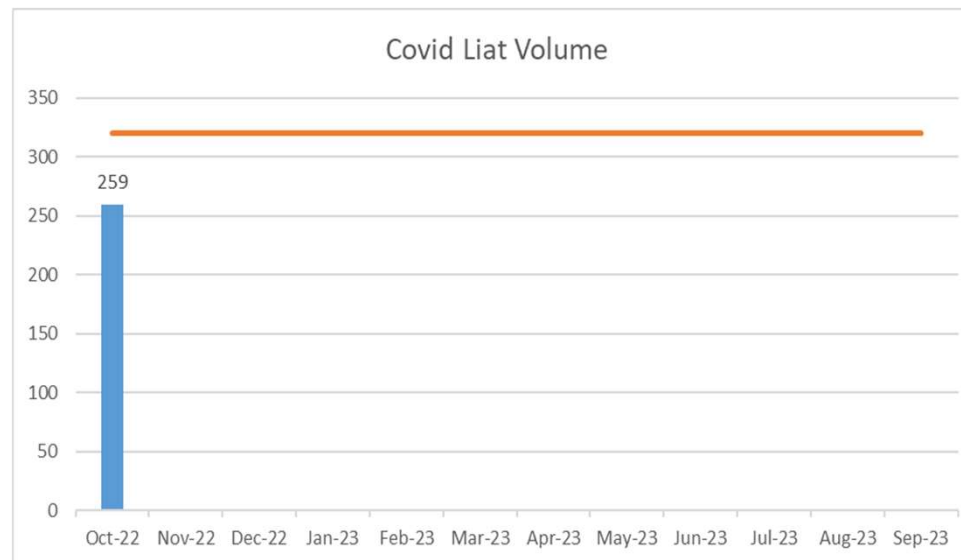
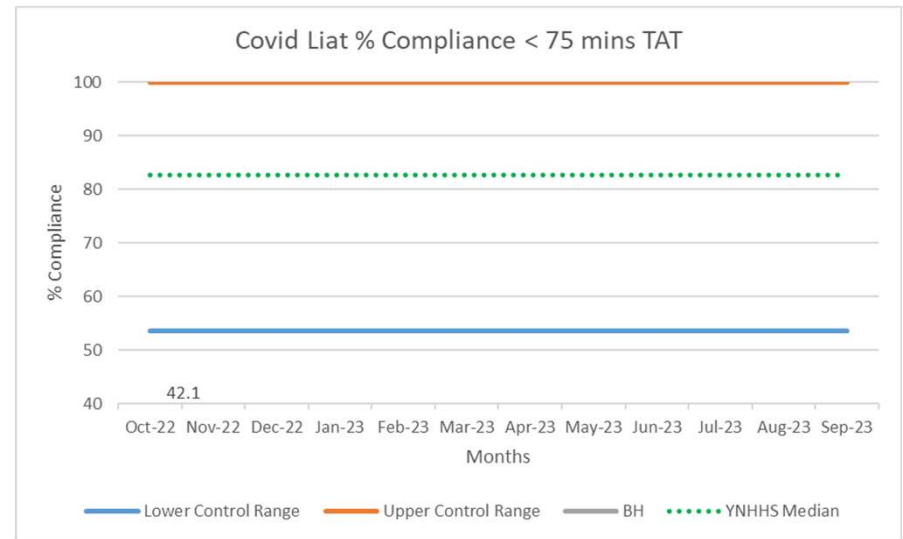
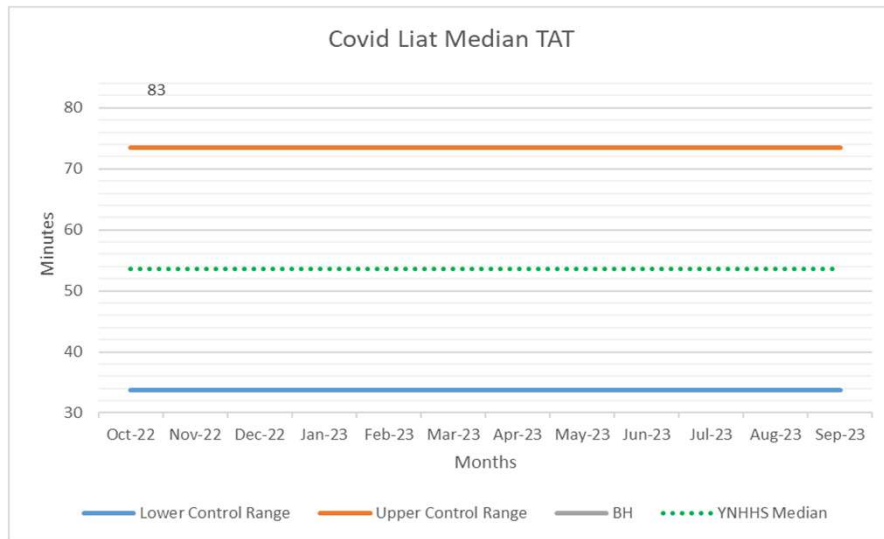
## October QuestTests TAT



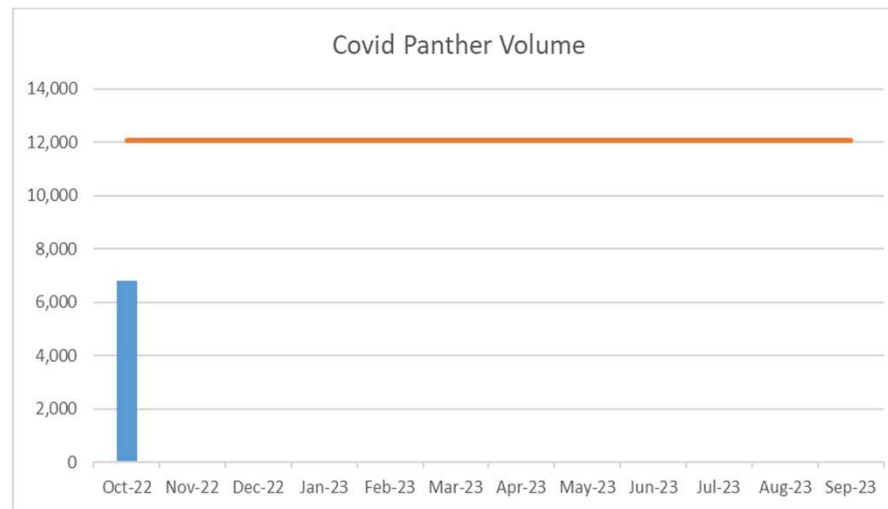
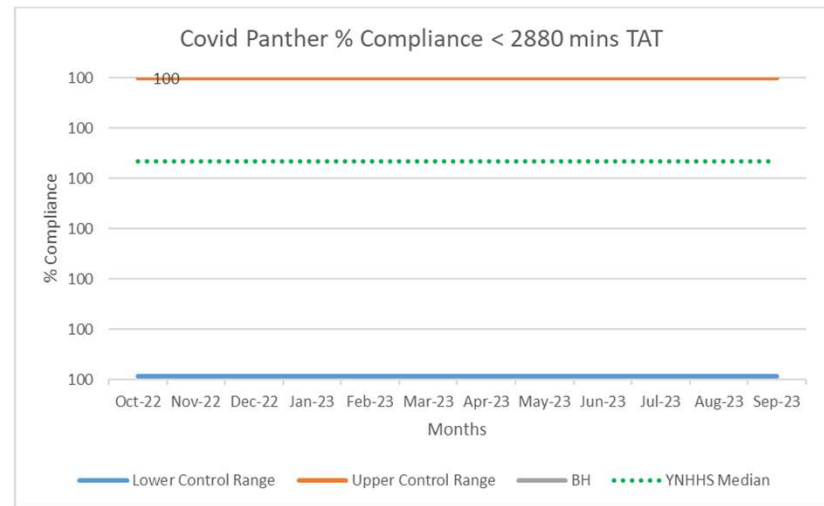
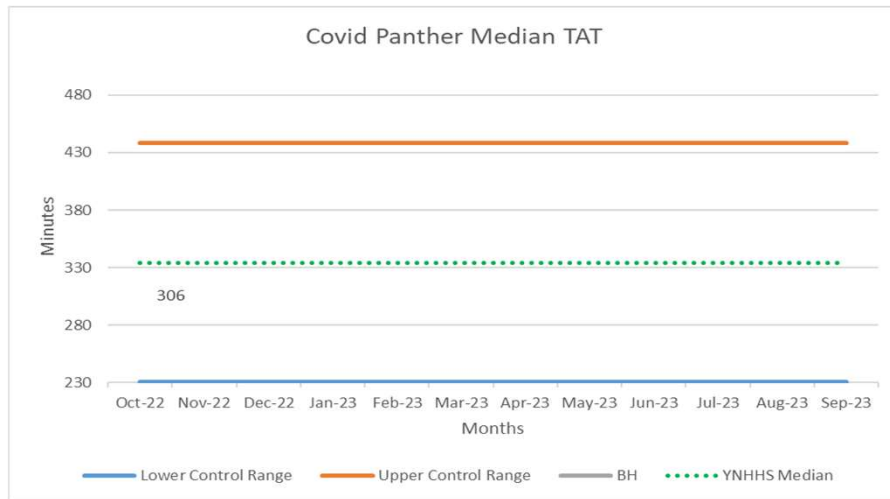
# Bridgeport Campus – COVID-19 Cepheid



