Yale NewHaven Health Bridgeport Hospital

Laboratory Medicine – April 2024

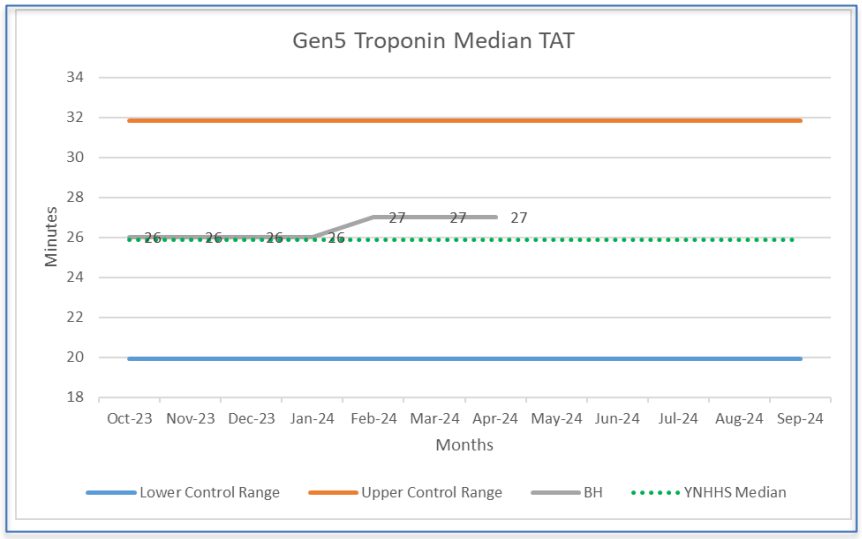
May 30,2024

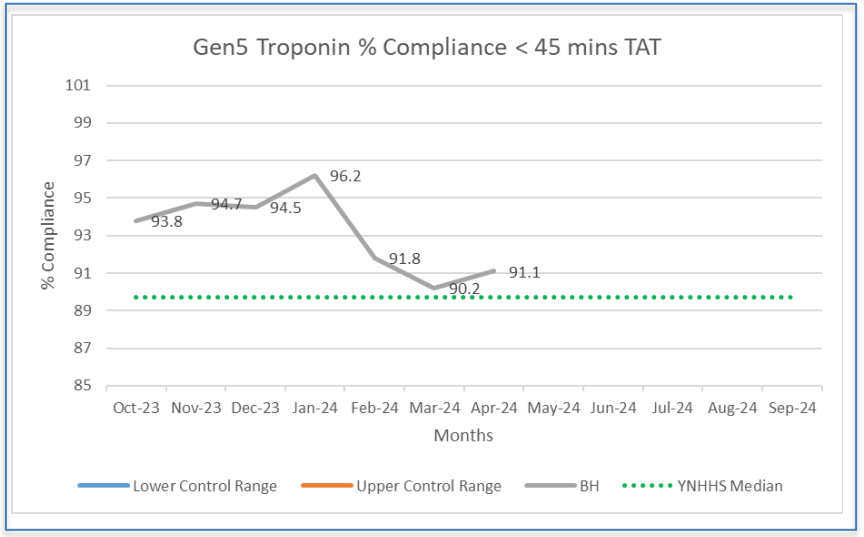
Bridgeport and Milford Campuses Turnaround Time Goals

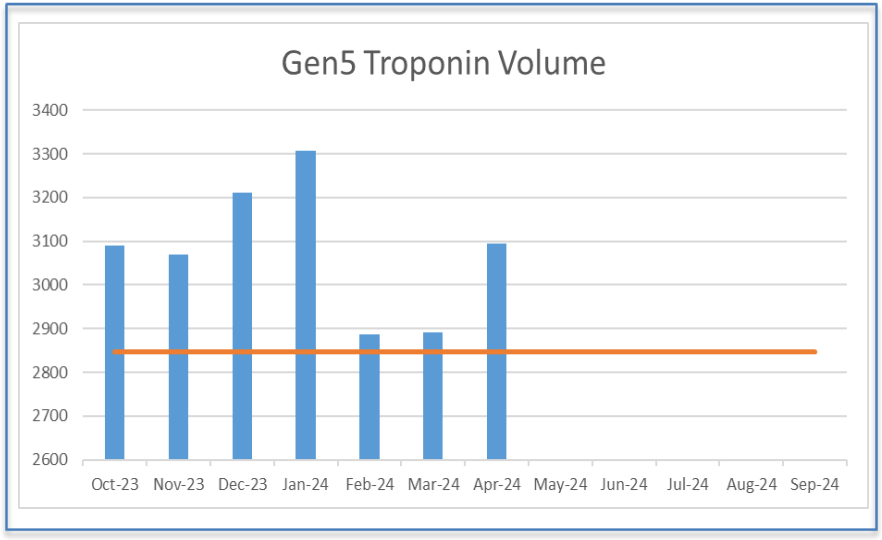
- Mean determined from median TAT across the Yale New Haven Health System delivery networks
  - Bridgeport and Milford Campuses – Bridgeport Hospital, Greenwich Hospital, Lawrence Memorial Hospital, Westerly Hospital, St. Raphael and York Street Campus – Yale New Haven Hospital and Shoreline Medical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

Yale NewHaven Health Bridgeport Hospital

Bridgeport Campus – Gen 5 Troponin TAT

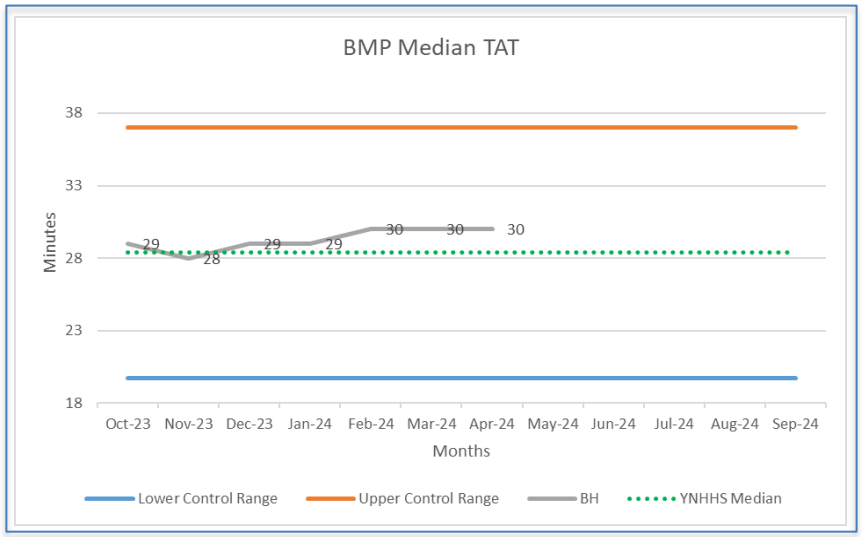


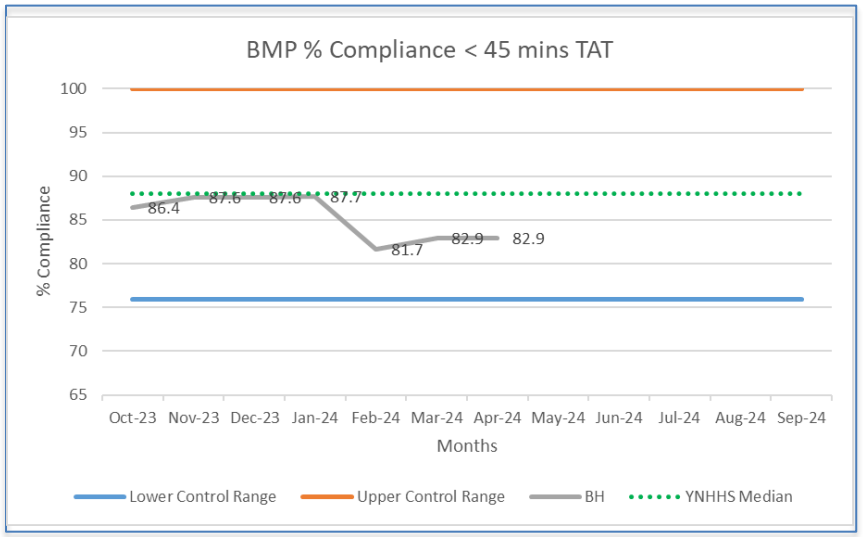


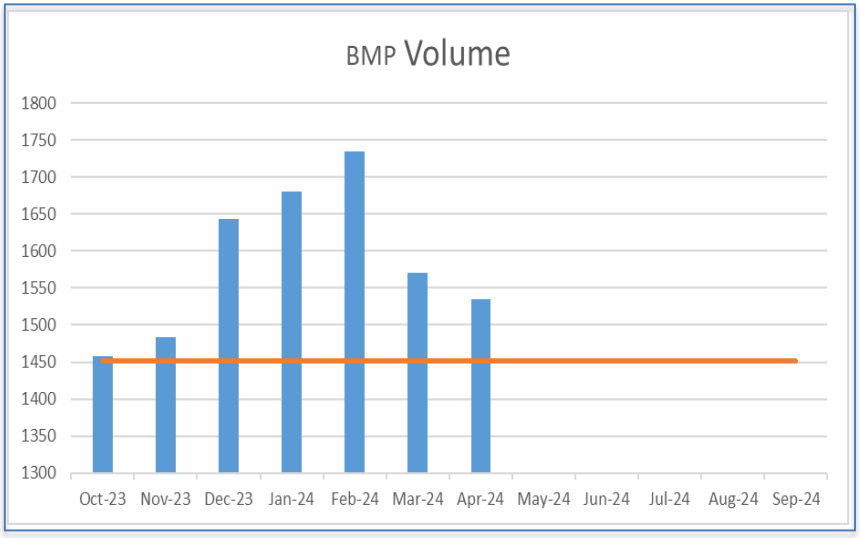


Yale NewHaven Health
Bridgeport Hospital

Bridgeport Campus – Basic Metabolic Panel (BMP) ED TAT

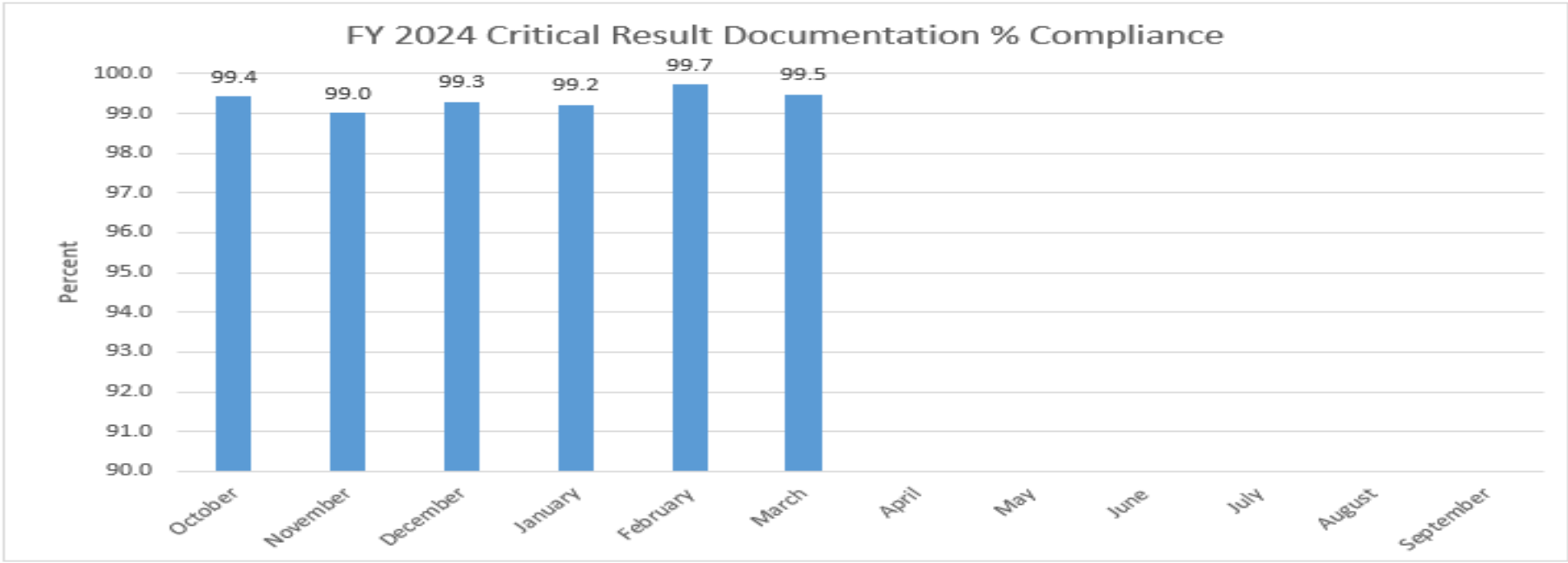






Yale NewHaven Health
Bridgeport Hospital

Chemistry –will present in June

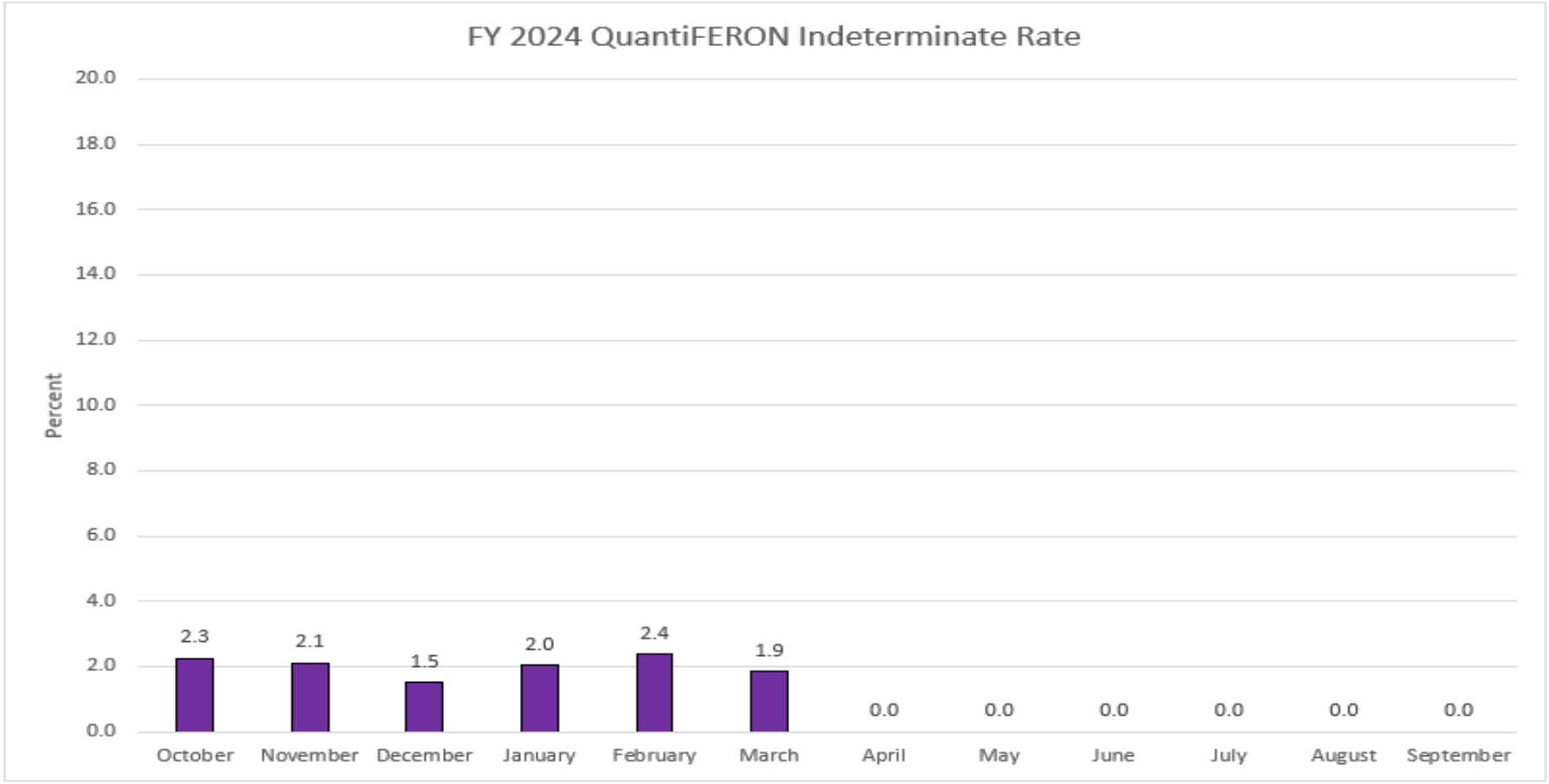


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
n	1386	1504	1684	1538	1454	1507						
#compliant	1378	1490	1671	1526	1450	1499						
#noncompliant	8	15	12	12	4	8						

no name	2	4	4	2		2						
no full name	1	3	2	1		3						
no credentials	5	6	5	7	3	3						
incorrect docum.		1		1								
incorrect person		1	1									
not called				1	1							

Each outlier was addressed with individual tech.

