

DEPARTMENT OF PATHOLOGY
Meeting: Quality Assurance
MEETING DATE: 4/25/2024



Attendance:	
Aziza Ezzaki	Alex Prieto
Melisa Morales	Mary Damilowski
Laura Buhlmann	JR Lee
Dr. Snyder	Ann Parisi

Department	Test	Median TAT mins	YNHHS Median TAT	% Compliance	YNHHS % Compliance	Volume	Summary	Corrective Actions / Follow-Up
BH Chemistry	BH Gen 5 Troponin	27	26	90.2%	89.70%	2892	mean TAT is above benchmark	some delays may be due to HIV testing on the Roche line
		(20-32)		(69-111)				
BH Chemistry	BMP	30	28	82.9%	88.10%	1571	below benchmark	delays due to HIV testing
		(20-37)		(76-100)				
BH Chemistry	Quantiferon indeterinant	N/A	N/A	1.9%	6.50%	270	within system benchmark	no action required
BH Chemistry	Quantiferon Redraw rate	N/A	N/A	13.7%	6.50%	56	22 due to hemolysis, 17 due to incubator malfunction	replacement incubator on order
BH Chemistry	Chemistry audit of critical value results phoned and properly documented	N/A	N/A	99.5%	N/A	1507	8 outliers missing either full name or credentials	continue to address each outlier with individual staff
				Expected: 100%				
BH Hematology	CBC	9	7	88.3%	92.10%	4686	TAT has been steady above benchmark but we are comparable to institutions of our size	increased Micro testing may be affecting TAT and compliance
		(0-14)		(85-99)				
BH Hematology	PTINR	20	18	88.6%	90.20%	1134	TAT above benchmark, compliance below.	increased Micro testing may be affecting TAT and compliance
		(13-24)		(84-96)				
BH Hematology	D-dimer	22	21	85.0%	84.30%	214	%compliance meets benchmark	increased Micro testing may be affecting TAT and compliance
		(14-27)		(74-94)				
BH Hematology	BF vs Cytology results	N/A	N/A		N/A		no report this month	
				Expected: 100%				
BH Hematology	Correct Documentation	N/A	N/A		N/A		no report this month	
				Expected: 100%				
BH Hematology	Hematology audit of critical value results phoned and properly documented	N/A	N/A		N/A		no report this month	
				Expected: 100%				
Blood Bank	Type & Screen	52	56	66.5%	58.70%	513	Above YNHHS compliance,	continue to track
		(32-81)		(0-100)				
BH Blood Bank	Adverse Reaction	N/A	N/A	N/A	N/A	2	1 FNHTR (possible TACO), TAD vs underlying disease	continue to track
BH Blood Bank	RBC Utilizarion	N/A	N/A	N/A	N/A	471	471 transfused, 2 wasted	
BH Blood Bank	Platelet utilization	N/A	N/A	46.0%	N/A	41	41 transfused, 48 expired	whenever possible sending platelets to Yale
BH Blood Bank	Cryoprecipitate utilization	N/A	N/A	N/A	N/A	7	7 transfused, 1 thawed and not used	continue to track
BH Blood Bank	Fresh Frozen Plasma (FFP)	N/A	N/A	N/A	N/A	70	70 transfused, 11 thawed and not used	
Point of Care	Incorrectly/undocumented patient LQC results for anoximeter	N/A	N/A	0%	N/A	49	All results were properly documented in Mac Lab however 3 did not cross into EPIC from Mac Lab.	All staff were reminded to make sure the Mac Lab record successfully posts in EPIC after the case is completed.
				Target = 0				
Point of Care	Urine POC Pregnancy Internal QC Incorrect Documentation	N/A	N/A	5	N/A	1292	Volume was about the same and the number of errors decreased. Of the 5, only one was a repeat offender. This will be brought to the managers attention if it happens again.	Explanatory emails sent. Discussed documentation with the one repeat offender.
				Target = 0				
BH Point of Care	iSTAT quality check codes	N/A	N/A	3.0%	N/A	497	Code rate well below threshold after performing multiple conditioners on two i-STATs that had multiple error codes as recommended by the vendor	Below Target
				Target < 5%				