# Bridgeport Campus – COVID Liat



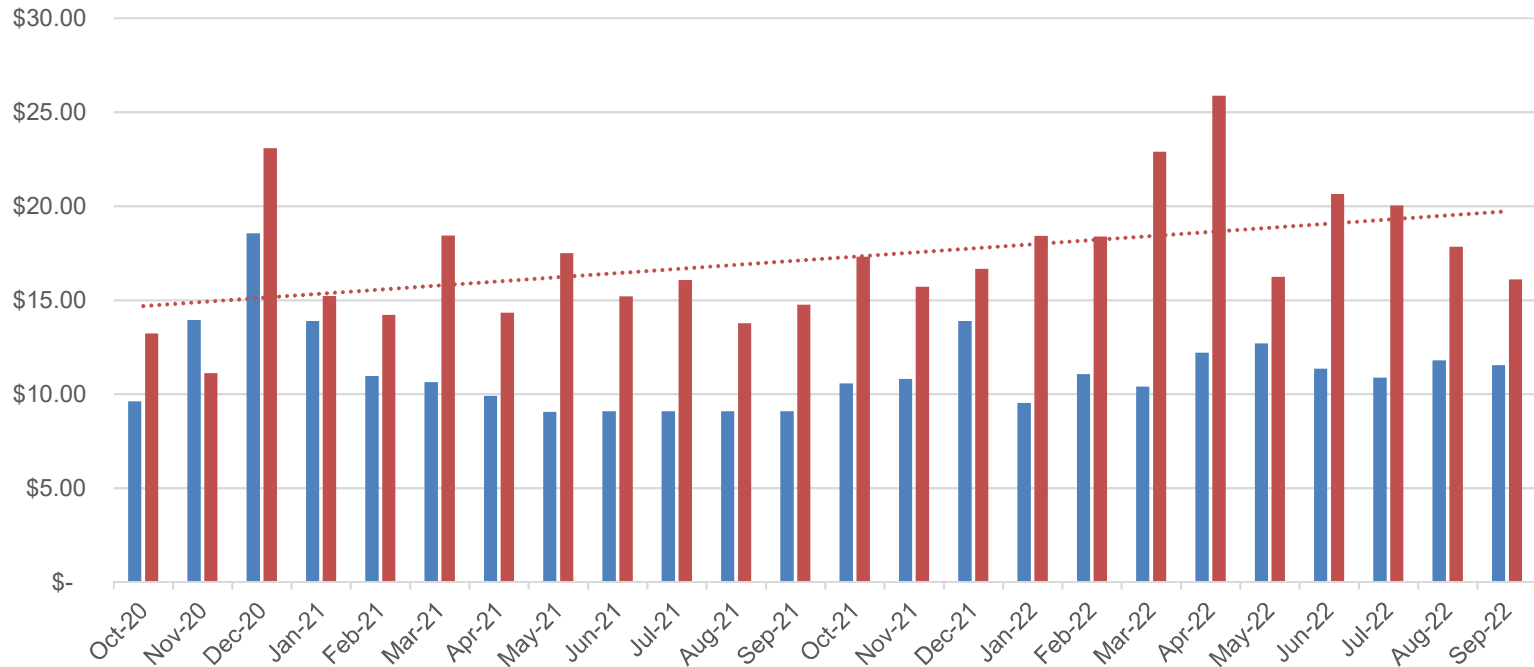
# Bridgeport Campus – COVID-19 Panther





# Cost Per Billable

FY2021 vs. FY2022 Cost Per Reportable (Total # of Expenses/# of Tests)  
Bridgeport vs. Milford



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
BH Cost per billable	\$9.6	\$13.	\$18.	\$13.	\$10.	\$10.	\$9.9	\$9.0	\$9.0	\$9.0	\$9.0	\$9.0	\$10.5	\$10.	\$13.	\$9.5	\$11.	\$10.	\$12.	\$12.	\$11.	\$10.	\$11.	\$11.
MC Cost per billable	\$13.	\$11.	\$23.	\$15.	\$14.	\$18.	\$14.	\$17.	\$15.	\$16.	\$13.	\$14.	\$17.	\$15.	\$16.	\$18.	\$18.	\$22.	\$25.	\$16.	\$20.	\$20.	\$17.	16.1

■ BH Cost per billable    
 ■ MC Cost per billable    
 ⋯ Linear (MC Cost per billable)



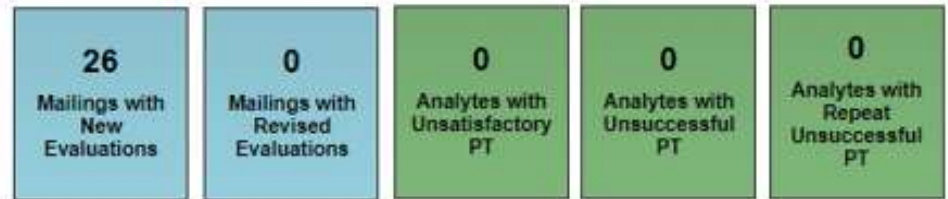
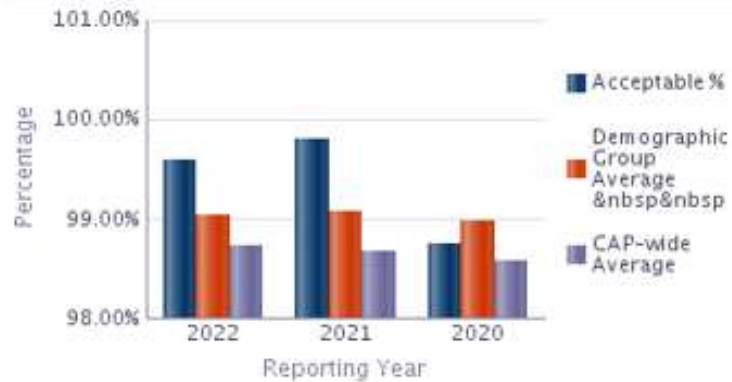
# Lab General - Bridgeport

<b>Proficiency Testing Performance BC</b>	98%	418/418 analytes	100%	100%	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



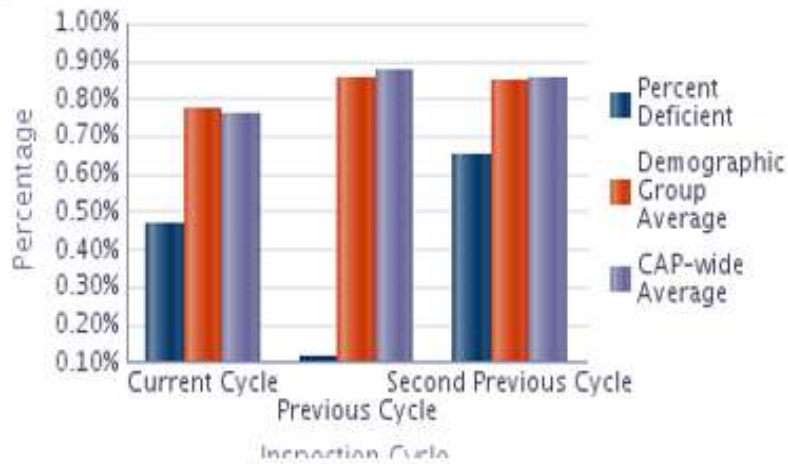
Reporting Year	Acceptable %	Demographic Group Average <span>?</span>	CAP-wide Average
2022	99.60%	99.03%	98.72%
2021	99.81%	99.07%	98.67%
2020	98.76%	98.99%	98.58%

# Lab General - Bridgeport

## Accreditation Performance Overview ?

Select View: Graph ▼

**Deficient Accreditation Performance by Cycle and Group**



Last Accreditation Decision	Date
Accredited	5/9/2022

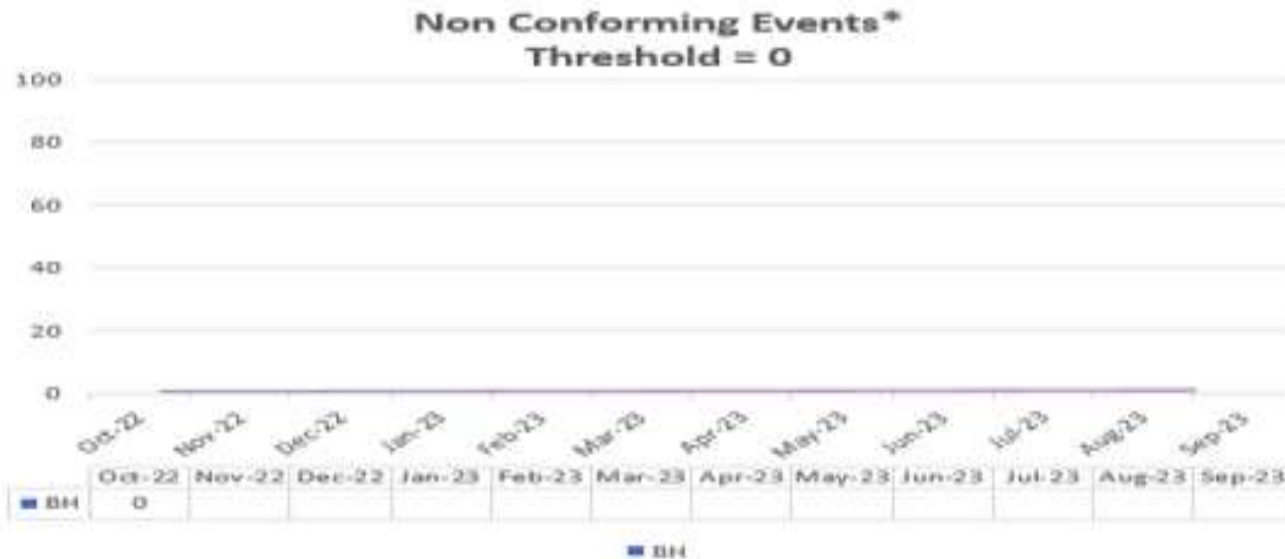
Current Cycle Inspection(s)			
Date	Inspection Type	% Deficient	Recurring Deficiencies
3/29/2022	Routine	0.47	1

Period Name	Percent Deficient	Demographic Group Average <span>?</span>	CAP-wide Average
Current Cycle	0.47%	0.77%	0.76%
Previous Cycle	0.11%	0.86%	0.87%
Second Previous Cycle	0.65%	0.84%	0.86%