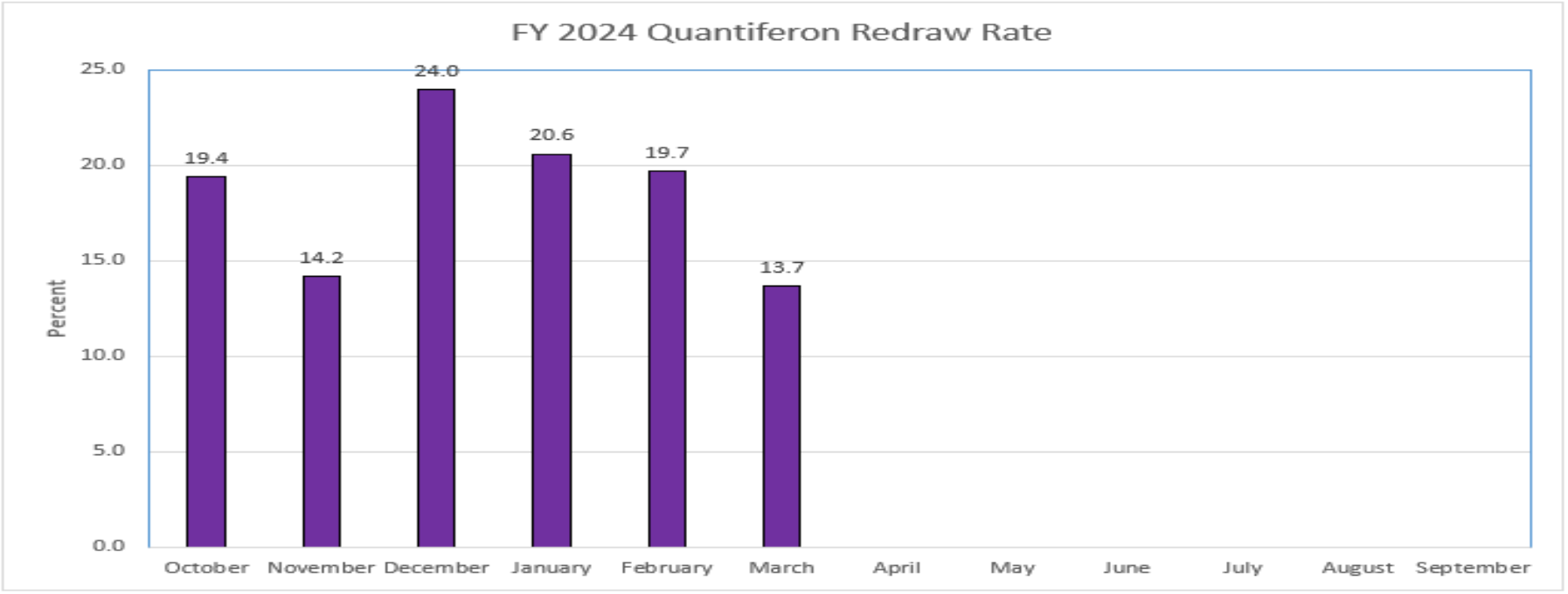
Chemistry – will present in June



Benchmark: **<6.5%**

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
N	266	237	200	246	251	270						
indeterminate	6	5	3	5	6	5						

Chemistry – will present in June

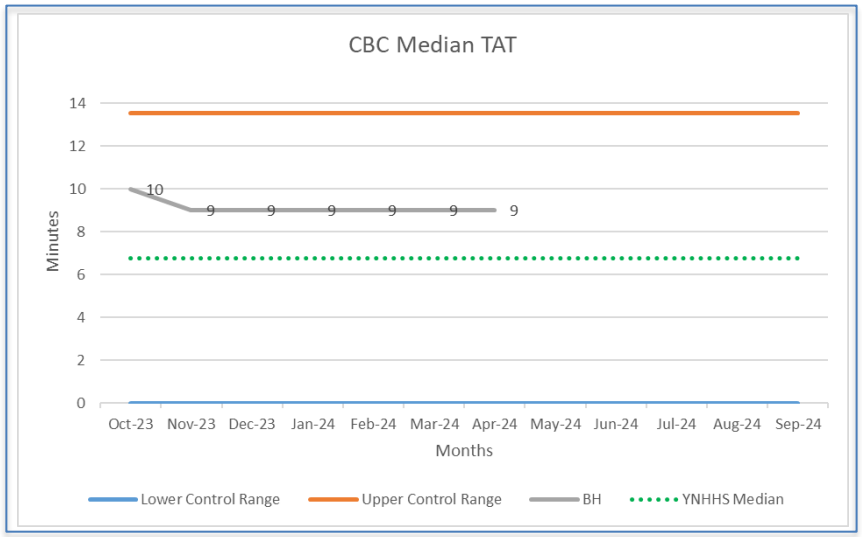


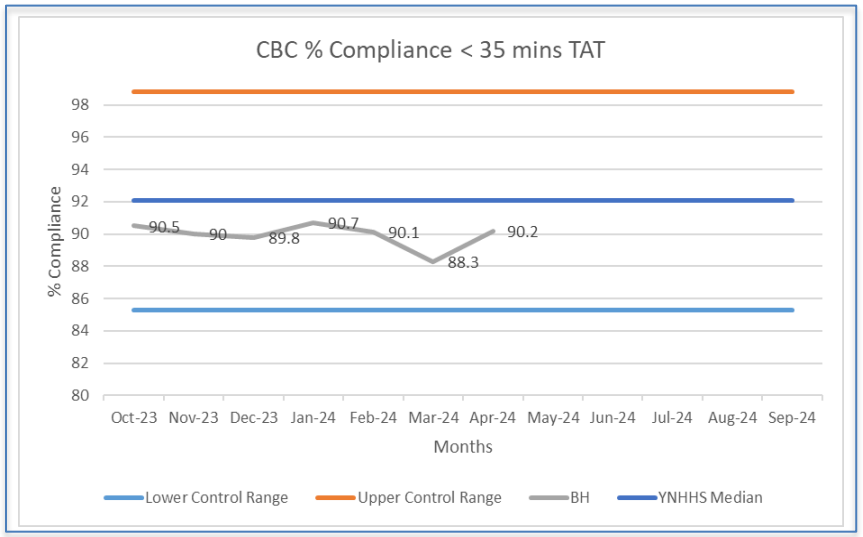
Benchmark: **<6.5%**

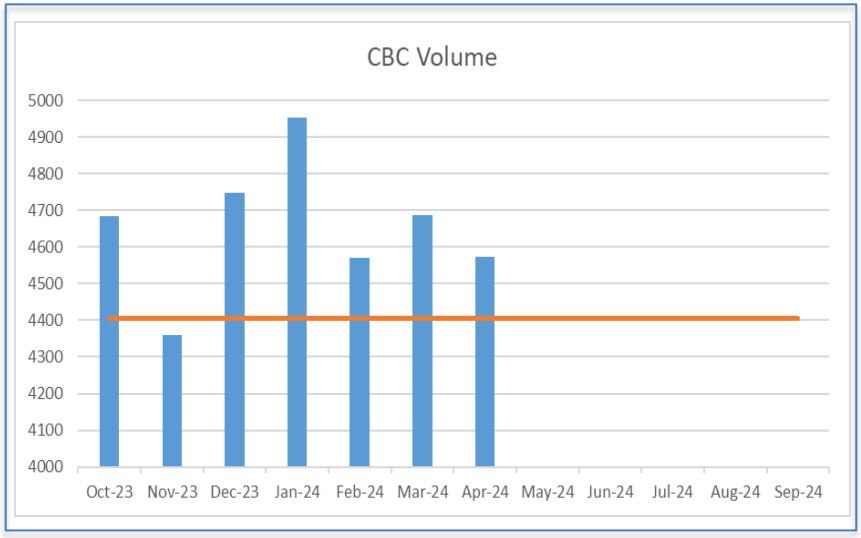
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
redraws	57	31	61	55	35	56						
rate %	19.4	14.2	24.0	20.6	19.7	13.7						
hemolyzed	44	26	48	35	27	22						
QNS	10	3	7	9	5	9						
overfilled	2	0	4	4	2	4						
other	1	2	2	5	1	21						

Other: 1 incorrect collection tubes
3 unable to obtain
17 due to incubator malfunction; replacement put into use on 4/23/24

