

# Laboratory Medicine – November 2022

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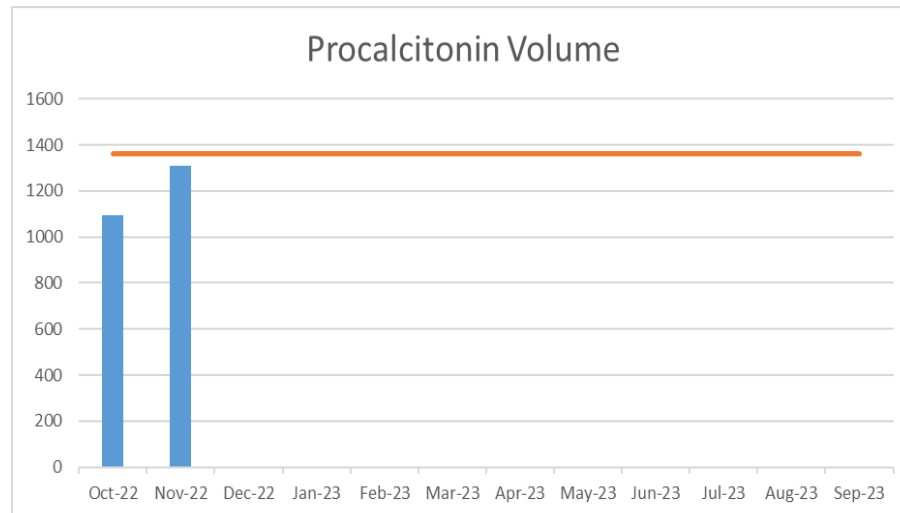
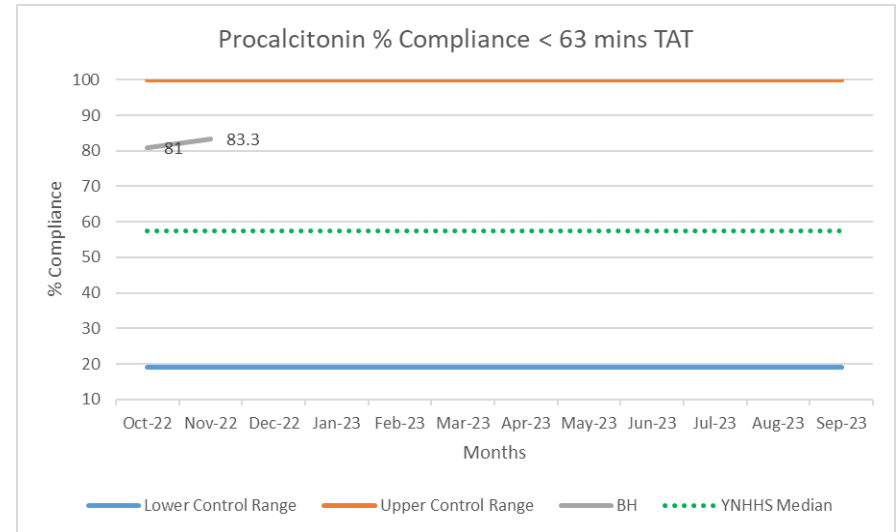
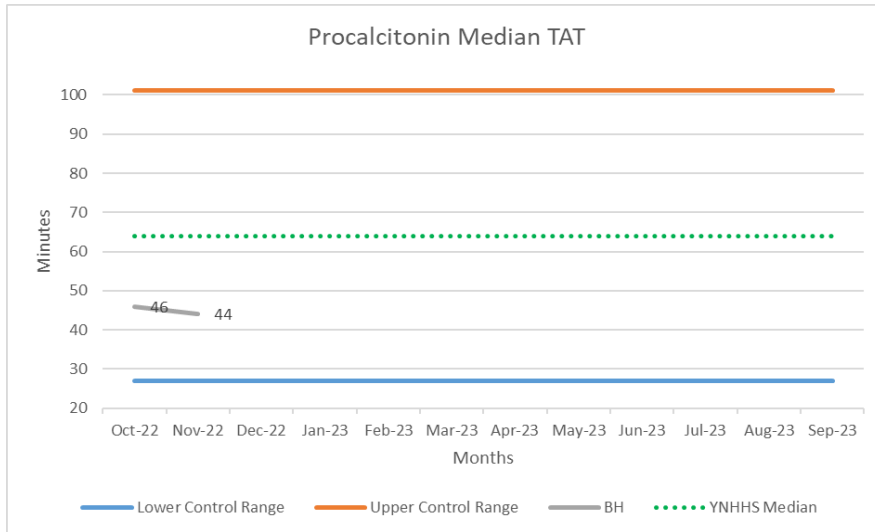
December 29, 2022

# Bridgeport and Milford Campuses Turnaround Time Goals

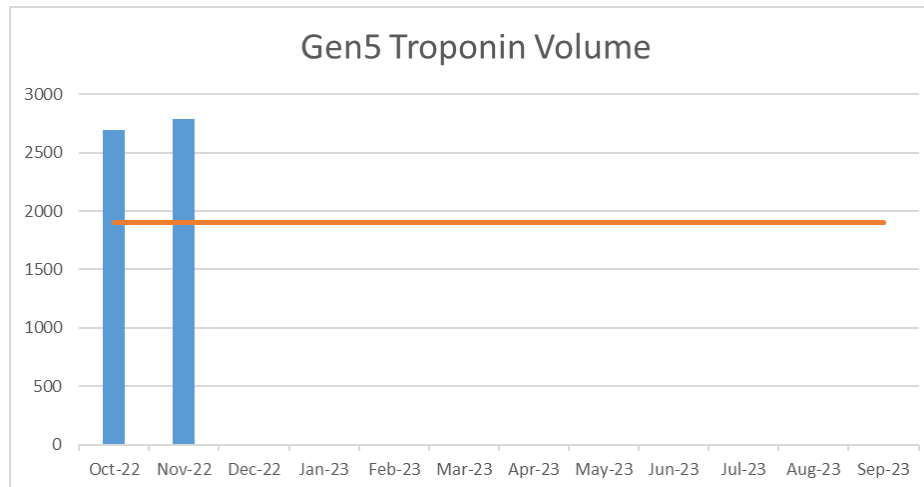
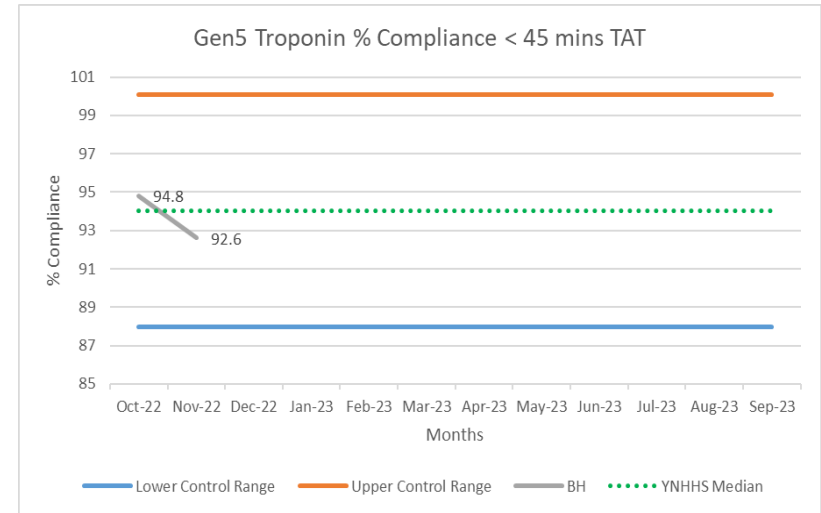
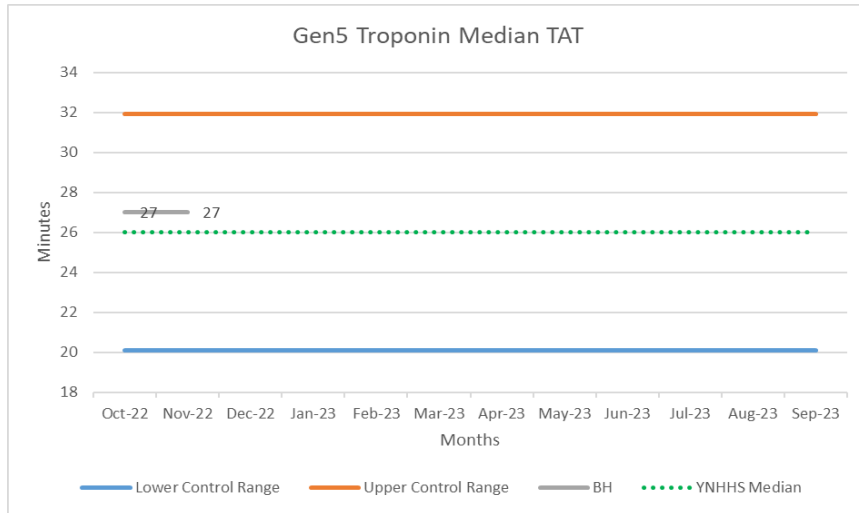
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- Mean determined from median TAT across the Yale New Haven Health System delivery networks
  - Bridgeport and Milford Campuses – Bridgeport Hospital, Greenwich Hospital, Lawrence Memorial Hospital, Westerly Hospital, St. Raphael and York Street Campus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

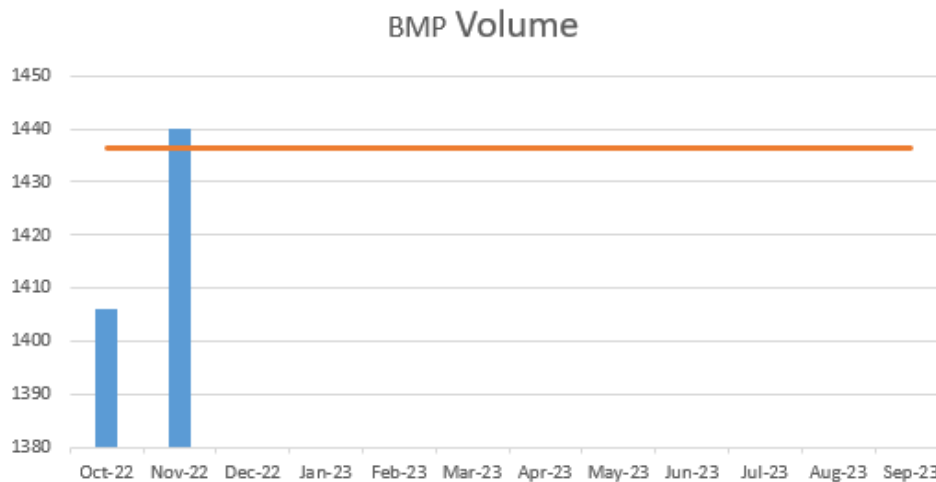
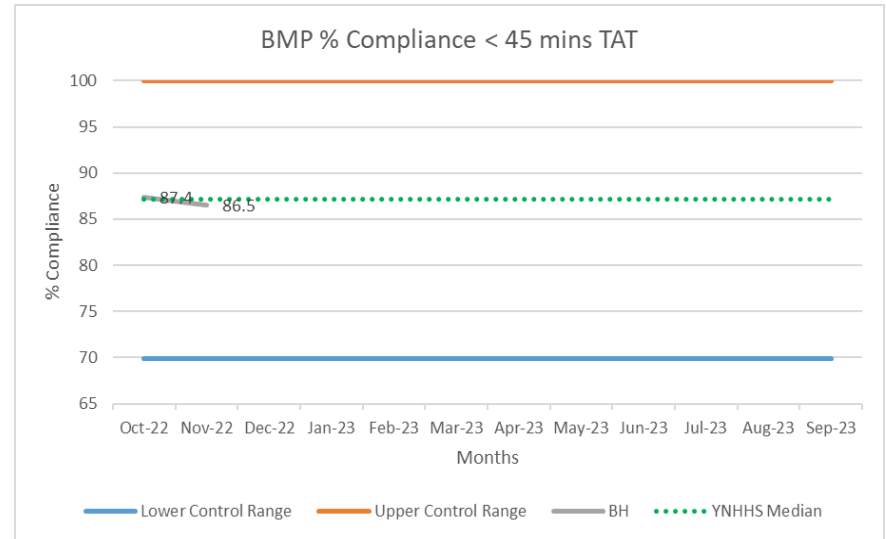
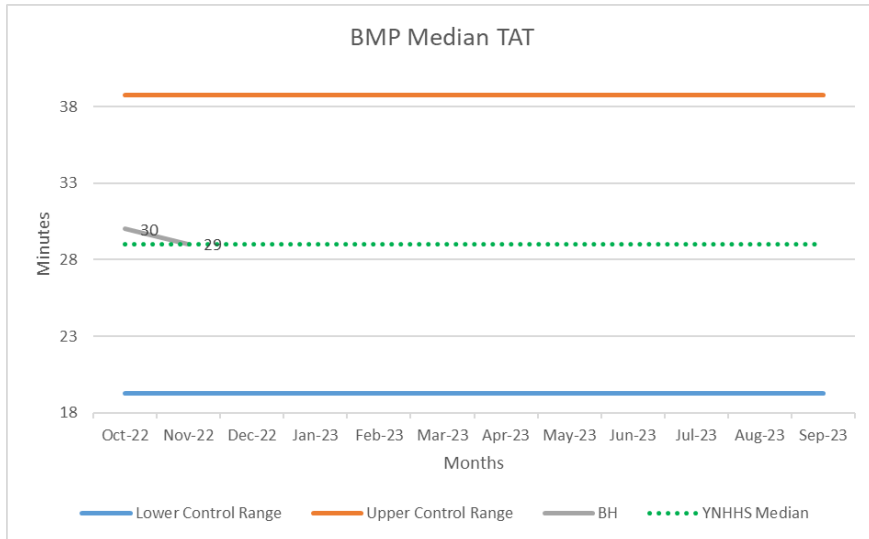
# Bridgeport Campus – Procalcitonin



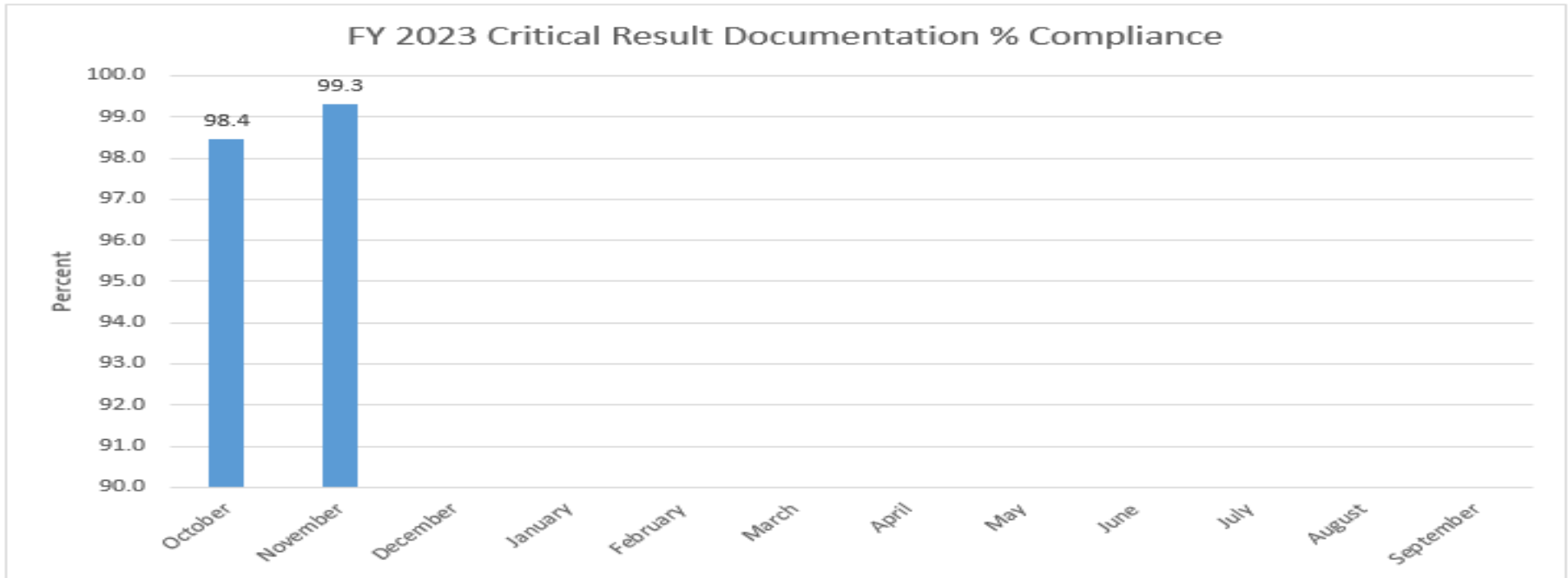
# Bridgeport Campus – Gen 5 Troponin TAT



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



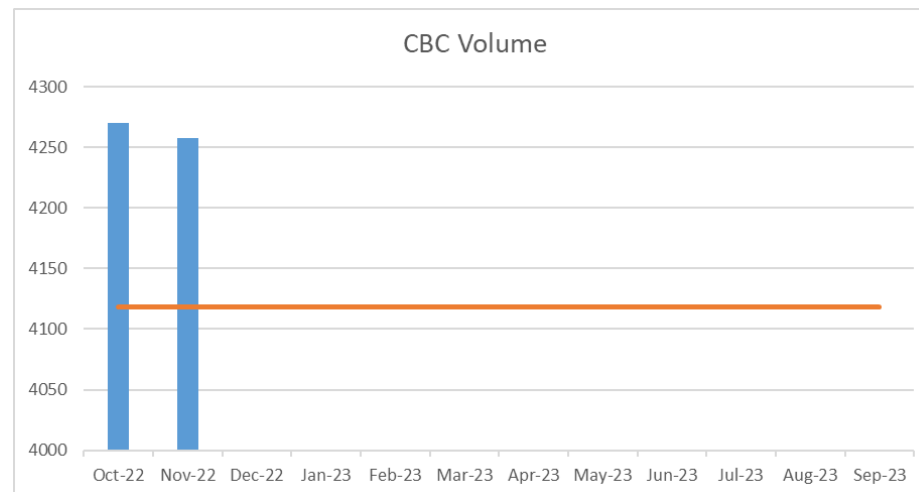
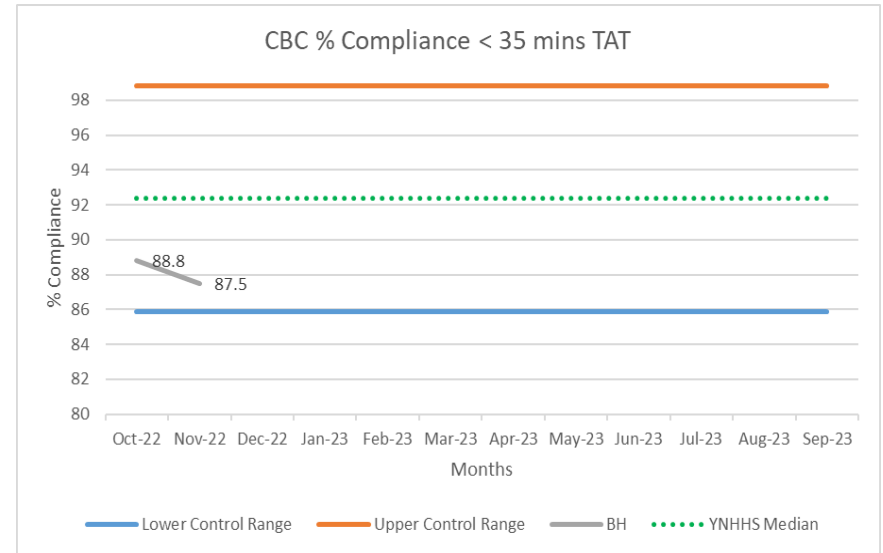
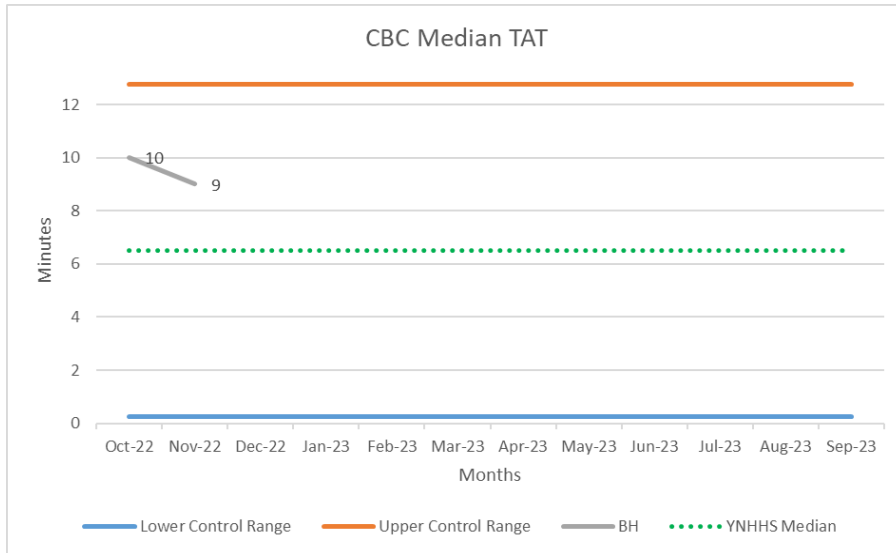
# Chemistry & Immunology



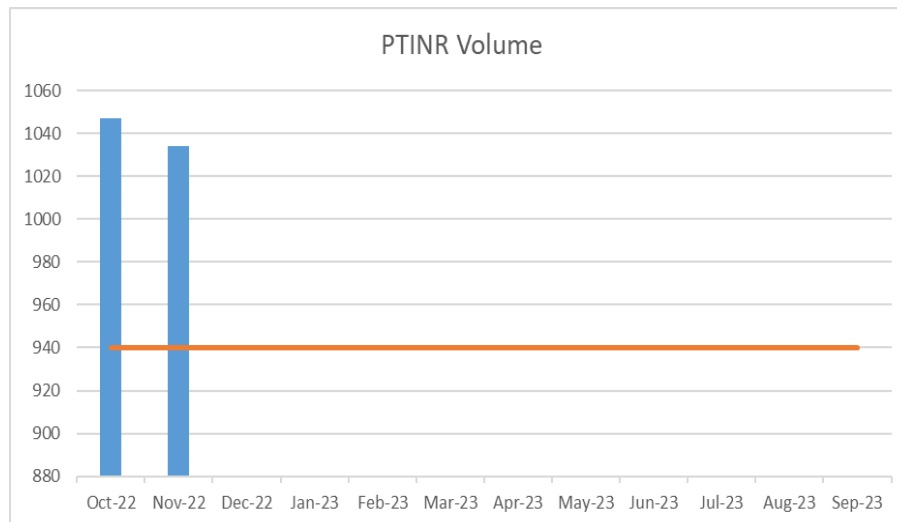
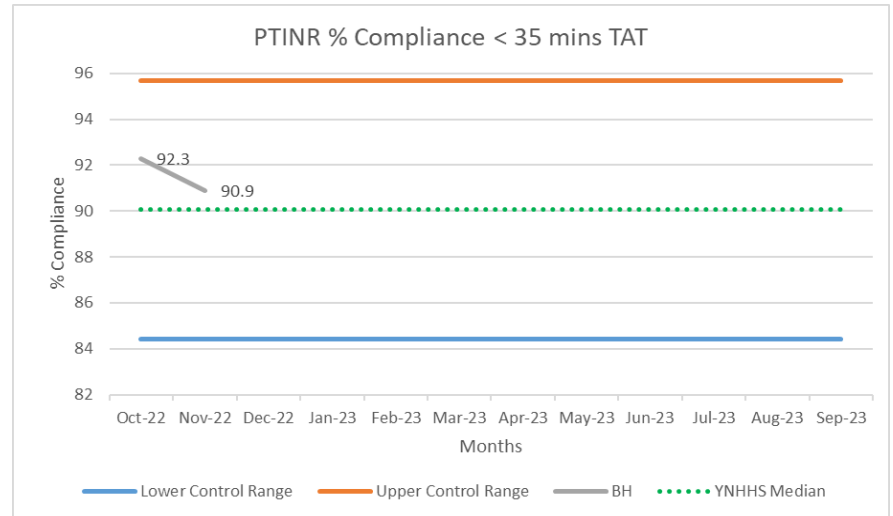
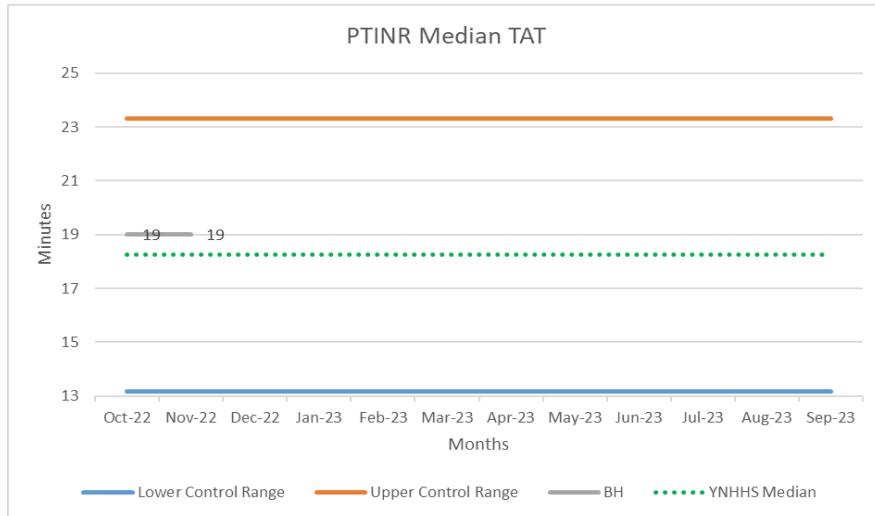
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<b>n</b>	1415	1425										
<b>#compliant</b>	1393	1415										
<b>#noncompliant</b>	22	10										
<b>no name</b>	7	1										
<b>no full name</b>	8	4										
<b>no title</b>	4	4										
<b>incorrect doc</b>	1	1										
<b>incorrect person</b>	2											

Significant improvement from last month. Each outlier was addressed with individual tech.