# Lab General - Bridgeport

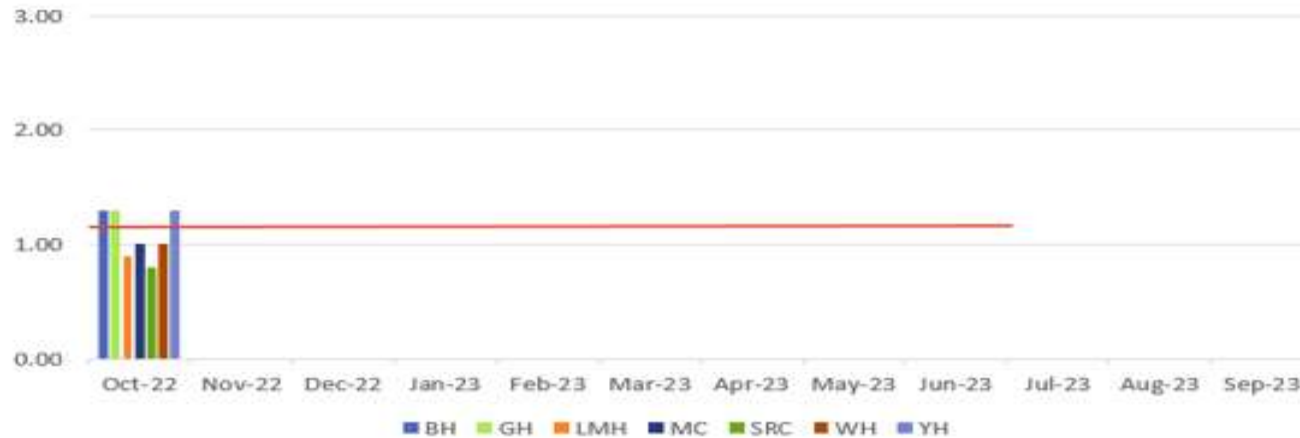
Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible Staff
Nonconforming events BC	0	207,046 tests	0	0	None	None needed	Lab administration and management



\* Definition of Non Conforming events for this Quality Measure includes irreplaceable samples only.

# Lab General - Bridgeport

% Rejected Specimens  
 <3.5%\* Literature Benchmark  
 1.1% YNHHS Benchmark.



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
BH	1.3											
GH	1.3											
LMH	0.9											
MC	1											
SRC	0.8											
WH	1											
YH	1.3											

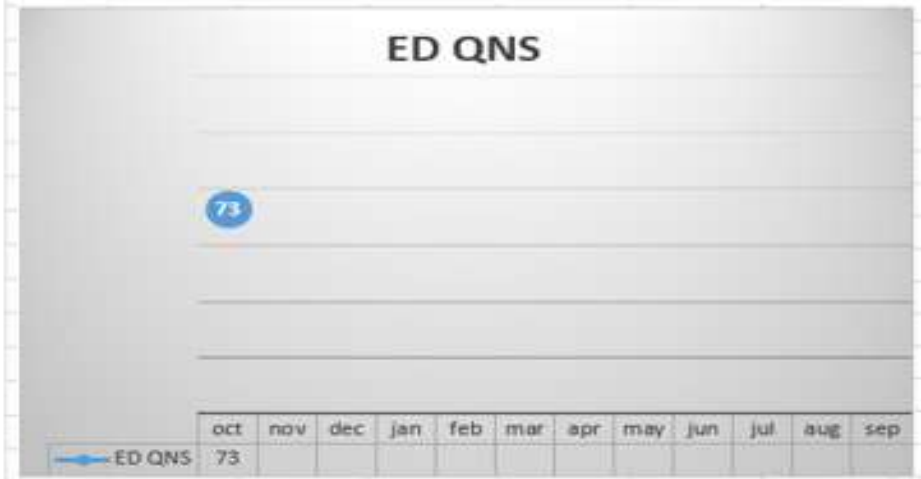
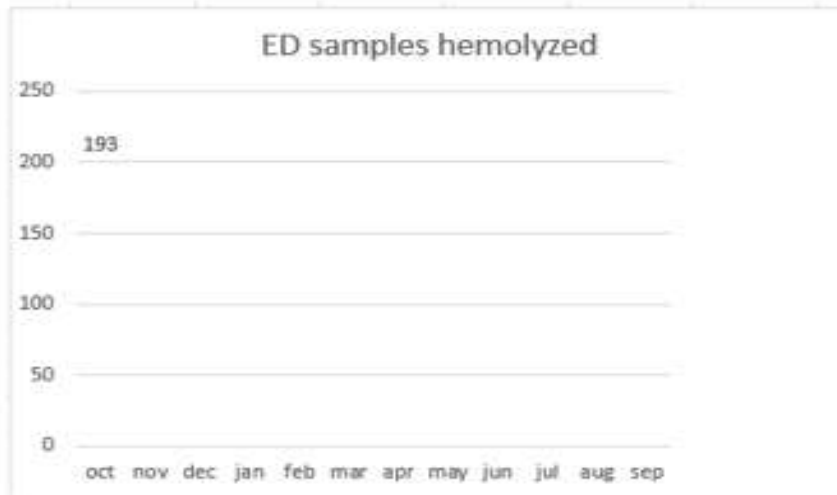
\*Rooper L. Carter, J., Hargrove, J., Hoffman, S & Riedel, S. (2017). Targeting rejections: analysis of specimen acceptability and rejection. *Journal of Clinical Laboratory Analysis*. volume 31, issue 3





# Lab General - Bridgeport

## ED ONLY Top 3 Rejects





# Lab General - Bridgeport

## BH RL SOLUTIONS MONITOR



# Lab General - Bridgeport

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**20/29 events closed**

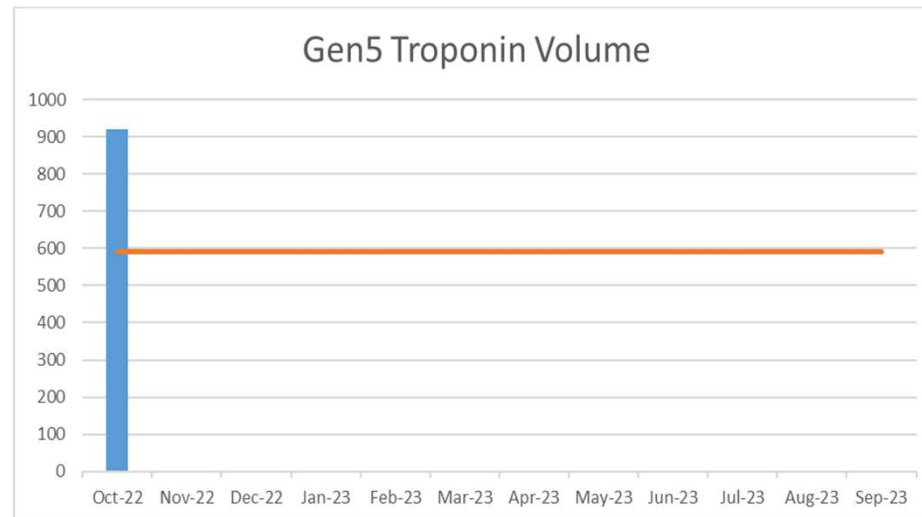
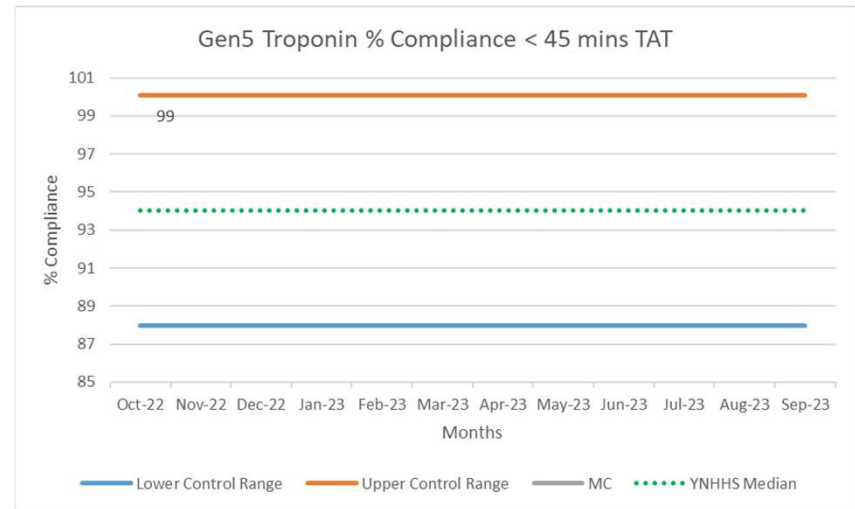
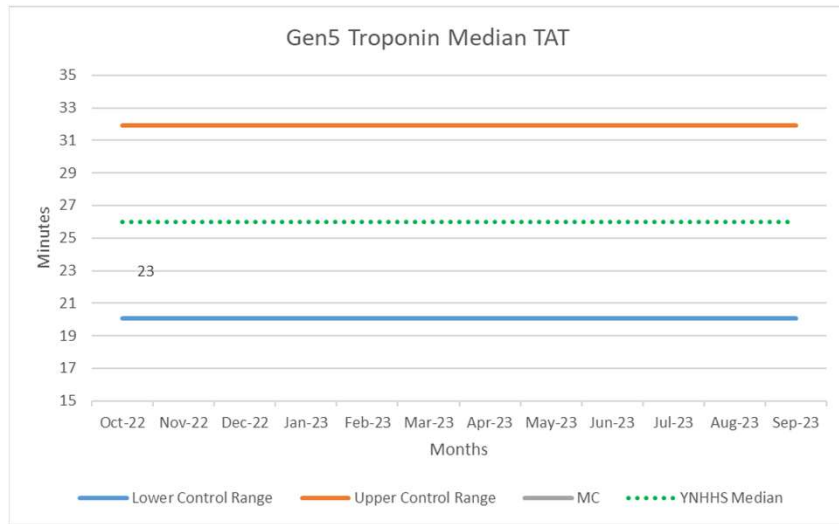
**18 classified as non-safety events**