Bridgeport Campus – Complete Blood Count (CBC) ED TAT

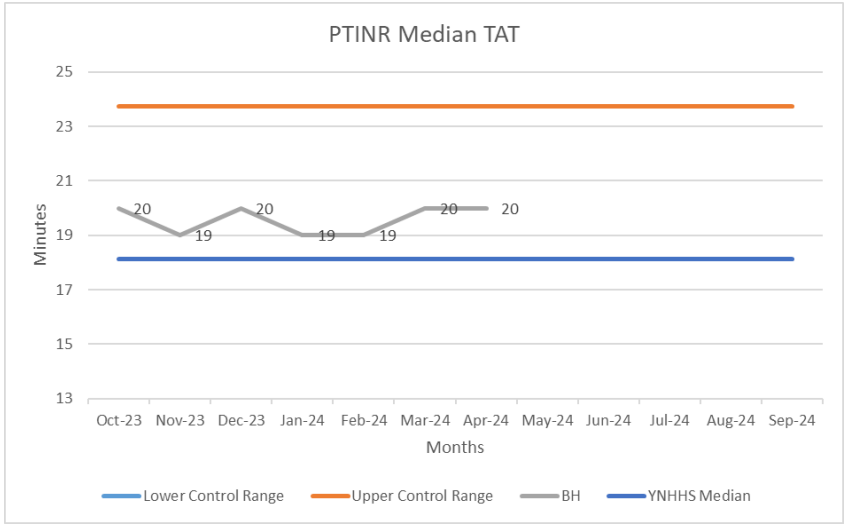


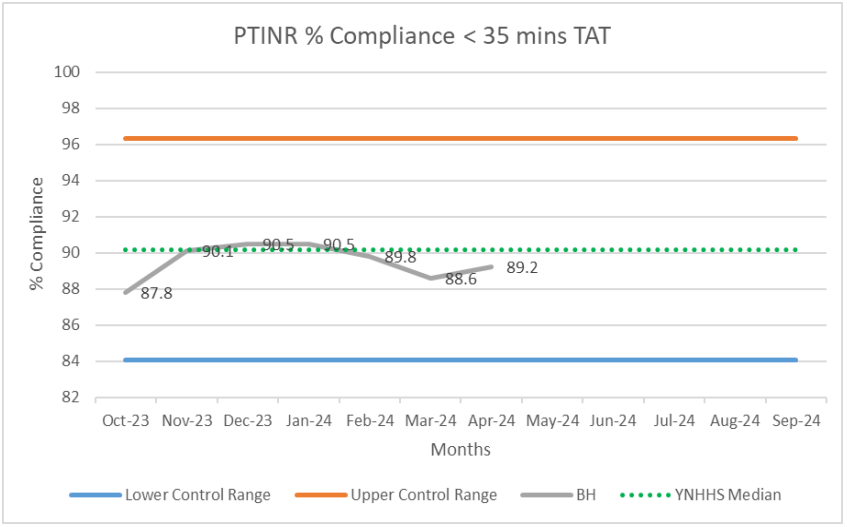


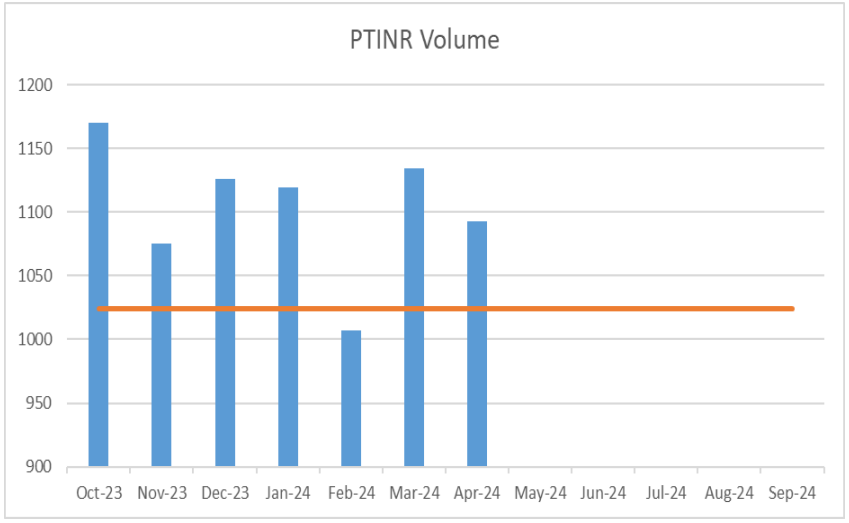


Yale NewHaven Health
Bridgeport Hospital

Bridgeport Campus – PTINR ED TAT

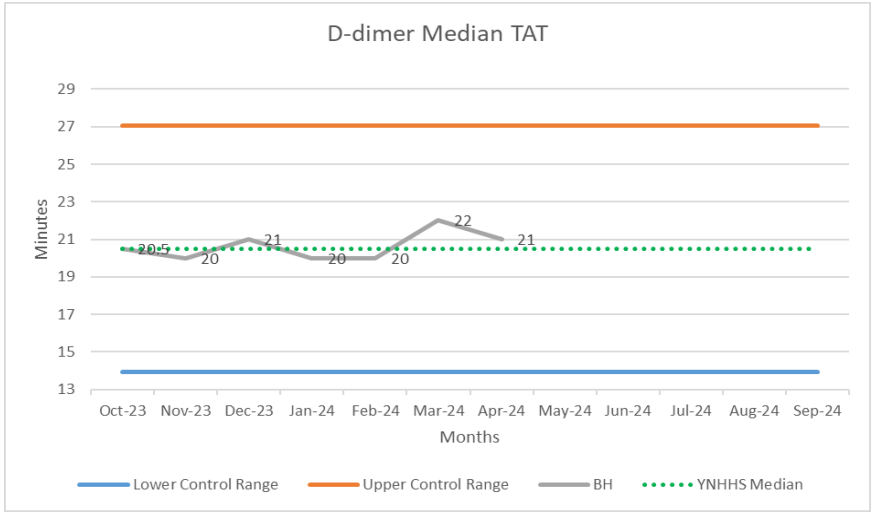


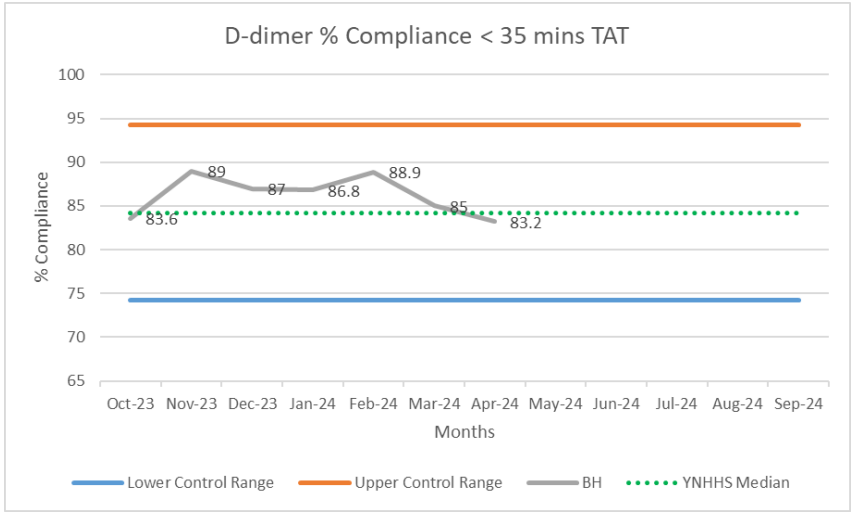


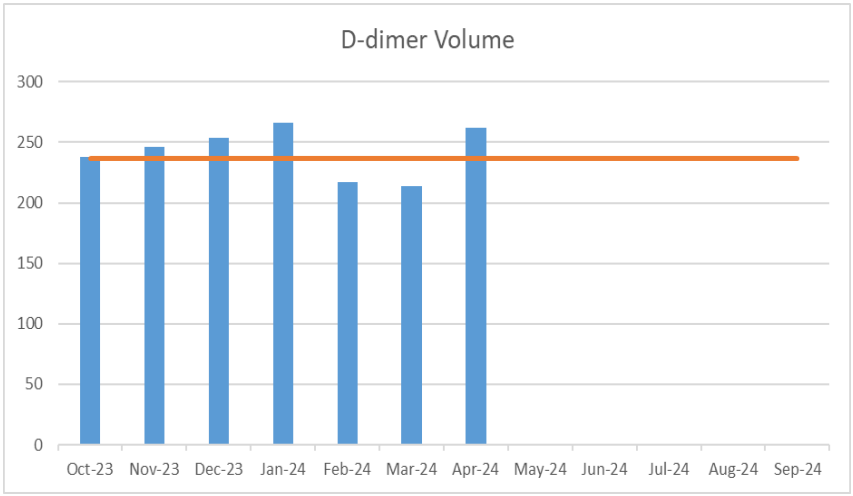


Yale NewHaven Health
Bridgeport Hospital

Bridgeport Campus – D-dimer ED TAT

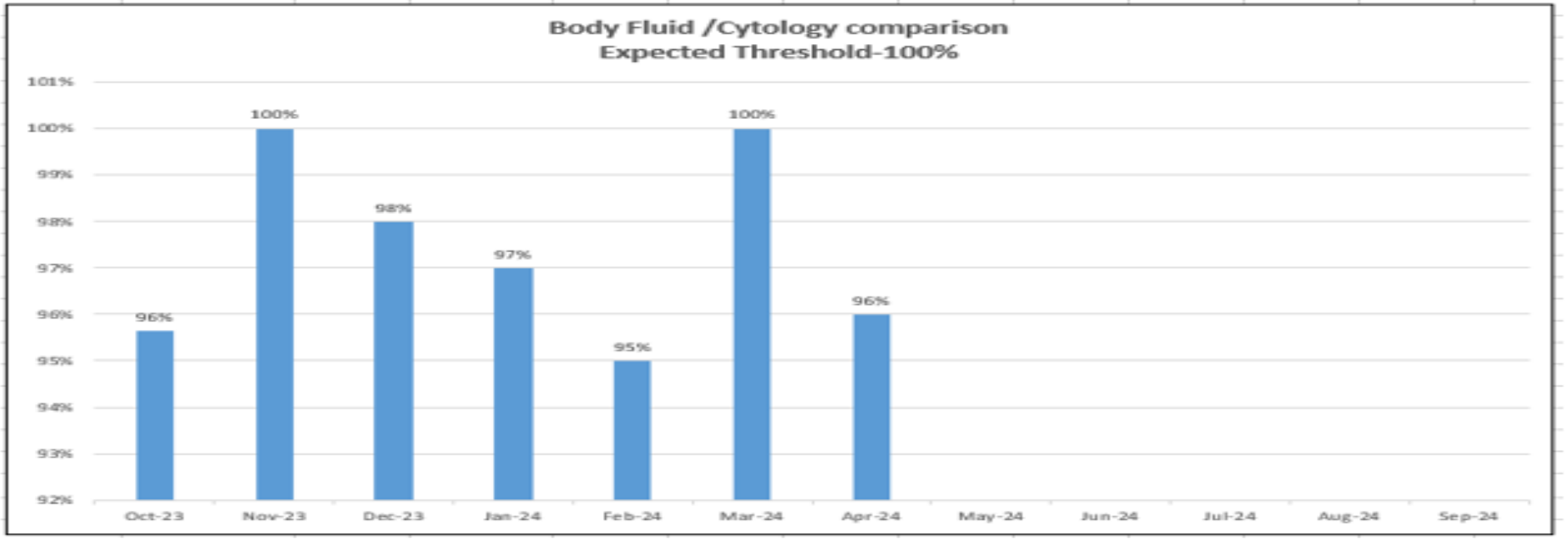






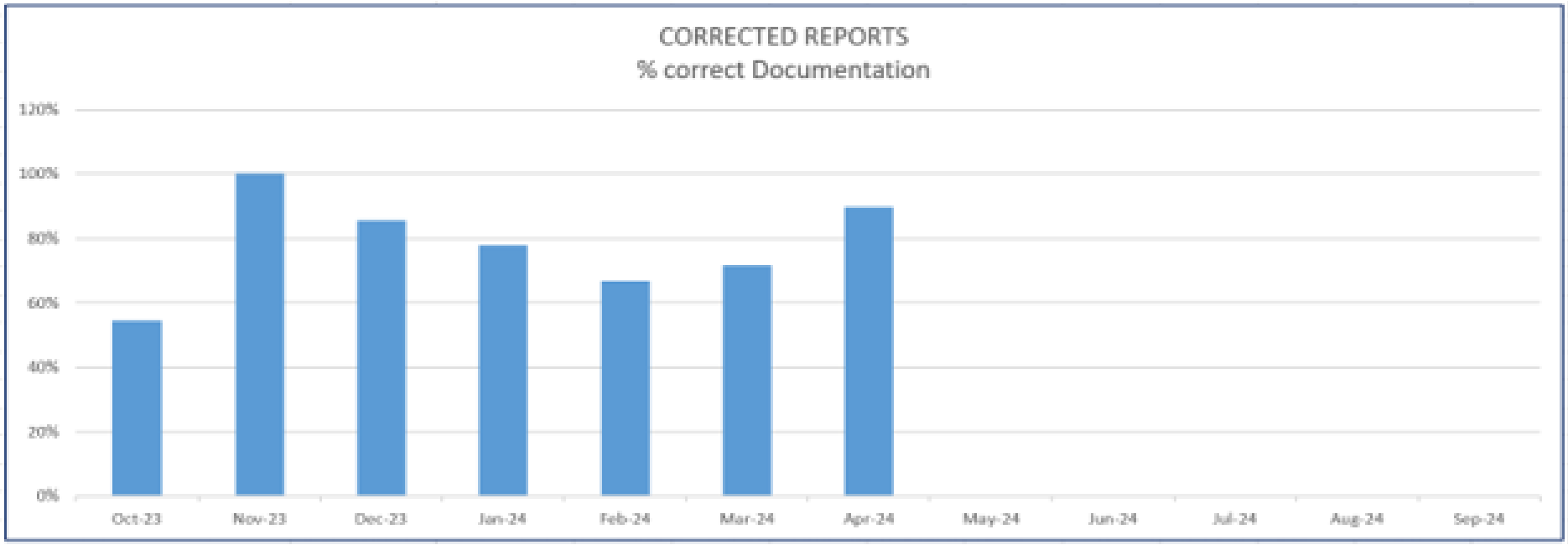
Yale NewHaven Health
Bridgeport Hospital

Aspect of Care



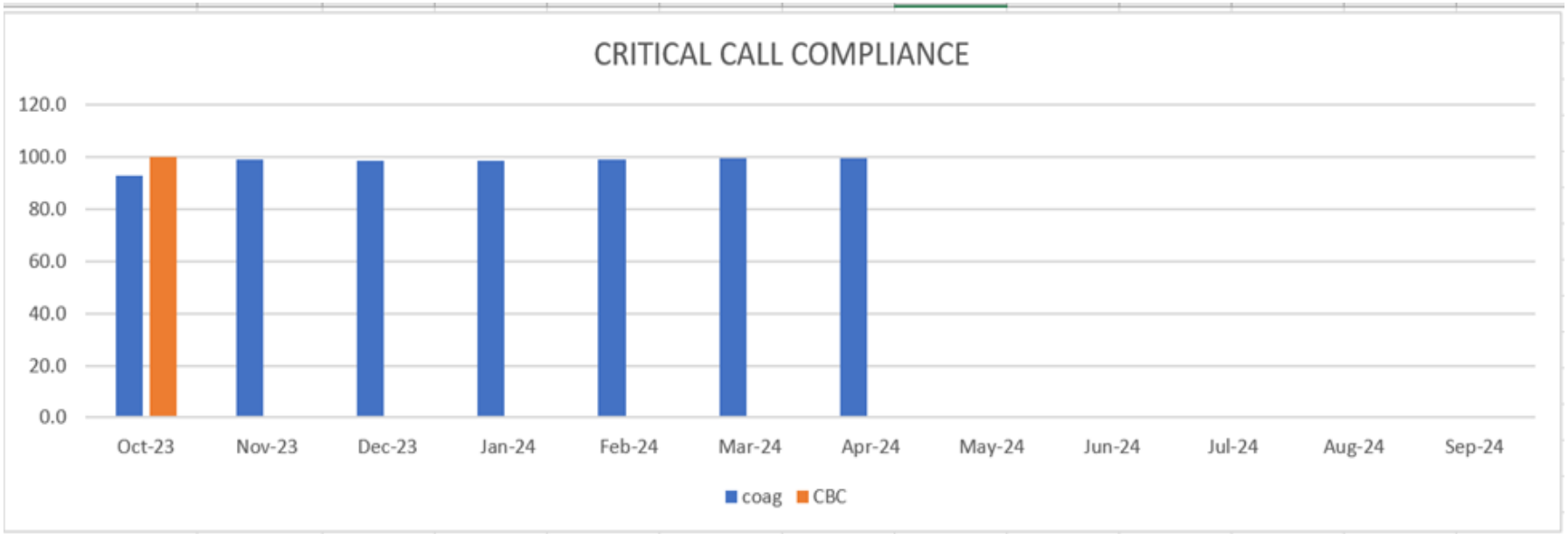
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Total # of Fluids	160	138	170	161	139	144	128					
cytology ordered	69	62	80	89	64	65	75					
# of fluid diffs that did not correlate	3	0	2	3	3	0	3					
# of fluids correlated	66	62	78	86	61	65	72					
Threshold achieved	96%	100%	98%	97%	95%	100%	96%					
Expected	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Action/ Outcome	Dr. Mincrowicz reviewed. One slide with suspicious cells.		Both fluids - suspicious for malignancy. Dr. Mincrowicz to review	Reviewed by Dr. Mincrowicz. Did not see obvious malignant cells.			3 slides did not match the cytology results. Dr. Mincrowicz is reviewing the slides.					