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

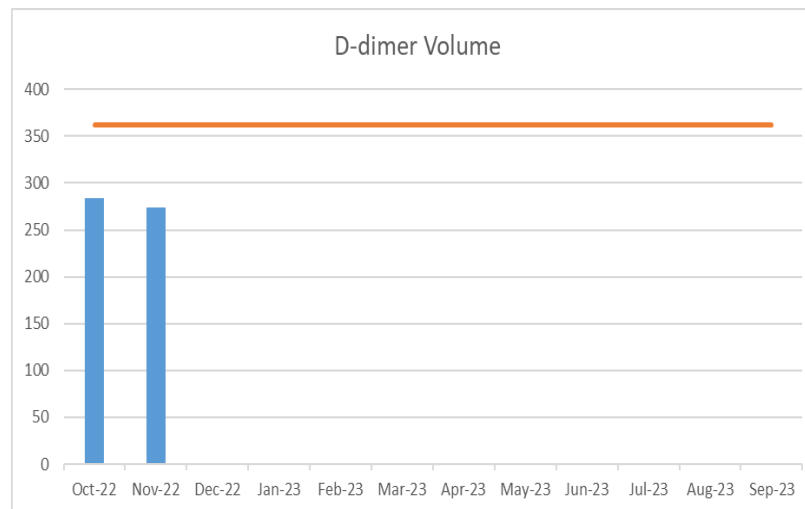
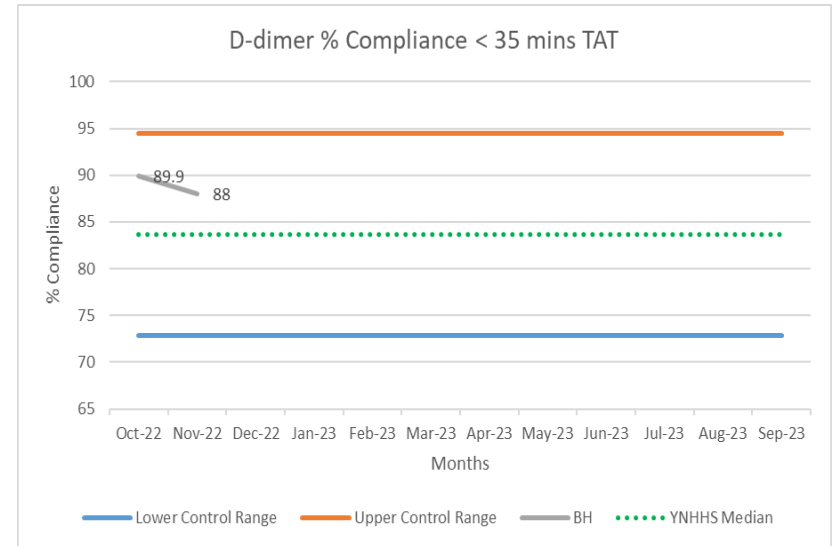
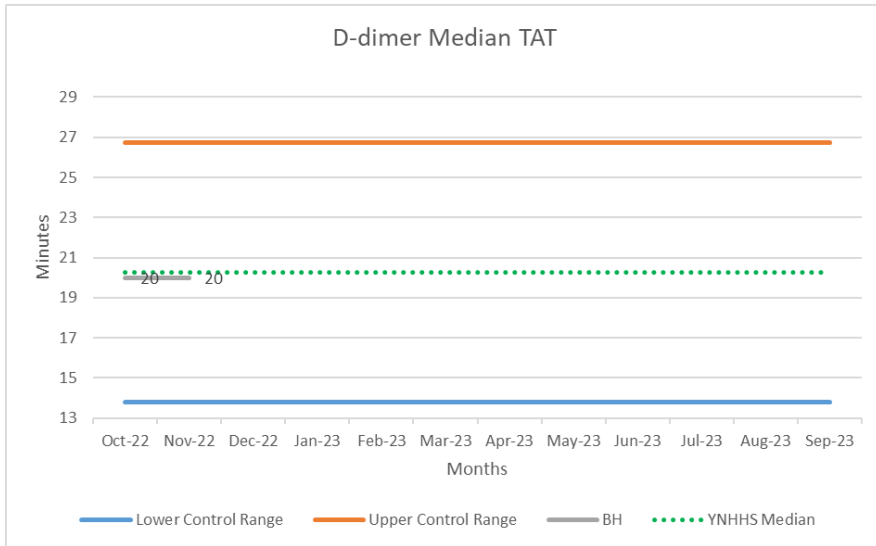


# Bridgeport Campus – PTINR ED TAT





# Bridgeport Campus – D-dimer ED TAT





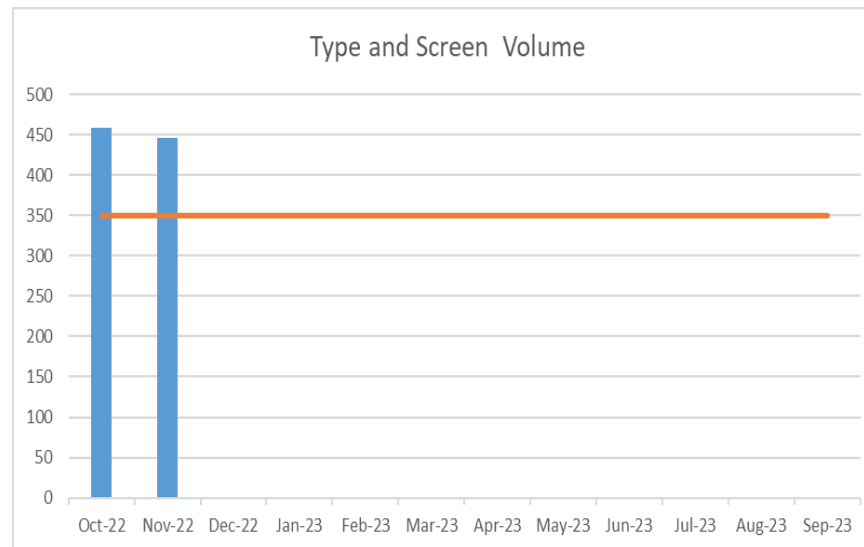
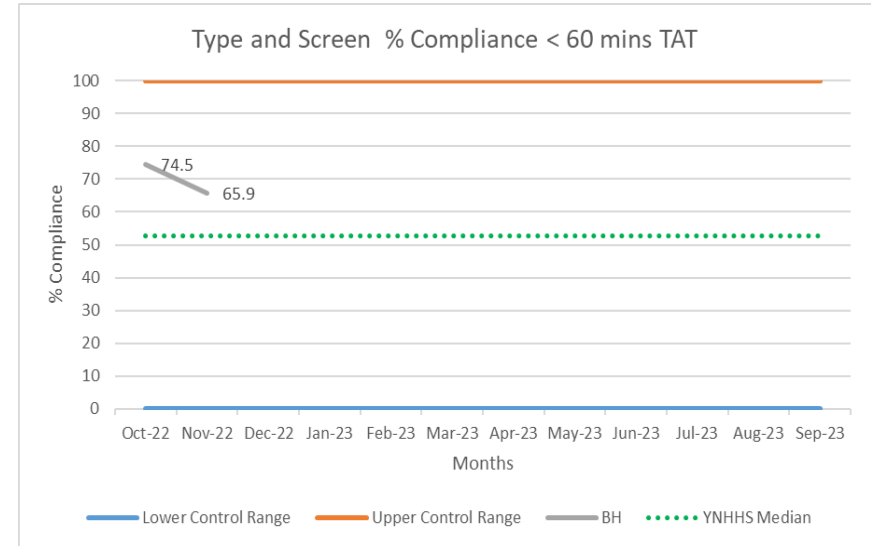
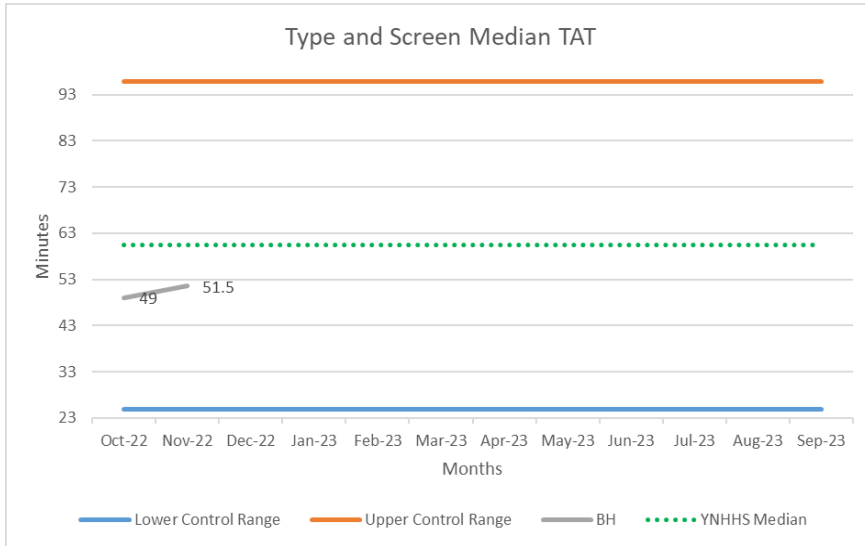








# Bridgeport Campus – Type and Screen ED TAT



# Bridgeport and Milford Hospital Transfusion Reactions FY23

Bridgeport and Milford Hospital Transfusion Reactions FY23																		
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 RBC

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	<b>Nov</b>	<b>Total Amount</b>
Transfusion	440	\$116,820.00
Wasted	5	\$1,327.50
Total	445	\$118,147.50

# Bridgeport Hospital Blood Bank Cryo

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	<b>Nov</b>	<b>Total Amount</b>
Transfusion	11	\$4125
Wasted	1	\$375
<b>Total</b>	<b>12</b>	<b>\$4500.00</b>

# Bridgeport Campus FFP

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	<b>Nov</b>	<b>Total Amount</b>
Transfusion	50	\$1890.00
Wasted*	11	\$415.80
Total	61	\$2305.80

# Platelet Utilization

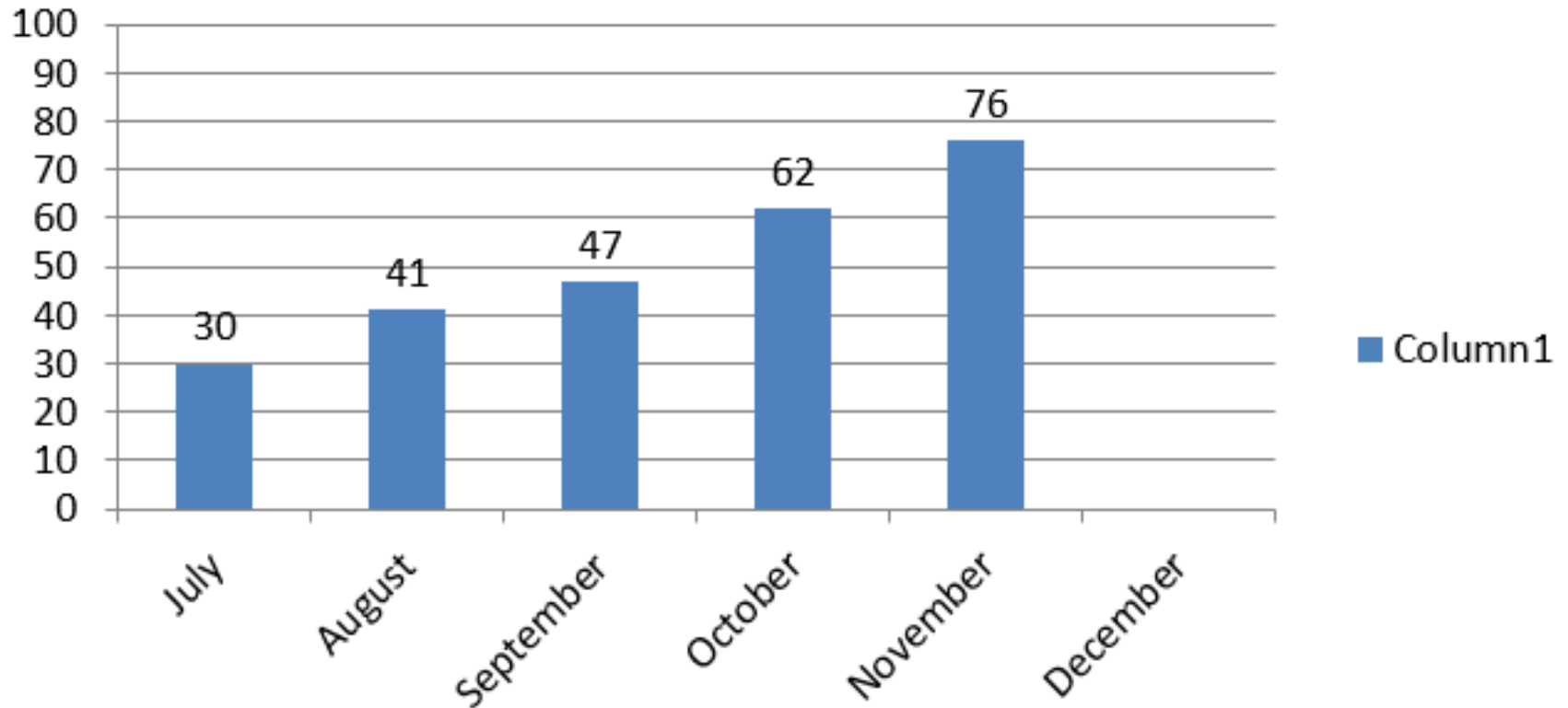
	<b>Nov</b>	<b>Total Amount</b>
Transfusion	39	\$26,259.87
Discarded	36	\$24,239.88
Total Received	75	\$50,499.75
% Discarded	48%	
Discarded/Day	1.2	\$808.00
Total Number Extended (of Received)	44	59%

Number Extended Transfused	20 (45%)	\$13,466.60
Number Extended Discarded	24	\$16,159.92



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

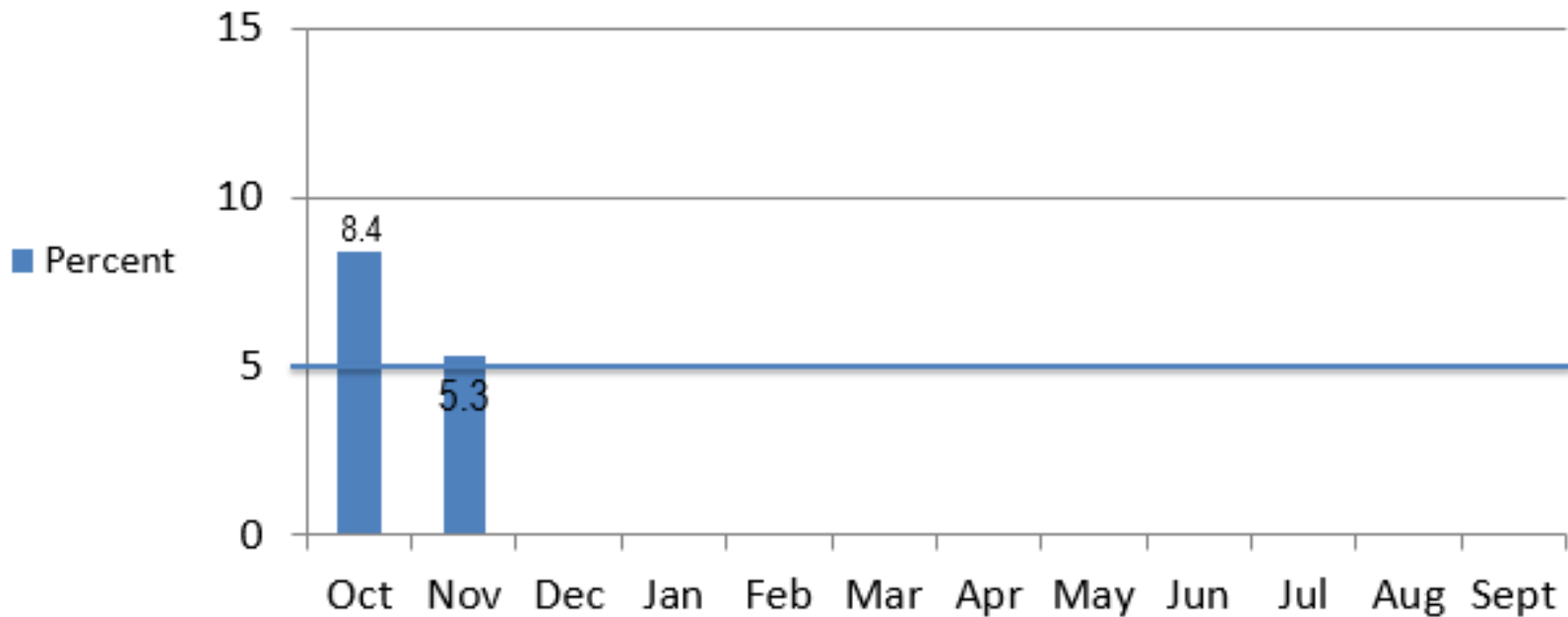
Goal 100%



Completed						
Completed/ Total	103/340	145/357	173/370	244/396	316/416	
% Completed	30%	41%	47%	62%	76%	

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

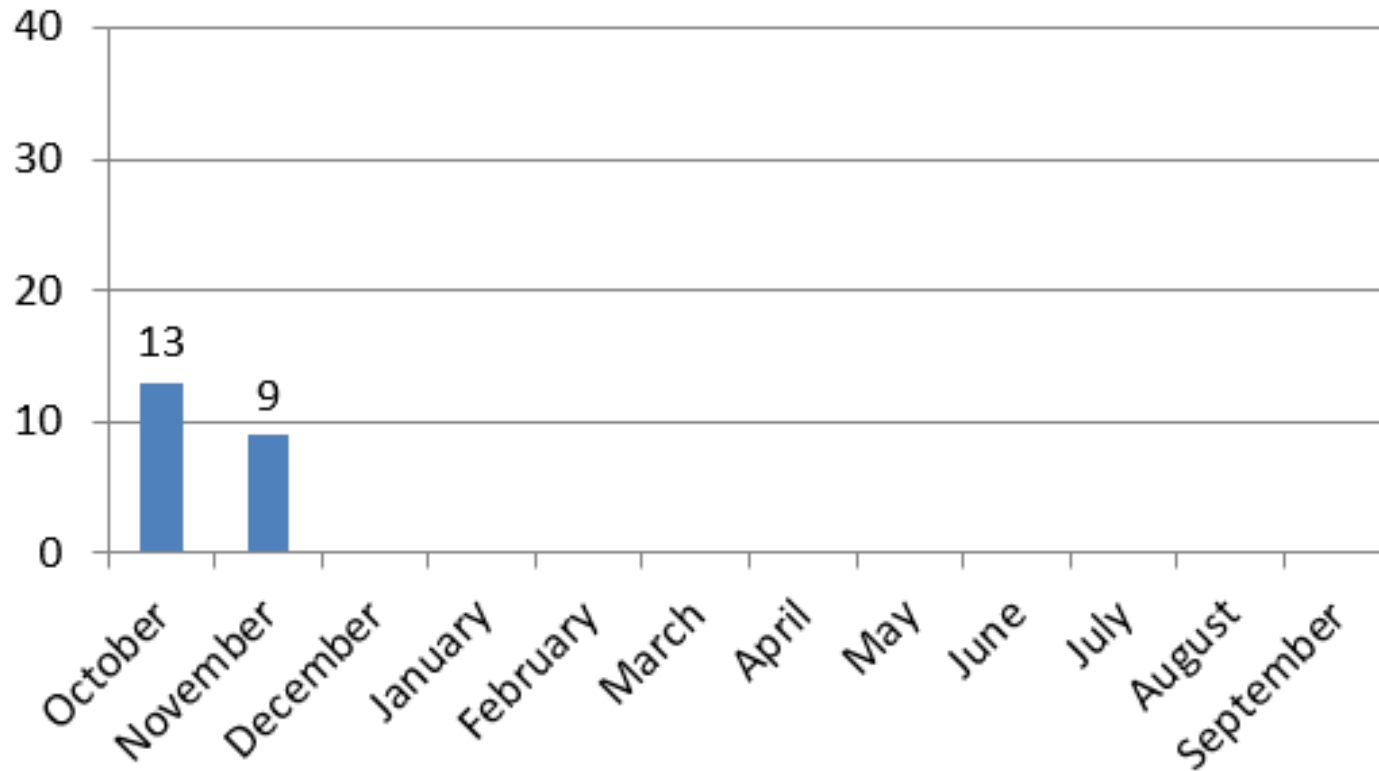
Threshold:  $\leq 5\%$



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
# of Codes/ # of Samples	28/ 333	17/ 323										
% of Total	8.4%	5.3%										

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

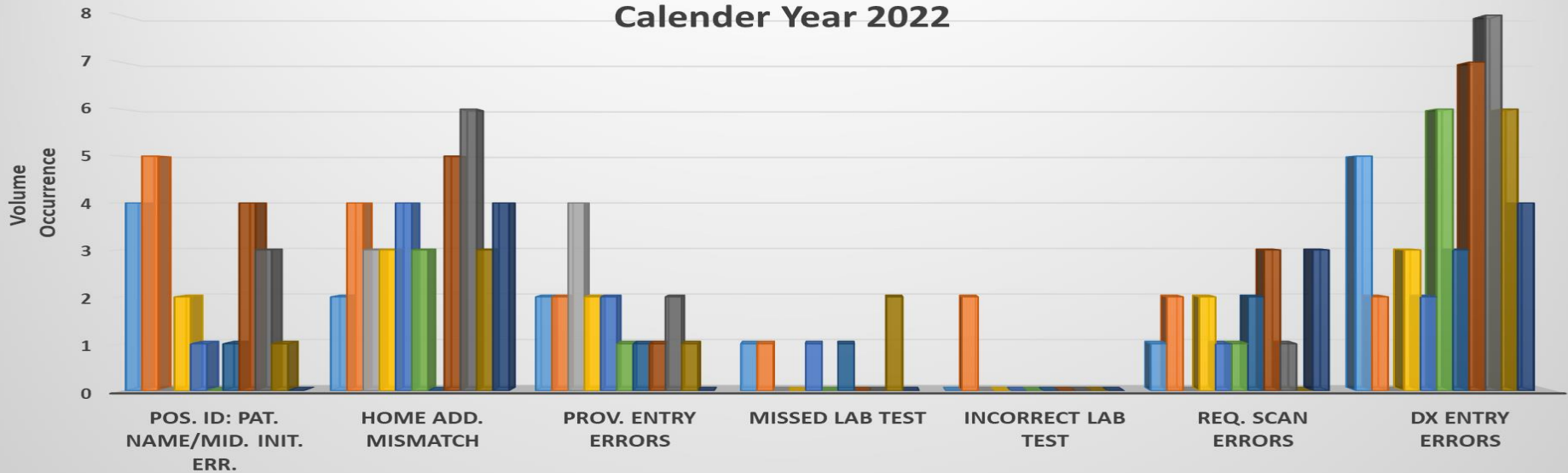
Goal = 0 errors/omissions



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Internal Quality Control Documentation Errors / Omissions	13	9										



# 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	0	4	0	0	0	3	4
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

**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

12/20/2022

**NOVEMBER 2022**

**A. Address mismatch:**

- 1. 2 missing addresses - 2 incomplete requisitions.**
- 2. 2 addresses listed in EPIC on same patient (which one is it ?)**
- 3. Address listed as Milford vs Middletown.**

**Note: Ensure identical/correct spelling for street address in both EPIC and on requisition.**

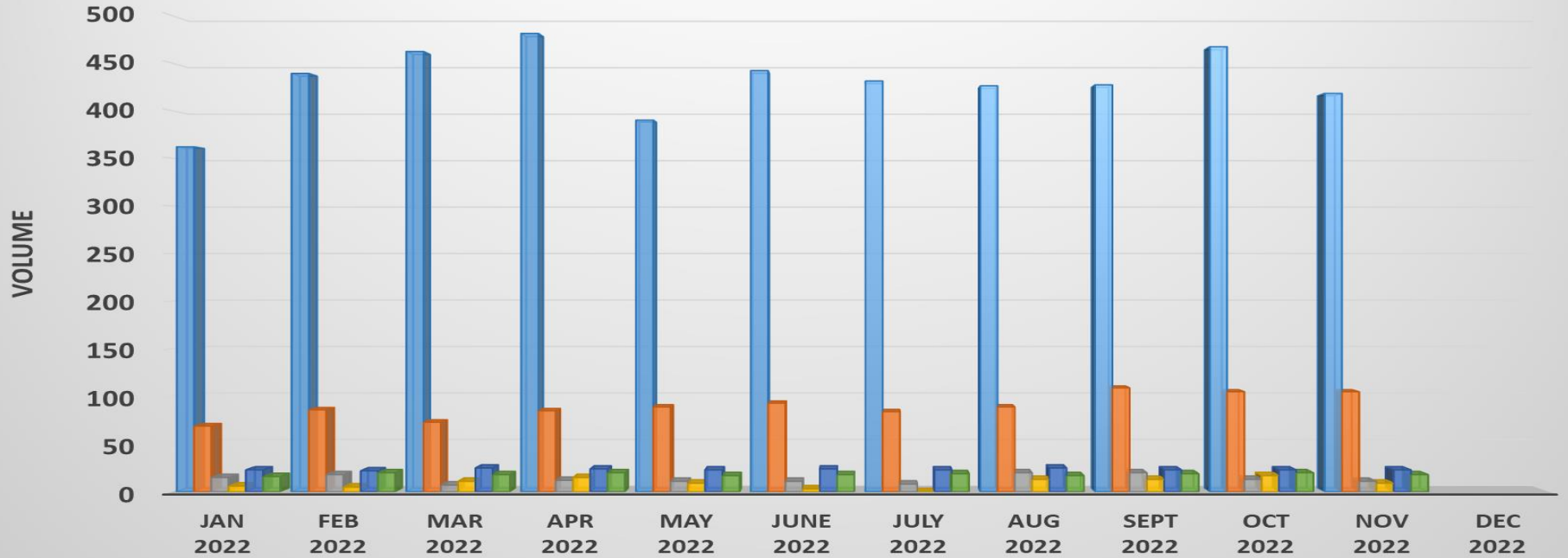
**B. 3 requisitions NOT scanned (could not locate in Media Manager).**

**C. 4 Instances of incorrect Dx entry from what is listed on requisition and missing Dx as listed on requisition.**

**Note: Missing Dx entries tends to occur when more than 3-4 Dx are listed for the patient.**

**D. Continued Increasing use of EPIC use providers suggesting 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	418	
# of Req. Reviewed	69	86	73	85	89	93	84	89	109	105	105	
Mnthly Errors	15	18	7	12	11	11	8	20	20	13	11	
EPIC Prov. Entry	6	5	11	15	9	3	0	13	13	17	9	
# of Business Days/month	23	22	25	24	23	24	23	25	23	23	23	
Est. Ave. Patients per day	16	20	18	20	17	18	19	17	19	20	18	

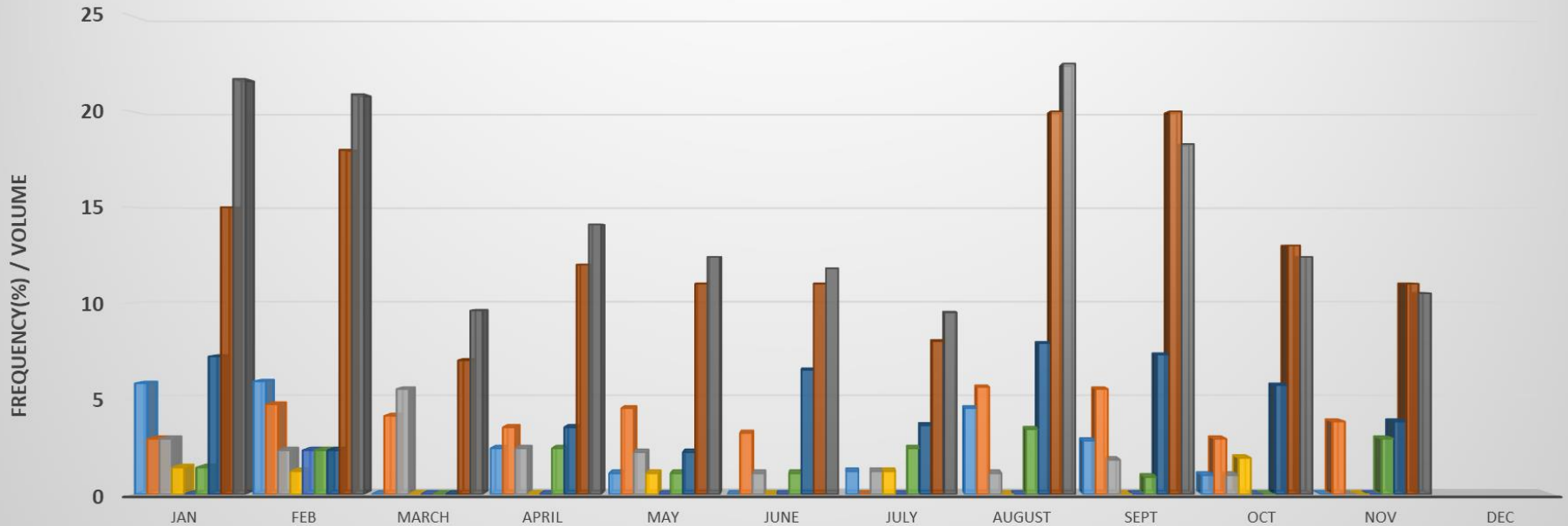
■ Tot. Patient Volume     
 ■ # of Req. Reviewed     
 ■ Mnthly Errors  
■ EPIC Prov. Entry     
 ■ # of Business Days/month     
 ■ Est. Ave. Patients per day