**21/29 events were initiated by lab. Only 1 event potentially attributed to lab**

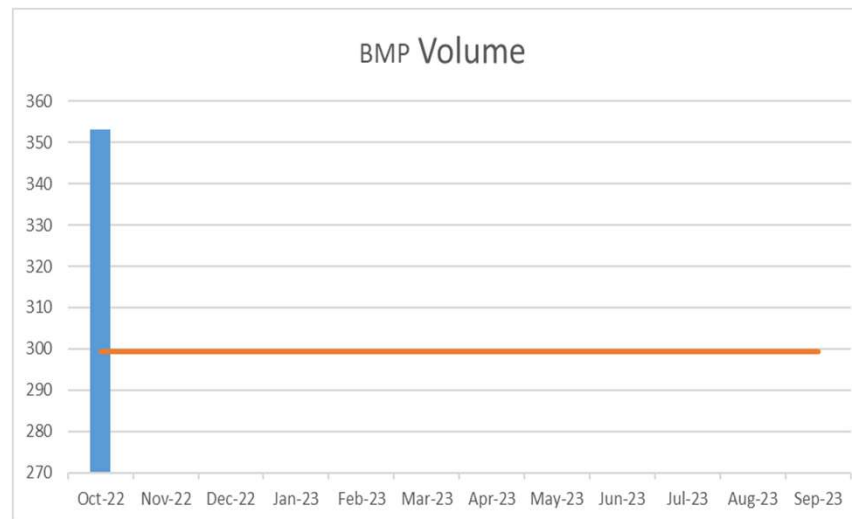
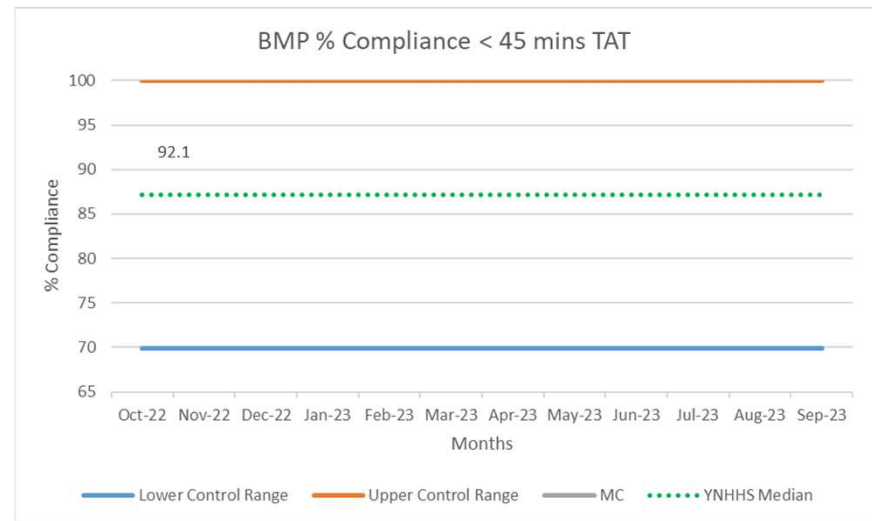
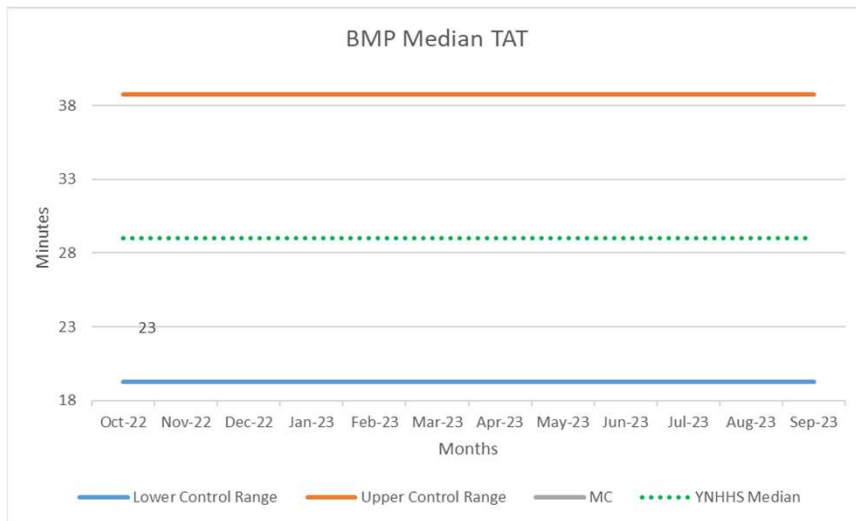
**No events classified as Serious Safety events (most classified as Non Safety issue)**

<b>RI events</b>	<b>Reason</b>
<b>5</b>	<b>“Not collected in Epic”</b>
<b>3</b>	<b>No initials on Blood Bank sample</b>
<b>6</b>	<b>IV contamination</b>
<b>6</b>	<b>Samples leaked in bag</b>
<b>4</b>	<b>AP Tissues w/o source</b>
<b>1</b>	<b>Covid in tube</b>
<b>1</b>	<b>No requisition received w/ specimen</b>
<b>1</b>	<b>Coag QNS</b>
<b>3</b>	<b>Instrument error, *Rejected urine on 6 week old, Sample not sent to lab (1 ea)</b>

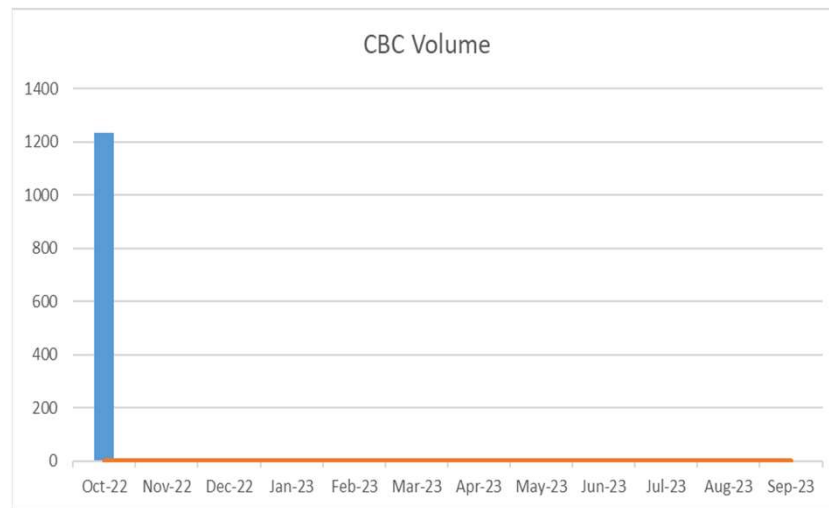
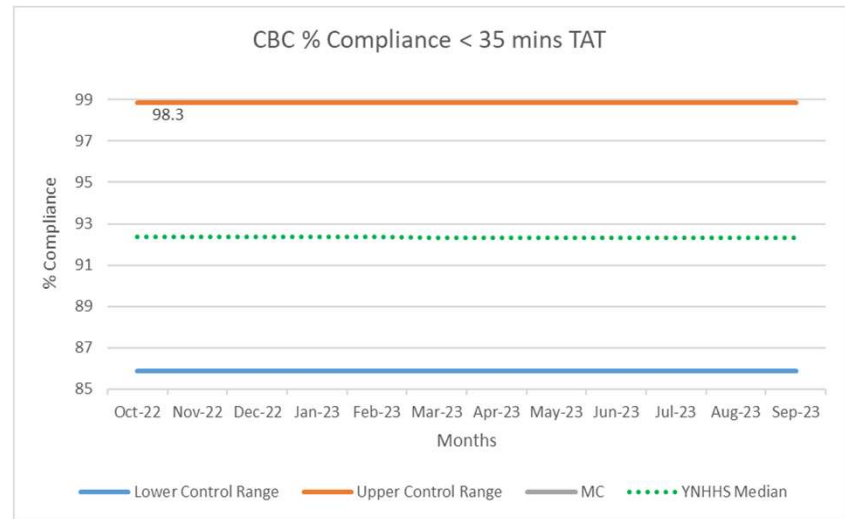
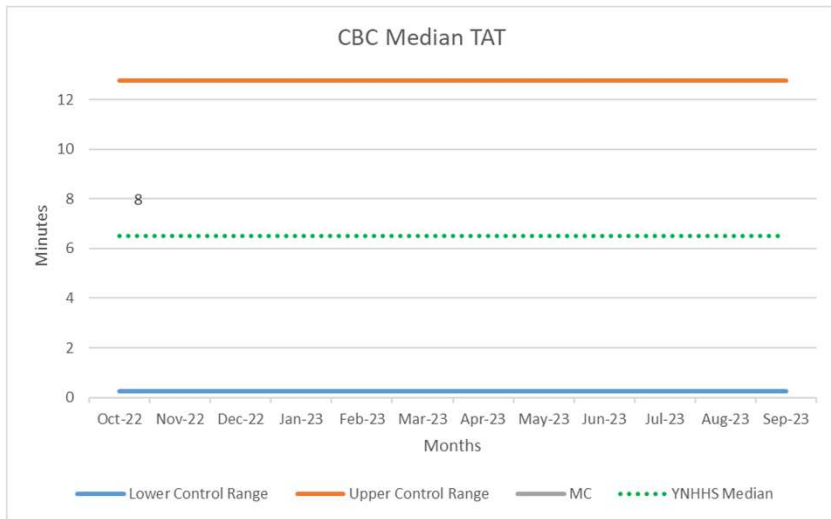
# Milford Campus – Gen 5 Troponin TAT