Department	Test	Median TAT mins	YNHHS Median TAT	% Compliance	YNHHS % Compliance	Volume	Summary	Corrective Actions / Follow-Up
Out Reach	Wait time	5 minutes	N/A	N/A	N/A	11,344	OST highest at 21 minutes, busiest location	continue to track
Out Reach	Butterfly needle usage rate	N/A	Goal = <20%	12%	N/A	11,344	1400 butterfly needles used, within goal	no action required
Out Reach	Cancel/redraw rate	N/A	Goal = 5%	2%	N/A		within goal	no action required
Out Reach	Centrifuge compliance	N/A	Goal=100%	100%	N/A	20	within goal	All draw stations have the new centrifuges
Out Reach	Transcription accuracy rate	N/A	Goal=90%	100%	N/A	112 providers, 369 correctly transcribed tests, 105 scanned req's	within goal	no action required
Out Reach	Patient Satisfaction Rate	N/A	Goal = 90%	96%	N/A		96% likely to recommend our facilities, 98% felt facilities were neat and clean, 91% felt treated with respect	no action required
BH Microbiology	RVP PCR NP source	N/A	N/A	95.0%	N/A	155	One was missed	continue to educate staff
				Target: 100%				
BH Microbiology	MRSA Comm Log completion	N/A	N/A	100.0%	N/A	416	Met target	No action required
				Target: 100%				
BH Microbiology	BH Covid Cepheid	53	50	79.7%	84.10%	1,970	TAT is slightly above target and % compliance is below target	No Action required
		(39-61)		(68-100)				
BH Microbiology	Blood Culture Contamination (Combined BC/MC)	N/A	N/A	1.7%		1,618	27 contamination out 1,618	MC ED will implement first tube discard
				Target ≤ 1%				
BH Microbiology	Stool PCR's performed within 3 days of admissions	N/A	N/A	100.0%	N/A			no action required
				Target: 95%				
BH Microbiology	Microbiology Total Errors	N/A	N/A	N/A	N/A		no errors	no action required
						Target: < 5		
BH Microbiology	Blood Culture Bottle Below Optimal Volume	N/A	N/A	Below optimal volume goal 0%	N/A	130	none were underfilled	No action required
BH Microbiology	Blood Culture Bottle Above Optimal Volume	N/A	N/A	Above optimal volume goal 0%	N/A	130	2 from ED	will continue to track
BH Microbiology	Molecular Positivity Rates	N/A	N/A	N/A	N/A	N/A	Influenza A/B positivity rate of 33.3% (2 out of 6)	will continue to track
BH Lab General	Draw Station Errors	N/A	N/A	N/A	N/A	N/A	114 errors: 87 incorrect orders, 5 of which needed redraw. Most are ordered by the provider with incorrect resulting agency.	Alex to follow up.
BH Lab General	Quest TAT	N/A	N/A	N/A	N/A	2874 tests	2166 on time, 708 were late	no action required
BH Lab General	Quest rejected tests	N/A	N/A	N/A	N/A	2874 tests	10: 5 were hemolyzed, 4 were mishandled by us, 1 was unable to perform	Aziza will follow up with mishandled specimens
BH Lab General	Mayo rejected tests	N/A	N/A	N/A	N/A		1: not received by Mayo	Aziza following up
BH Lab General	Cost Per Billable BH	N/A	N/A	Target ≤ \$11.16	N/A		\$9	a lot of reagents have been ordered
MC Lab General	Cost Per Billable MC	N/A	N/A	Target ≤ \$19.06	N/A		\$6	a lot of reagents have been ordered
BH LAB GENERAL	CAP PT TAT <30 days MC	N/A	N/A	100.0%	N/A	10	target met	no action required
				Target: 90%				
BH LAB GENERAL	PT performance BC	N/A	N/A	97.0%	N/A	244	1 Unacceptable result	no action required
				Target: 98%				
BH LAB GENERAL	Corrected reports	N/A	N/A	1.0%	N/A	202,627 tests	target met	no action required
				Benchmark: < 2.7/10,000 tests				