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

# Lab Requisition QC Data Entry Error Rate (%)

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

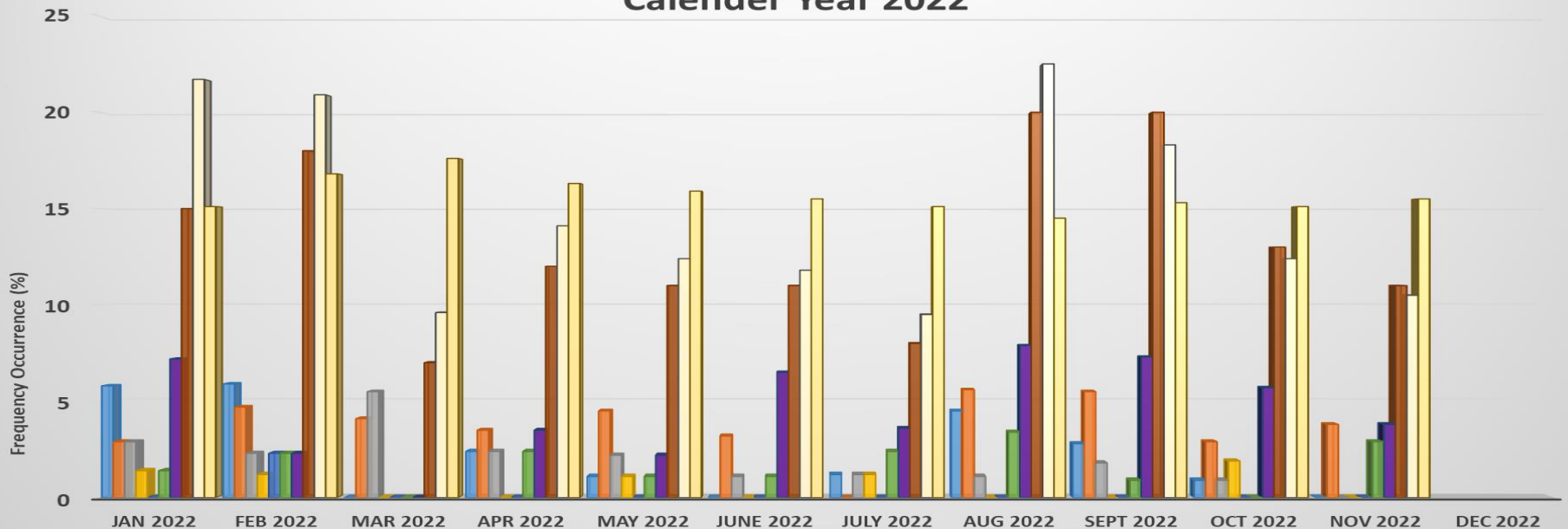
### Calendar Year 2022



	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	0.0	
Home Add. Mismatch (%)	2.9	4.7	4.1	3.5	4.5	3.2	0	5.6	5.5	2.9	3.8	
Prov. Entry Error (%)	2.9	2.3	5.5	2.4	2.2	1.1	1.2	1.1	1.8	1.0	0.0	
Missed Lab Test (%)	1.4	1.2	0	0	1.1	0	1.2	0	0	1.9	0.0	
Incorrect Lab Test (%)	0	2.3	0	0	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	2.9	
Dx Entry Error (%)	7.2	2.3	0	3.5	2.2	6.5	3.6	7.9	7.3	5.7	3.8	
Total Errors	15	18	7	12	11	11	8	20	20	13	11	
Total Error Rate (%)	21.7	20.9	9.6	14.1	12.4	11.8	9.5	22.5	18.3	12.4	10.5	

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



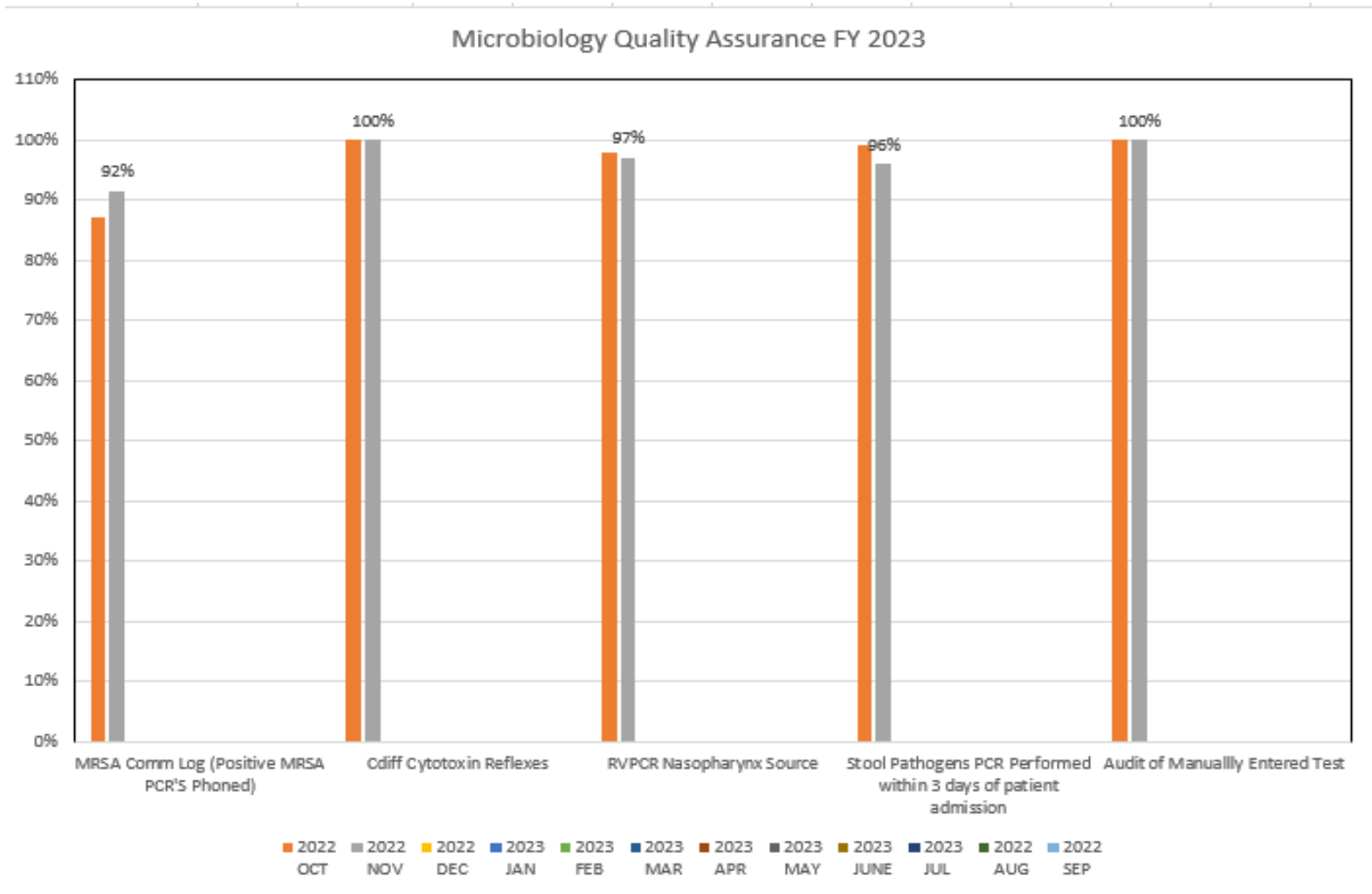
	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUNE 2022	JULY 2022	AUG 2022	SEPT 2022	OCT 2022	NOV 2022	DEC 2022
Pos. ID: Pat. Name/Mid. Init. Err. (as %)	5.8	5.9	0	2.4	1.1	0	1.2	4.5	2.8	0.9	0.0	
Home Add. Mismatch (%)	2.9	4.7	4.1	3.5	4.5	3.2	0	5.6	5.5	2.9	3.8	
Prov. Entry Error (%)	2.9	2.3	5.5	2.4	2.2	1.1	1.2	1.1	1.8	0.9	0.0	
Missed Lab Test (%)	1.4	1.2	0	0	1.1	0	1.2	0	0	1.9	0.0	
Incorrect Lab Test (%)	0	2.3	0	0	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	2.9	
Dx Entry Error (%)	7.2	2.3	0	3.5	2.2	6.5	3.6	7.9	7.3	5.7	3.8	
Total Errors (as # of Occ.)	15	18	7	12	11	11	8	20	20	13	11	
Total Error Rate 2022 (%)	21.7	20.9	9.6	14.1	12.4	11.8	9.5	22.5	18.3	12.4	10.5	
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	15.5	

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 (15.5%) was less than that of 2021 (17.1%).

**Note:** The **average** overall error % rate for Calendar Year 2022 (14.9%) was less than that of 2021 (17.1%)

# Microbiology Quality Measures for FY 2023

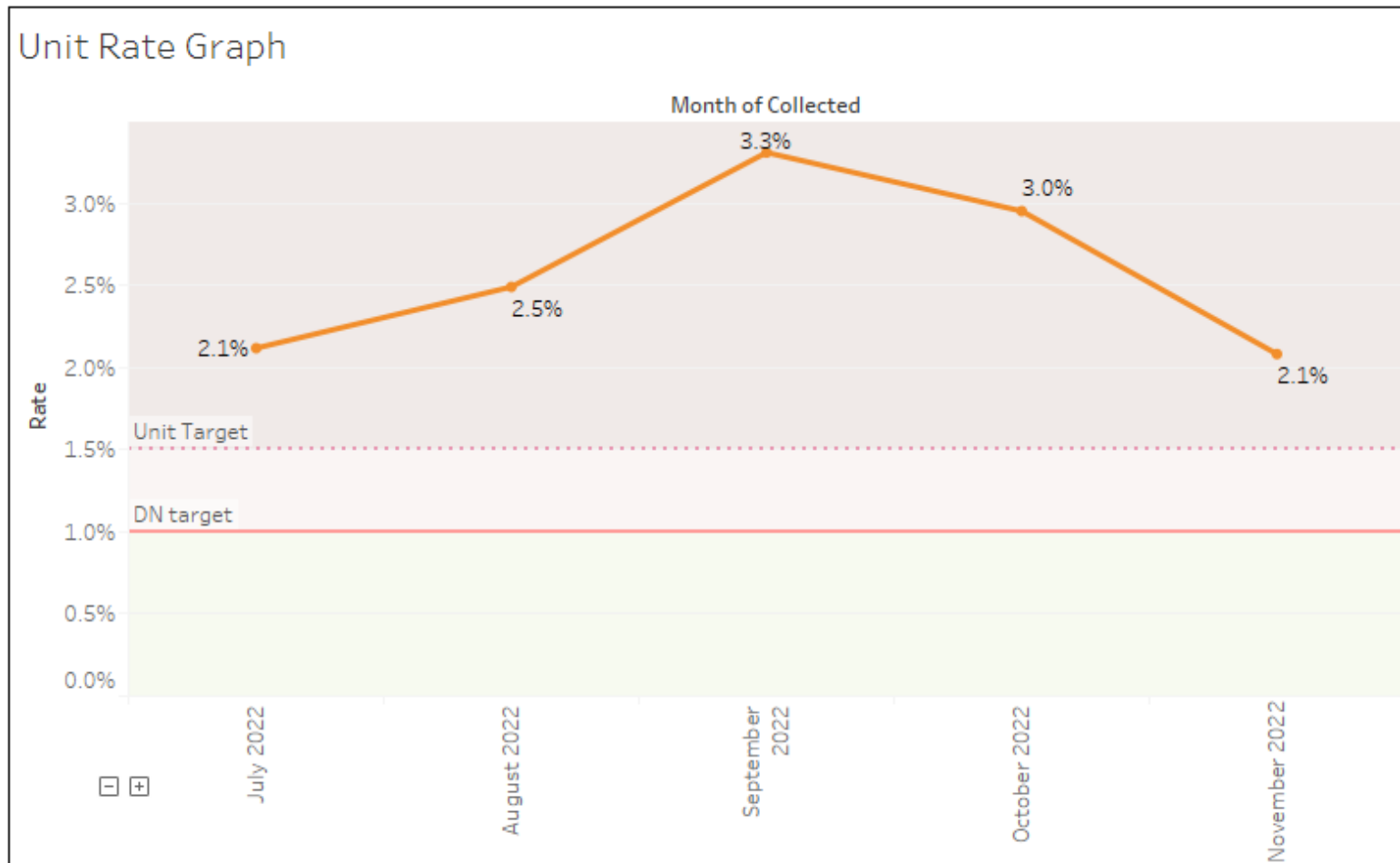


# Microbiology Test Volumes

2023 Total V	October	November	December	January	February	March	April	May	June	July	August	Sept
MRSA	459	447										
MRSA +	39	47										
Cdiff	155	130										
Cdiff +	28	22										
RVP	312	297										
Stool	144	128										
Stool Admitted	49	49										
Errors	4	0										



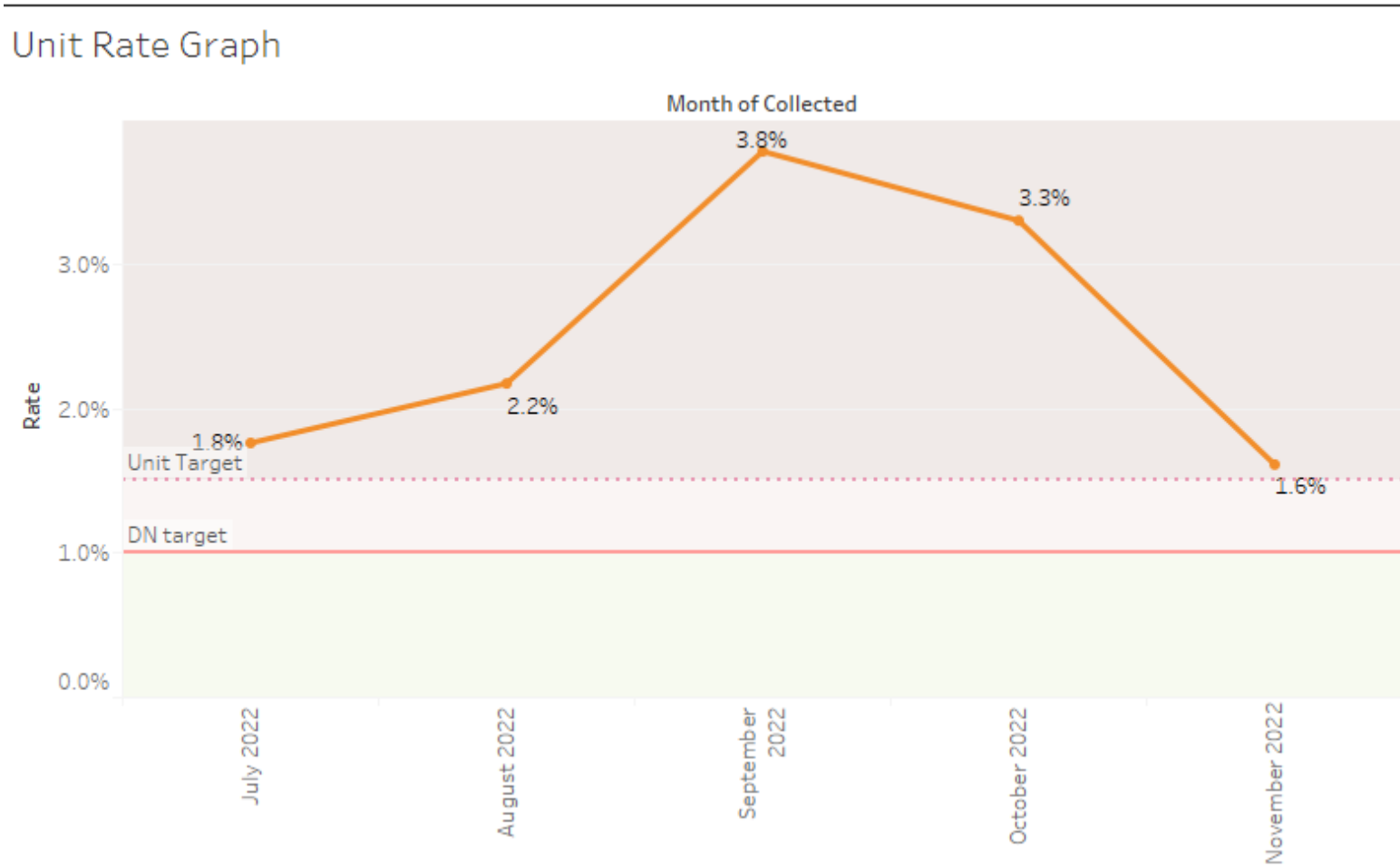
# BH Blood Culture Contamination Rate



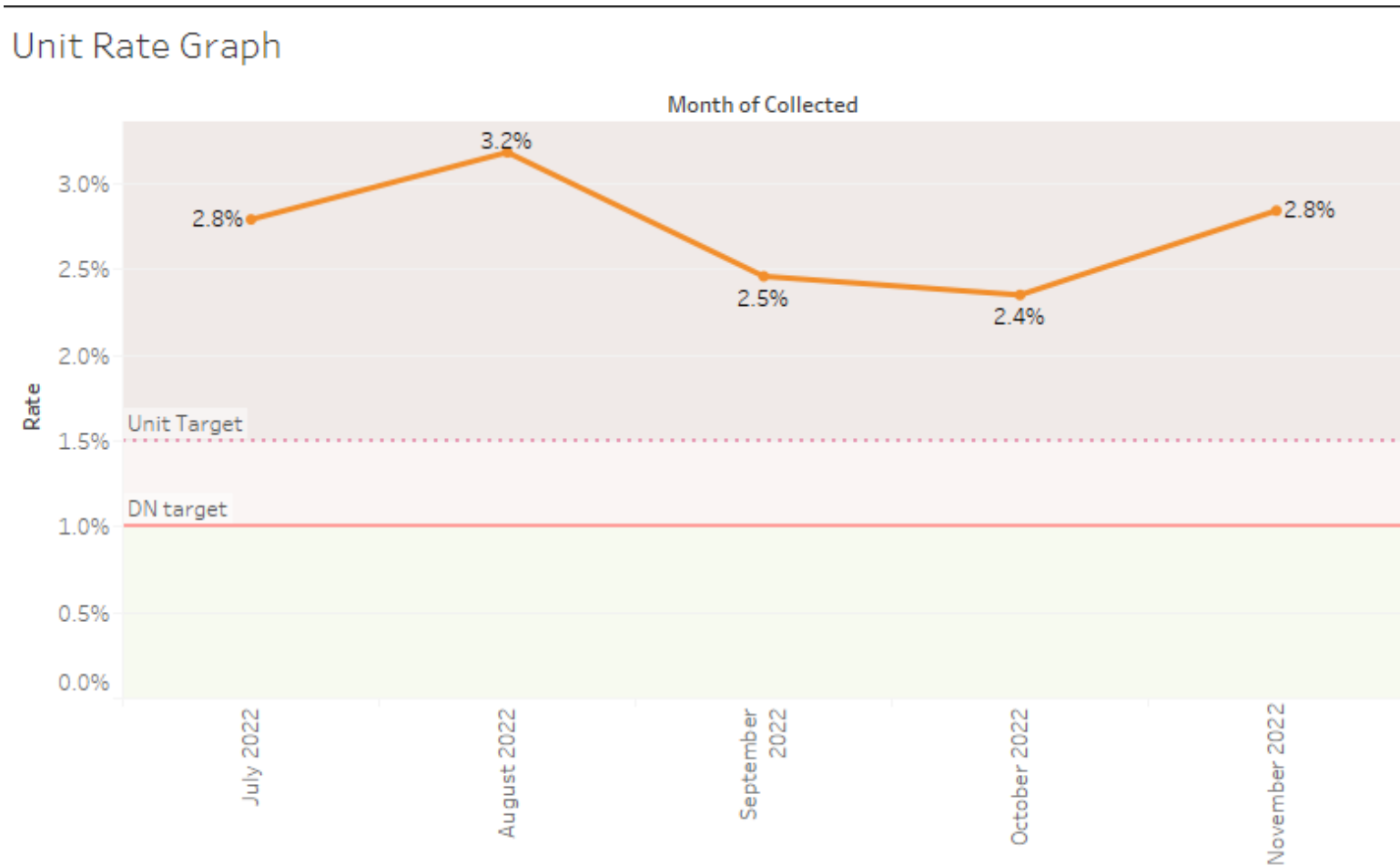
DN  
Campus  
BH/MC  
BH



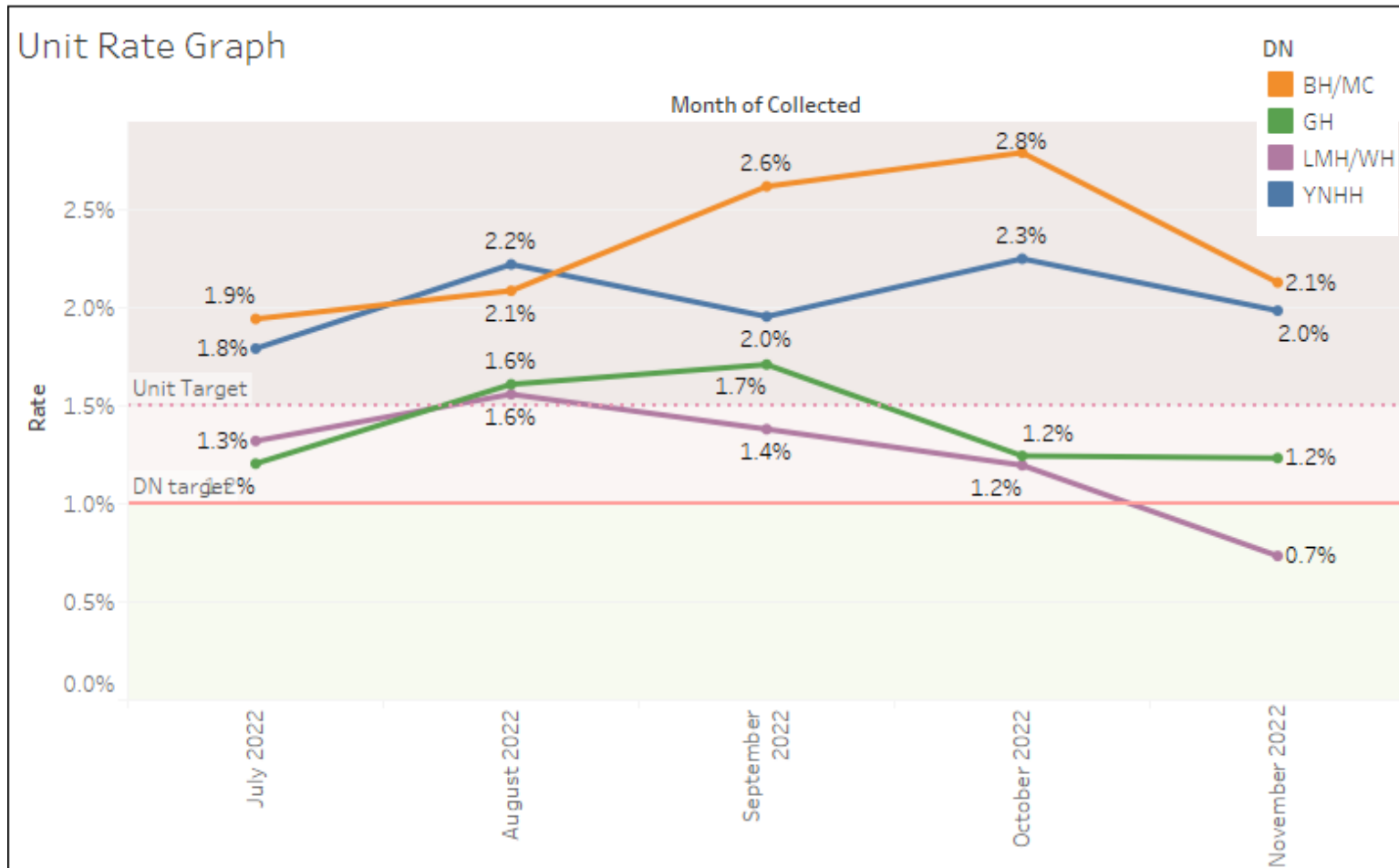
# BH Blood Culture Contamination Rate(ED only)



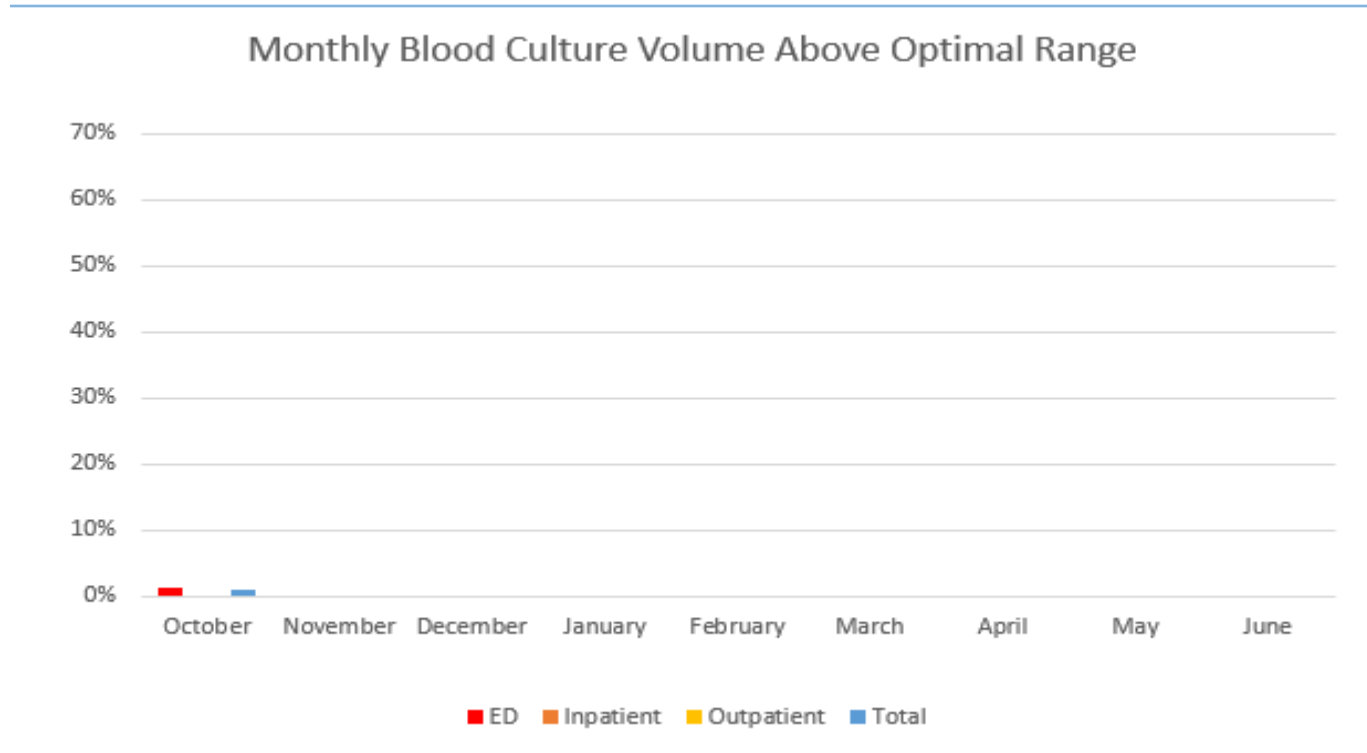
# BH Blood Culture Contamination Rate (excluding ED)