Aspect of Care



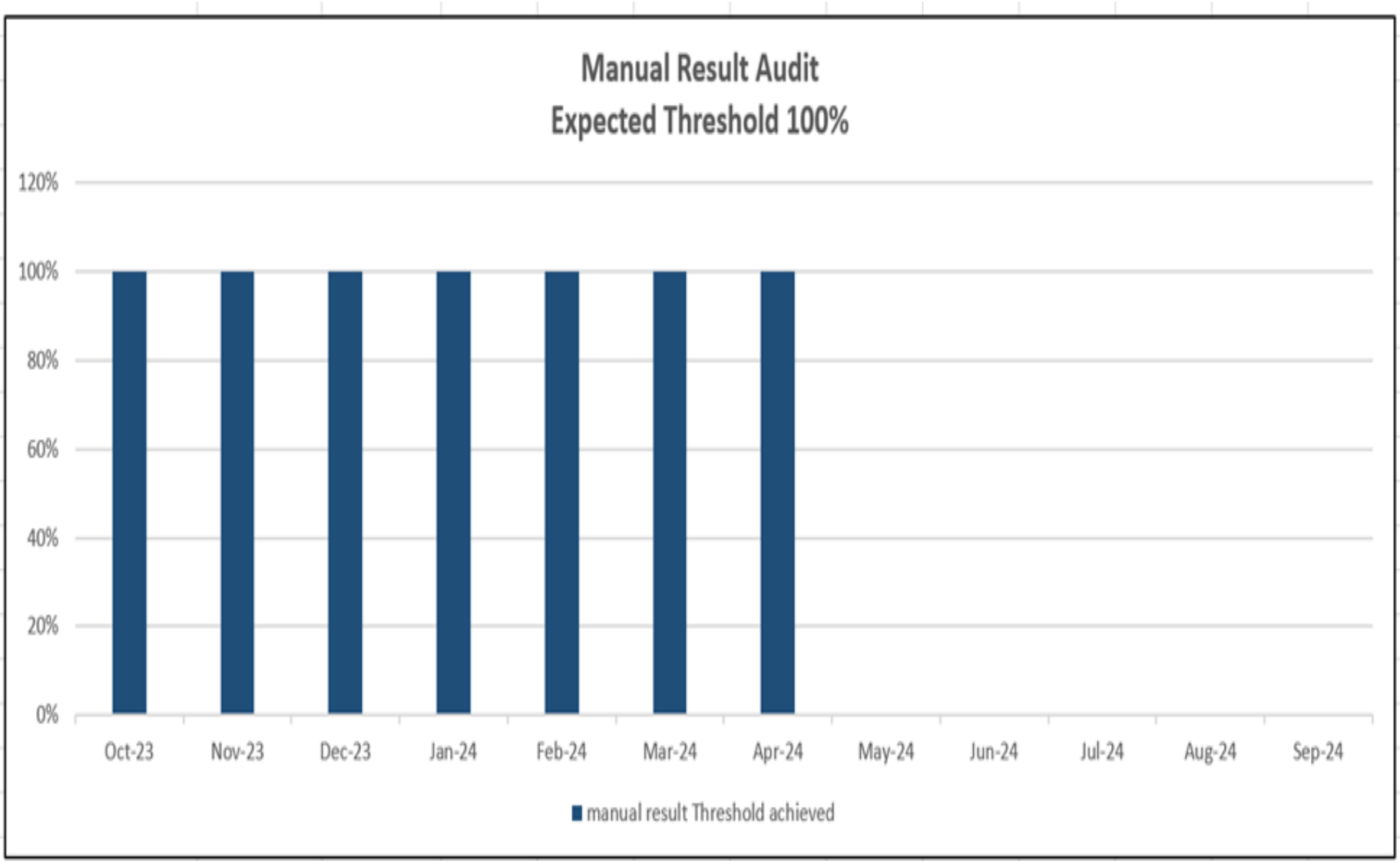
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
corrected appended results	11	10	7	9	9	7	10					
incorrect documentation	5	0	1	2	3	2	1					
correct documetation	6	10	6	7	6	5	9					
% correct	55%	100%	86%	78%	67%	71%	90%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Action/outcome:	adressed in the November staff meeting. The incorrect documentation was on color changes with Urines and fluids.		1 corrected result not communicated. Spoke to individual tech	2 not reported to caregiver. Same tech.	Spoke to each tech individually	2 corrected results not called	1 corrected result not phoned to provider					

Aspect of Care



	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Total Calls	138	564	486	560	562	644	494					
compliant	128	558	480	553	557	642	493					
CBC Critical audit	20											
compliant	20											
% compliant	92.8	98.9	98.8	98.8	99.1	99.7	99.80	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
CBC	100											
	2-no credentials. 8-improper comm log.	1 improper documnetation. 1 no call(previous critical but we call all PTT. 4 improper comm log	2-no credentials. Same Tech-counselled 4 last initial only. Same tech. Tech counselled.	1 no call. 2 no credentials. 4 last initial only.	4 last aname initial only (all different techs) 1 no credentials	1 no credentials 1 No first name	1 First name last initial					

Aspect of Care



Yale NewHaven Health

QA Report: Department Pathology
April 2024

Bridgeport Hospital and Milford Campus

Laboratory Blood Bank

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

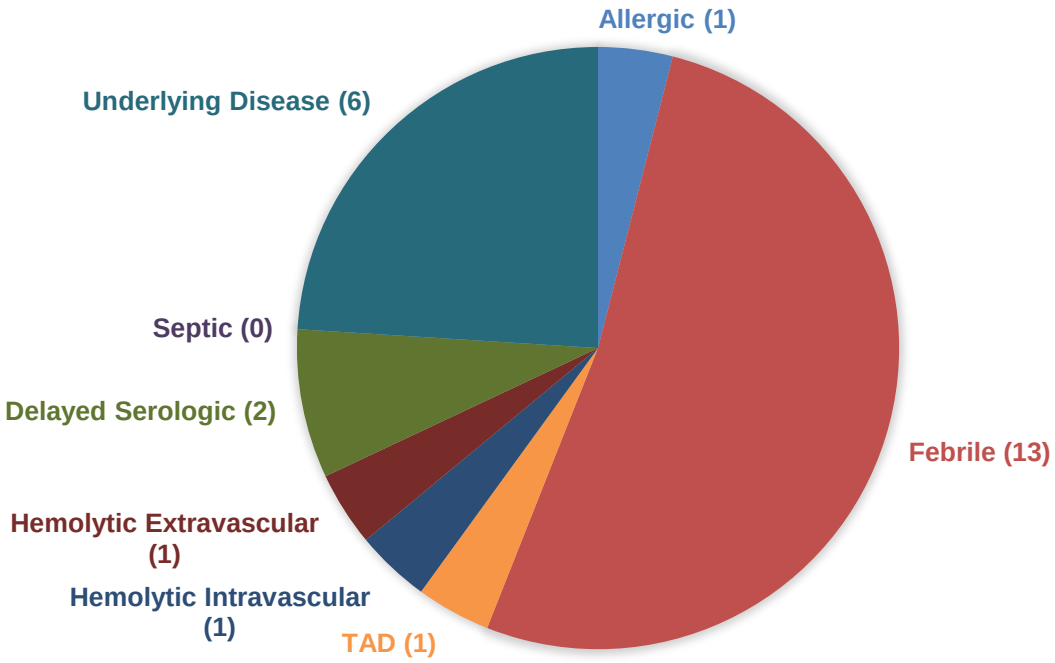
5/8/2024

Bridgeport Hospital Transfusion Reactions FY24

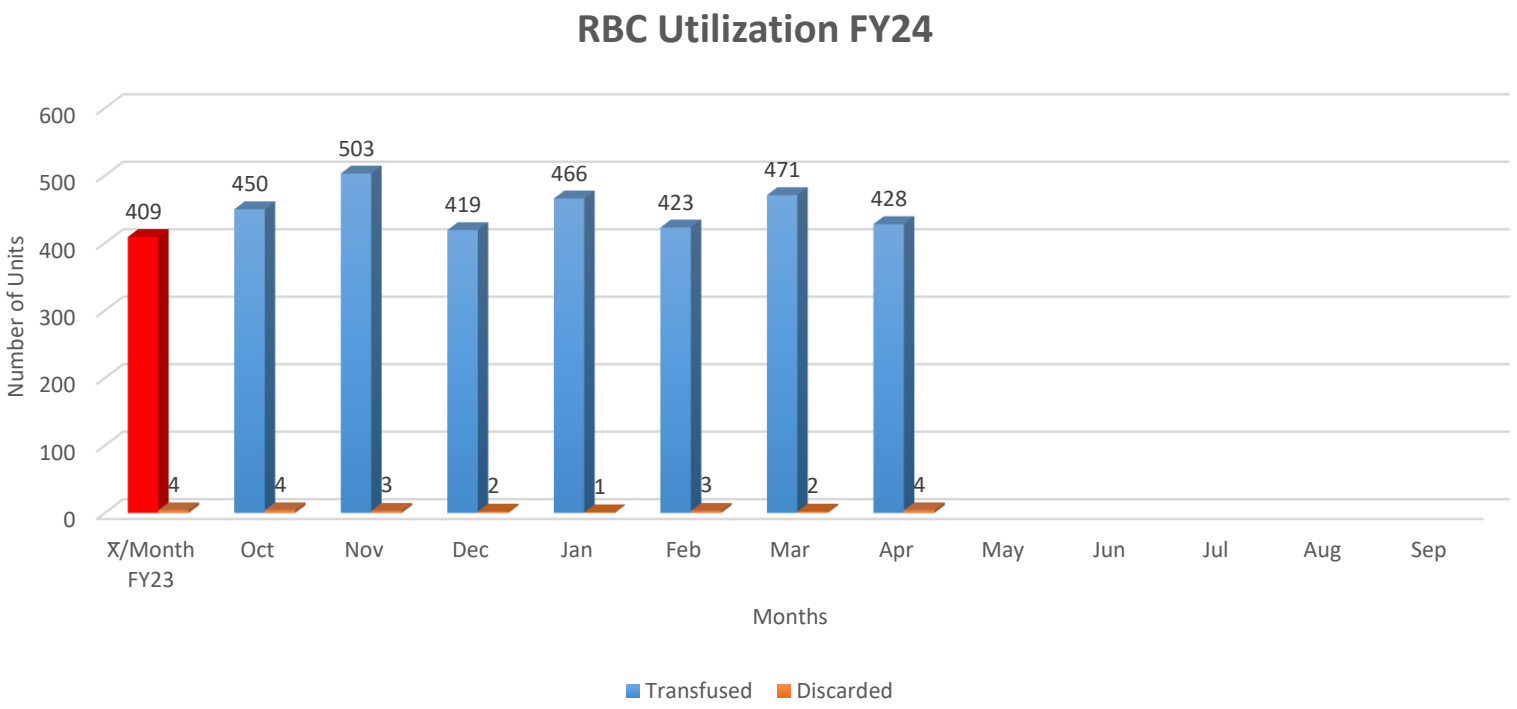
Months	Total	Allergic	Febrile	Anaphy	TACO	TRALI	TAD	Hemolytic Intravascular	Hemolytic Extravascular	Delayed Serologic	Septic	Underlying Disease
	BH	BH	BH	BH	BH	BH	BH	BH	BH	BH	BH	BH
Oct	6	0	2	0	0	0	1	0	1	1	0	1
Nov	4	1	2	0	0	0	0	0	0	0	0	1
Dec	1	0	1	0	0	0	0	0	0	0	0	0
Jan	7	0	4	0	0	0	0	1	0	1	0	1
Feb	4	0	3	0	0	0	0	0	0	0	0	1
Mar	2	0	1	0	0	0	0	0	0	0	0	1
Apr	1	0	0	0	0	0	0	0	0	0	0	1
May	0											
Jun	0											
Jul	0											
Aug	0											
Sep	0											
Total	25	1	13	0	0	0	1	1	1	2	0	6