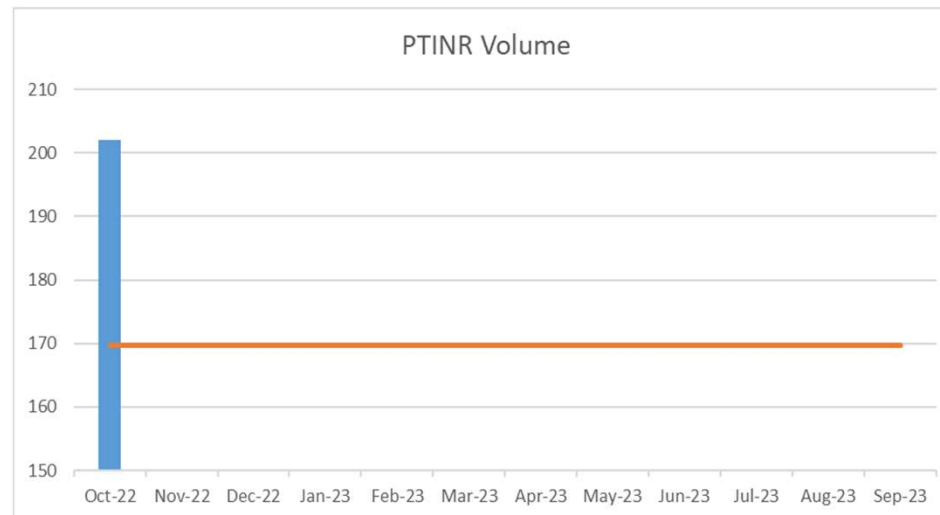
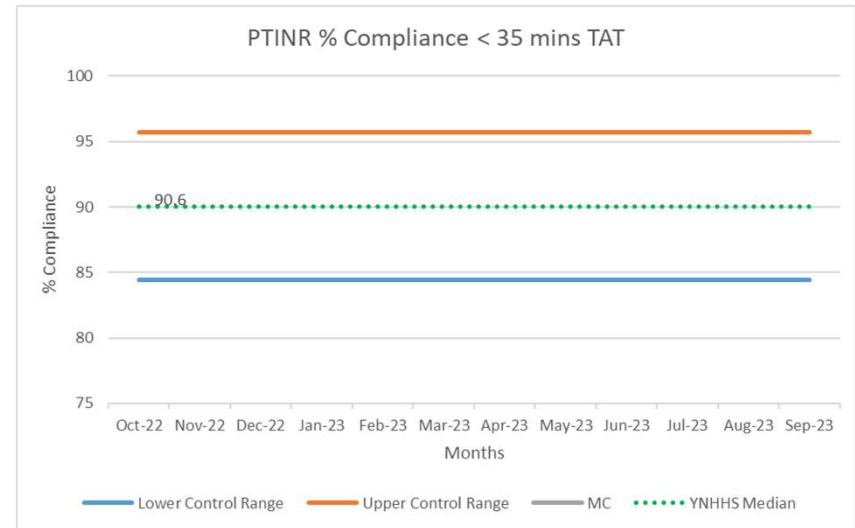
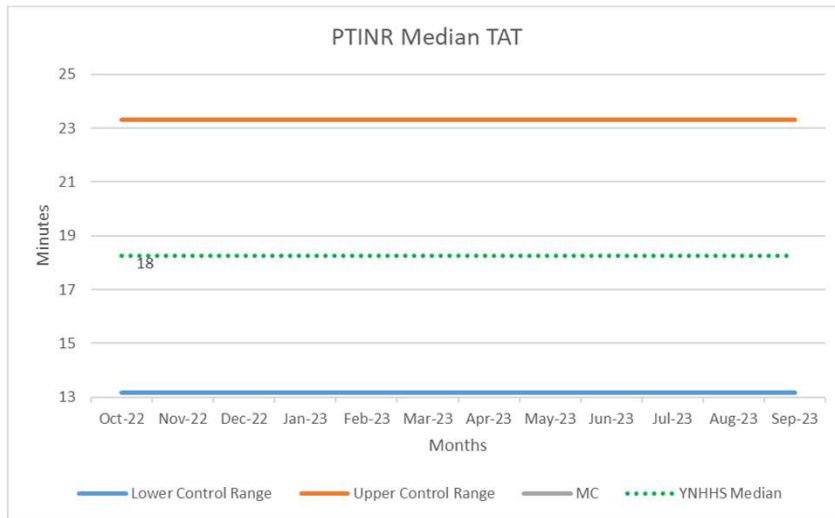
# Milford Campus – Basic Metabolic Panel (BMP) ED TAT



# Milford Campus – Complete Blood Count (CBC) ED TAT

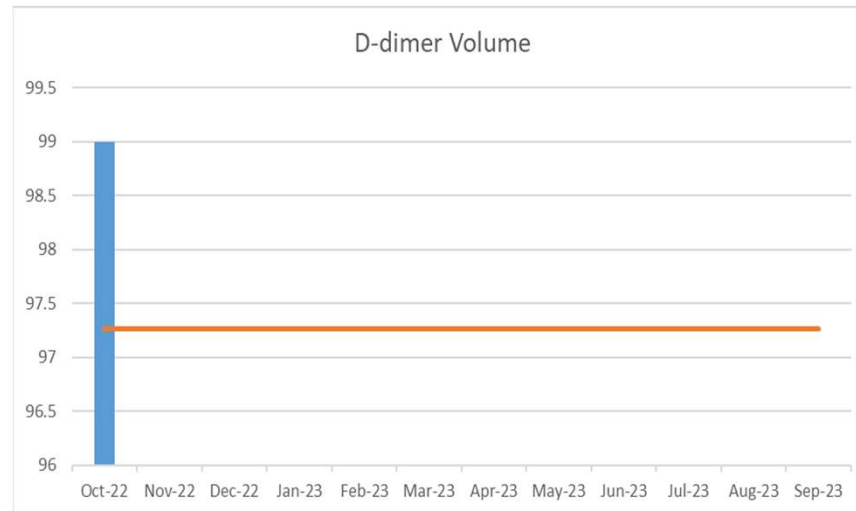
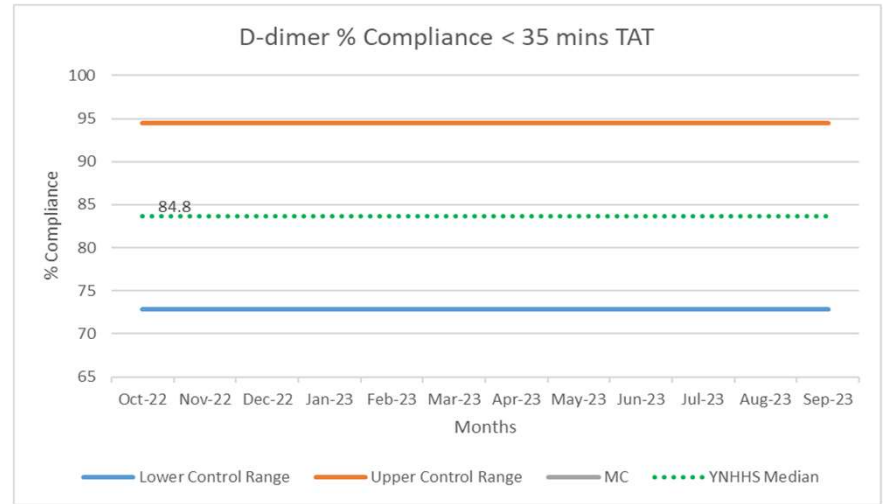
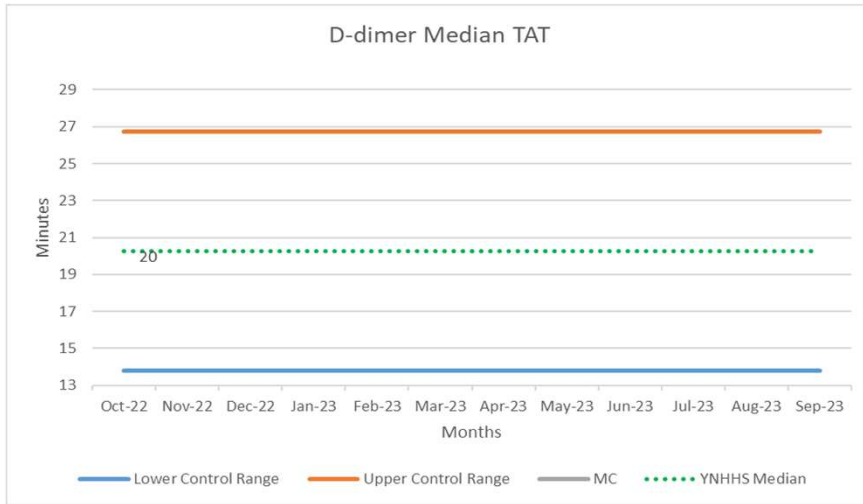