# Blood Culture Contamination Rate DNs Comparison

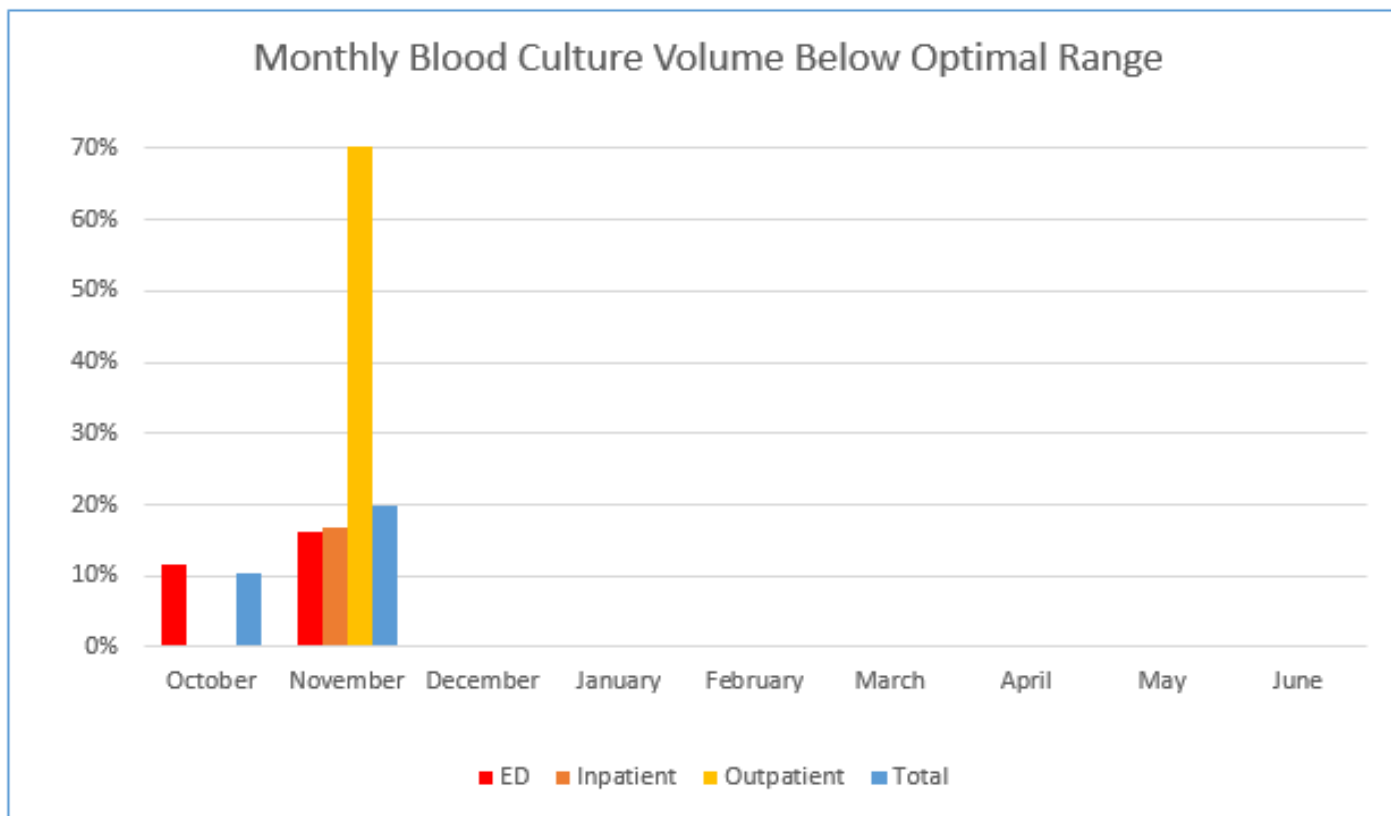


# Blood Culture Bottle Volumes – Above Optimal



Total Number of Bottles Drawn			
Total	ED	Inpatient	Outpatient
90	68	18	4
Number of Bottles Above Acceptable Volume			
Total	ED	Inpatient	Outpatient
0	0	0	0
0%	0%	0%	0%

# Blood Culture Bottle Volumes – Below Optimal



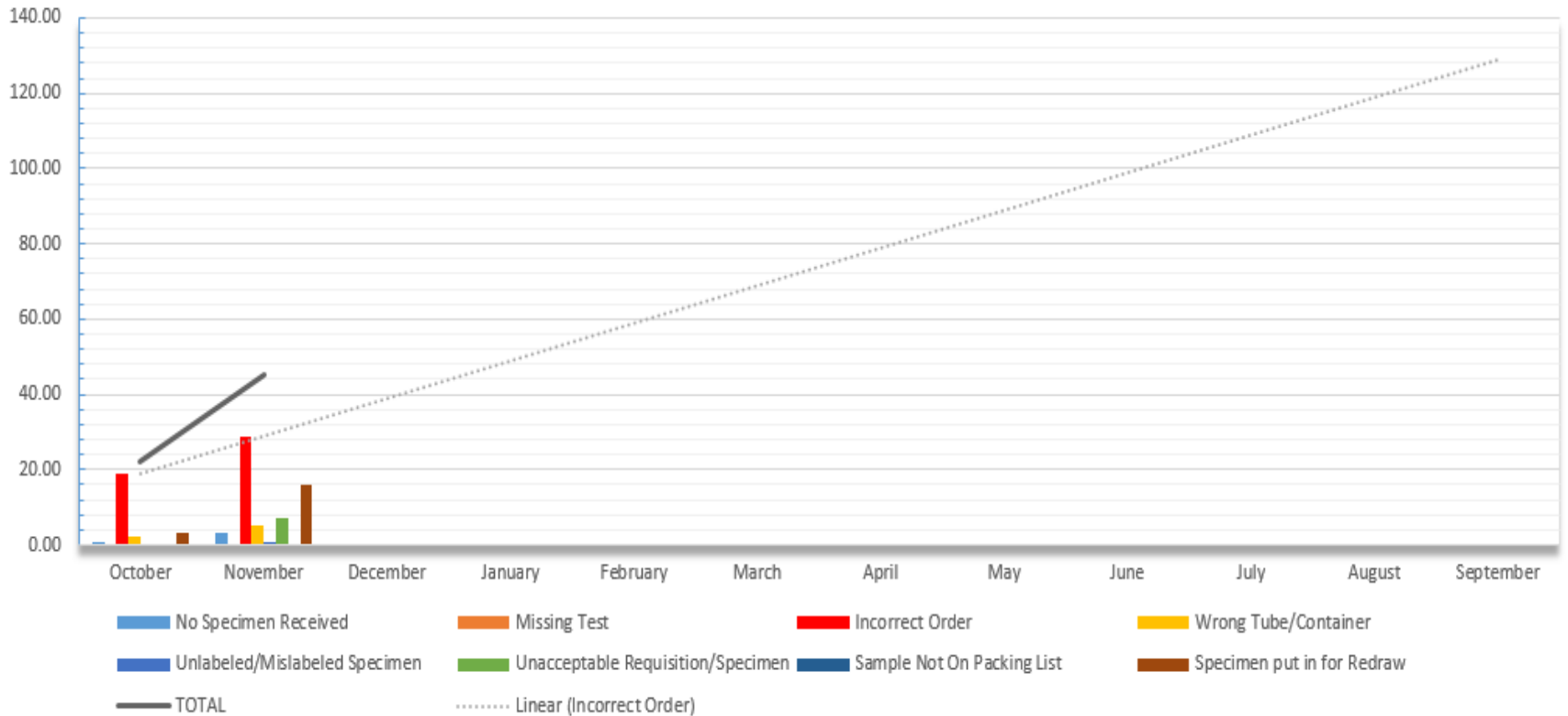
Total Number of Bottles Drawn			
Total	ED	Inpatient	Outpatient
90	68	18	4
Number of Bottles Above Acceptable Volume			
Total	ED	Inpatient	Outpatient
0	0	0	0

# Molecular Statistics

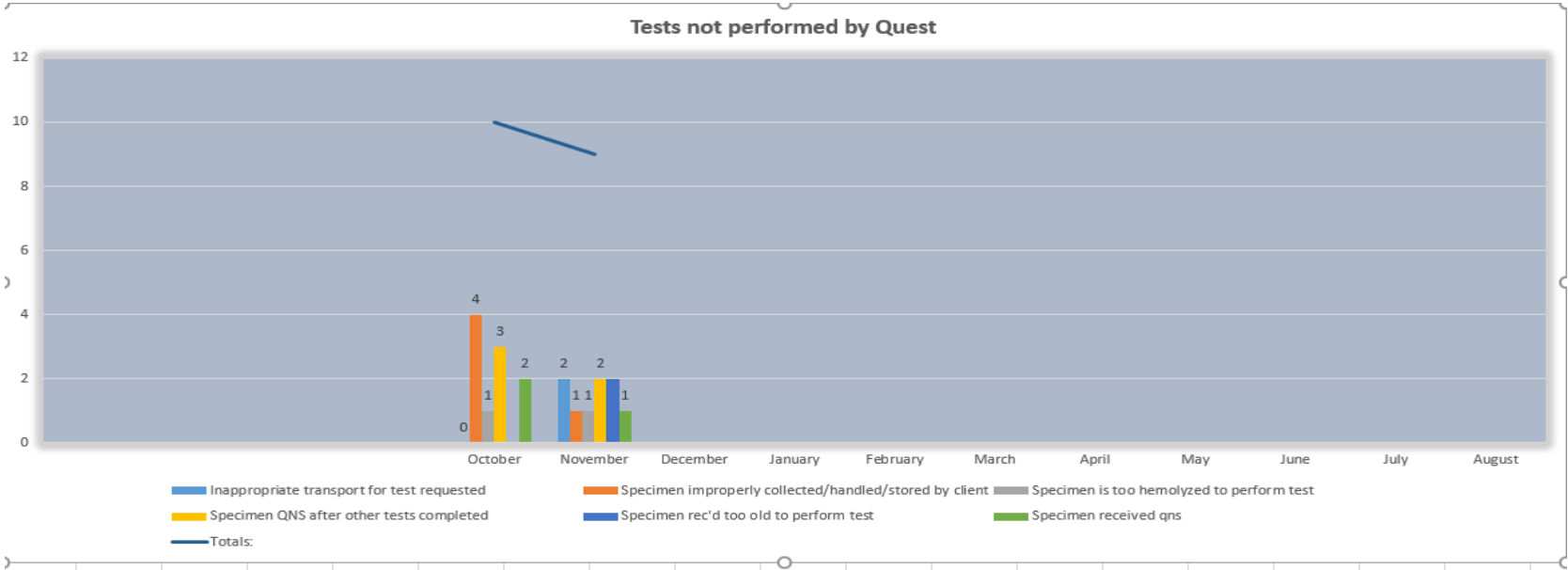
Date	Tests	Sample size	Positive Count	% Positivity	Lower Limit	Upper Limit	Environment Monitoring	Epidemiological Trends	Evaluation Notes
Nov-22	Chlamydia trachomatis, NAAT	632	27	4.30%	2%	7%	Negative	None	None
Nov-22	GBS PCR Pen Allergic	13	0	0.00%	0%	49%	Negative	None	None
Nov-22	GBS PCR Pen NonAllergic	102	30	29.40%	15%	33%	Negative	None	None
Nov-22	Group A Strep PCR	450	35	7.80%	2%	21%	Negative	None	None
Nov-22	HSV 1 AND 2 DIRECT PCR,	27	12	44.40%	0%	56%	Negative	None	None
Nov-22	Influenza A/B RNA, NAAT	1874	541	28.90%	0%	18%	Negative	Flu Season Spike in positivity rates	None
Nov-22	Influenza/RSV by RT-PCR	4295	1301	30.30%	0%	16%	Negative	Surge in RSV cases continues	None
Nov-22	MRSA Colonization Status	387	44	11.40%	5%	19%	Negative	None	None
Nov-22	MRSA/SAUR Blood PCR	35	11	31.40%	14%	51%	Negative	None	None
Nov-22	MTB w/rflx Rifampin PCR	2	0	0.00%	0%	94%	Negative	None	None
Nov-22	N. gonorrhoeae, NAAT	632	11	1.70%	1%	3%	Negative	None	None
Nov-22	Resp Virus PCR Panel	275	72	26.20%	2%	54%	Negative	None	None
Nov-22	SARS CoV-2 (COVID-19) RNA	13029	1107	8.50%	0%	21%	Negative	None	None
Nov-22	Stool Pathogens PCR	121	9	7.40%	0%	18%	Negative	None	None

# FY2023 Draw Station Errors

FY 2023 Draw station errors



# Quest Rejected Tests

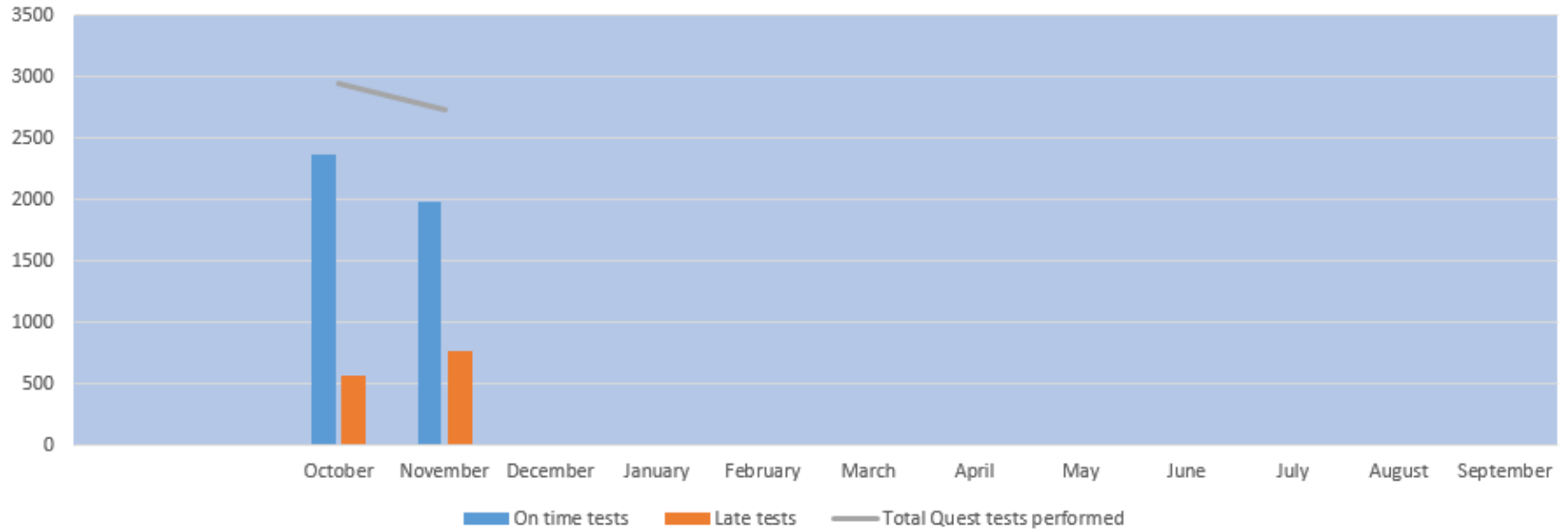


Tests not performed by Quest											
	October	November	December	January	February	March	April	May	June	July	August
Inappropriate transport for test requested	0	2									
Specimen improperly collected/handled/stored by client	4	1									
Specimen is too hemolyzed to perform test	1	1									
Specimen QNS after other tests completed	3	2									
Specimen rec'd too old to perform test	0	2									
Specimen received qns	2	1									
<b>Totals:</b>	<b>10</b>	<b>9</b>									



# Quest TAT

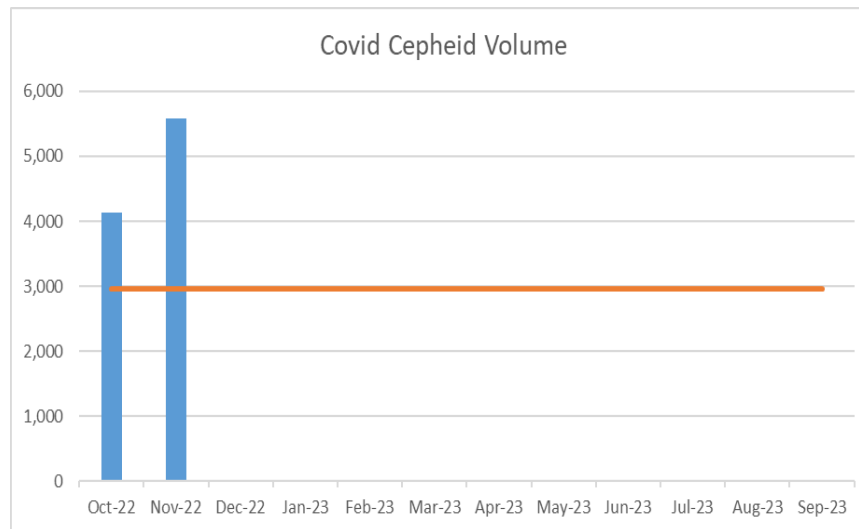
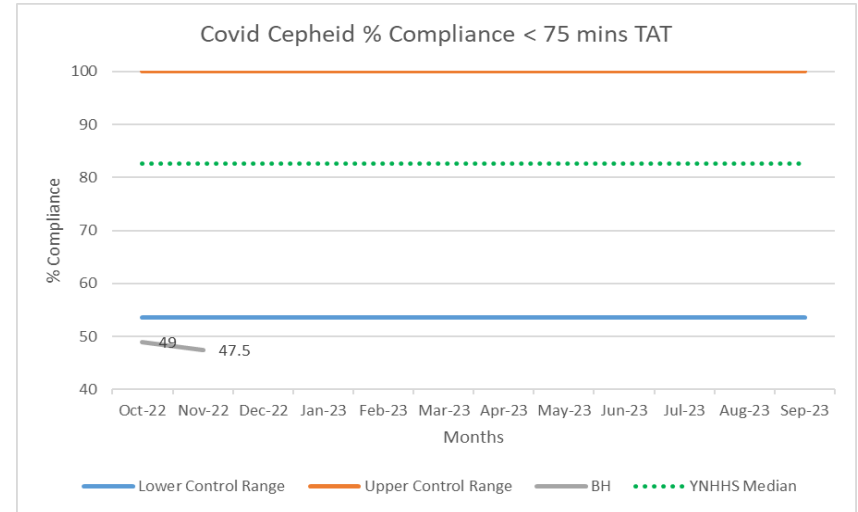
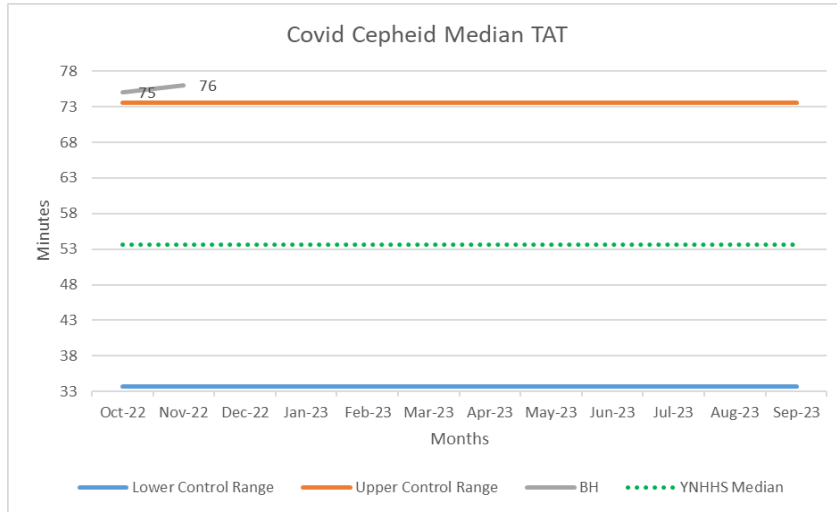
## October QuestTests TAT



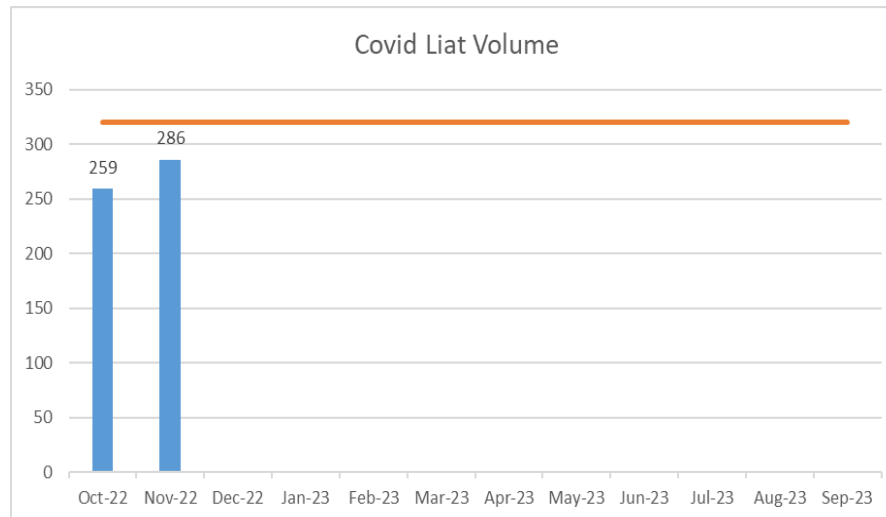
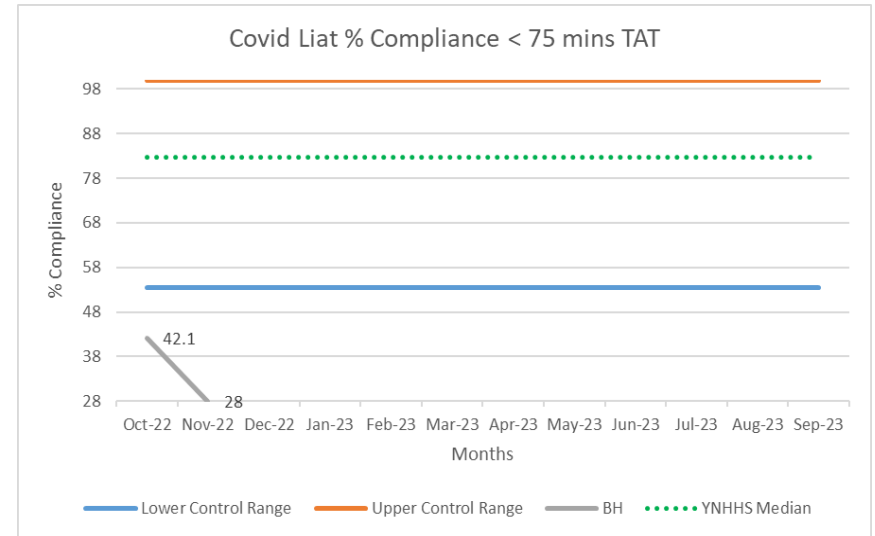
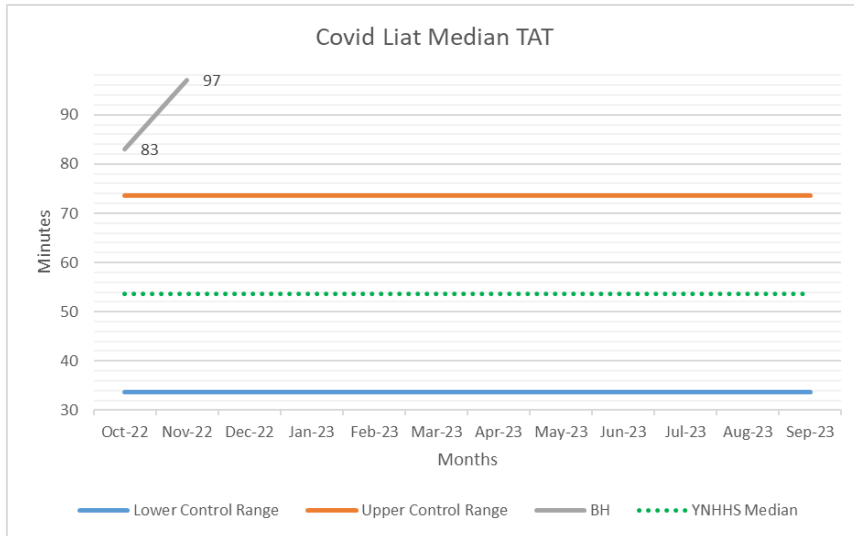
## Quest Tests TAT

	October	November	December	January	February	March	April	May	June	July	August	September
<b>On time tests</b>	2,373	1,980										
<b>Late tests</b>	572	766										
<b>Total Quest tests performed</b>	2945	2,736										

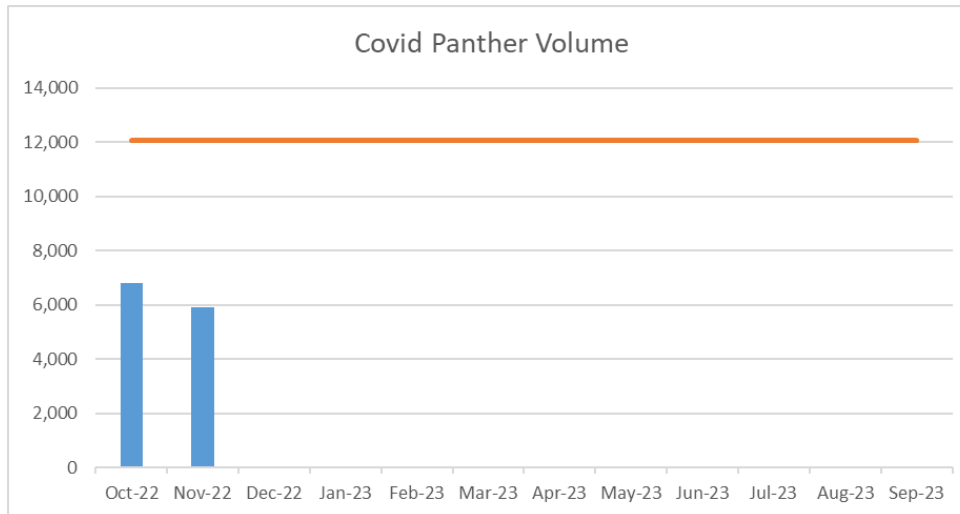
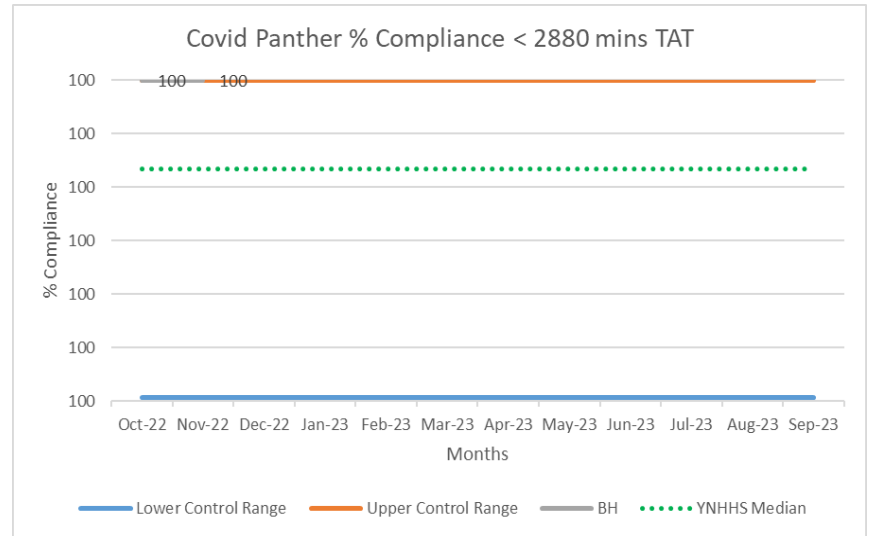
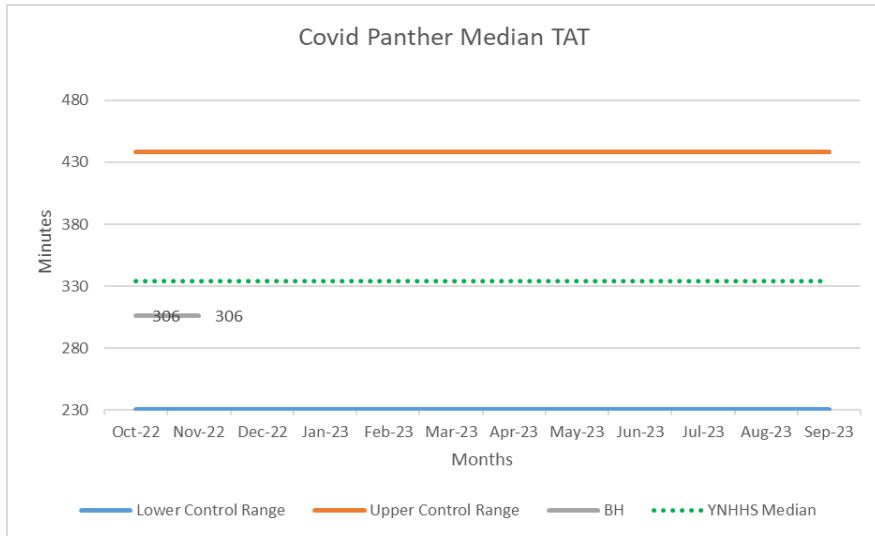
# Bridgeport Campus – COVID-19 Cepheid