Yale NewHaven Health Bridgeport Hospital

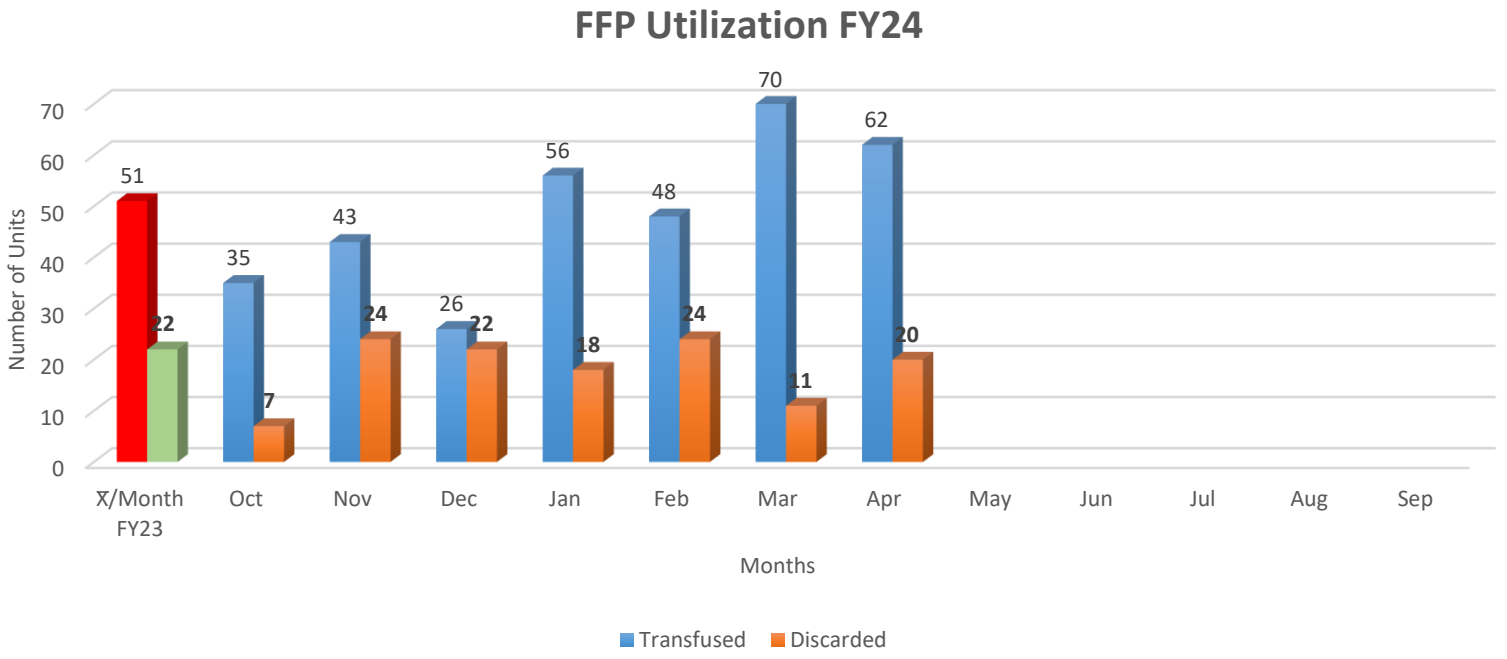
BRIDGEPORT HOSPITAL TRANSFUSION REACTIONS FY24 OCT - APR



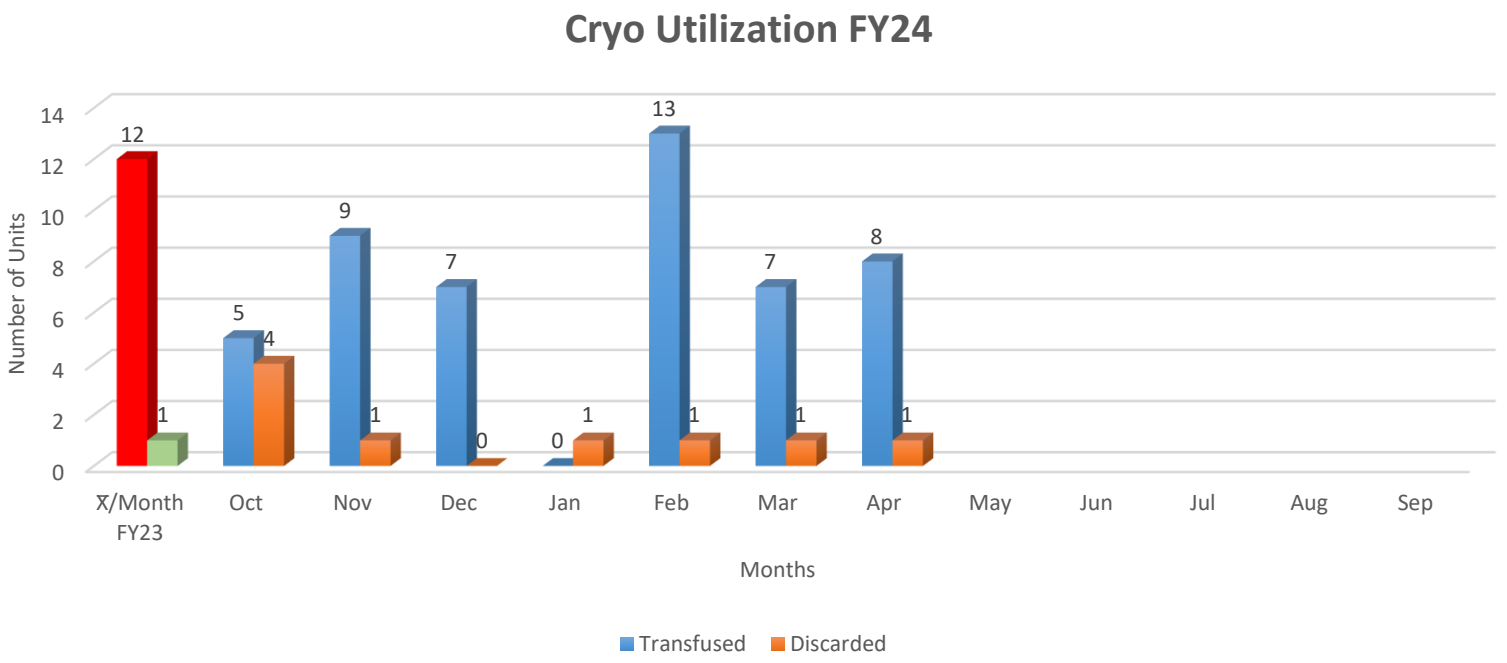
Bridgeport Hospital



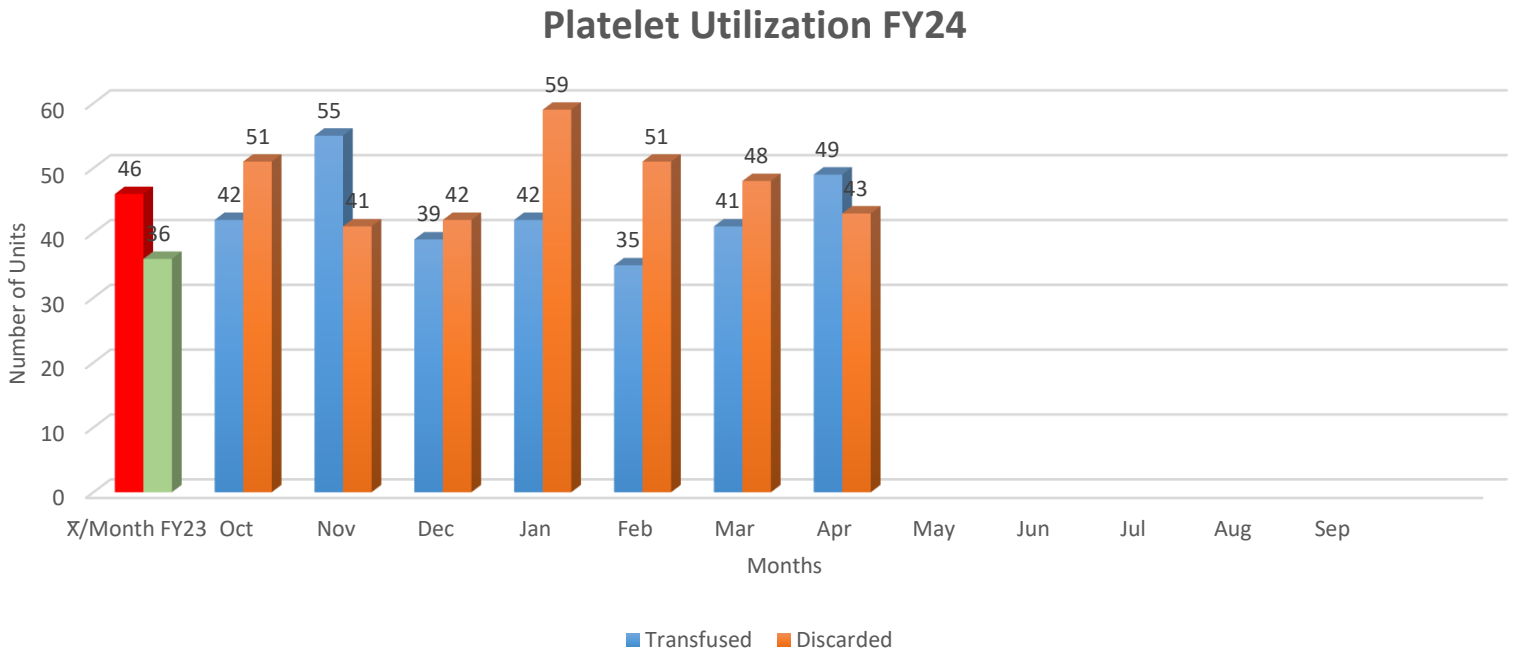
Bridgeport Hospital



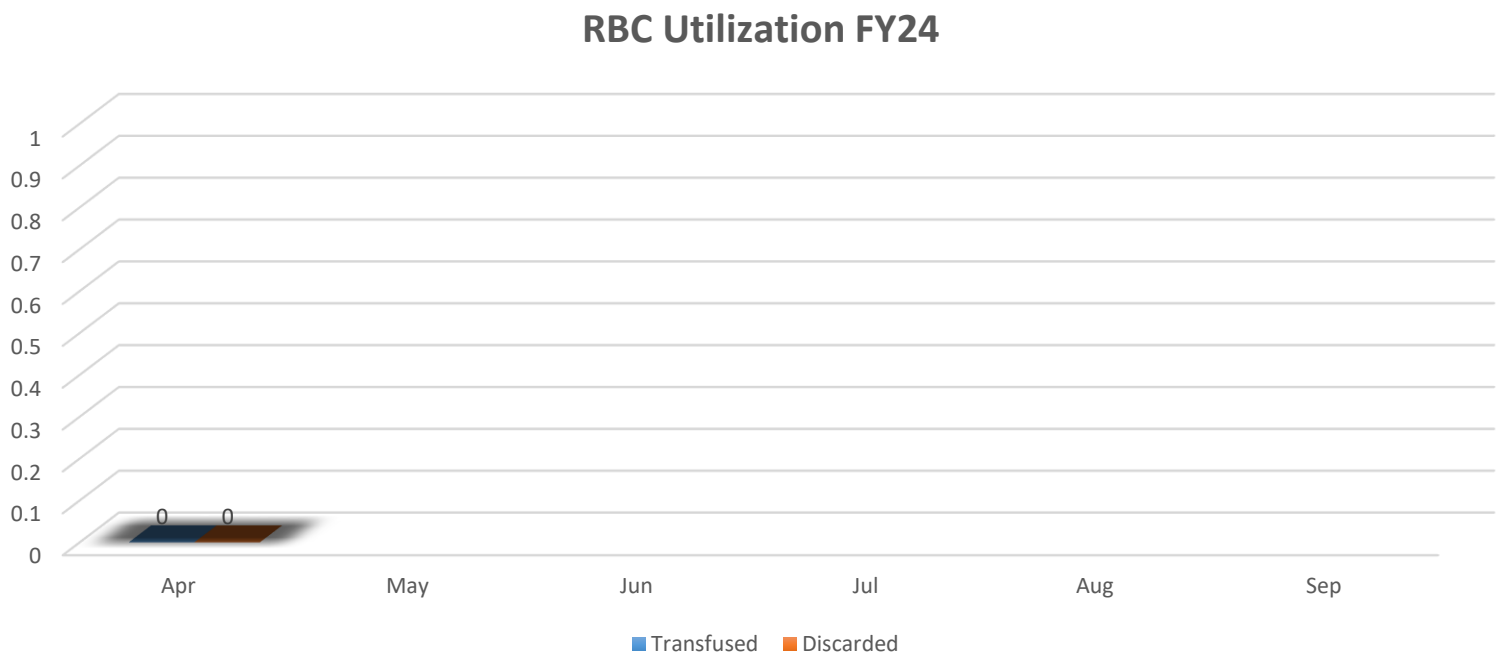
Bridgeport Hospital



Bridgeport Hospital



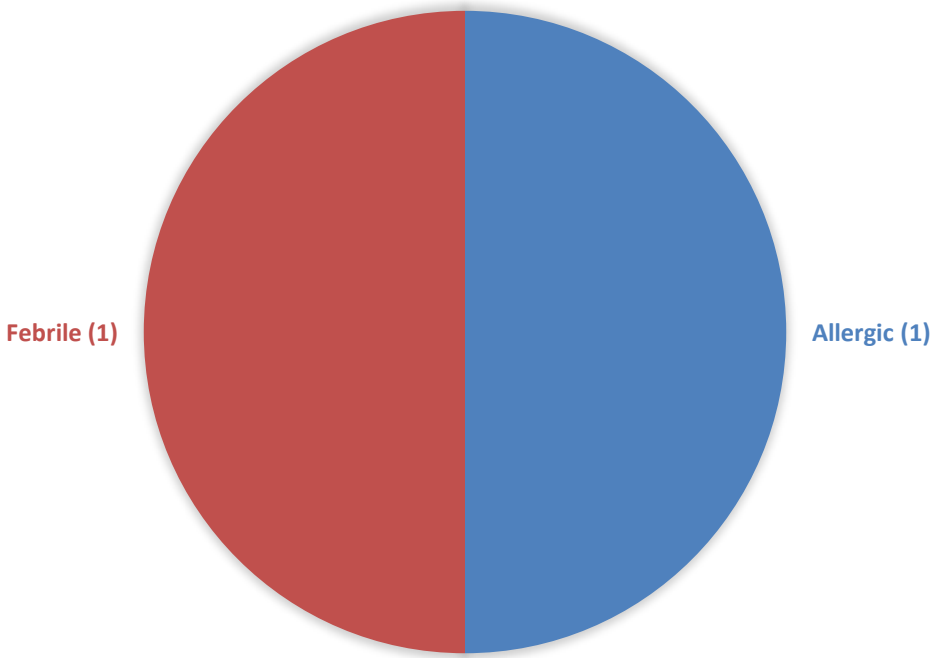
Park Ave Remote Refrigerator



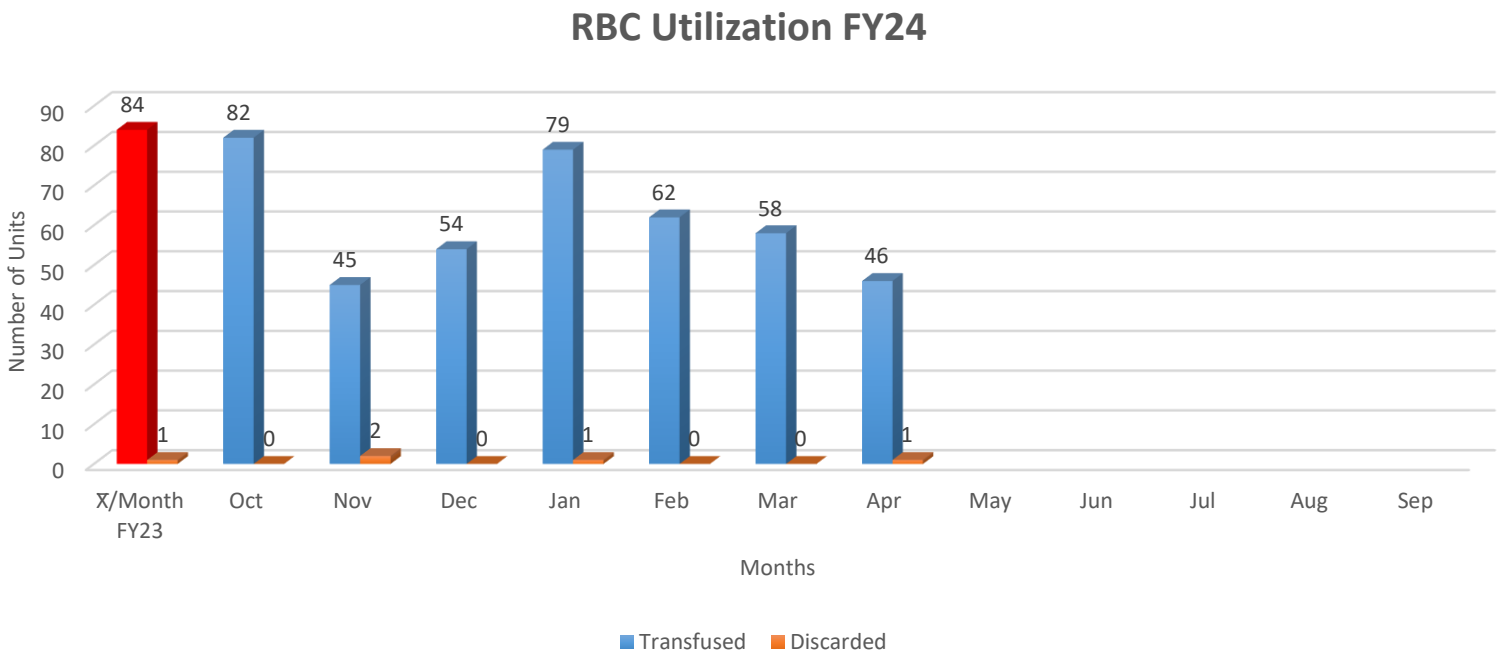
Milford Hospital Transfusion Reactions FY24

Months	Total	Allergic	Febrile	Anaphy	TACO	TRALI	TAD	Hemolytic Intravascular	Hemolytic Extravascular	Delayed Serologic	Septic	Underlying Disease
	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Oct	**1**	0	1	0	0	0	0	0	0	0	0	0
Nov	**0**	0	0	0	0	0	0	0	0	0	0	0
Dec	**0**	0	0	0	0	0	0	0	0	0	0	0
Jan	**1**	1	0	0	0	0	0	0	0	0	0	0
Feb	**0**	0	0	0	0	0	0	0	0	0	0	0
Mar	**0**	0	0	0	0	0	0	0	0	0	0	0
Apr	**0**	0	0	0	0	0	0	0	0	0	0	0
May	**0**											
Jun	**0**											
Jul	**0**											
Aug	**0**											
Sep	**0**											
Total	**2**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