# Milford Campus – PTINR ED TAT

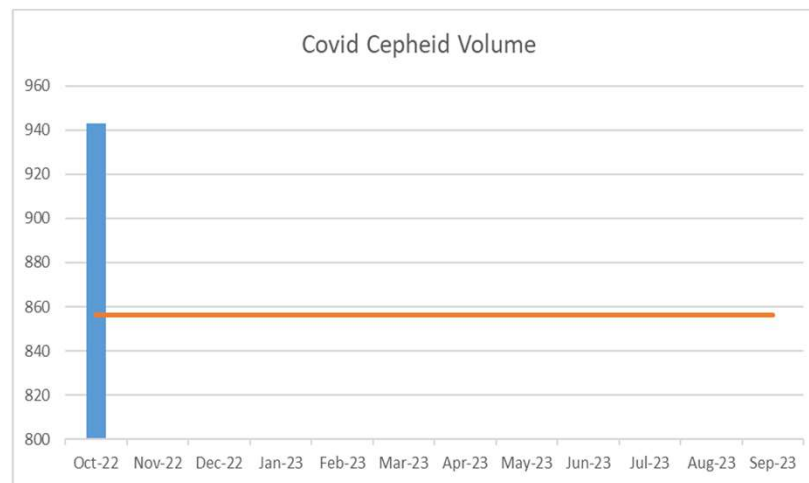
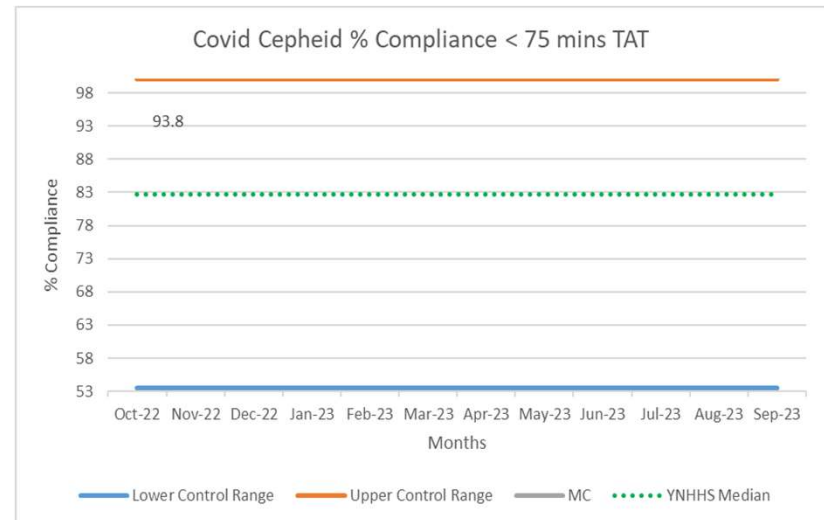
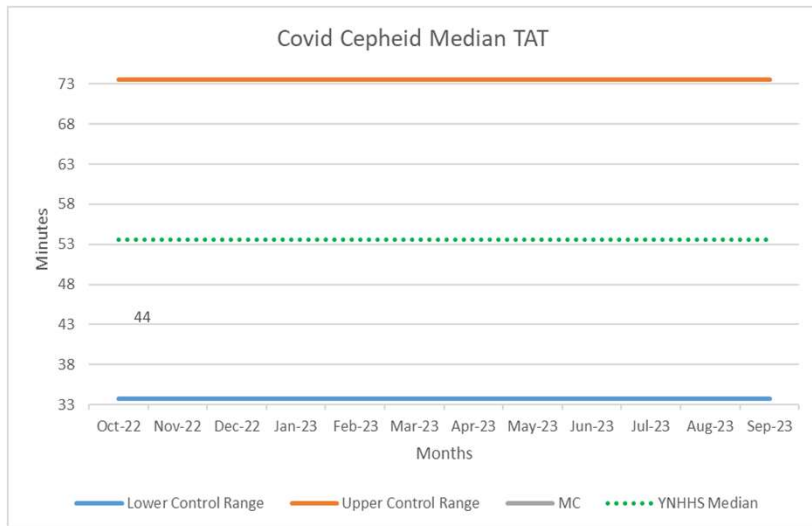




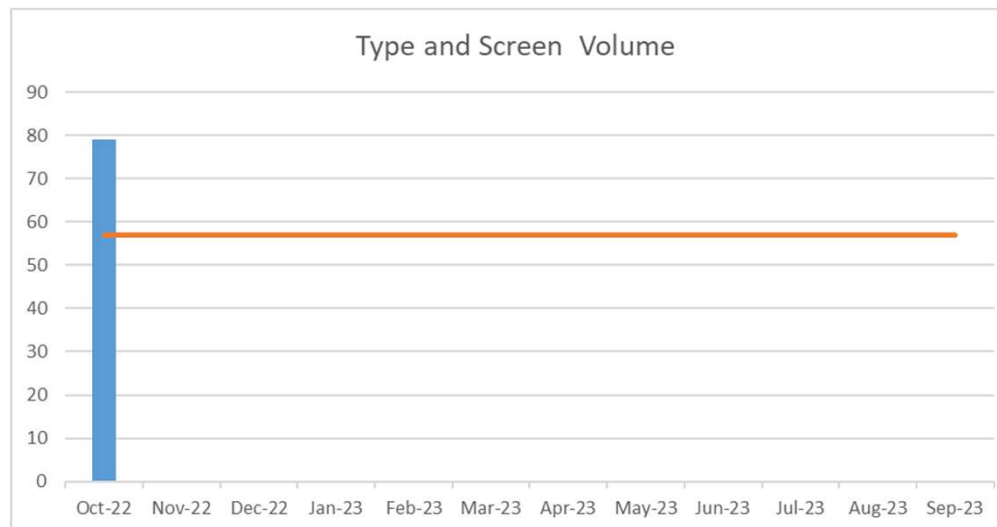
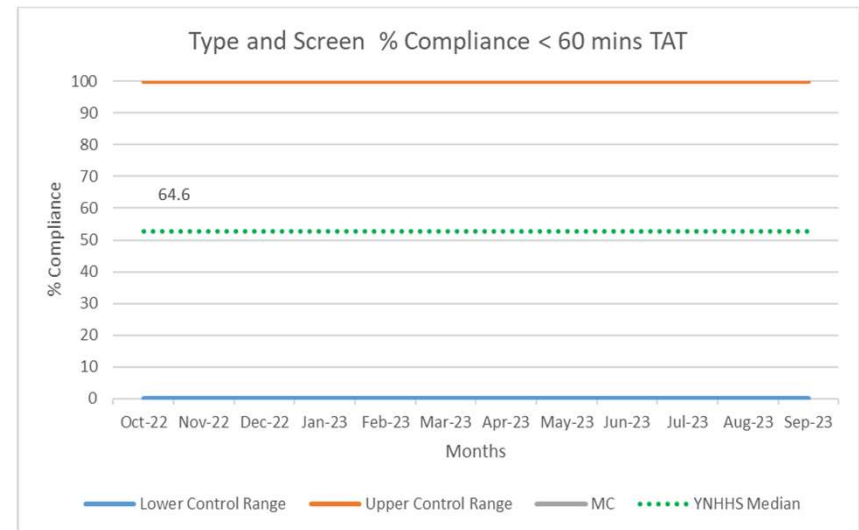
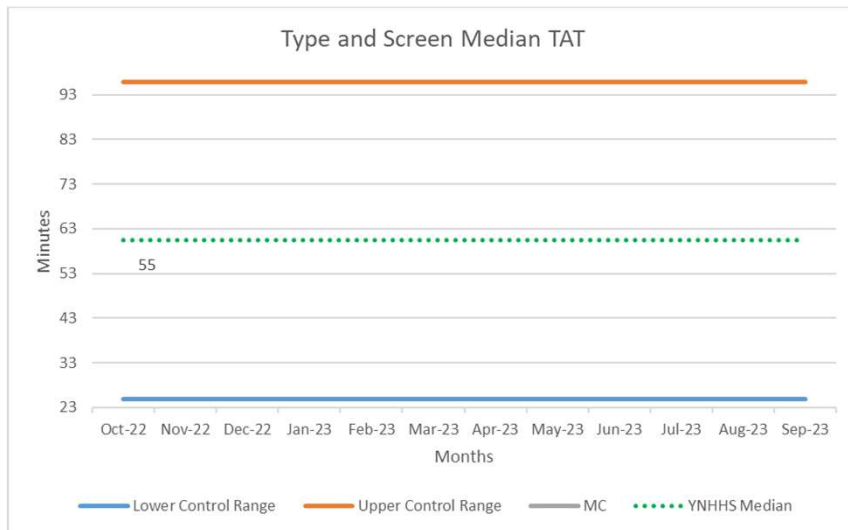
# Milford Campus – D-dimer ED TAT



# Milford Campus – COVID Cepheid PCR ED TAT



# Milford Campus – Type and Screen ED TAT

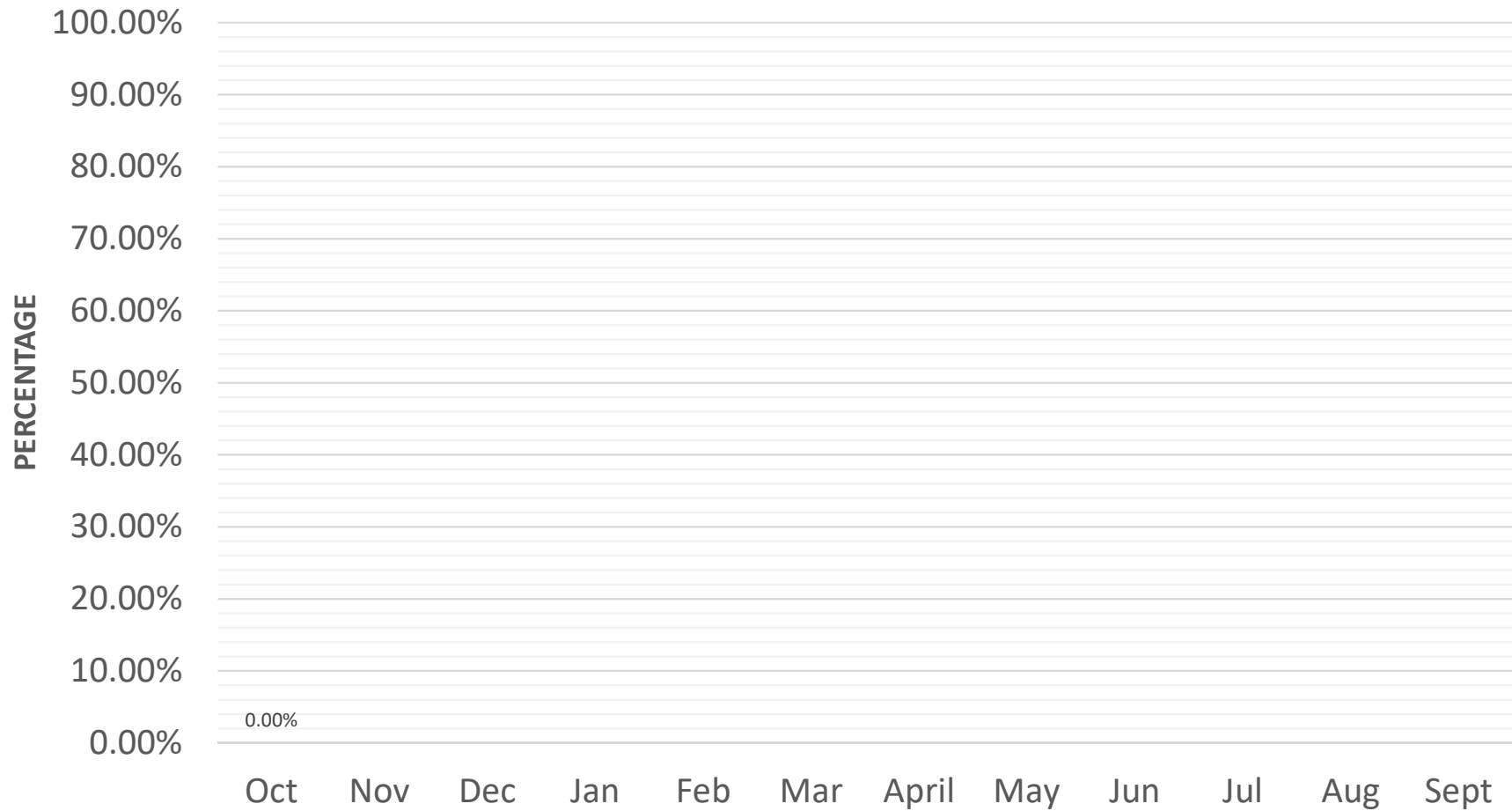


# Milford Campus – RBC

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	<b>Oct</b>	<b>Total Amount</b>
Transfusion	109	\$24,666.70
Wasted	0	\$0.00
<b>Total</b>	<b>109</b>	<b>\$24,666.70</b>