# Bridgeport Campus – COVID Liat

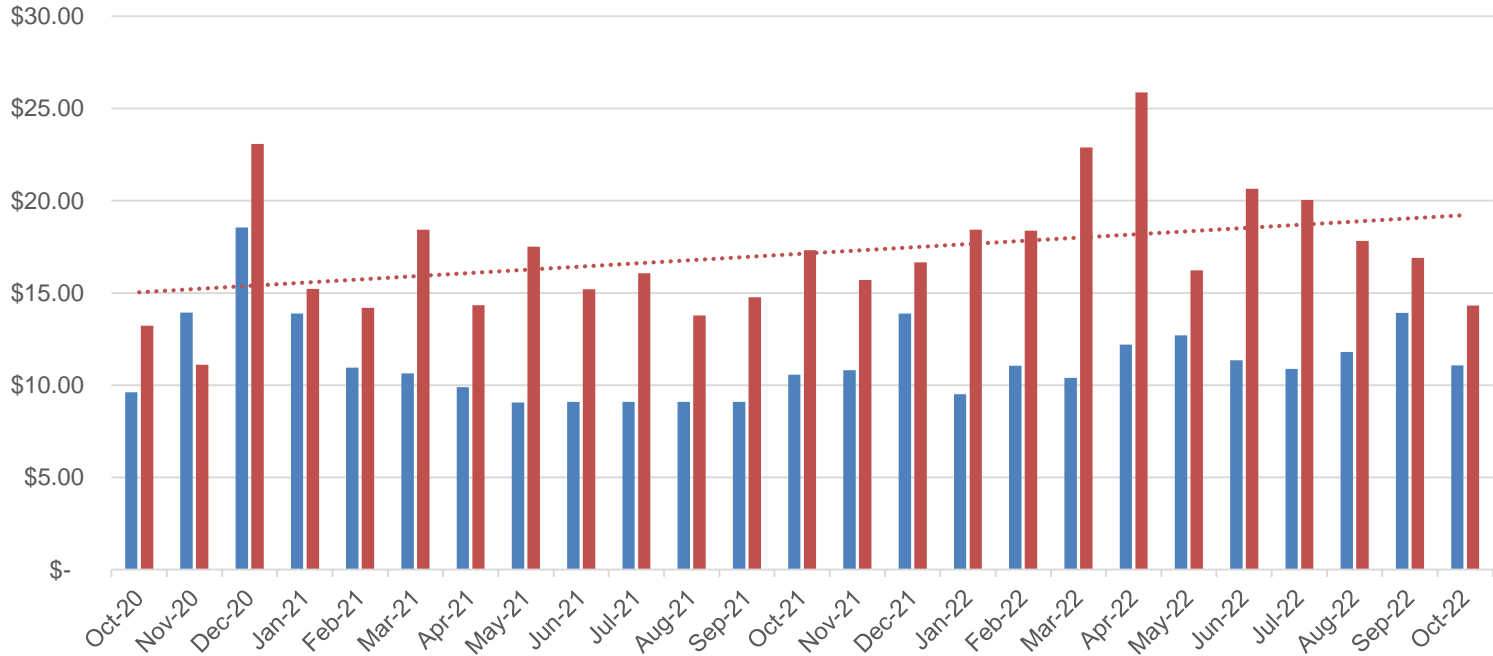


# Bridgeport Campus – COVID-19 Panther



# Cost Per Billable

FY2021 - FY2023 Cost Per Reportable (Total # of Expenses/# of Tests)  
Bridgeport vs. Milford



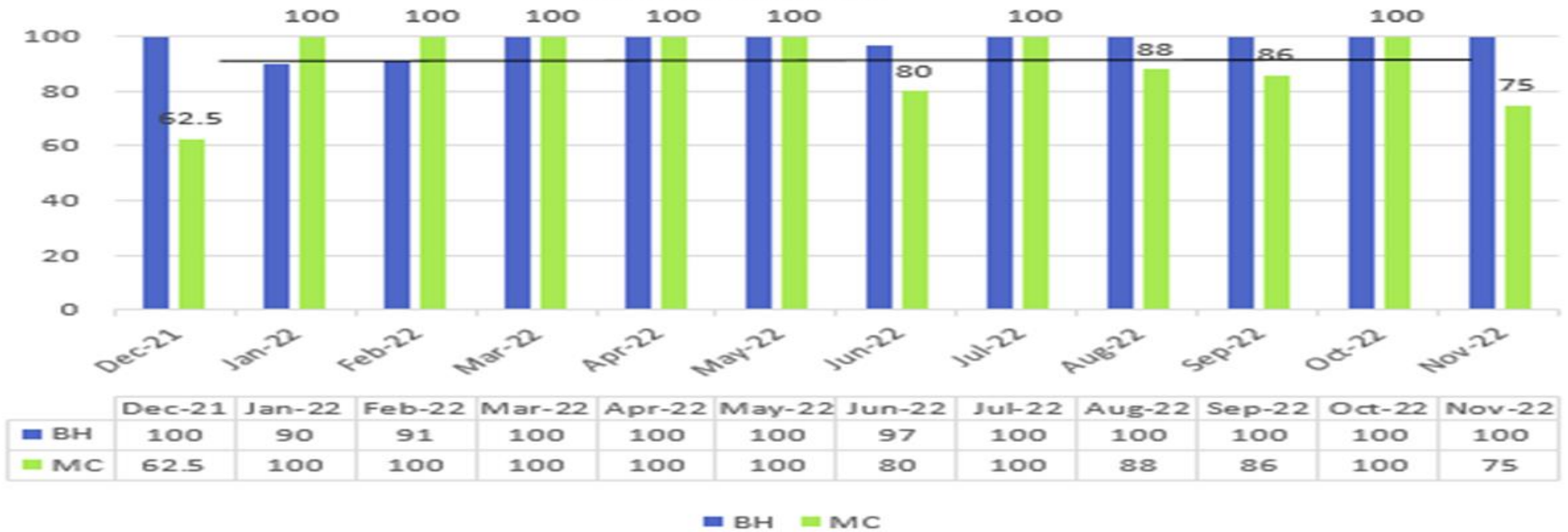
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
BH Cost per billable	\$9.	\$13	\$18	\$13	\$10	\$10	\$9.	\$9.	\$9.	\$9.	\$9.	\$9.	\$10.	\$10	\$13	\$9.	\$11	\$10	\$12	\$12	\$11	\$10	\$11	\$13	\$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	\$14

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

# 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	100% (surveys)	100%	None	None at BH, MC had surveys needing investigation due to >2 sdi	Lab management and administration
		MC	75% (Surveys)	100%			

**CAP Proficiency Test Completion <30 days**  
Benchmark 90%



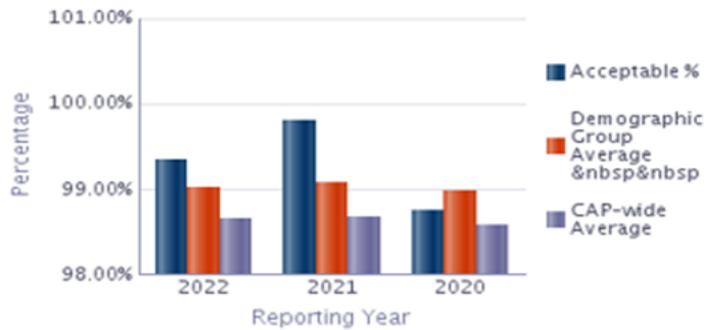
# Lab General - Bridgeport

<b>Proficiency Testing Performance BC</b>	98%	128/132 Analytes	98%	100%	None	None required for benchmark-each section investigates failed/unsatisfactory performances. 2 surveys require investigation but were satisfactory There is also an unsatisfactory survey due to clerical error.	Laura
---	-----	------------------	-----	------	------	--	-------

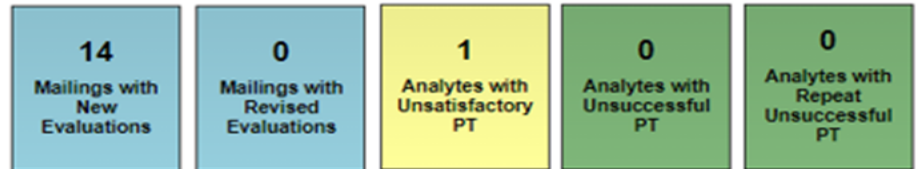
## Proficiency Testing Performance Overview ?

Select View: Graph ▼

Acceptable Proficiency Testing by Year and Group



Reporting Year	Acceptable %	Demographic Group Average <span>?</span>	CAP-wide Average
2022	99.35%	99.01%	98.65%
2021	99.81%	99.07%	98.67%
2020	98.76%	98.99%	98.58%

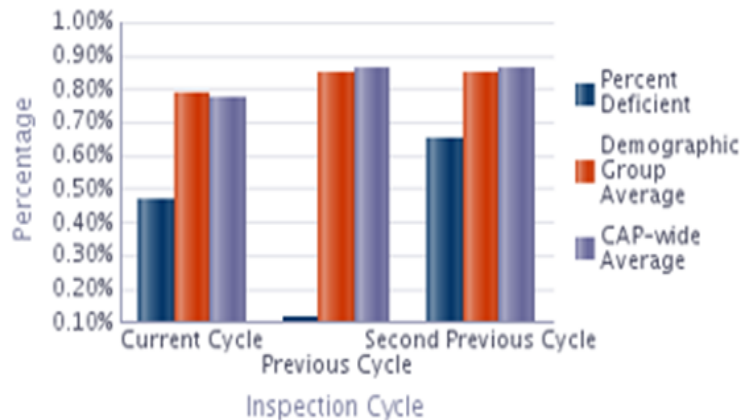


# Lab General - Bridgeport

## Accreditation Performance Overview ?

Select View: Graph ▼

**Deficient Accreditation Performance by Cycle and Group**



Last Accreditation Decision	Date
Accredited	5/9/2022

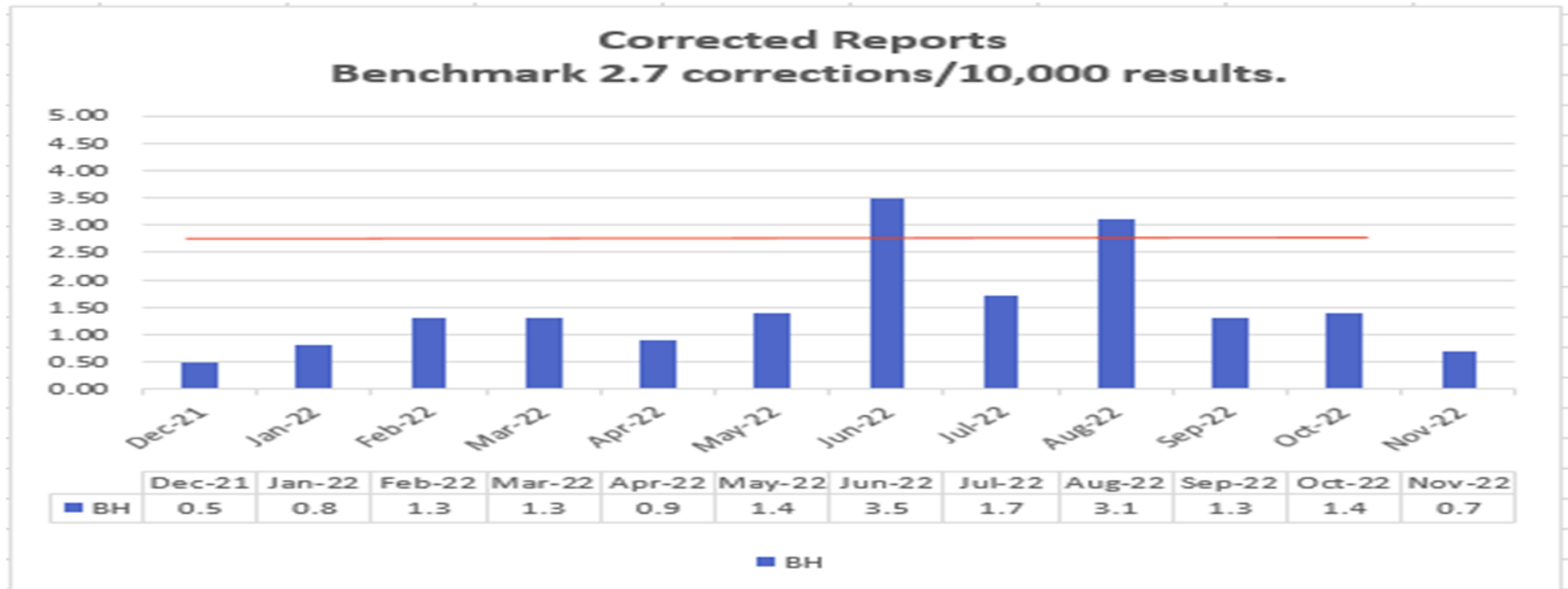
Current Cycle Inspection(s)			
Date	Inspection Type	% Deficient	Recurring Deficiencies
3/29/2022	Routine	0.47	1

Period Name	Percent Deficient	Demographic Group Average <span>?</span>	CAP-wide Average
Current Cycle	0.47%	0.79%	0.77%
Previous Cycle	0.11%	0.84%	0.86%
Second Previous Cycle	0.65%	0.85%	0.86%



# 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	200,593 tests	0.7 Per 10,000 results (0.007%)	1.4 (0.014%)	Corrected reports can lead to adverse patient outcomes	None needed benchmark met	Laboratory administration

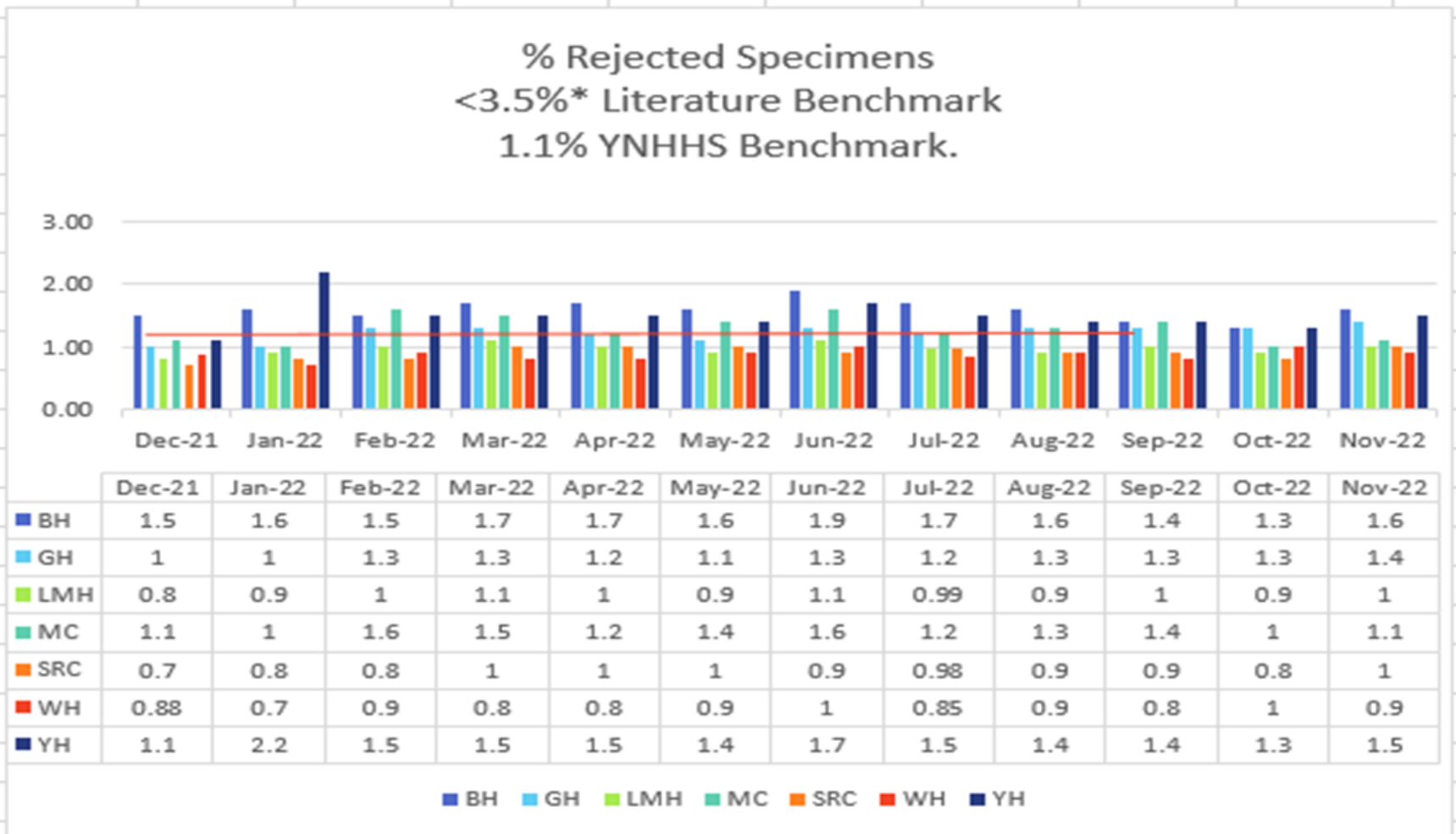


June 2022 above threshold due to courier transport issue identified late which resulted in specimens needing recollection after verification of results.

August 2022 above threshold due to electrode ISE malfunction requiring patients to be re-run with 38 corrected results.



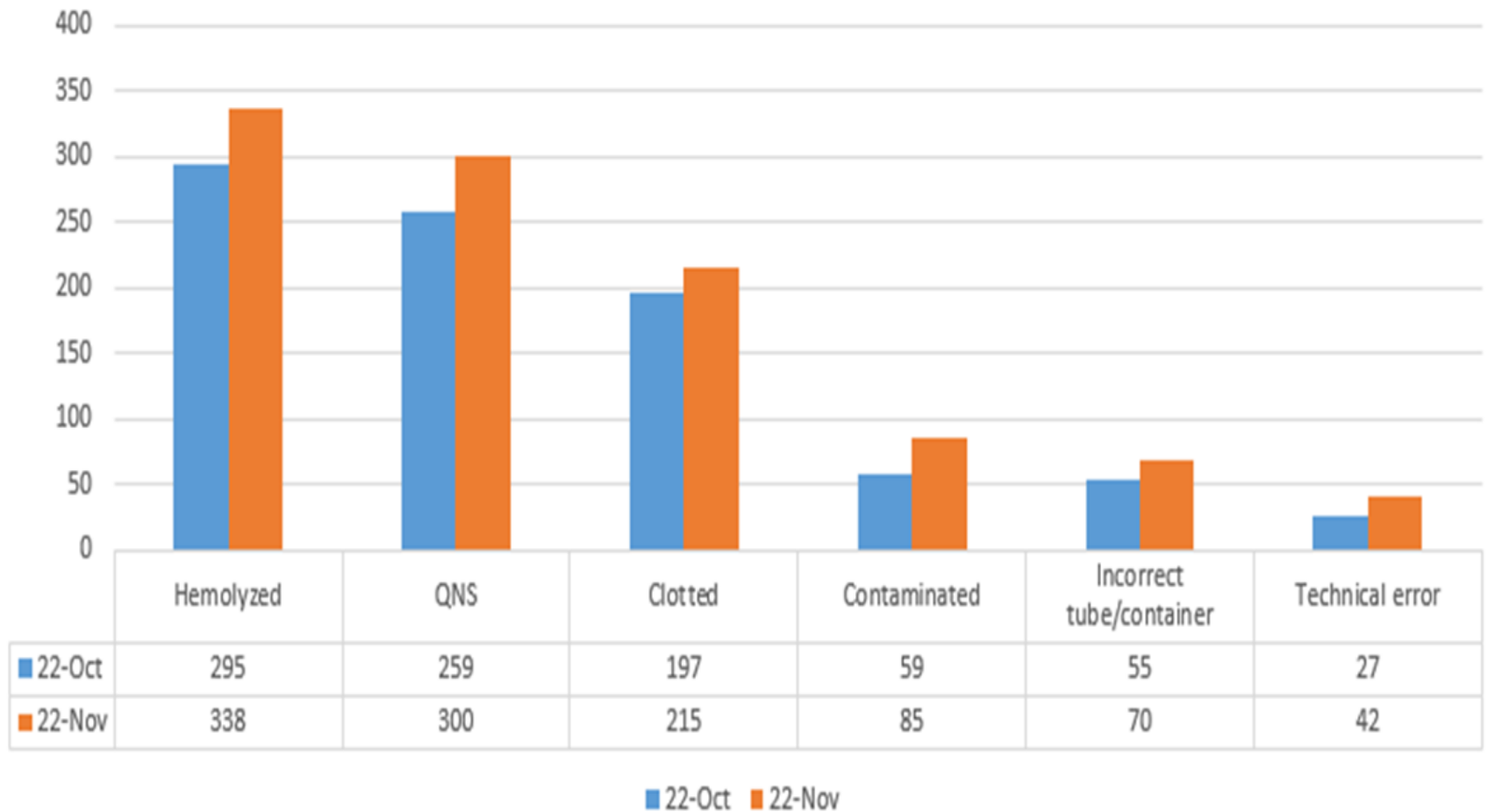
# Lab General - Bridgeport



\*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

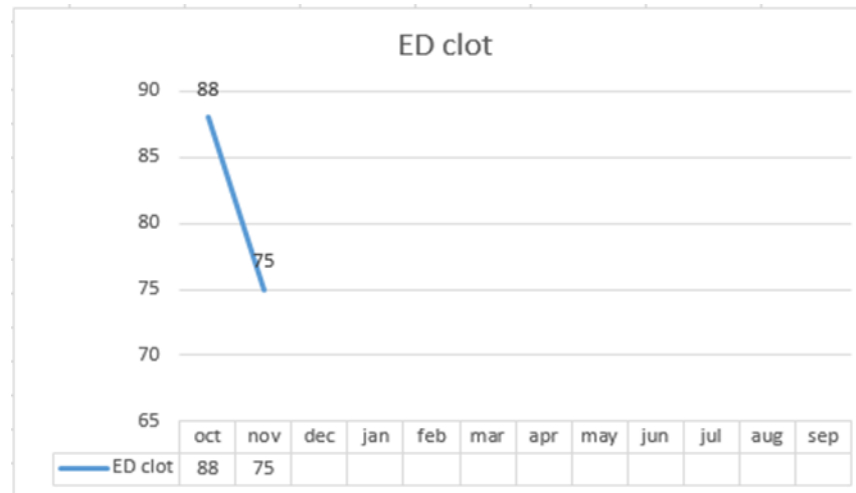
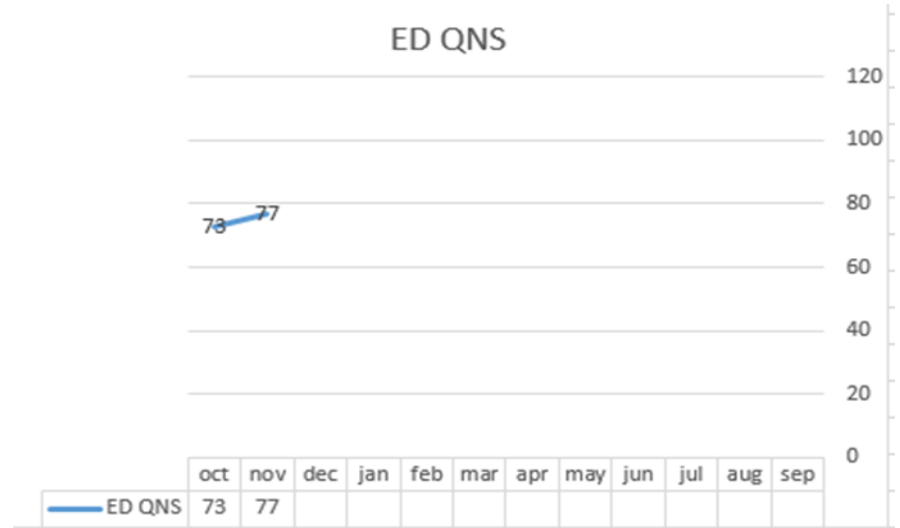
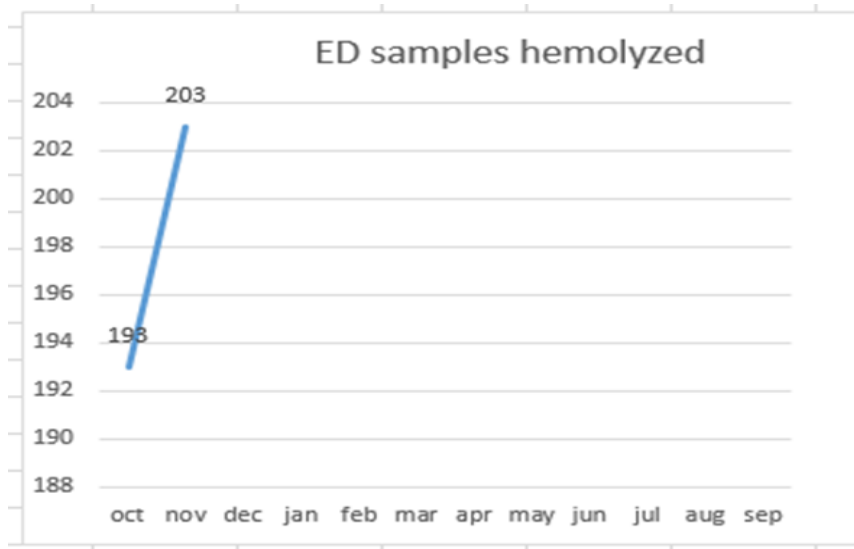
# Lab General - Bridgeport

Rejected Specimens by Classification (all BH collection locations)