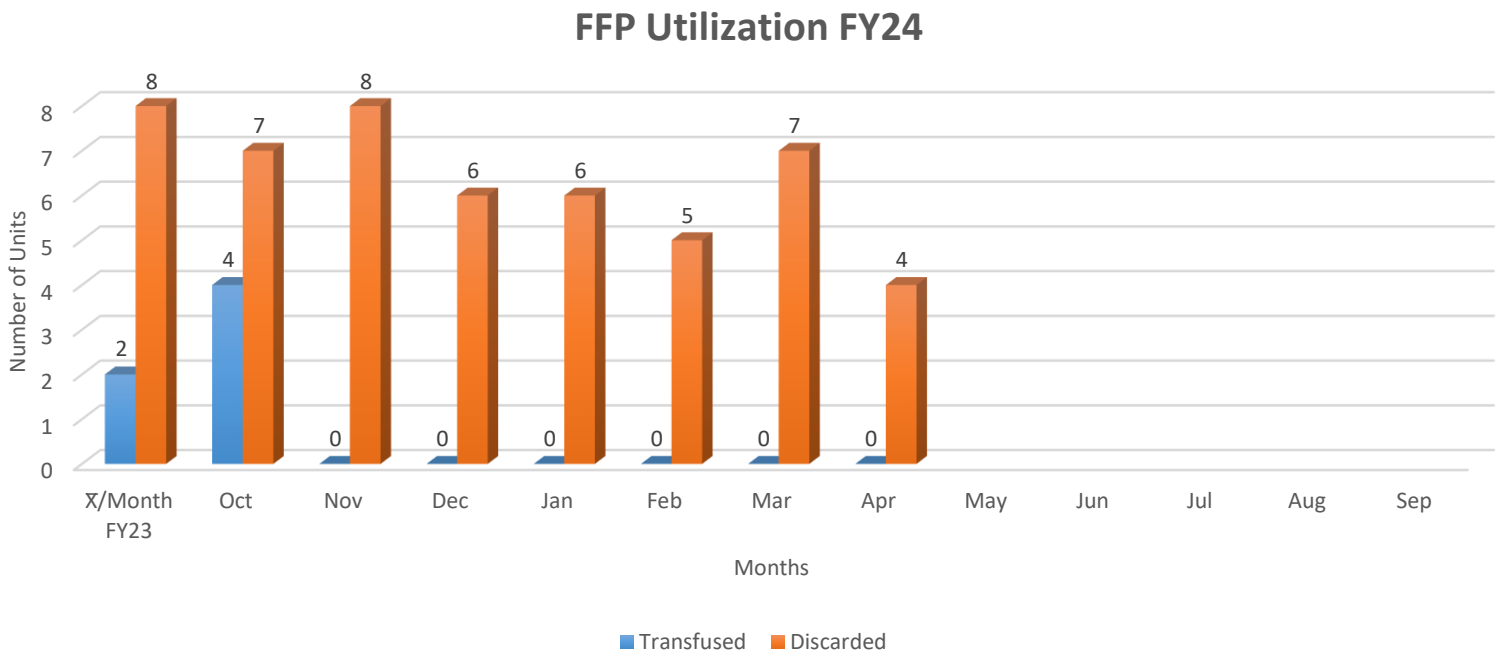
MILFORD HOSPITAL TRANSFUSION REACTIONS FY24 OCT – APR



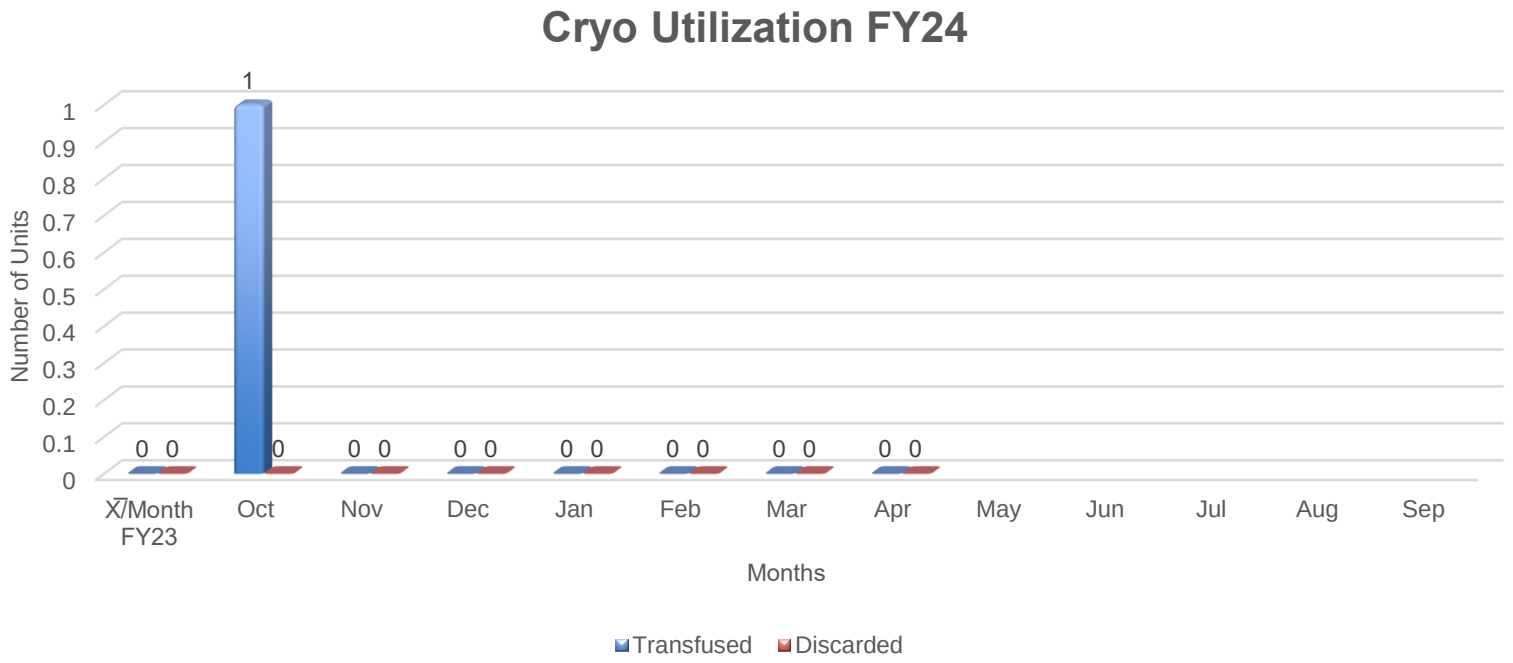
Milford Hospital



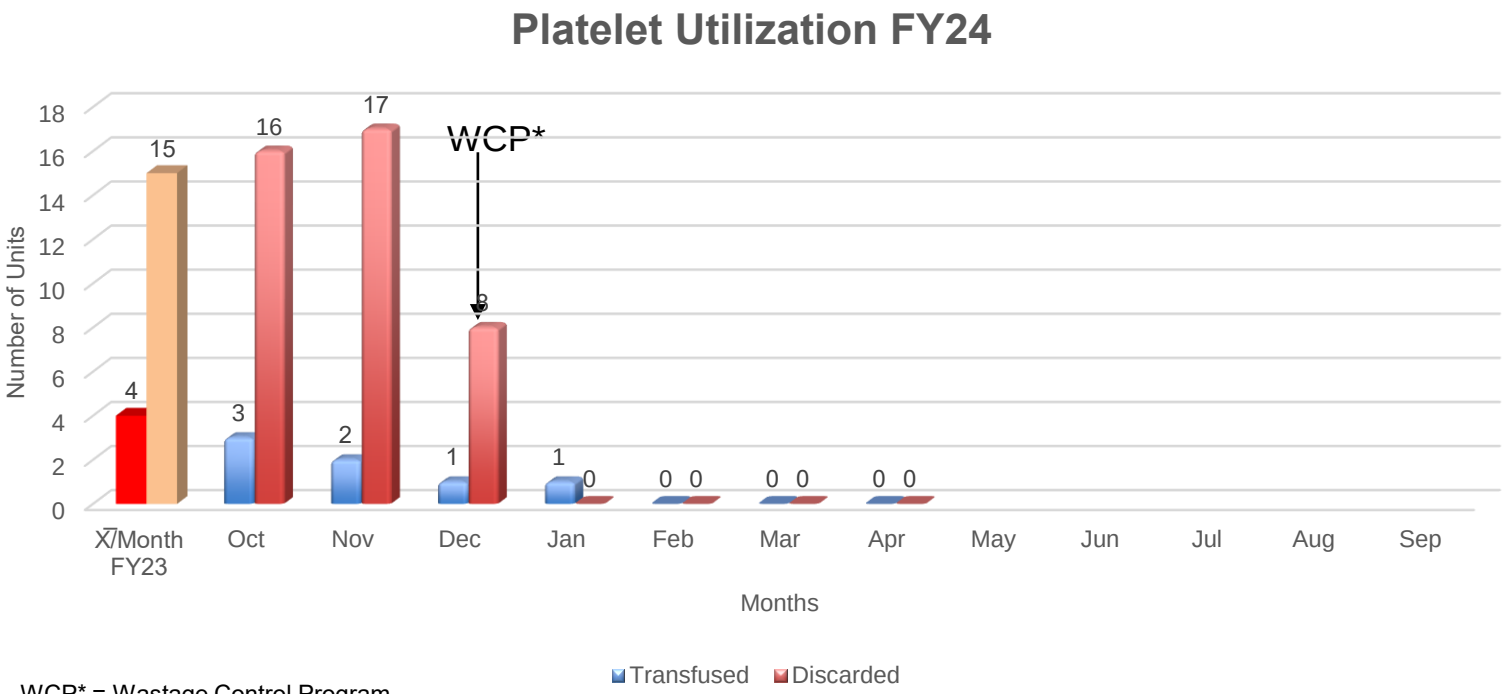
Milford Hospital



Milford Hospital

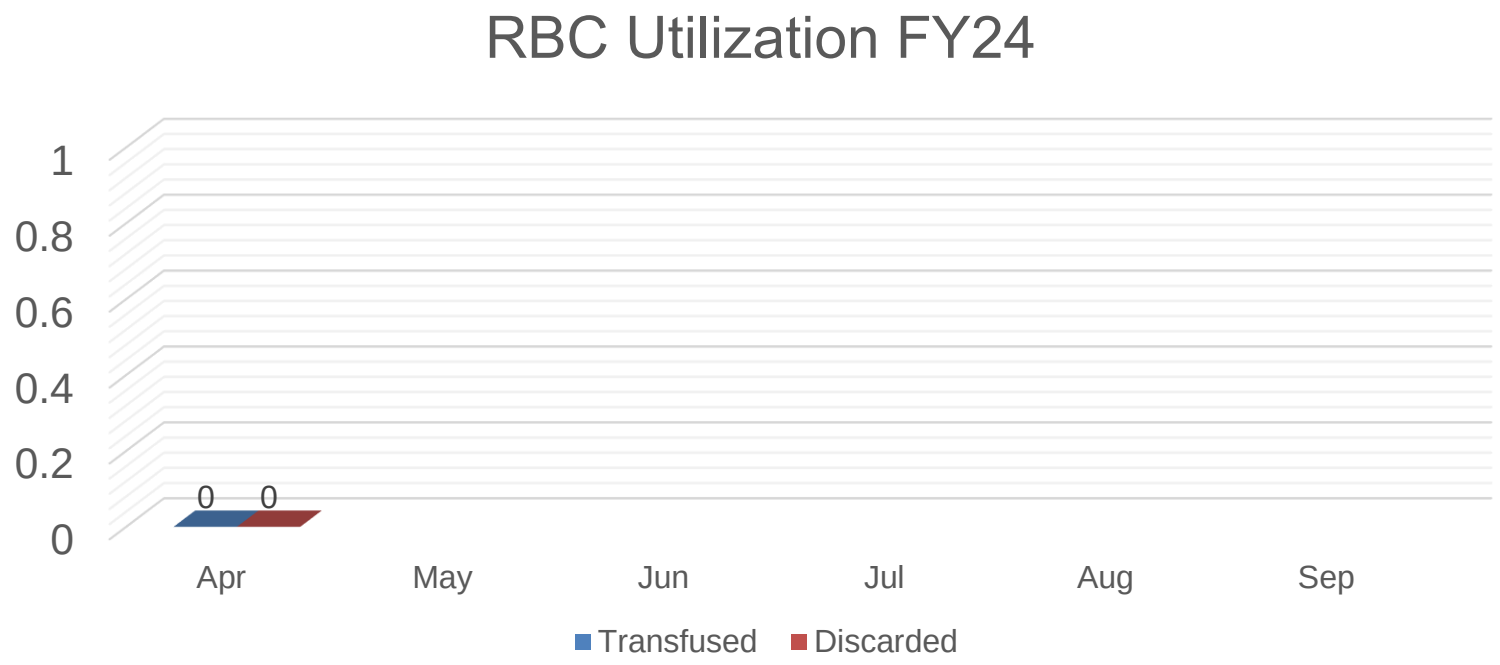


Milford Hospital



WCP* = Wastage Control Program

Park Ave Remote Refrigerator



Yale NewHaven Health Bridgeport Hospital

C-RSQ Report Out

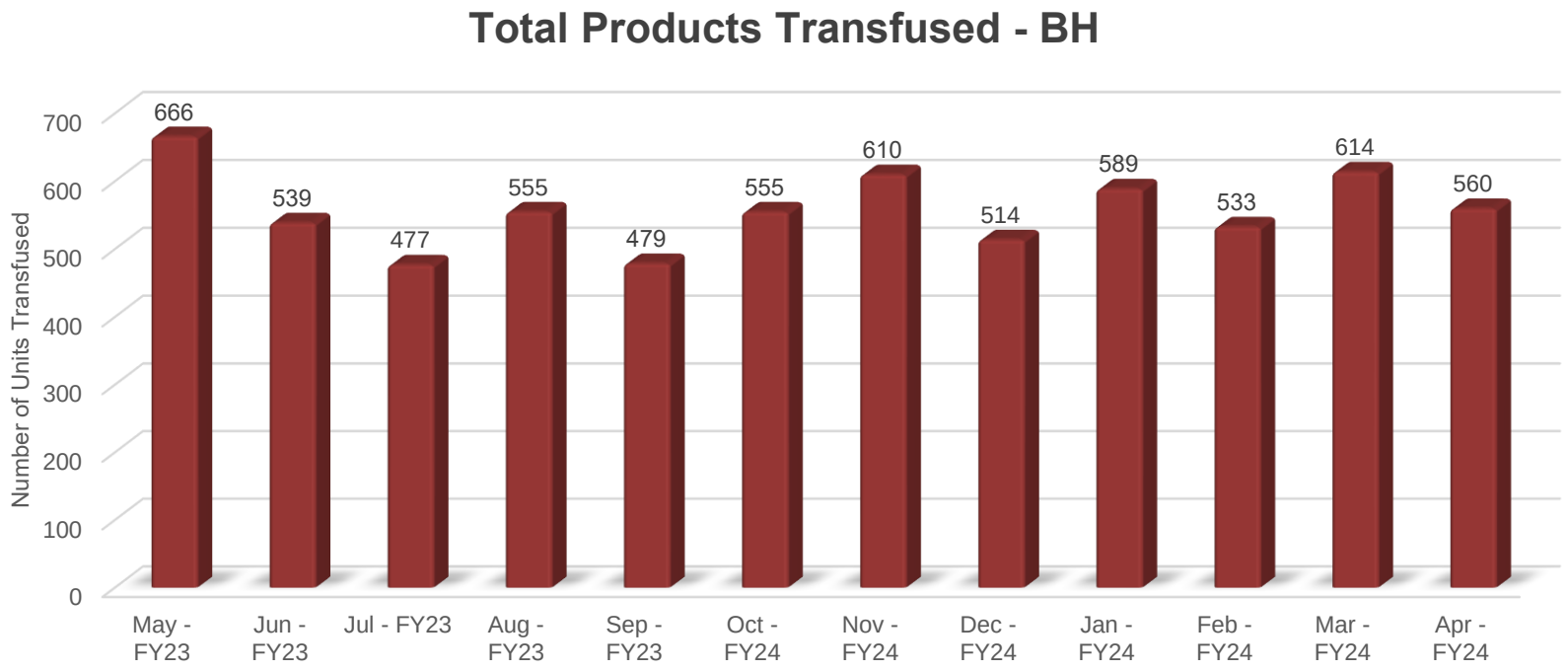
Committee of Regulatory, Safety, & Quality

FY24 April

Bridgeport Hospital
Laboratory Blood Bank

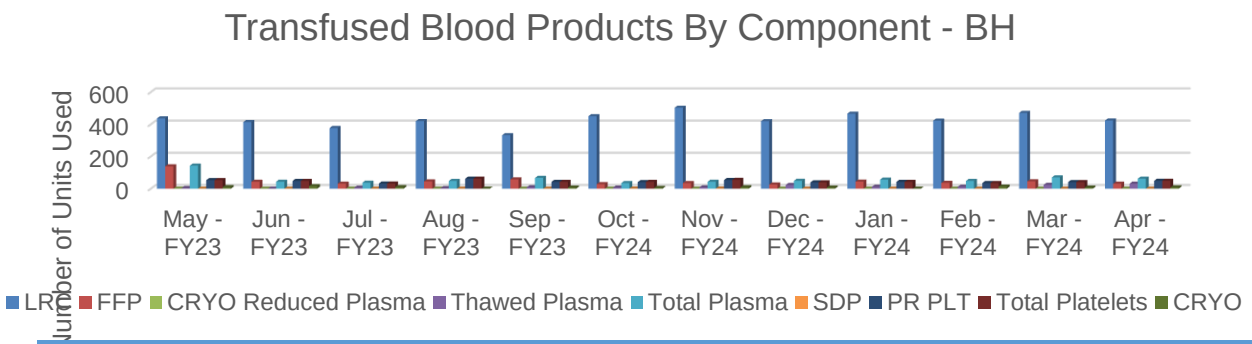
Edward Snyder MD
Christine Minerowicz MD
Lisa Krause
Melissa Morales B.A.
Teodorico Lee MPH
Laura Buhlmann M.S.