# Milford Campus – Red Blood Cell Wastage



## Milford Campus – FFP

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	<b>Oct</b>	<b>Total Amount</b>
Transfusion	4	\$185.24
Wasted	0	\$0.00
<b>Total</b>	<b>4</b>	<b>\$185.24</b>

# Milford Campus – Fresh Frozen Plasma Wastage



## Milford Campus – Cryo

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	<b>Oct</b>	<b>Total Amount</b>
Transfusion	1	\$331.50
Wasted	1	\$331.50
<b>Total</b>	<b>2</b>	<b>\$663.00</b>



# Milford Campus – Cryo Wastage



## Milford Campus – Platelet Wastage

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	<b>Oct</b>	<b>Total Amount</b>
Transfusion	3	\$2,019.99
Wasted	11	\$7,406.63
Total	14	\$9,426.62
% wasted	21.43%	
Wasted/Day	0.45	\$302.99

# Milford Campus – Platelet Wastage

Milford Campus Platelet Wastage FY23

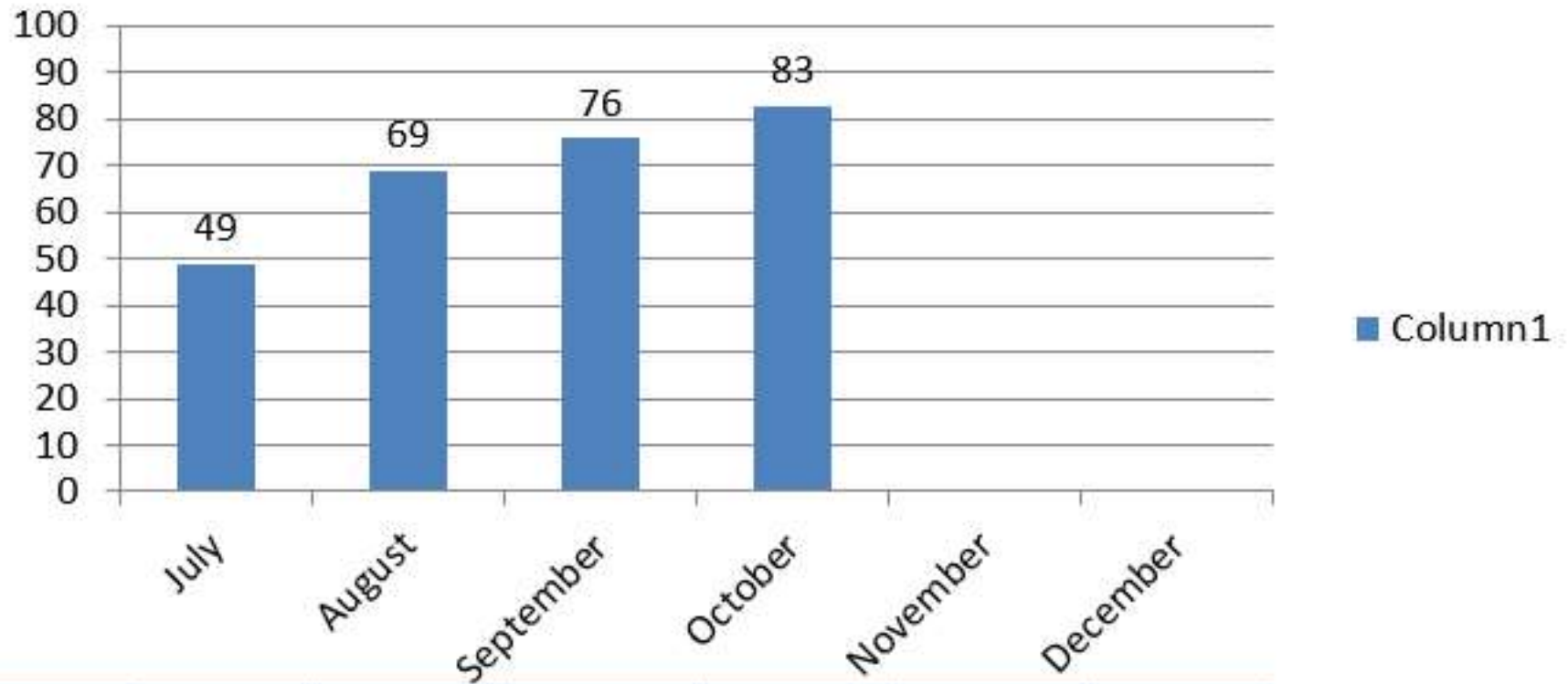


# Milford Campus – Overall Wastage



# Bridgeport Hospital Milford Campus Laboratory CAP Competency Completions July 2022 – December 2022

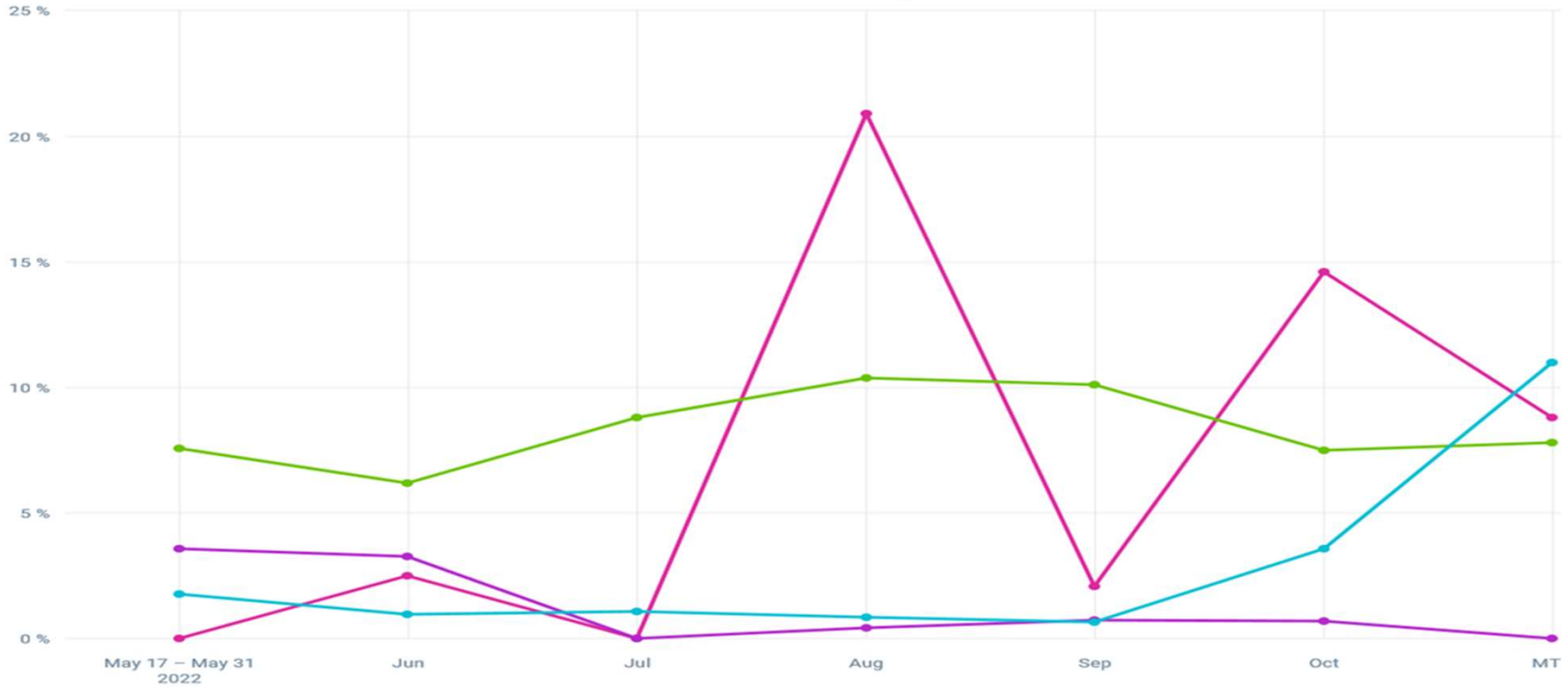
Goal 100%



Completed						
Completed/ Total	47/95	73/105	84/110	96/116		
% Completed	49%	69%	76%	83%		

# Milford Campus Molecular Dashboard

Percentage with Abnormal? by Test  
Last 6 months by month



Date	Tests	% Positivity	Derived Baseline	Environment Monitoring	Physician Feedback	Epidemiological Trends
Oct-22	SARS-CoV-2	7.5	3-12%	Negative	None	None
Oct-22	Group A Strep	14.6	0-24%	Negative	None	None
Oct-22	Flu A/B	0.7	0-0%	Negative	None	None
Oct-22	Flu/RSV	3.6	0-24%	Negative	None	None