# Lab General - Bridgeport

## ED ONLY Top 3 Rejects (BH only)

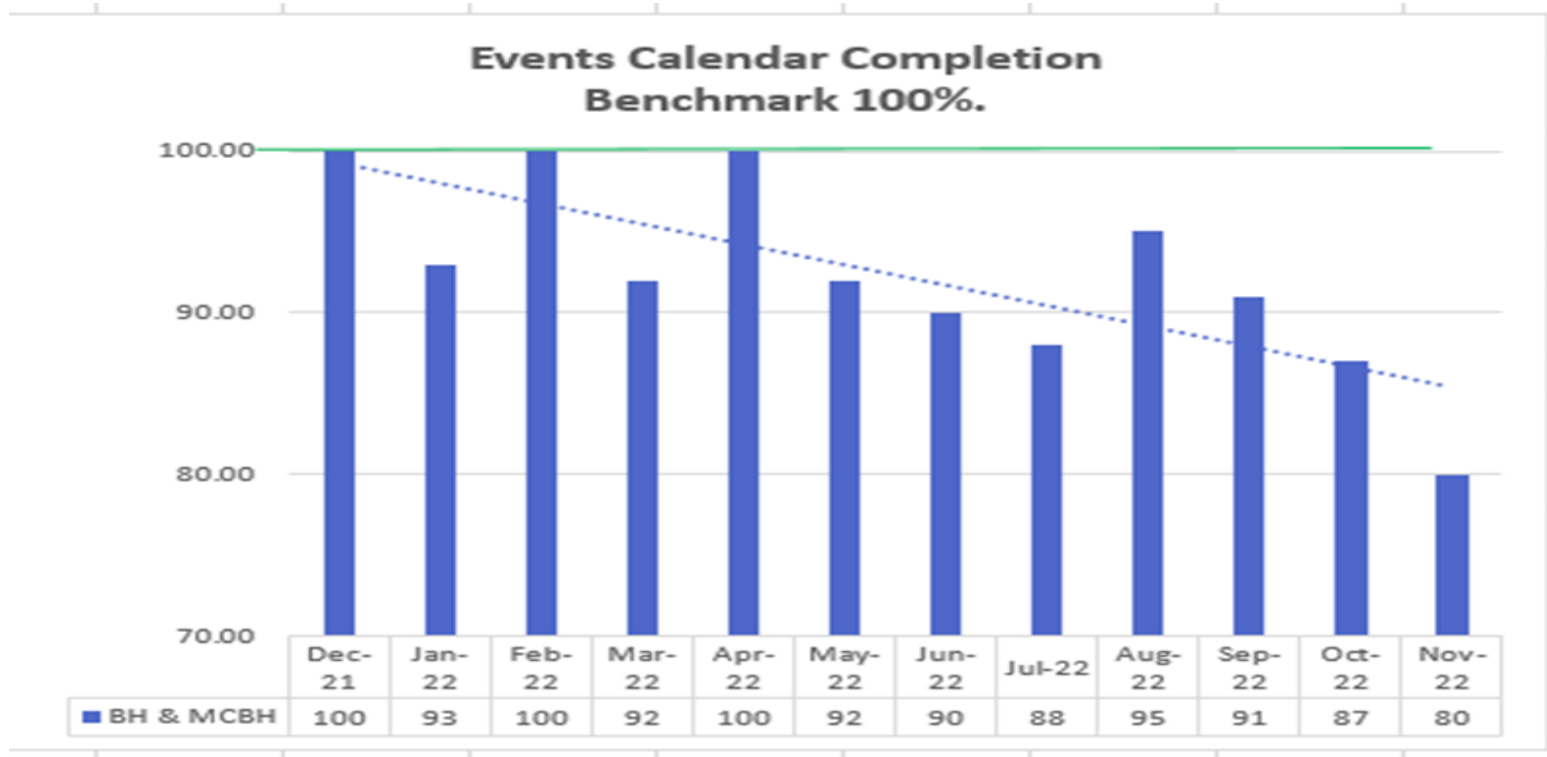


# Lab General - Bridgeport

## BH & MCBH Events Calendar Completion

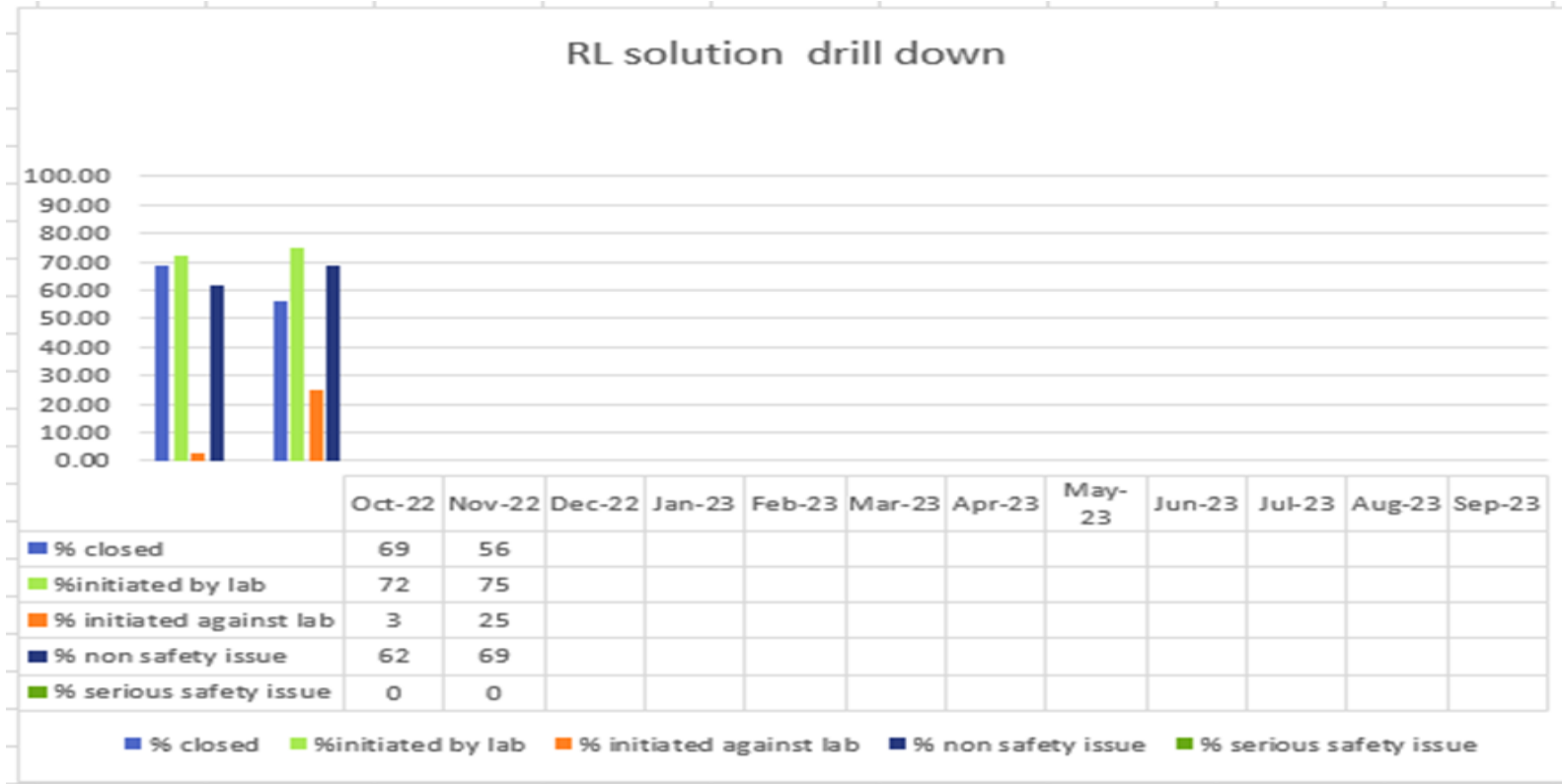
Benchmark 100%

24/30 Events completed



# Lab General - Bridgeport

## BH RL SOLUTIONS MONITOR



14/32 events closed- 18 open (some due to incorrectly filled out by lab-see below).

22 classified as non-safety events-0 Serious Safety Events, rest barrier catches not reaching patients

24/32 events were initiated by lab.

# Lab General - Bridgeport

---

## Incorrectly entered

**When and Where Event Occurred**

When and where the event occurred

<u>Event Date (mm/dd/yyyy)</u>	* 11-25-2022
<u>Incident time</u>	* 13:32
<u>Site</u>	* Bridgeport
<u>Service Area</u>	* Laboratory Service
<u>Unit Event</u>	* Histology

## Correctly entered

**When and Where Event Occurred**

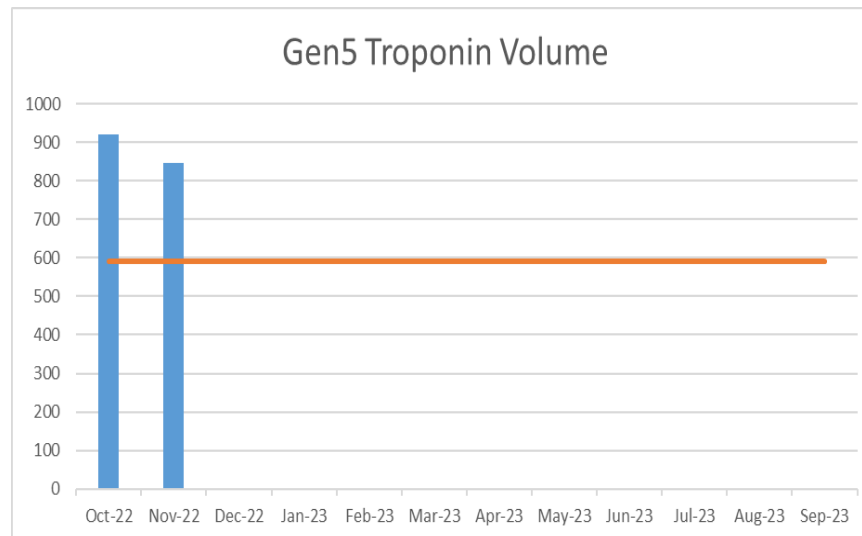
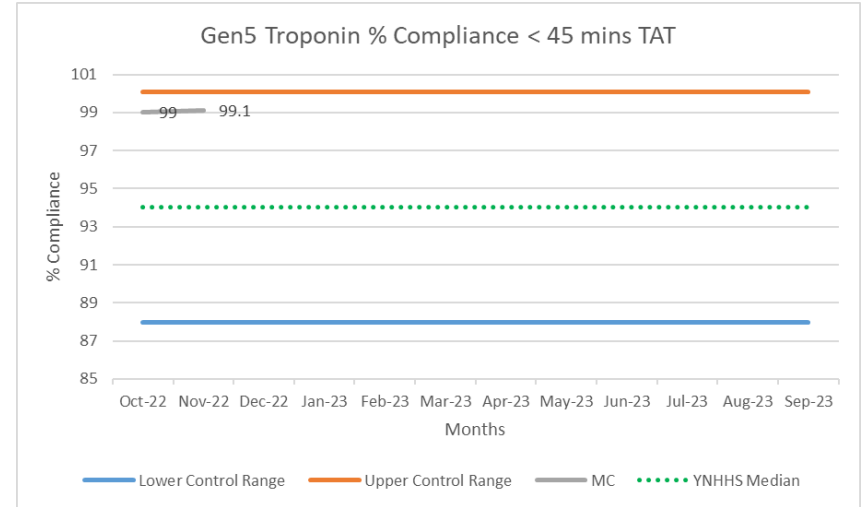
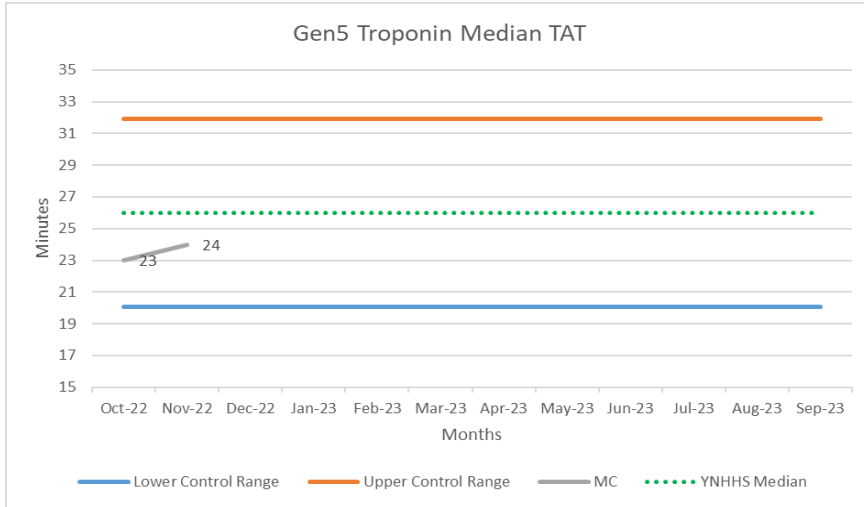
When and where the event occurred

<u>Event Date (mm/dd/yyyy)</u>	* 11-15-2022
<u>Incident time</u>	* 17:18
<u>Site</u>	* Bridgeport
<u>Service Area</u>	* Surgical Service
<u>Unit Event</u>	* Wound Center

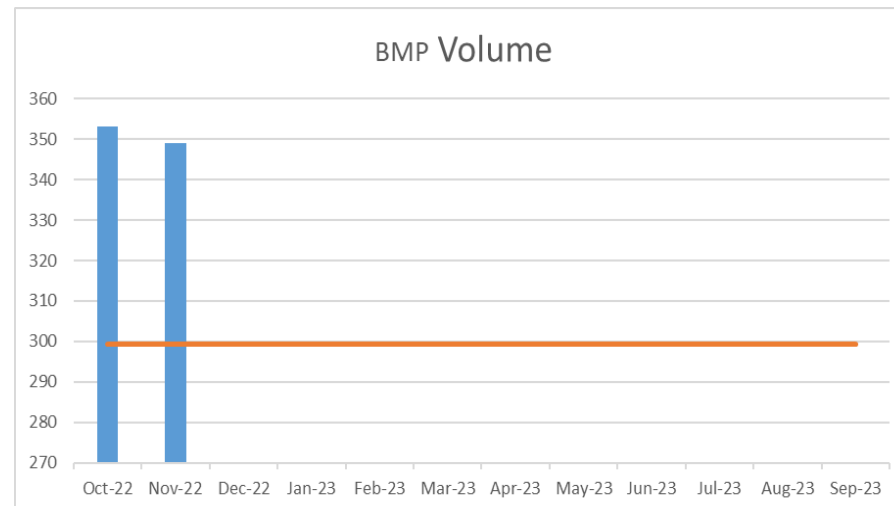
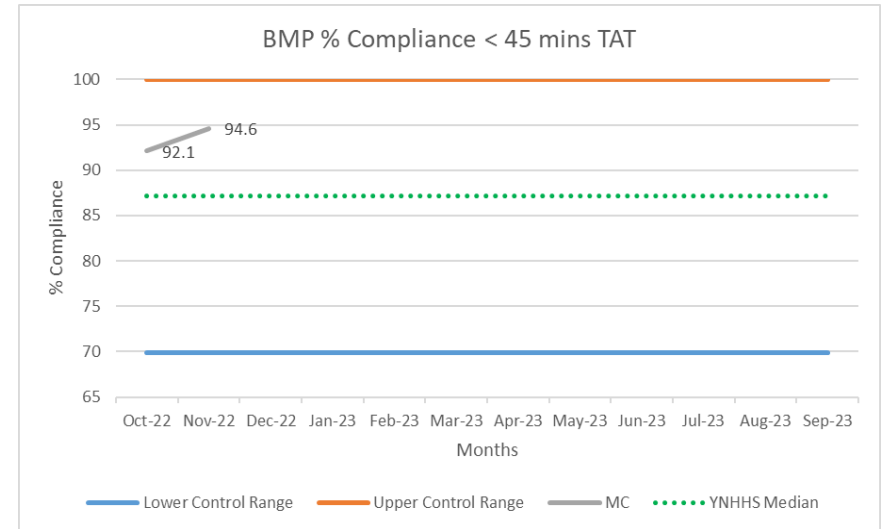
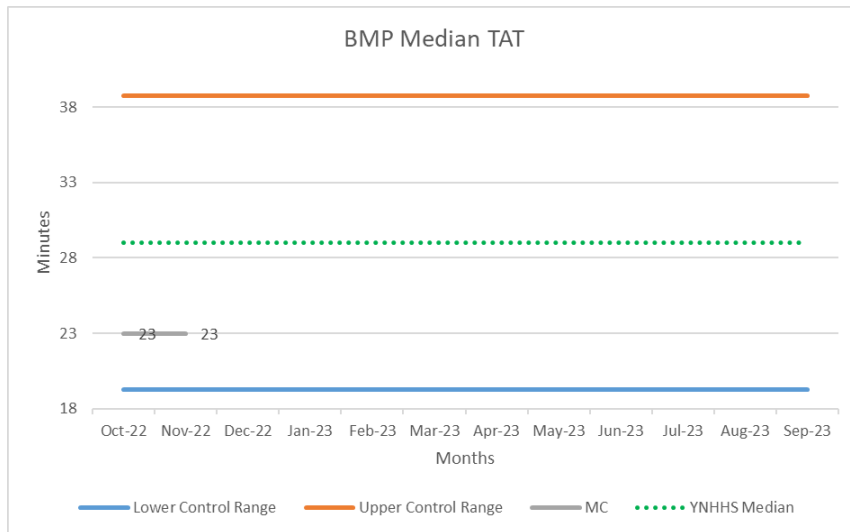
Later when filling out, there is another field that is optional to enter into that says "Was a 2<sup>nd</sup> dept. involved"-here you can click Yes and enter lab or leave blank.]



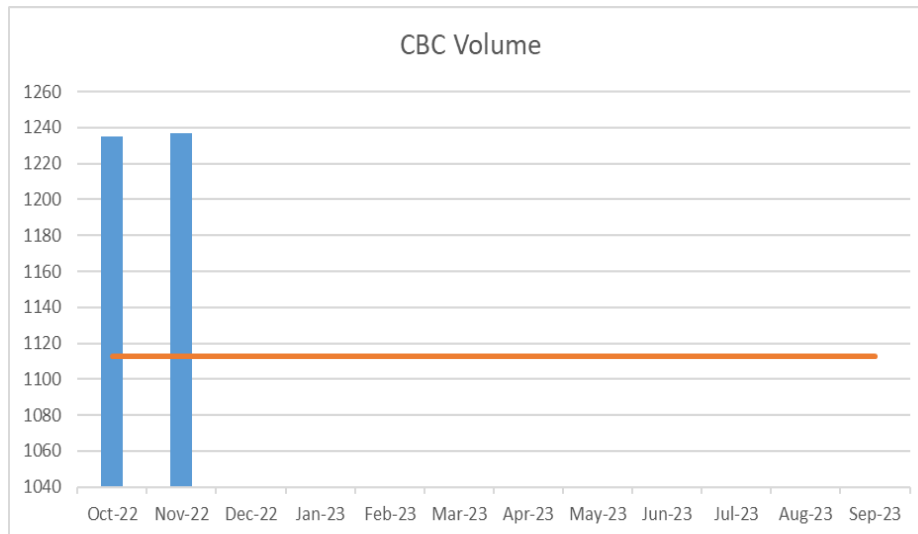
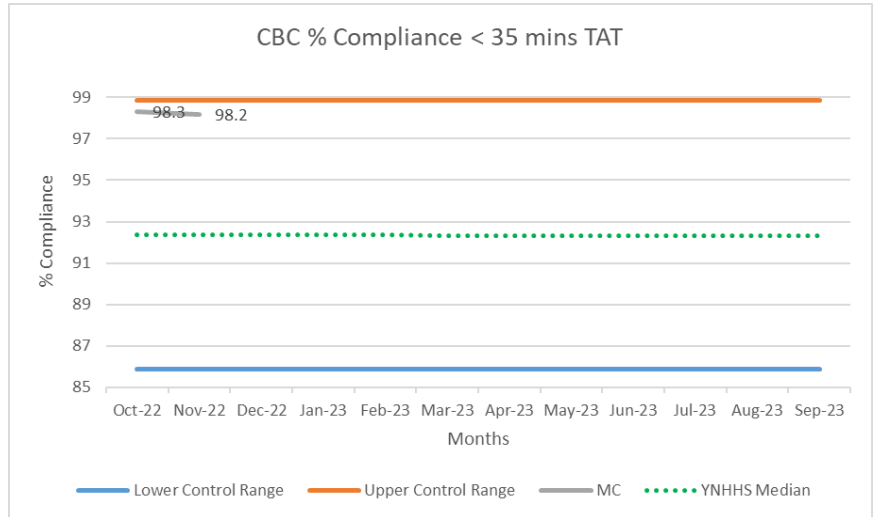
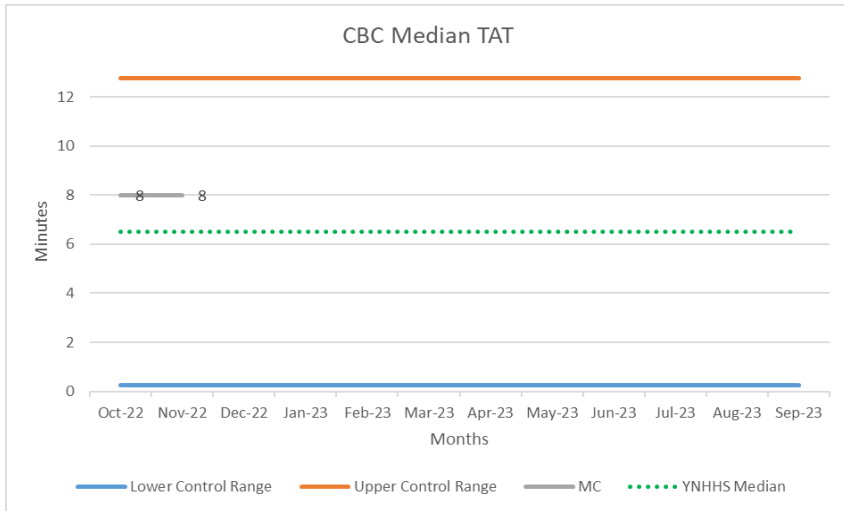
# Milford Campus – Gen 5 Troponin TAT



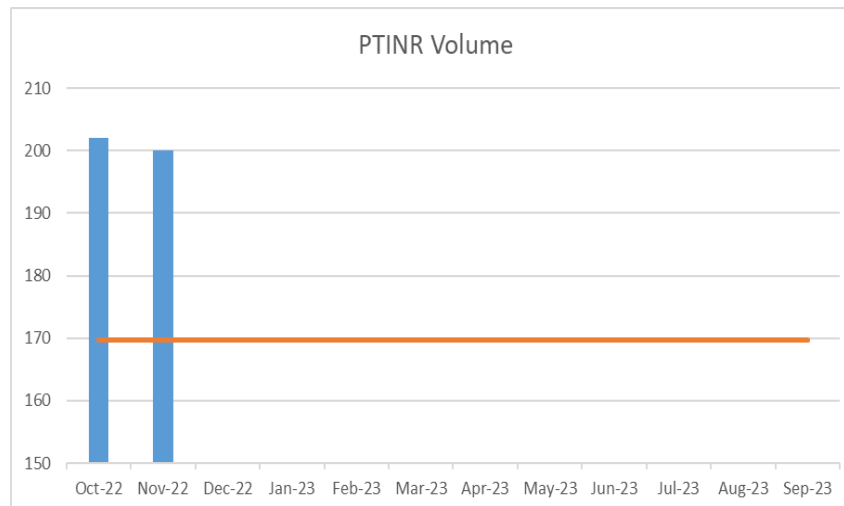
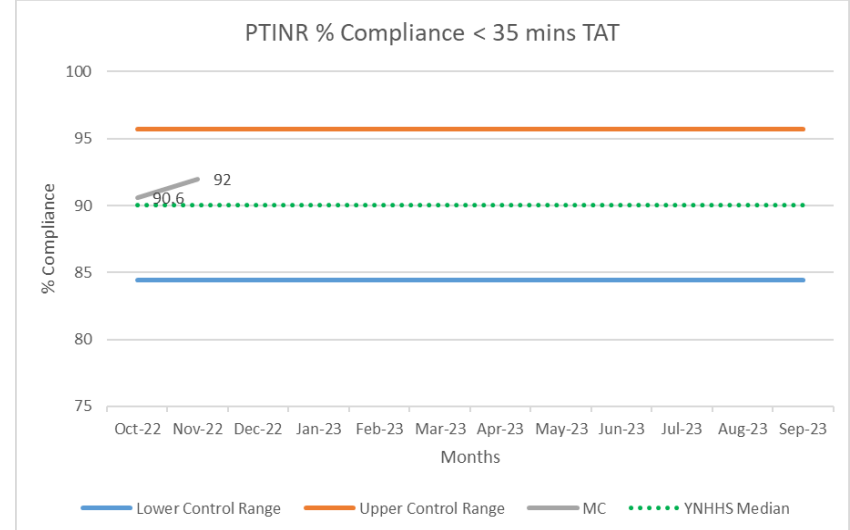
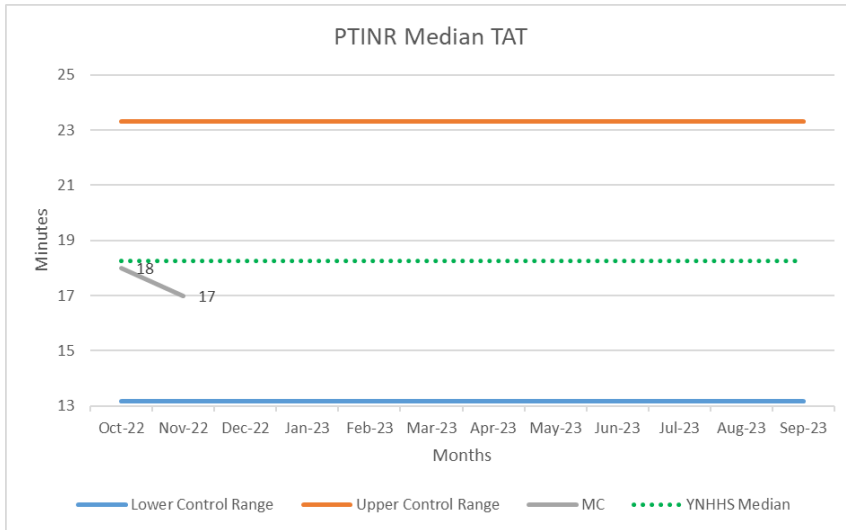
# Milford Campus – Basic Metabolic Panel (BMP) ED TAT



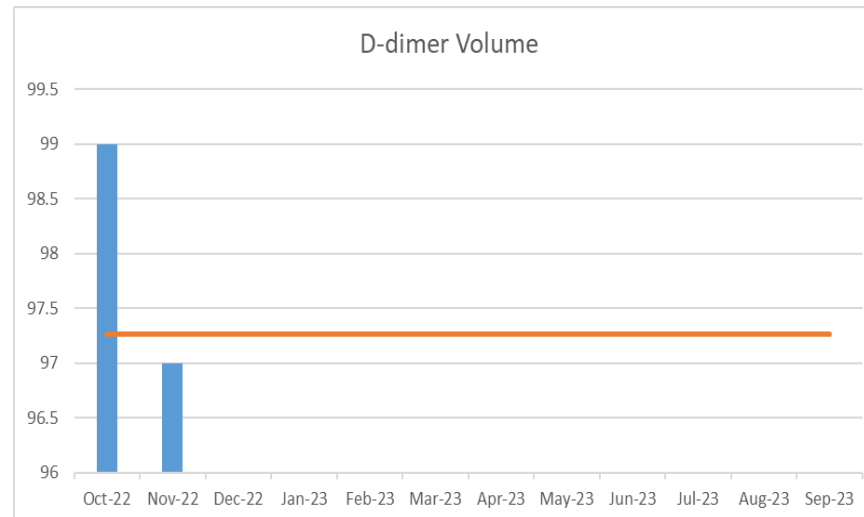
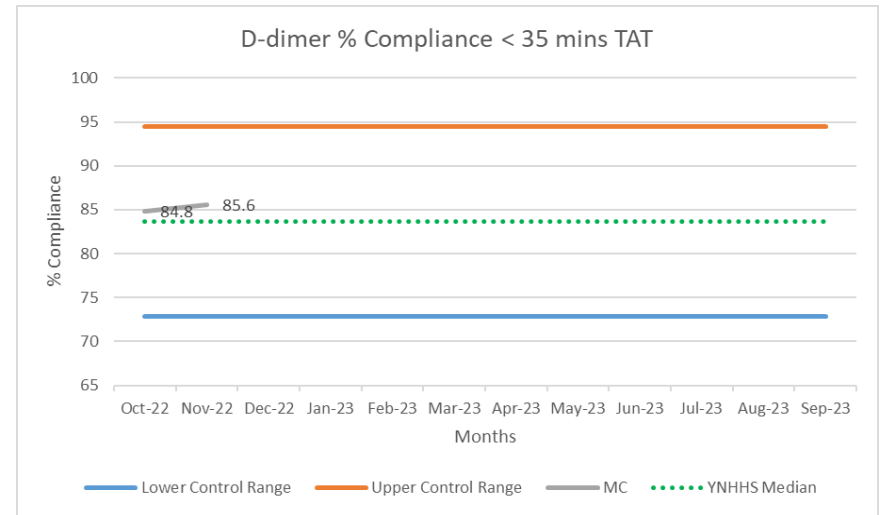
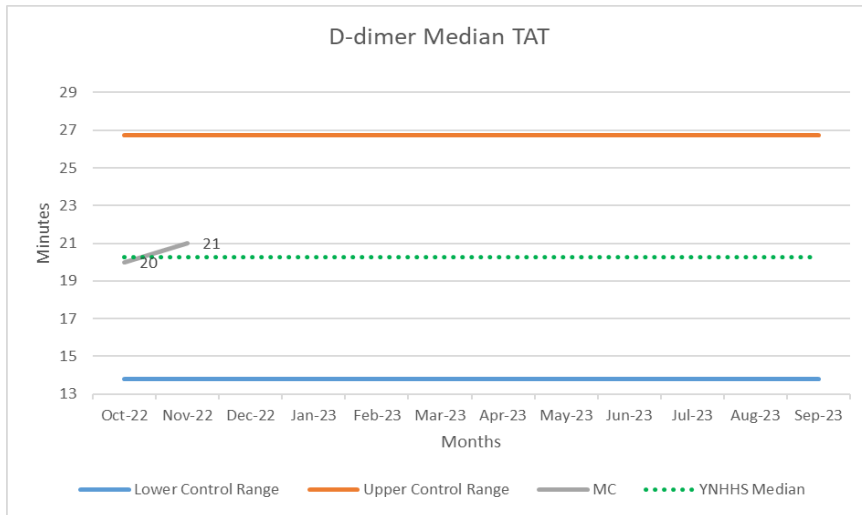
# Milford Campus – Complete Blood Count (CBC) ED TAT