PI.01.01.01 EP6 The hospital collects data on the following: The use of blood and blood components. (See also LD.03.07.01, EP 2)



Yale NewHaven Health Bridgeport Hospital

PI.01.01.01 EP6 The hospital collects data on the following: The use of blood and blood components. (See also LD.03.07.01, EP 2)

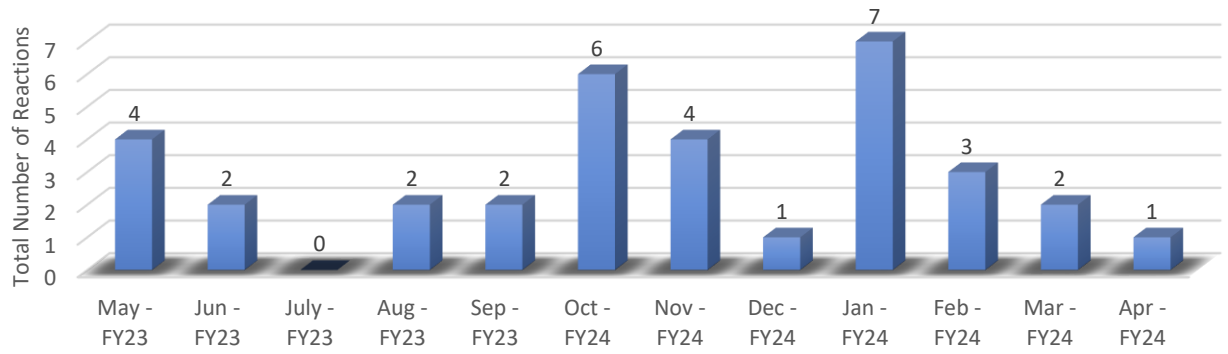


	Total Products	LRC	FFP	CRYO Reduced Plasma	Thawed Plasma	Total Plasma	SDP	PR PLT	Total Platelets	CRYO
May - FY23	666	437	139	0	4	143	0	53	53	10
Jun - FY23	539	414	43	0	0	43	0	48	48	16
Jul - FY23	477	377	31	0	6	37	0	32	32	10
Aug - FY23	555	420	45	0	3	48	0	62	62	0
Sep - FY23	479	332	58	0	9	67	0	42	42	7
Oct - FY24	555	450	28	0	7	35	1	41	42	5
Nov - FY24	610	503	35	0	8	43	1	54	55	9
Dec - FY24	514	419	26	0	23	49	0	39	39	7
Jan - FY24	589	466	44	0	12	56	0	42	42	0
Feb - FY24	533	423	36	0	12	48	0	35	35	13
Mar - FY24	614	471	46	0	24	70	0	41	41	7
Apr - FY24	560	424	31	0	31	62	0	49	49	8

Yale NewHaven Health Bridgeport Hospital

PI.01.01.01 EP7 The hospital collects data on the following: All reported and confirmed transfusion reactions. (See also LD.03.07.01, EP 2; LD.03.09.01, EP 3)

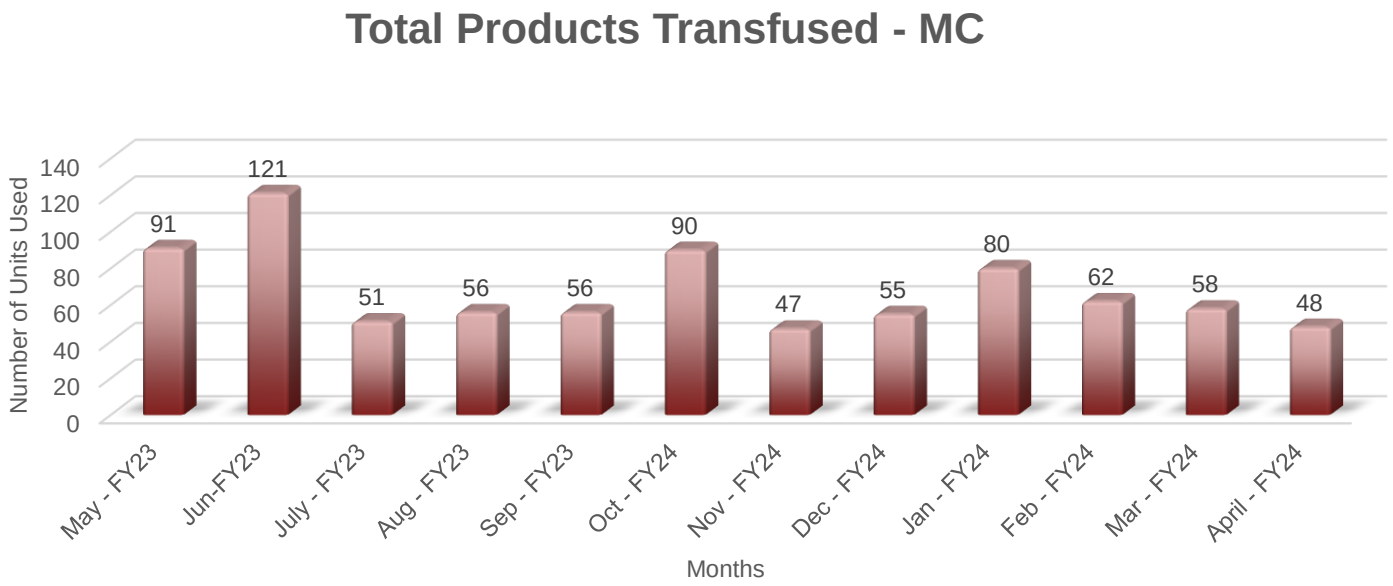
Total Transfusions Reaction - BH



	Allergic	Febrile	Anaphylactic	TACO	TRALI	TAD	Septic	Hemolytic Intravascular	Hemolytic Extravascular	Delayed Serologic	Underlying Disease	Total
May - FY23	1	1	0	0	0	0	0	0	0	0	2	4
Jun - FY23	0	0	0	0	0	0	0	0	0	0	2	2
July - FY23	0	0	0	0	0	0	0	0	0	0	0	0
Aug - FY23	0	2	0	0	0	0	0	0	0	0	0	2
Sep - FY23	1	1	0	0	0	0	0	0	0	0	0	2
Oct - FY24	0	2	0	0	0	1	0	0	1	1	1	6
Nov - FY24	1	2	0	0	0	0	0	0	0	0	1	4
Dec - FY24	0	1	0	0	0	0	0	0	0	0	0	1
Jan - FY24	0	4	0	0	0	0	0	1	0	1	1	7
Feb - FY24	0	3	0	0	0	0	0	0	0	0	0	3
Mar - FY24	0	1	0	0	0	0	0	0	0	0	1	2
Apr - FY24	0	0	0	0	0	0	0	0	0	0	1	1

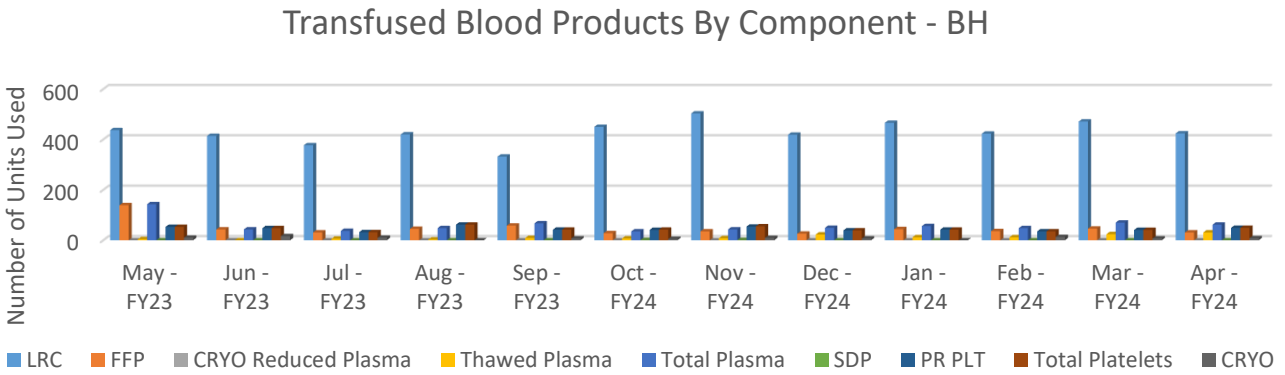
Yale NewHaven Health Bridgeport Hospital

PI.01.01.01 EP6 The hospital collects data on the following: The use of blood and blood components. (See also LD.03.07.01, EP 2)



Yale NewHaven Health Bridgeport Hospital

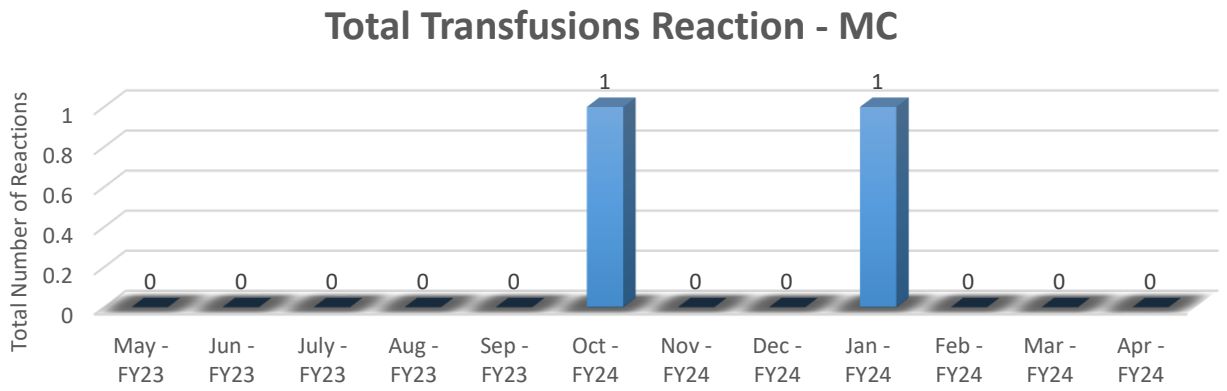
PI.01.01.01 EP6 The hospital collects data on the following: The use of blood and blood components. (See also LD.03.07.01, EP 2)



	Total Products	LRC	FFP	CRYO Reduced Plasma	Thawed Plasma	Total Plasma	SDP	PR PLT	Total Platelets	CRYO
May - FY23	666	437	139	0	4	143	0	53	53	10
Jun - FY23	539	414	43	0	0	43	0	48	48	16
Jul - FY23	477	377	31	0	6	37	0	32	32	10
Aug - FY23	555	420	45	0	3	48	0	62	62	0
Sep - FY23	479	332	58	0	9	67	0	42	42	7
Oct - FY24	555	450	28	0	7	35	1	41	42	5
Nov - FY24	610	503	35	0	8	43	1	54	55	9
Dec - FY24	514	419	26	0	23	49	0	39	39	7
Jan - FY24	589	466	44	0	12	56	0	42	42	0
Feb - FY24	533	423	36	0	12	48	0	35	35	13
Mar - FY24	614	471	46	0	24	70	0	41	41	7
Apr - FY24	560	424	31	0	31	62	0	49	49	8

Yale NewHaven Health
Bridgeport Hospital

PI.01.01.01 EP7 The hospital collects data on the following: All reported and confirmed transfusion reactions. (See also LD.03.07.01, EP 2; LD.03.09.01, EP 3)



	Allergic	Febrile	Anaphylactic	TACO	TRALI	TAD	Septic	Hemolytic Intravascular	Hemolytic Extravascular	Delayed Serologic	Underlying Diesease	Total
May - FY23	0	0	0	0	0	0	0	0	0	0	0	0
Jun - FY23	0	0	0	0	0	0	0	0	0	0	0	0
July - FY23	0	0	0	0	0	0	0	0	0	0	0	0
Aug - FY23	0	0	0	0	0	0	0	0	0	0	0	0
Sep - FY23	0	0	0	0	0	0	0	0	0	0	0	0
Oct - FY24	0	1	0	0	0	0	0	0	0	0	0	1
Nov - FY24	0	0	0	0	0	0	0	0	0	0	0	0
Dec - FY24	0	0	0	0	0	0	0	0	0	0	0	0
Jan - FY24	1	0	0	0	0	0	0	0	0	0	0	1
Feb - FY24	0	0	0	0	0	0	0	0	0	0	0	0
Mar - FY24	0	0	0	0	0	0	0	0	0	0	0	0
Apr - FY24	0	0	0	0	0	0	0	0	0	0	0	0

Yale NewHaven Health
Bridgeport Hospital

Bridgeport Campus
FY 2023 – 2024 POCT QA Performance Report Summary

MONTH	Threshold	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Incorrect or undocumented Patient / LQC Results for Avoximeter	0 errors	2	2	1	3	0	0	2						2 filter checks were out of range but were not rerun. Staff member was counseled about what they need to do in this situation. LQC during this time period was within range. Instrument was cleaned by Biomed and recalibrated - filters within range
Incorrectly documented Urine POC Pregnancy Internal QC	0 errors	7 Volume = 1442	7 Volume = 1309	9 Volume = 1132	14 Volume = 1229	8 Volume = 1290	5 Volume = 1292	6 Volume = 1296						Volume the same/1 more error. 5 staff had first time error. 1 staff has repeated errors after multiple reviews. Manager will speak to staff member and will not allow her to perform testing if it happens again.
# of i-STAT codes / # of cartridges run		17 / 459	29/393	22/388	24/348	22/344	15/497	13/485						Below threshold -no issues identified
i-STAT Quality Check Codes	<5.0%	3.7%	7.4%	5.7%	6.9%	6.4%	3.0%	2.5%						