# Lab General – Milford (1 of 2)

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 22,894	Manual Collection	0	0		none	Corrections without a completed comm log are seen as non-conforming. All corrected reports in September were accompanied by completed comm logs.	Supervisors
Proficiency Testing	98% CAP Q Probe data	# Analytes	CAP	99%	100%	None required	None	None needed	Supervisors
Laboratory corrected reports	2.7/10,000	# tests 22,894	Manual collection	1.7	1.4	Individual coaching/courseing, and/or documented verbal warning.	none	Daily review by BH lab admin and follow-up by MC lab manager is having a positive impact on frequency of corrected reports.	Supervisors
Laboratory Injuries	0	Employees n=33	IMC	0	0		none	none	Supervisors
Redraws		# Tests 22,894	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. 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			15	25				
Contamination (IV & other)	0			5	4				
Hemolyzed (RN) (Phleb)	0			46	54				
Not on ice	0			5	16				
QNS	0			4	3				
Wrong container	0			19	13				
Duplicate order	0			5	1				
Incorrect order by provider	0			0	0				
Unable to obtain specimen.	0			0	0				
Incorrect specimen type.	0			5	2				
Exceeded clinical time requirements	0			5	15				
Lab accident	0			5	0				
				0	1				
				0	0				

# Lab General – Milford (2 of 2)

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Critical Call TAT	30 min		Beaker	4.1	4.1	Formatted report to show true TAT. Comm log completed on 100% of critical calls	<30 minute compliance = 97%	System decision to call criticals after verifying occurred in April.  3 >30 min outliers were due to delays in reaching providers timely. Use of MHB being reinforced.	Supervisors
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## CRSQ Report Out

Committee of Regulatory, Safety, & Quality

October 2022

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Bridgeport Hospital

Department of Laboratory Medicine

Teodorico Lee MPH, Mingkui Chen M.D., Christine Minerowicz M.D., Edward Snyder M.D., Laura Buhlmann M.S.

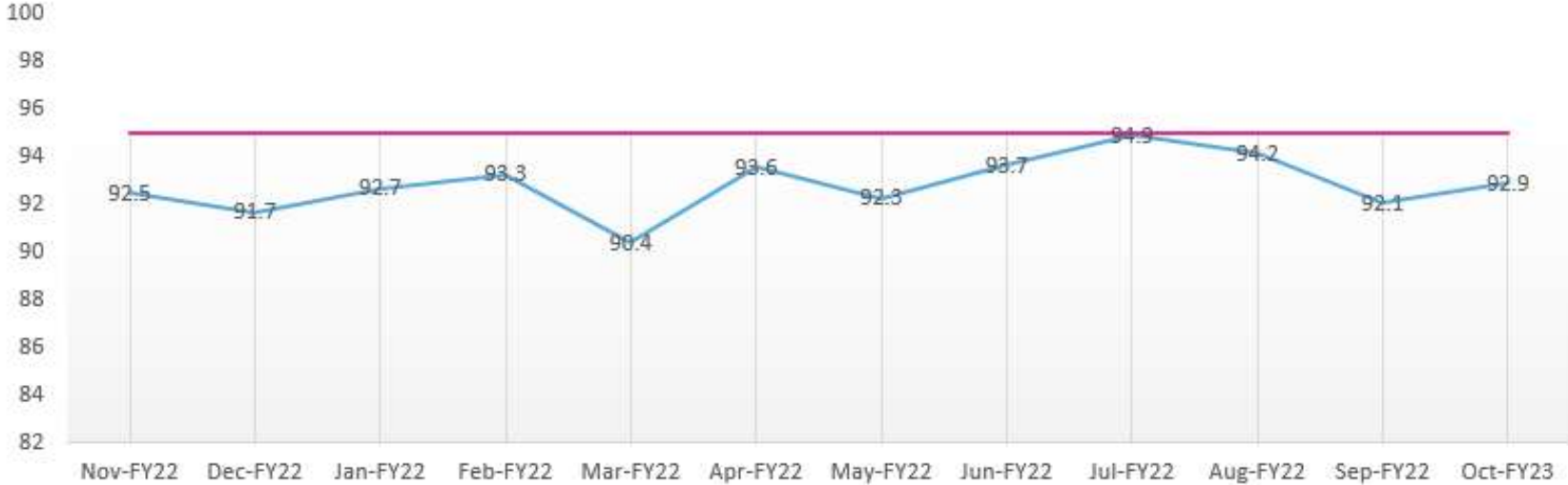
<p><b>SMART Aim</b> <i>Specific-Measurable-Actionable-Relevant-Timely</i></p>	<p>Increase the critical result notification compliance with our 30-minute goal to 95% at Bridgeport Hospital by September 30<sup>th</sup>, 2022.</p> <ul style="list-style-type: none"> <li>• The 30-minute time period is from the moment the critical value is final verified to the moment the communication log in Epic is completed.</li> <li>• We are currently at <b>92.9%</b> compliance as a department.</li> </ul>
<p><b>Key drivers</b> <i>measurable processes impacting the outcome</i></p>	<p>Decrease the time from result verification to communication log completion.</p> <ul style="list-style-type: none"> <li>• Increase performance of correct workflow (verify result first and then notify provider).</li> <li>• Timely communication of outpatient critical values</li> </ul>
<p><b>Interventions</b> <i>actions/changes necessary to impact key drivers</i></p>	<p>Standardize critical call list workflow</p> <ul style="list-style-type: none"> <li>• Provided re-education and tips and tricks for the correct workflow.</li> <li>• Identified a process to streamline outpatient critical calls (work with specific practices with known notification issues).</li> </ul>
<p><b>Results*</b> <i>accomplishments, modifications, barriers</i></p>	<p>Accomplishments</p> <ul style="list-style-type: none"> <li>• The Month of July 2022 had a 94.9% compliance (highest in the 12 month period of Nov 2021-Oct 2022).</li> <li>• Department of Laboratory Medicine averages approximately 1900 critical calls per month.</li> </ul>

Note: There is an additional system project to standardize critical result notification workflow.

- Will allow reports and metrics to be standardized as well

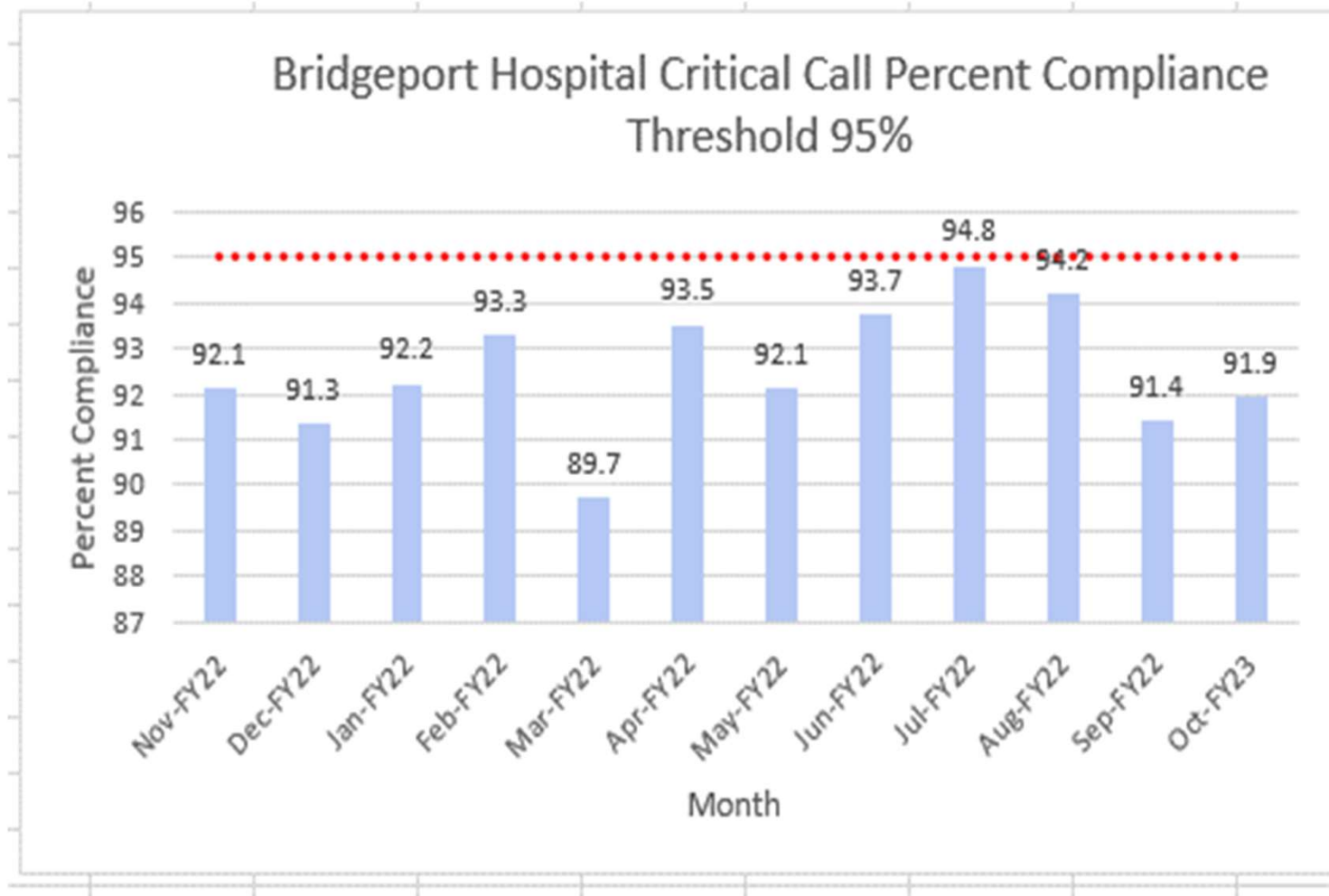
# Bridgeport Hospital Department of Laboratory Medicine Critical Call Percent Compliance 92.8% (cumulatively) 11/1/2021-10/31/2022

Department of Laboratory Medicine Combined Critical Call Compliance Threshold  
95%



# Bridgeport Campus Critical Call Percent Compliance 92.5%

11/1/2021-10/31/2022



# Milford Campus Critical Call Percent Compliance 95.2% 11/1/2021-10/31/2022