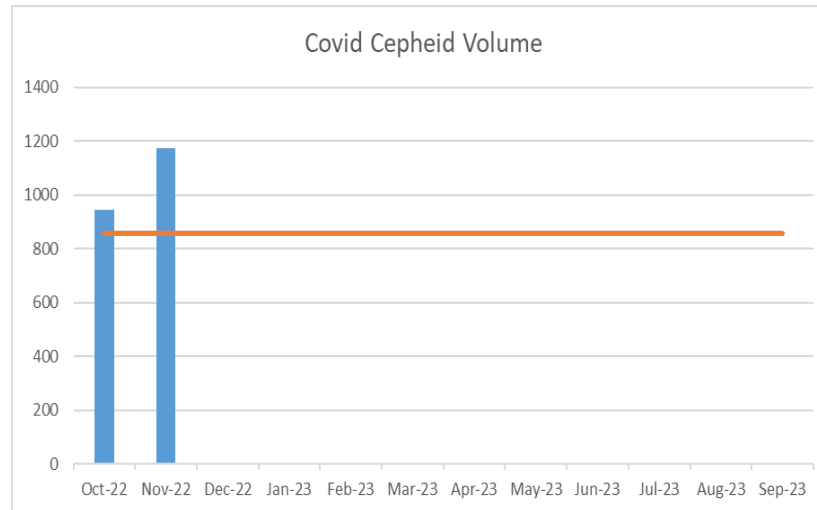
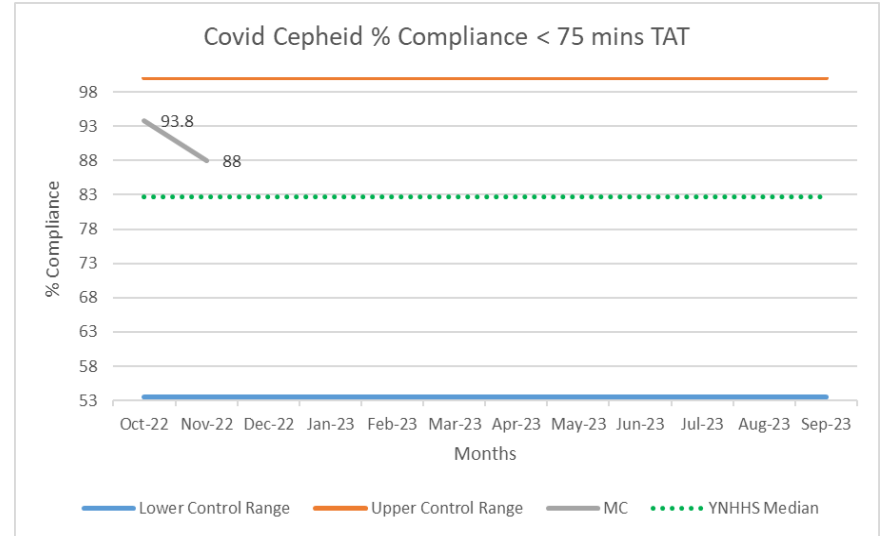
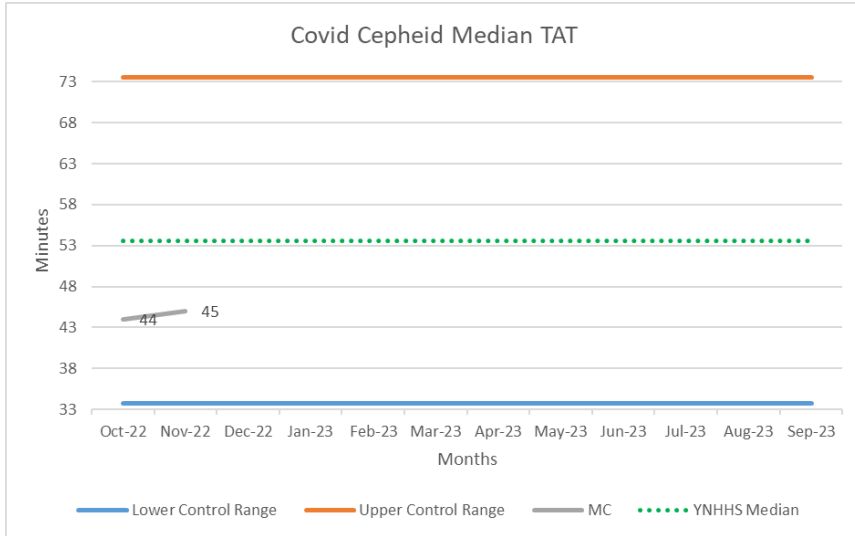
# Milford Campus – PTINR ED TAT



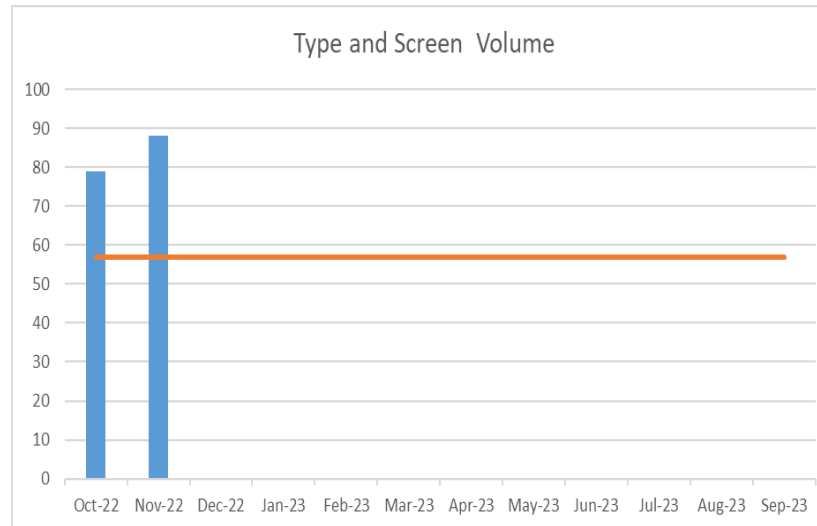
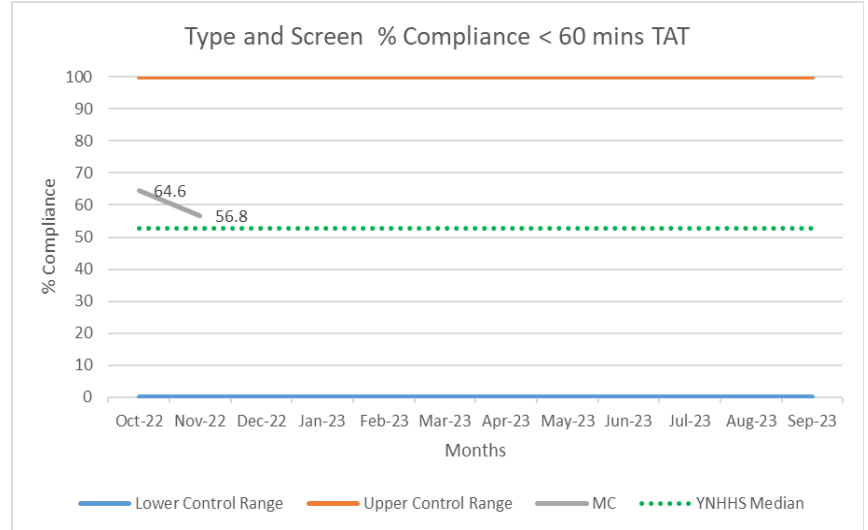
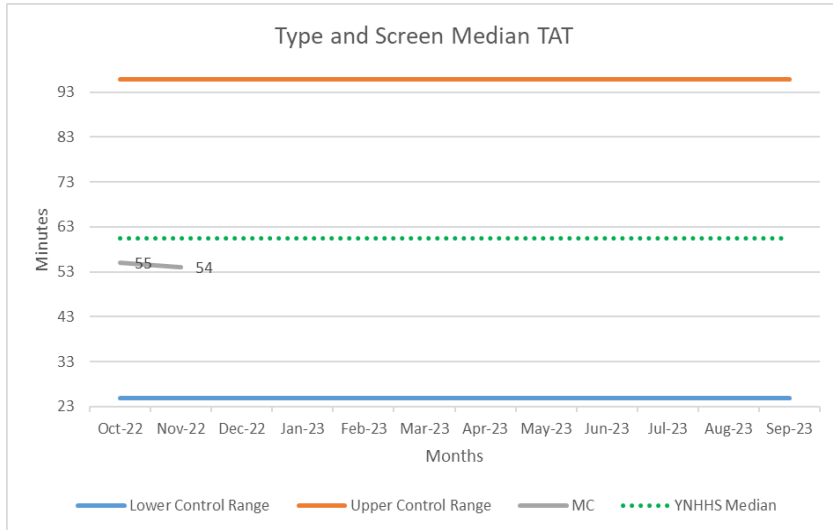
# Milford Campus – D-dimer ED TAT



# Milford Campus – COVID Cepheid PCR ED TAT



# Milford Campus – Type and Screen ED TAT



# Milford Campus RBC

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	<b>Nov</b>	<b>Total Amount</b>
Transfusion	96	\$25,488.00
Wasted	0	\$0
<b>Total</b>	<b>96</b>	<b>\$25,488.00</b>



# Milford Campus Cryo

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	<b>Nov</b>	<b>Total Amount</b>
Transfusion	1	\$375.00
Wasted	0	\$0
<b>Total</b>	<b>1</b>	<b>\$375.00</b>

# Milford Campus FFP

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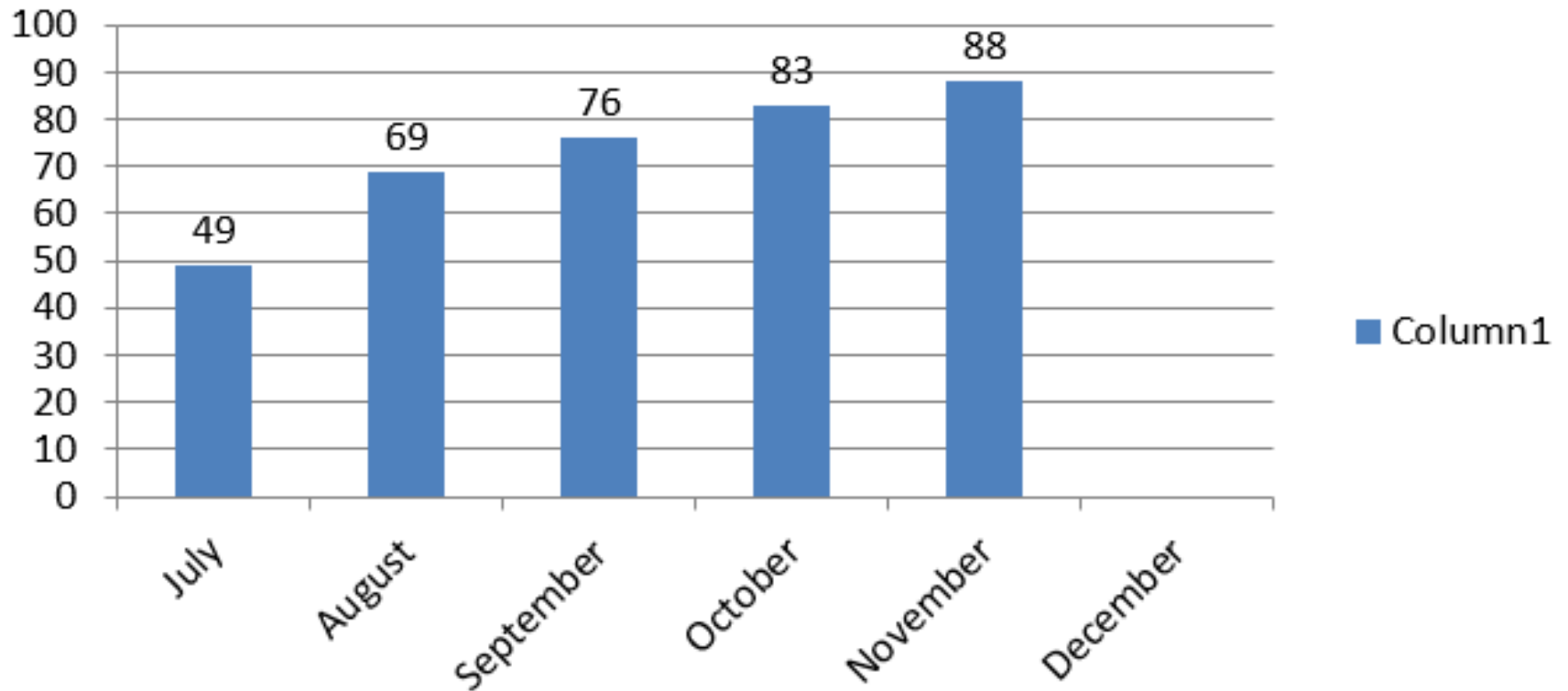
	<b>Nov</b>	<b>Total Amount</b>
Transfusion	4	\$151.20
Wasted	0	\$0.00
<b>Total</b>	<b>4</b>	<b>\$151.20</b>

# Milford Campus Platelet Discarded

	<b>Nov</b>	<b>Total Amount</b>
Transfusion	8	\$5386.64
Discarded	7	\$4713.31
Total	15	\$10,099.95
% Discarded	47%	
Discarded/Day	0.23	\$155.00

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

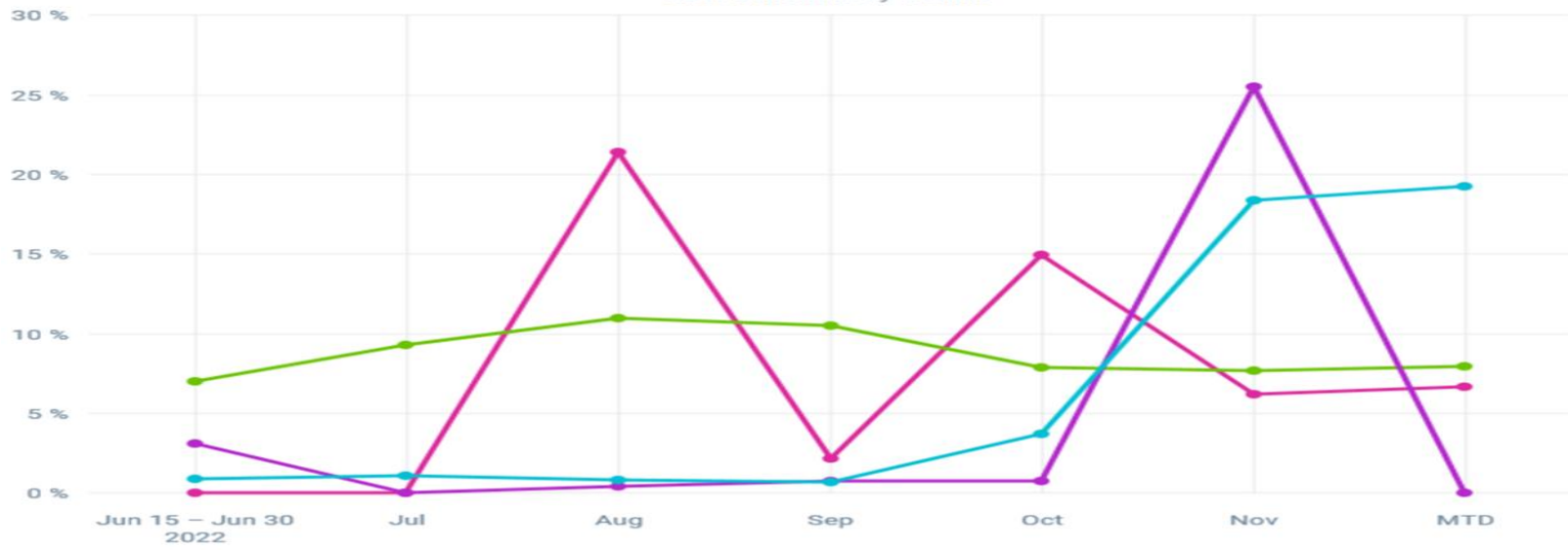
Goal 100%



Completed						
Completed/ Total	47/95	73/105	84/110	96/116	106/121	
% Completed	49%	69%	76%	83%	88%	

# Milford Campus Molecular Dashboard

Percentage with Abnormal? by Test  
Last 6 months by month



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

Date	Tests	% Positivity	Derived Baseline	Environment Monitoring	Physician Feedback	Epidemiological Trends	Evaluation Notes	Corrective Action (if needed)	Reviewed
Nov-22	SARS-CoV-2	7.7	3-12%	Negative	None	Steady	None	None	LB 12/14/2022
Nov-22	Group A Strep	6.2	0-24%	Negative	None	None	None	None	LB 12/14/2022
Nov-22	Flu A/B	25.5	0-0%	Negative	None	Per CDC, U.S. experiencing high levels of Flu & RSV	None	None	LB 12/14/2022
Nov-22	Flu/RSV	18.4	0-24%	Negative	None		None	None	LB 12/14/2022

# 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
<b>Non-Conforming Events</b>	0	# Tests 22,201	Manual Collection	0	0		none	Corrections without a completed comm log are seen as non-conforming. All corrected reports in November were accompanied by completed comm logs.	Supervisors
<b>Proficiency Testing</b>	98% CAP Q Probe data	# Analytes	CAP	99%	99%	None required	None	None needed	Supervisors
<b>Laboratory corrected reports</b>	2.7/10,000	# tests 22,201	Manual collection	1.35	1.35	The persistence of corrected reports this month is mainly driven by manual data entry, in particular (both this month and in previous months) data entry of differential results on the wrong patient. In order to reduce mis-identification of slides, we are pursuing slide label production to eliminate penciled ID on each differential slide.	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

# Lab General – Milford (2 of 2)

Laboratory Injuries	0	Employees n=33	IMC	0	0		none	none	Supervisors
Redraws		# Tests 22,201	Beaker+ Tableau	18	15	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. A decrease in hemolyzed specimens this month noted.	Minor impact due to necessary recollection of samples. Percent redraws = 0.4%	"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			2	5				
Contamination (IV & other)	0			21	46				
Hemolyzed (RN) (Phleb)	0			5	5				
Not on ice	0			4	4				
QNS	0			16	19				
Wrong container	0			6	5				
Duplicate order	0			2	0				
Incorrect order by provider	0			0	0				
Unable to obtain specimen.	0			7	5				
Incorrect specimen type.				0	5				
Exceeded clinical time requirements				0	1				
Lab accident				0	0				
Critical Call TAT	30 min		Beaker	6.2	4.1	Formatted report to show true TAT. Comm log completed on 100% of critical calls	<30 minute compliance = 96%	System decision to call criticals after verifying occurred in April. 4 >30 min outliers skewed the mean, although we are still well under the benchmark of 30 min. MHB use by lead staff is being promoted to reduce the incidence of delayed critical reporting.	Supervisors

## CRSQ Report Out

Committee of Regulatory, Safety, & Quality

November 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.



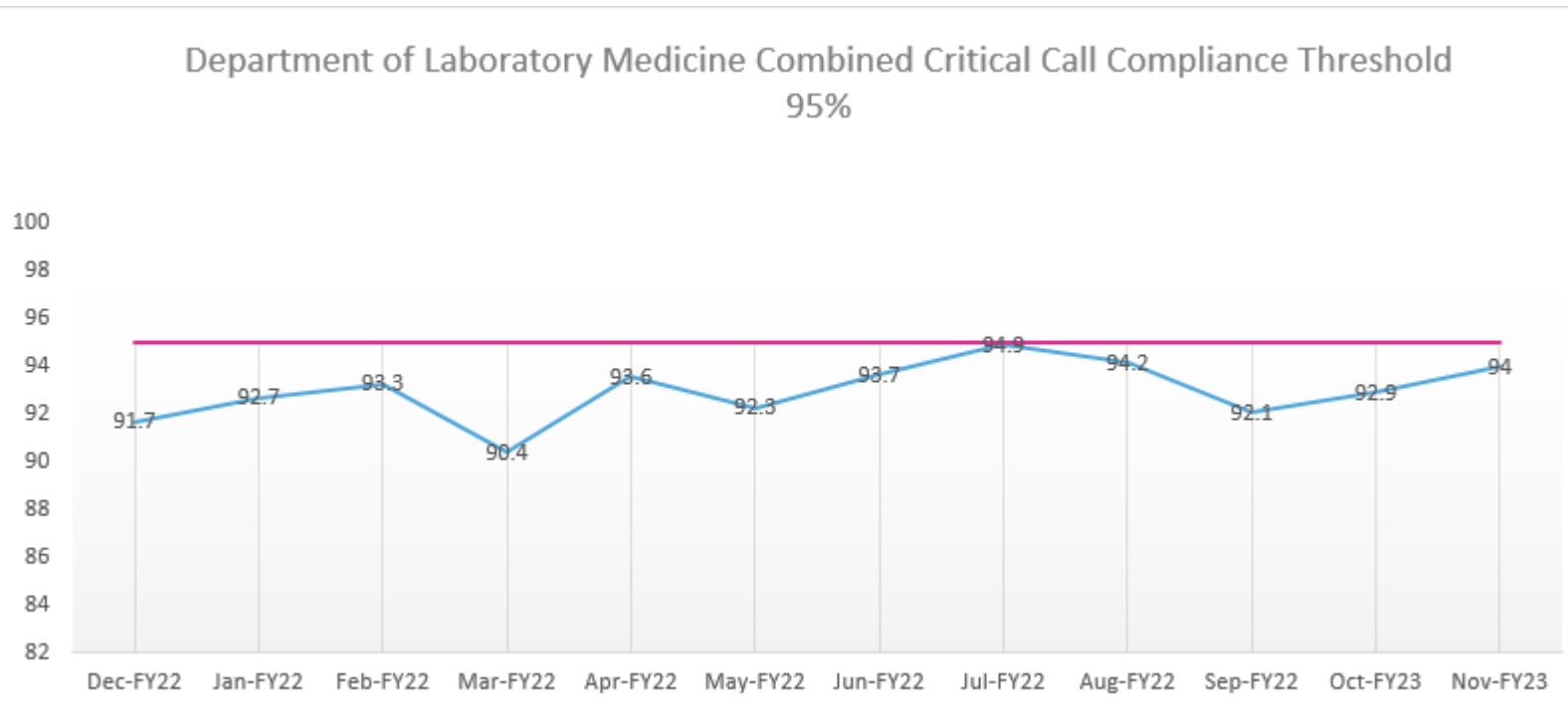
<p><b>SMART Aim</b> <i>Specific-Measurable-Actionable-Relevant-Timely</i></p>	<p>Increase the critical result notification compliance with our 30-minute goal to 95% at Bridgeport Hospital by September 30<sup>th</sup>, 2022.</p> <ul style="list-style-type: none"> <li>• The 30-minute time period is from 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>94%</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 Dec 2021-Nov 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

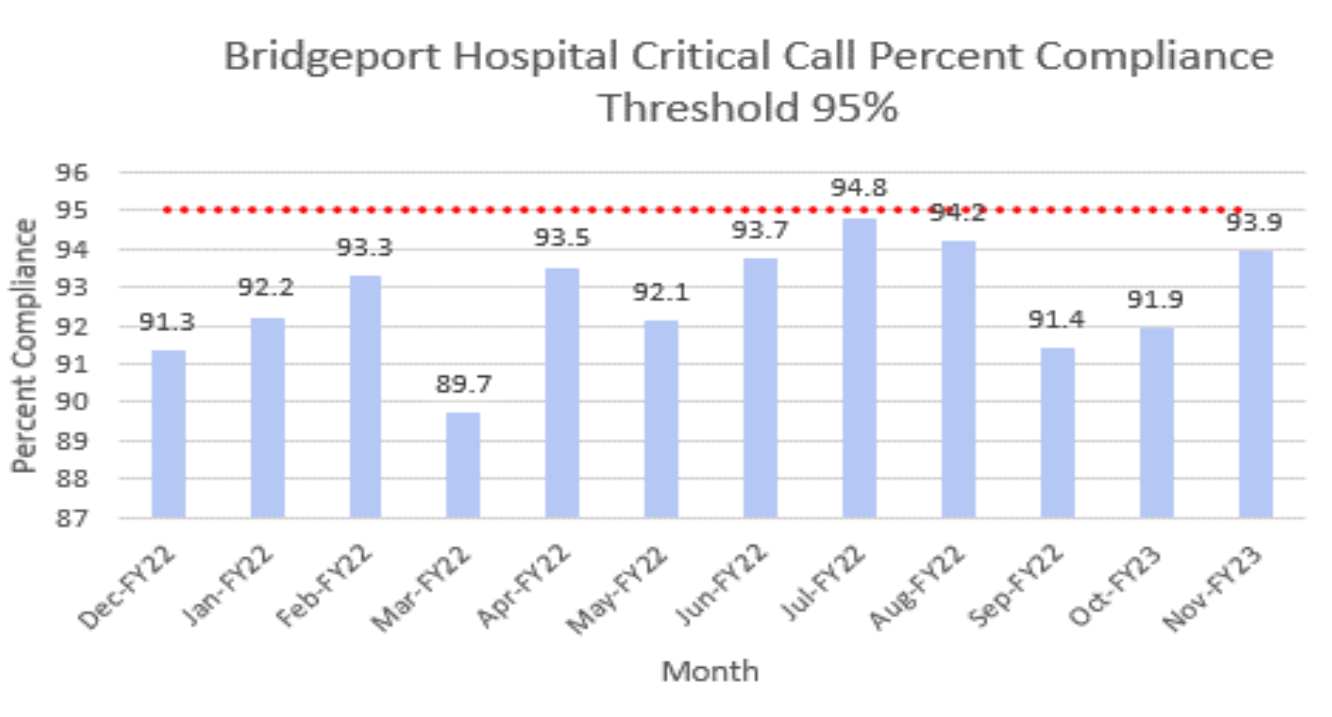
# Bridgeport Hospital Department of Laboratory Medicine Critical Call Percent Compliance 93.0% (cumulatively)