Department	Test	Median TAT mins	YNHHS Median TAT	% Compliance	YNHHS % Compliance	Volume	Summary	Corrective Actions / Follow-Up
BH LAB GENERAL	Non Conforming Events	N/A	N/A	0	N/A	202,627 tests	target met	no action required
				Target: 0				
BH LAB GENERAL	Rejected Specimens	N/A	N/A	1.90%	N/A	N/A	hemolysis still highest	continue to track
				Benchmark 1.3% YNHHS median				
BH LAB GENERAL	Rejected Specimens - ED Top 3 Rejects	N/A	N/A	N/A	N/A	N/A	A significant increase in QNS from the ED likely due to the switch to the 3mL light green top tubes.	will bring up at Interdisciplinary meeting
BH LAB GENERAL	Events Calendar Task Completion	N/A	N/A	70.0%	N/A	23	16 outliers, overdue competencies and PMs	continue to track
				Target : 100%				
MC Chemistry	BH Gen 5 Troponin	23	26	97.2%	89.70%	1125	within system benchmark	no action required
		(20-32)		(69-111)				
MC Chemistry	BMP	24	28	91.4%	88.10%	361	within system benchmark	no action required
		(20-37)		(76-100)				
MC Hematology	CBC	4	7	89.4%	92.10%	1507	% compliance a little low	will investigate
MC Hematology	PTINR	18	18	89.5%	90.20%	228	% compliance a little low but within range	no action required
		(13-24)		(84-96)				
MC Hematology	D-dimer	19	21	88.1%	84.30%	118	within system benchmark	no action required
		(14-27)		(74-94)				
MC Microbiology	Covid Cepheid	45	50	89.5%	84.10%	414	within system benchmark	no action required
		(39-61)		(68-100)				
MC Blood Bank	Type & Screen	59	56	51.6%	58.70%	95	below YNHHS benchmarks, may be due to not having someone in the blood bank space at MC	continue to track, maybe consider a timer for staff to go back to complete testing
		(32-81)		(0-100)				
MC LAB GENERAL	Blood Wastage	N/A	N/A	10.76%	N/A	58	58 products transfused, 7 plasma thawed and not used	continue to track
MC LAB GENERAL	Nonconforming events (irreplaceable samples only)	N/A	N/A	0	N/A	21,803 tests	target met	no action required
				Target: 0				
MC LAB GENERAL	Proficiency Testing	N/A	N/A	100.0%	N/A	5	target met	no action required
				Target: 90%				
MC LAB GENERAL	PT performance MC	N/A	N/A	100.0%	N/A	105	target met	no action required
				Target: 98%				
MC LAB GENERAL	Corrected reports	N/A	N/A	2.3%	N/A	21,803 tests	target met	no action required
				Benchmark: < 2.7/10,000 tests				
MC LAB GENERAL	Percent Redraws	N/A	N/A	4.3	N/A	N/A	ED showed improvement but inhouse collections had more redraws due to blood collection by nursing.	continue to track
				Benchmark 1.3% YNHHS median				
MC LAB GENERAL	Critical Calls & proper documentation	N/A	N/A	1 noncompliant out of 241	Target=100%	241	reported to PCT	counseled tech, phoned result with proper documentation
MC Lab General	Corrected reports called & properly documented	NA	N/A	1 noncompliant out of 5	Target 100%	5	not documented of being phoned	counseled tech
MC LAB GENERAL	Molecular Positivity Rates	N/A	N/A	N/A	N/A	N/A	nothing remarkable	continue to track
BH & MCBH Combined	Safer Events	N/A	N/A	N/A	N/A	6	2 Near Miss, 2 Unsafe Condition, 2 No-Safety Event	night shift add-on inbasket was set up for staff
BH & MCBH Combined	Monthly CRSQ Critical Call TAT	N/A	N/A	Target 95% within 30 minutes (60 min. for outpatients)	N/A	N/A	BH OP = 93%, MC IP = 98%, MC OP = 100%	

Department	Test	Median TAT mins	YNHHS Median TAT	% Compliance	YNHHS % Compliance	Volume	Summary	Corrective Actions / Follow-Up
------------	------	-----------------	------------------	--------------	--------------------	--------	---------	--------------------------------

Name	Signature
Laura Buhlmann	REVIEWED By Laura Buhlmann MS MT(ASCP) at 3:06 pm, May 30, 2024
Kathy Castillo	REVIEWED By kathleen castillo at 7:35 am, May 07, 2024
Jocelyne Clerveau	REVIEWED By Jocelyne Clerveau at 1:25 pm, May 23, 2024
Dr. Paul Cohen	REVIEWED By Paul Cohen, M.D. at 3:51 pm, May 24, 2024
Mary Damiowski	REVIEWED By Imdami at 9:08 am, May 07, 2024
Aziza Ezzaki	REVIEWED By Aziza Ezzaki at 12:10 pm, May 07, 2024
Lisa Krause	REVIEWED By Lisa M Krause at 10:09 am, May 17, 2024
Teodorico Lee	REVIEWED By Teodorico Lee MPH, MLS (ASCP) at 9:28 am, May 07, 2024
Dr. Christine Minerowicz	APPROVED By Christine Minerowicz, MD at 11:27 am, May 07, 2024
Ann Parisi	REVIEWED By Ann Parisi at 4:44 pm, May 06, 2024
Alex Prieto	
Dr. Edward Snyder	APPROVED By Edward Snyder, MD at 11:27 am, May 23, 2024