12/1/2021-11/30/2022

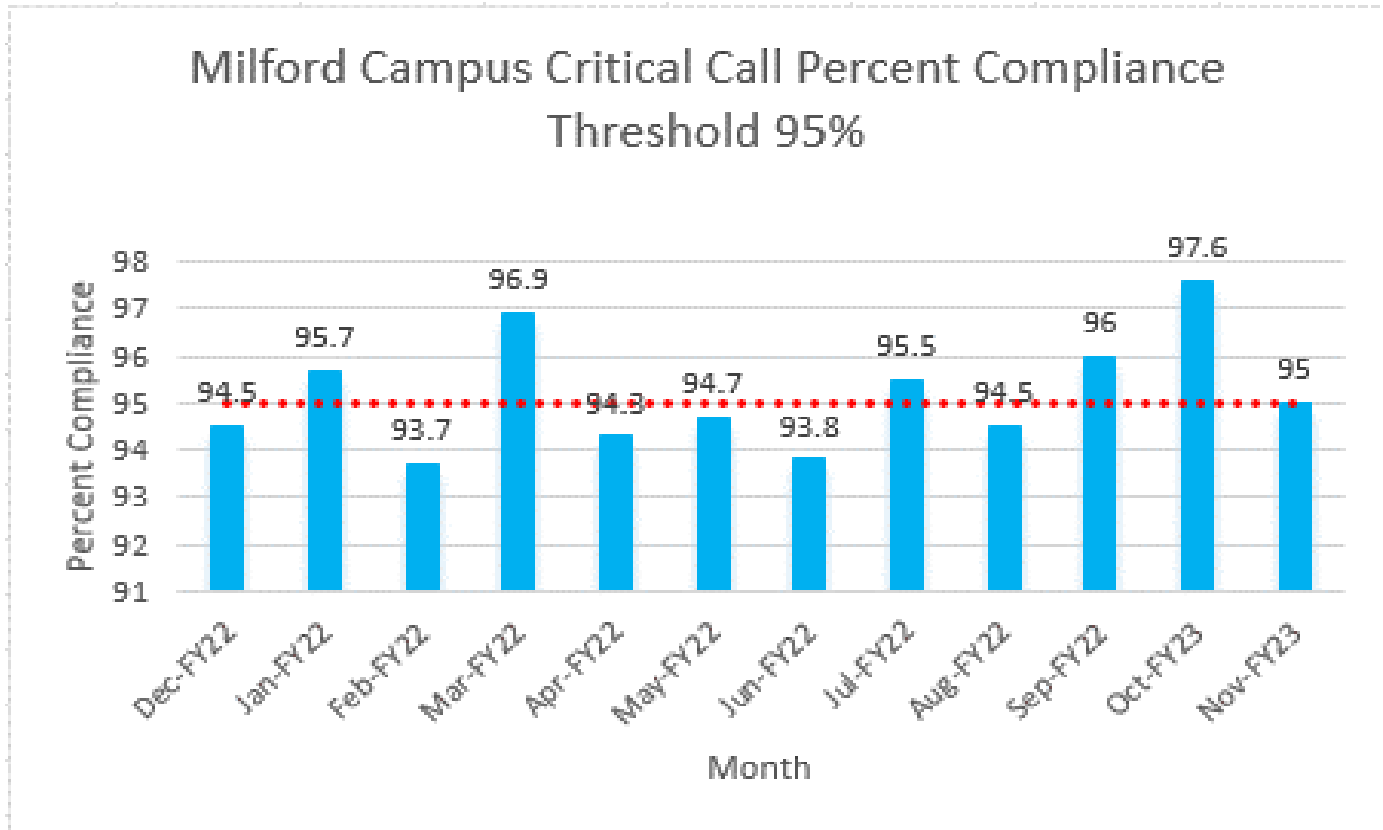


# Bridgeport Campus Critical Call Percent Compliance 92.7%

12/1/2021-11/30/2022



# Milford Campus Critical Call Percent Compliance 95.2% 12/1/2021-11/30/2022



## **CRSQ Report Out**

Committee of Regulatory, Safety, & Quality

11/04/2022

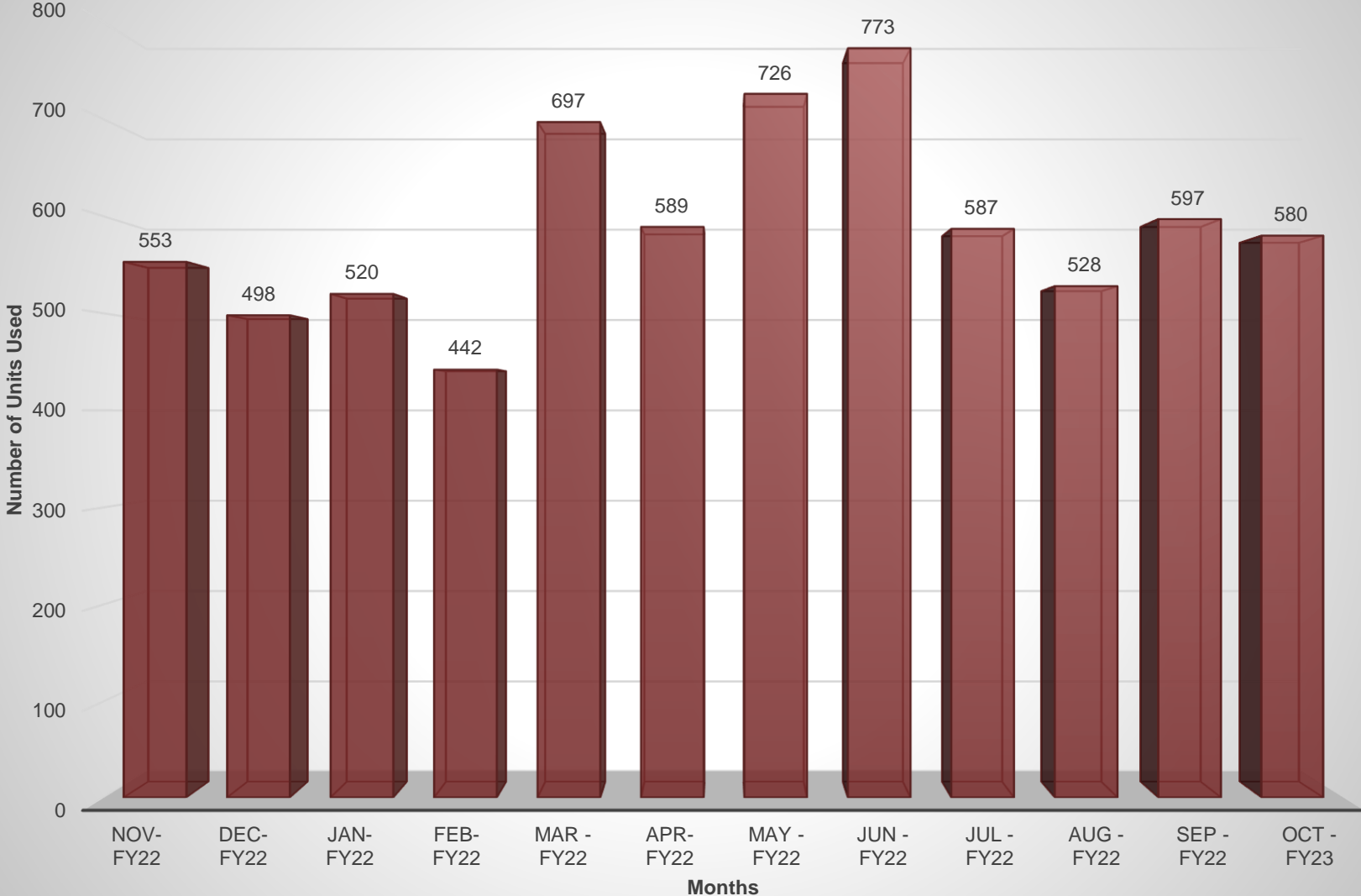
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Bridgeport Hospital

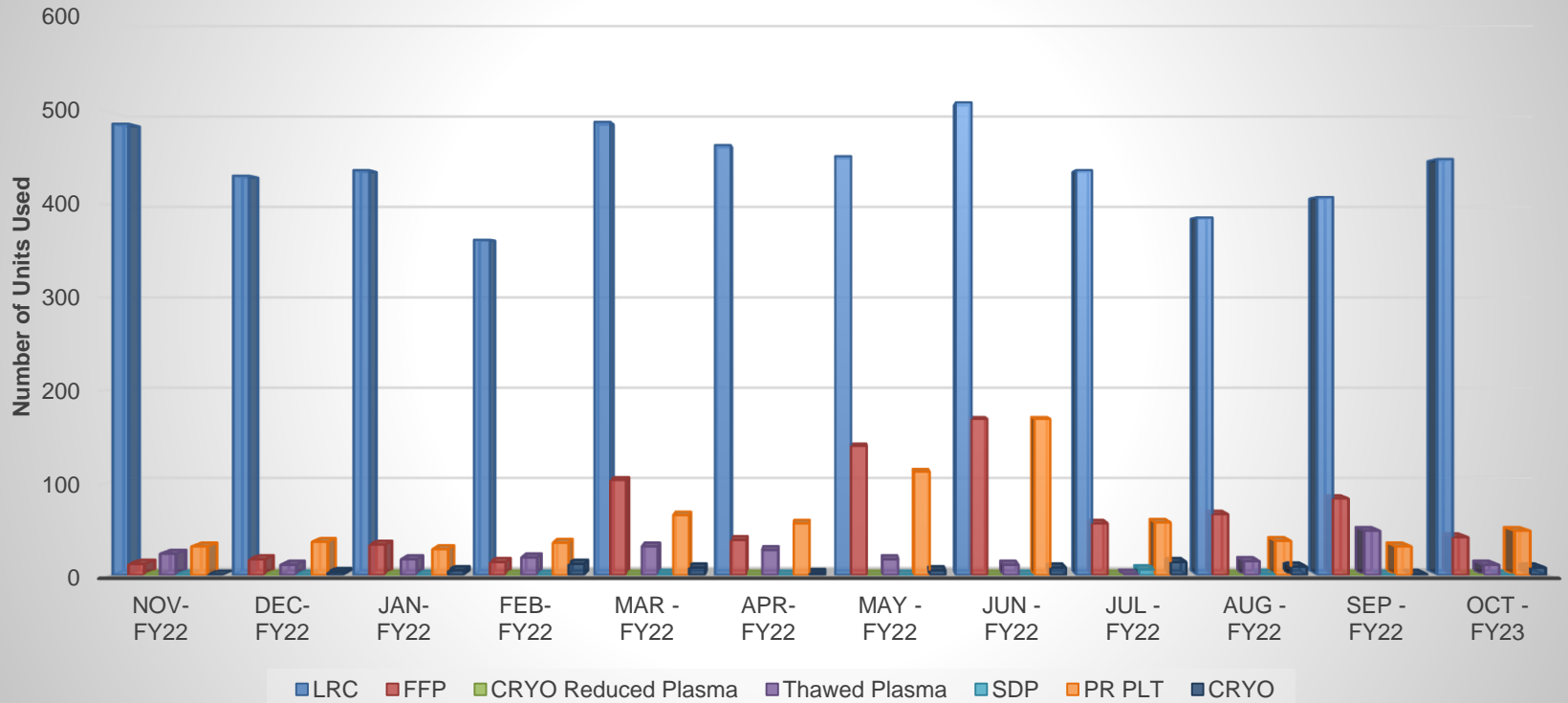
Laboratory Blood Bank

Edward Snyder MD, Christine Minerowicz MD, Lisa Krause, Melissa Morales, Teodorico Lee, Laura Buhlmann

# Total Products Transfused - BH



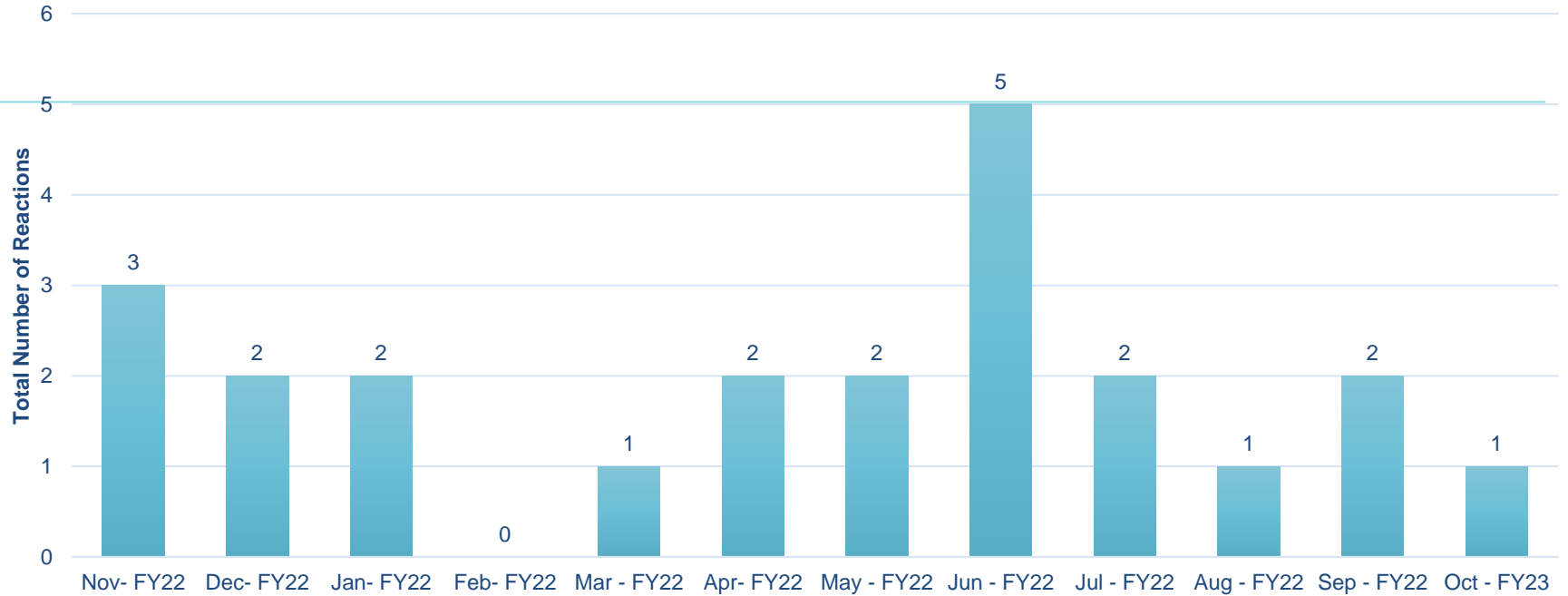
# Transfused Blood Products By Component - BH



	LRC	FFP	CRYO Reduced Plasma	Thawed Plasma	SDP	PR PLT	CRYO
Nov- FY22	487	12	0	23	0	31	0
Dec- FY22	431	17	0	11	0	36	3
Jan- FY22	437	33	0	17	0	28	5
Feb- FY22	362	14	0	19	0	35	12
Mar - FY22	489	103	0	31	1	65	8
Apr- FY22	464	38	0	27	0	56	2
May - FY22	452	140	0	17	0	112	5
Jun - FY22	510	169	0	11	0	169	8
Jul - FY22	437	56	0	1	6	57	14
Aug - FY22	386	66	0	15	1	37	9
Sep - FY22	408	83	0	48	0	31	1
Oct - FY23	449	41	0	11	0	48	8

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## Total Transfusion Reaction - BH

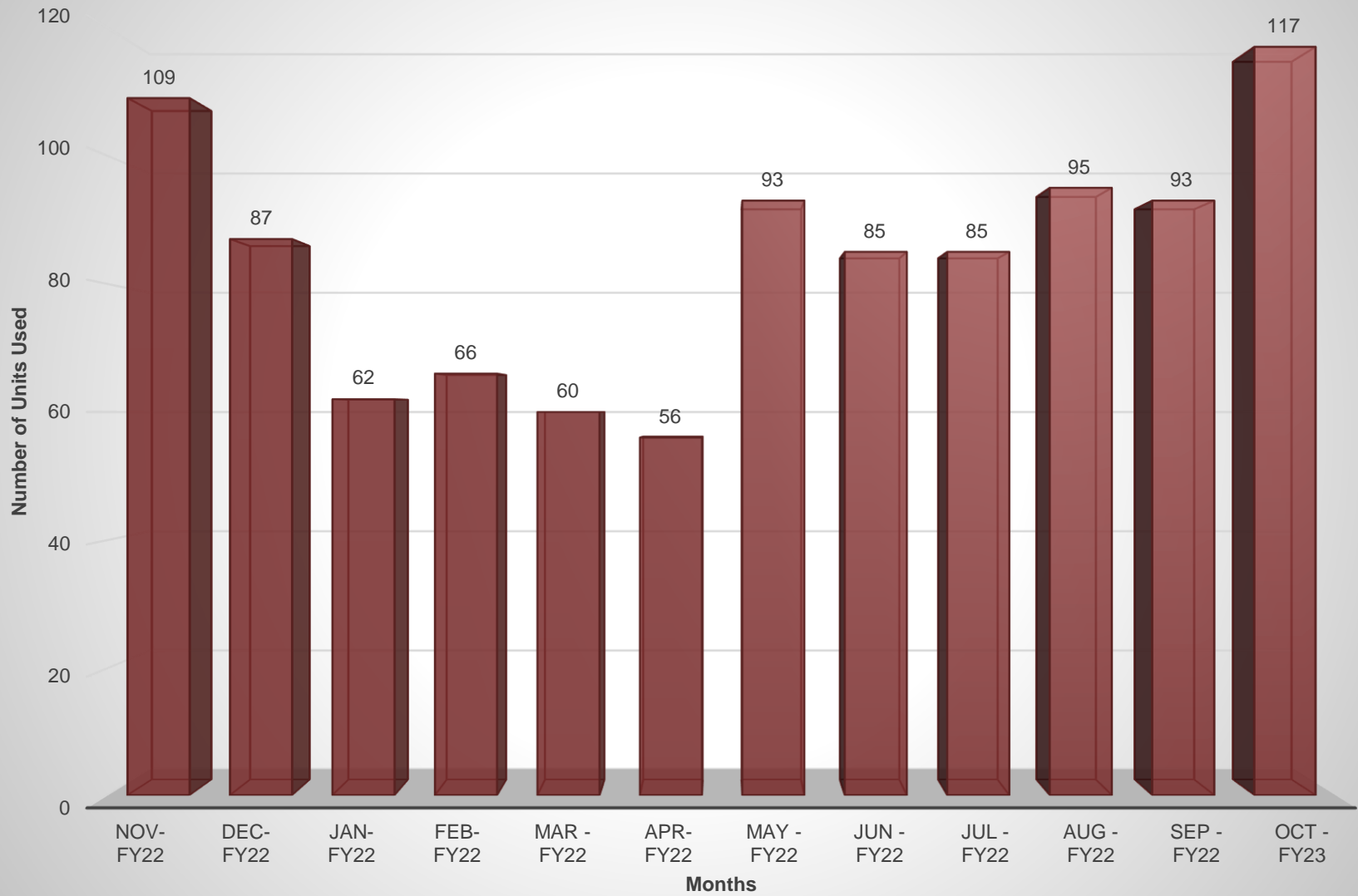


	Allergic	Febrile	Anaphylactic	Taco	Trali	Hemolytic	Other
Nov- FY22	0.00 (1)	0.18	0.00 (1)	0.18	(1) 0.18	0.00	0.00
Dec- FY22	0.00 (2)	0.40	0.00	0.00	0.00	0.00	0.00
Jan- FY22	0.00	0.00	0.00	0.00	(1) 0.2	(1) 0.2	0.00
Feb- FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mar - FY22	0.00 (1)	0.14	0.00	0.00	0.00	0.00	0.00
Apr- FY22	0.00 (2)	0.33	0.00	0.00	0.00	0.00	0.00
May - FY22	(1) 0.13	0.00	0.00	0.00	0.00	0.00	(1) 0.13
Jun - FY22	(2) 0.22	(3) 0.33	0.00	0.00	0.00	0.00	0.00
Jul - FY22	(1) 0.2	(1) 0.2	0.00	0.00	0.00	0.00	0.00
Aug - FY22	(1) .19	0.00	0.00	0.00	0.00	0.00	0.00
Sep - FY22	0.00 (1)	.17	0.00	0.00	0.00	0.00	(1) .17
Oct - FY23	(1) .17	0.00	0.00	0.00	0.00	0.00	0.00

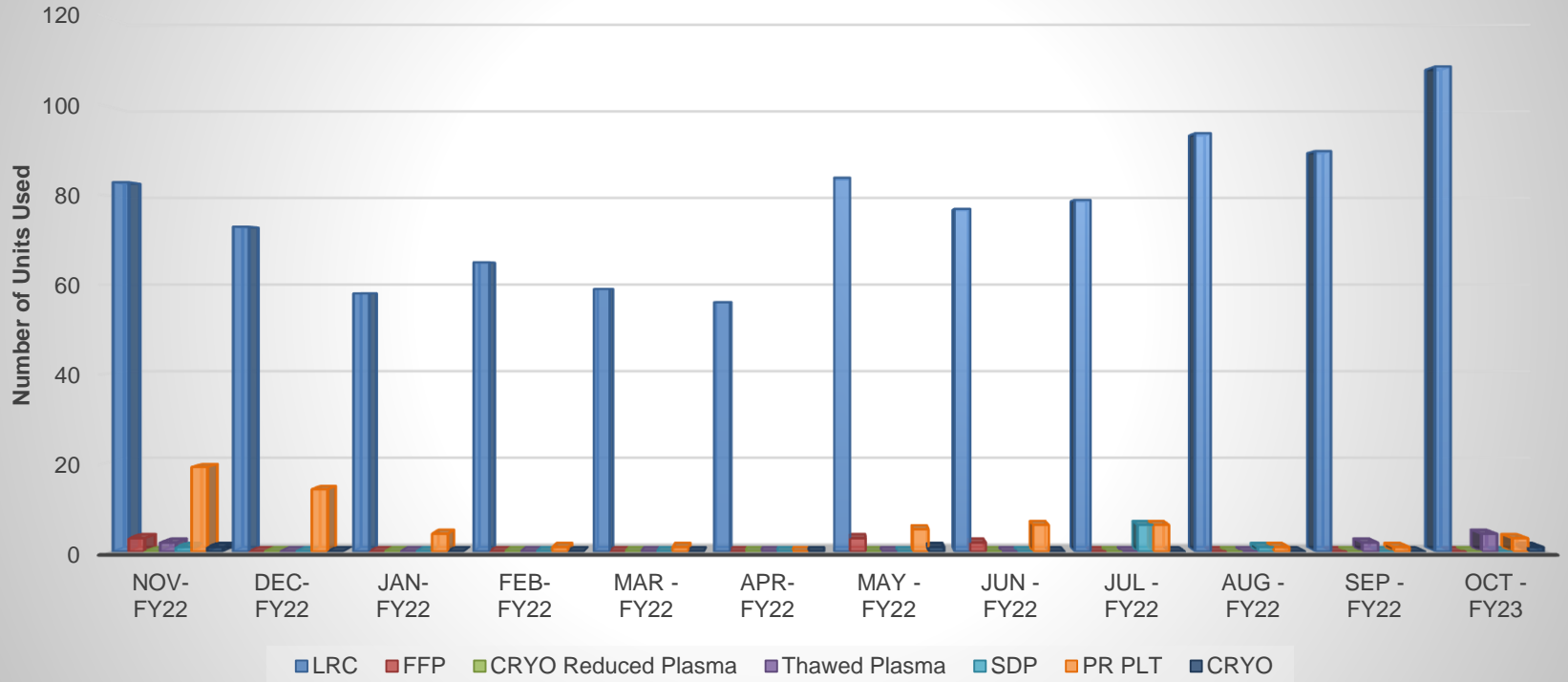
PI.01.01.01 EP7



# Total Products Transfused - MC



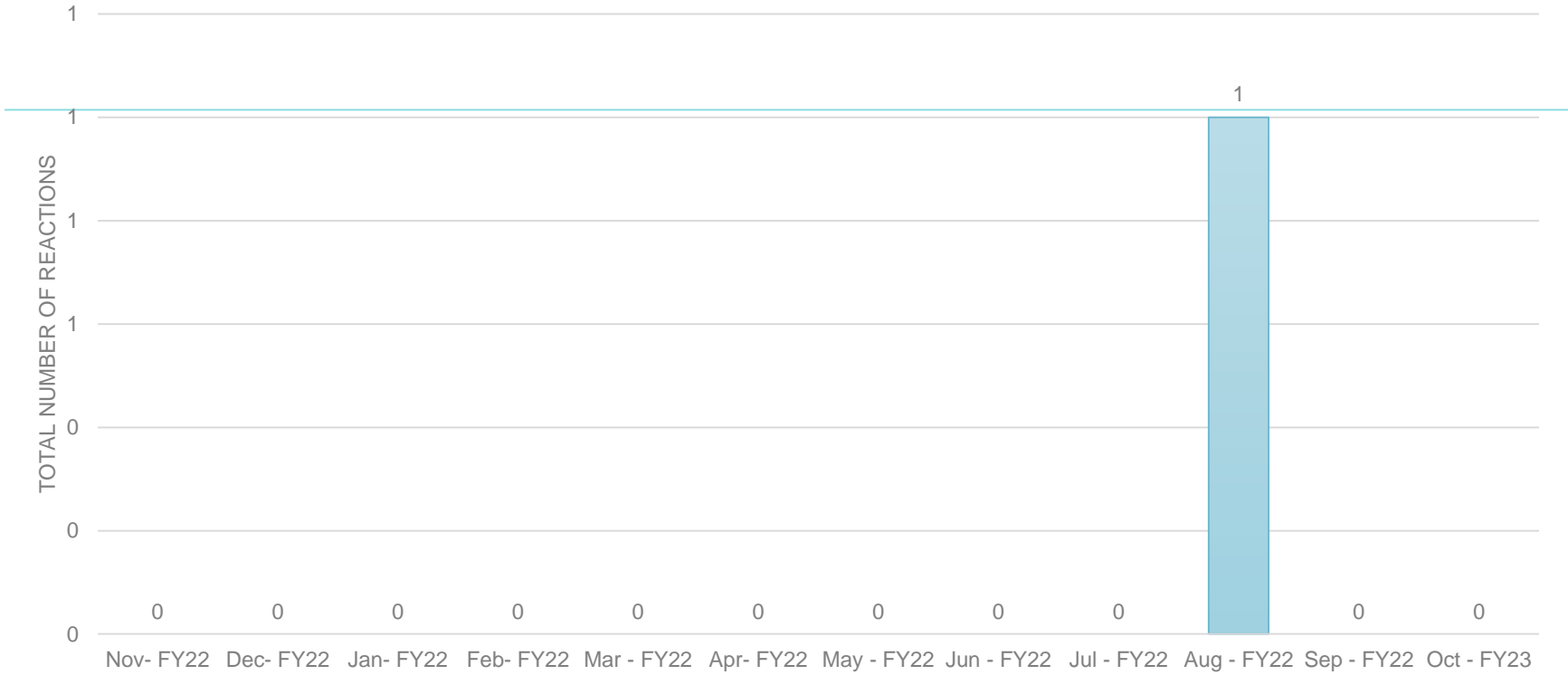
# Trasfused Blood Products By Component - MC



	LRC	FFP	CRYO Reduced Plasma	Thawed Plasma	SDP	PR PLT	CRYO
Nov- FY22	83	3	0	2	1	19	1
Dec- FY22	73	0	0	0	0	14	0
Jan- FY22	58	0	0	0	0	4	0
Feb- FY22	65	0	0	0	0	1	0
Mar - FY22	59	0	0	0	0	1	0
Apr- FY22	56	0	0	0	0	0	0
May - FY22	84	3	0	0	0	5	1
Jun - FY22	77	2	0	0	0	6	0
Jul - FY22	79	0	0	0	6	6	0
Aug - FY22	94	0	0	0	1	1	0
Sep - FY22	90	0	0	2	0	1	0
Oct - FY23	109	0	0	4	0	3	1

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# Total Transfusion Reaction - MC



	Allergic	Febrile	Anaphylactic	Taco	Trali	Hemolytic	Other
Nov- FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dec- FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jan- FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Feb- FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mar - FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Apr- FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
May - FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jun - FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jul - FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Aug - FY22	0.00	(1) 1.05	0.00	0.00	0.00	0.00	0.00
Sep - FY22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Oct - FY23	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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