Performance Improvement Plan

Lab Outreach Pre-Analytical Quality Indicator Monthly Review

April 2024

Average Wait Times

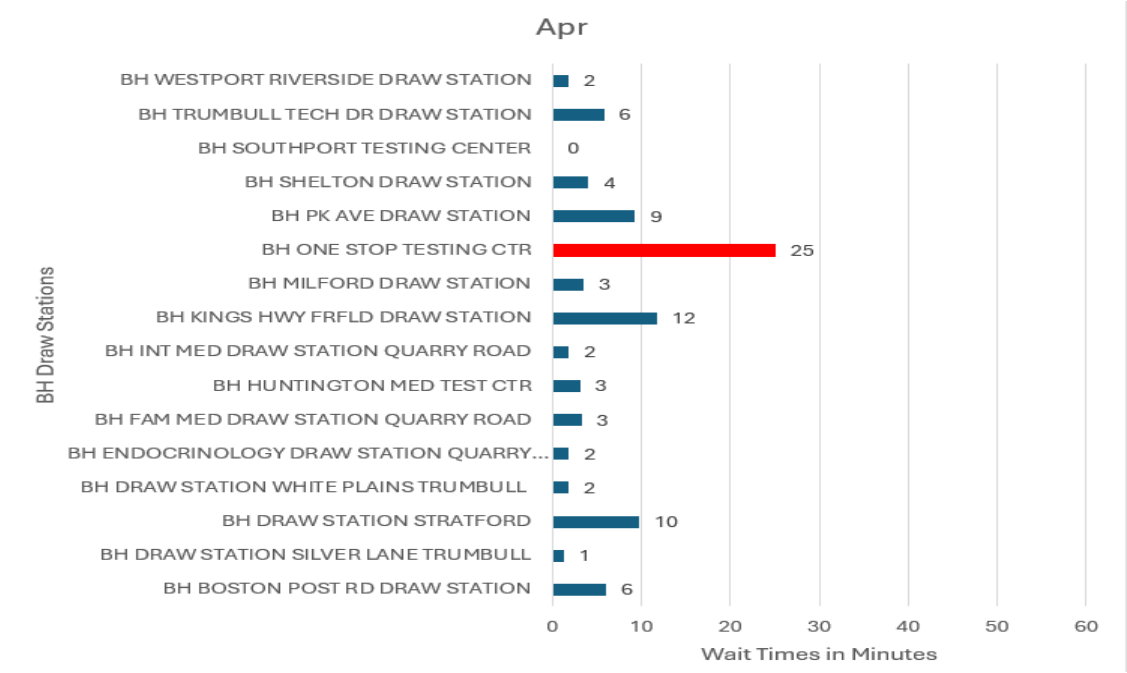
Section	**Lab Outreach/Phlebotomy**
Phase	**Pre-Analytical**
Title	**Average Wait Times**
Objective	**Calculate the average times from patient check-in/registration to the point of specimen collection for each DN. This metric ensures patient satisfaction and monitors phlebotomists' productivity in each draw station location.**
Method	**Report from Helix – YNHHS Lab Blood Draw Wait Times report**
Definitions	**The YNHHS Lab Blood Draw Wait Times report will be pulled monthly across all draw stations.**
Expected Actions	**To assess each draw station patient, wait-times vs the total number. A summary report will be prepared for the Director. Feedback will be provided to the draw stations.**
Benchmarks	**Overall rate for patient wait time goal for 15 minutes.**

Summary:

February 2024: Overall goal met for the month. February metrics are BH draw stations average 5 minutes overall. One stop location wait-time was still outside of the 15minute wait time goal for February. This is a high activity draw station seeing a large number of patients; therefore, it is expected for patients to have a longer wait time.

March 2024: Overall goal met for the month. March metrics are BH draw stations average 5 minutes overall. One Stop location still has wait-times outside of the goal of 15 minutes.

April 2024: Overall goal met for the month. April metrics are BH draw stations average 6 minutes overall.



Butterfly Needle Usage Rate

Section	**Lab Outreach/Phlebotomy**
Phase	**Pre-Analytical**
Title	**Butterfly Needle Usage Rate**
Objective	**Monitors the butterfly needle usage in the outpatient draw stations. Studies have shown that decreased butterfly needle usage results in less sample hemolysis, decreased costs, and less needlestick exposures.**
Method	**McKesson Supply Report or Infor Supply Report and Helix Reports – Collection Metrics monthly.**
Definitions	**We will be measuring the rate of butterfly needle usage vs total encounters.**
Expected Actions	**To assess each draw station butterfly usage rate. A summary report will be prepared for the Director. Feedback will be provided to the draw stations regarding butterfly usage rates.**
Benchmarks	**Overall rate for 20% butterfly needle usage rate.**

Summary

November 2023: Overall goal for the month was met. Across the BH locations 20 boxes of butterfly needles were ordered, 4 boxes less than the previous month resulting in a 10% butterfly usage rate.

December 2023: Overall goal for the month was met. Across the BH locations 16 boxes of butterfly needles were ordered, 4 boxes less than the previous month resulting in a 8% butterfly usage rate.

January 2024: Overall goal reached for the month. Across all the BH locations 24 boxes of butterfly needles were ordered over the course of the month resulting in the butterfly usage rate of 11%.

February 2024: Overall goal met for the month. Across all the BH locations 24 boxes of butterfly needles were ordered over the course of the month resulting in the butterfly usage rate of 12%.

March 2024: Overall goal met for the month. Across all the BH locations 28 boxes of butterfly needles were ordered over the course of the month resulting in a 12% butterfly usage rate.

April 2024: Overall goal for the month was met. Across all the BH locations 36 boxes of butterfly needles were ordered over the course of the month resulting in a 17% usage rate, there was an increase in patient volume during April as well.

	Nov	Dec	Jan	Feb	Mar	Apr
Number of Butterfly Needles	1000	800	1200	1200	1400	1800
Total Number of Patient Draws	10275	9960	10584	10188	11344	10879
ALL DRAW STATIONS	**10%**	**8%**	**11%**	**12%**	**12%**	**17%**

Cancel/Redraw Rates

Section	**Lab Outreach/Phlebotomy**
Phase	**Pre-Analytical**
Title	**Cancel/Redraw Rates**
Objective	**Monitors the cancel/redraw rates in the draw stations by measuring the number of cancel/redraws to overall samples collected as a percentage rate.**
Method	**Report on Helix – Redraw Rejection Cancellation and Lab Outreach Collection Metrics reports monthly.**
Definitions	**This metric will identify any collection procedure noncompliance and identify any areas that phlebotomists need retraining in. The redraw rates will be pulled monthly and compared to the 2022 metrics.**
Expected Actions	**To assess draw station locations, cancel/redraw rates. A summary report will be prepared for the Director to be discussed monthly. Feedback will be provided to the draw stations for improvements.**
Benchmarks	**Overall redraw rate goal of 5%.**

Summary:

February 2024: Overall goal for the month was met. Across BH draw stations the cancel/redraw rate is 2.0%. Majority of locations had a cancellation rate of 3% or less per location. There was a spike in cancel/redraw rate at Silver Lane Trumbull due to quantity not sufficient cancellations.

March 2024: Overall goal met for the month. Across BH draw stations the cancel/redraw rate is 2.0%. All locations maintained a cancel/redraw rate below 5% this month.

April 2024: Overall goal met for the month. Across BH draw stations the cancel/redraw rate is 2.5%. All locations maintained a cancel/redraw rate below 5% this month.

	Nov	Dec	Jan	Feb	Mar	Apr
BH BOSTON POST RD DRAW STATION	1.9%	2.1%	1.2%	2.7%	0.8%	2.6%
BH DRAW STATION SILVER LANE TRUMBULL	2.7%	5.5%	0.8%	5.3%	2.8%	1.0%
BH DRAW STATION STRATFORD	2.5%	2.1%	1.4%	1.6%	1.5%	0.9%
BH DRAW STATION WHITE PLAINS TRUMBULL	4.3%	6.1%	3.5%	2.8%	1.1%	1.2%
BH ENDOCRINOLOGY DRAW STATION QUARRY ROAD	0.8%	1.5%	0.0%	0.2%	0.3%	0.2%
BH FAM MED DRAW STATION QUARRY ROAD	4.9%	3.7%	4.8%	3.2%	2.4%	2.9%
BH HUNTINGTON MED TEST CTR	2.4%	2.3%	2.0%	2.5%	2.7%	2.1%
BH INT MED DRAW STATION QUARRY ROAD	5.7%	2.8%	3.5%	2.0%	3.9%	2.9%
BH KINGS HWY FRFLD DRAW STATION	2.1%	2.5%	1.8%	3.0%	1.3%	2.8%
BH MILFORD DRAW STATION	1.4%	4.3%	2.7%	0.4%	0.5%	4.1%
BH ONE STOP TESTING CTR	5.6%	4.1%	4.8%	2.4%	3.7%	4.8%
BH PK AVE DRAW STATION	2.5%	3.4%	2.5%	1.8%	1.5%	3.4%
BH SHELTON DRAW STATION	1.8%	1.9%	3.6%	1.1%	4.0%	3.9%
BH SOUTHPORT TESTING CENTER	0.0%	0.3%	1.6%	1.6%	0.00%	0.00%
BH TRUMBULL TECH DR DRAW STATION	6.4%	1.5%	3.4%	1.1%	4.1%	4.1%
BH WESTPORT RIVERSIDE DRAW STATION	2.3%	0.4%	2.0%	0.0%	1.4%	3.4%
ALL DRAW STATION AVERAGE	**3.0%**	**2.8%**	**2.5%**	**2.0%**	**2.0%**	**2.5%**

Centrifuge Compliance

Section	**Lab Outreach/Phlebotomy**
Phase	**Pre-Analytical**
Title	**Centrifuge Compliance**
Objective	**Ensures centrifuges in the draw station are functioning as intended which will result in better quality samples and decrease processing errors and specimen rejections.**
Method	**Auditing centrifuges and record service reports. BioMed (TriMedx) service reports will save in DN specific folders.**
Definitions	**Every month each DN will be audited on the number of compliant centrifuges and be given a compliance percentage. For example, if all 32 centrifuges in the YNH area are serviced before the due date then they will be at 100% compliance every month.**
Expected Actions	**The team will also be keeping centrifuge records up-to-date for compliance across all Delivery Networks. A summary report will be prepared for the Director.**
Benchmarks	**Overall centrifuge compliance goal of 100%.**

Summary

January 2024: Overall goal for the month was met. All centrifuges are up-to-date with inspections.

February 2024: Overall goal for the month was met. All centrifuges are up-to-date with inspections.

March 2024: Overall goal for the month was met. All centrifuges are up-to-date with inspections.

April 2024: Overall goal for the month was met. All centrifuges are up-to-date with inspections.

	Nov	Dec	Jan	Feb	Mar	Apr
Number of Compliant Centrifuges	20	20	20	20	20	20
Total Number of Centrifuges	20	20	20	20	20	20
ALL DRAW STATIONS	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Patient Satisfactory Survey

Section	**Lab Outreach/Phlebotomy**
Phase	**Pre-Analytical**
Title	**Patient Satisfactory Survey**
Objective	**Achieving high levels of satisfaction is directly dependent on the high-quality patient care provided by phlebotomists in draw stations. In order to find out the pain-points of patients, whether there's any room for improvement, and what measures can be implemented to enhance services.**
Method	**Key Survey Reports and Press Ganey surveys scores**
Definitions	**The Key Survey report will be pulled monthly.**
Expected Actions	**To assess each draw station the patient experience surveys or scores. A summary report will be prepared for the Director. Feedback will be provided to the draw stations to make improvements to help increase patient satisfaction.**
Benchmarks	**Overall patient satisfaction rate 90%.**

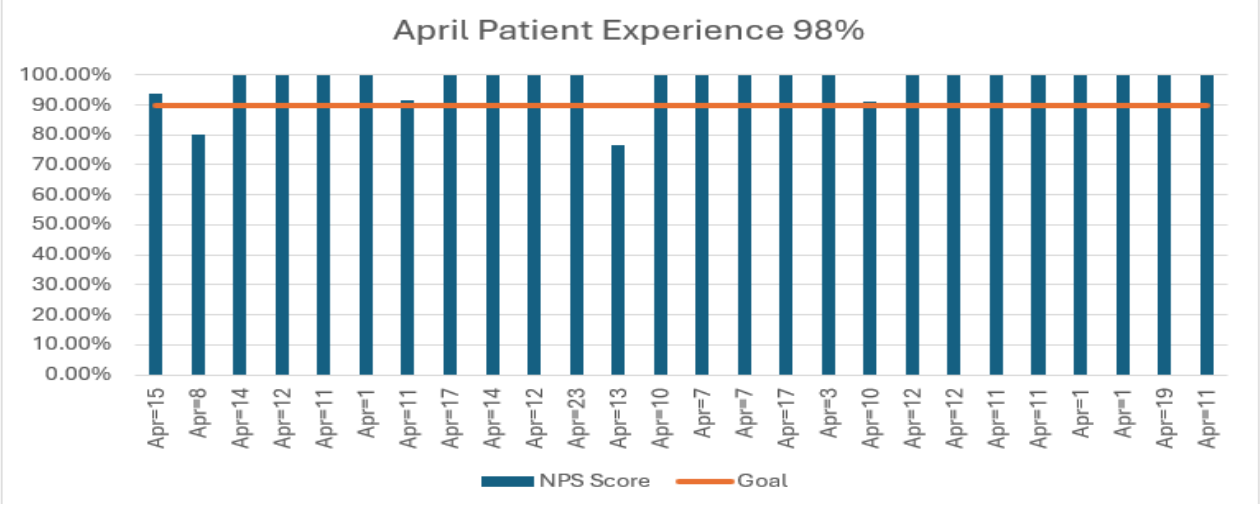
Summary

January 2024: Overall goal met for the month. January patient satisfaction rate was 96%. Across a portion of the draw station locations 96% of patients were likely to recommend our facilities to a friend, 98% of patients felt our facilities were neat and clean, and 96% of patients felt they were treated with respect during their visit.

February 2024: Overall goal met for the month. February patient satisfaction was 95%. Across a portion of the draw station locations 95% of patients were likely to recommend our facilities to a friend, 97% of patients felt our facilities were neat and clean, and 95% of patients felt they were treated with respect during their visit.

March 2024: Overall goal met for the month. March patient satisfaction was 96%. Across BH draw stations 96% of patients were likely to recommend our facilities to a friend, 98% of patients felt our facilities were neat and clean, and 91% of patients felt they were treated with respect during their visit.

April 2024: Overall goal met for the month. April patient satisfaction was 98%. Across BH draw stations 98% of patients were likely to recommend our facilities to a friend, 98% of patients felt out facilities were neat and clean, and 94% of patients felt they were treated with respect during their visit.



Transcription Accuracy Rate

Section	**Lab Outreach/Phlebotomy**
Phase	**Pre-Analytical**
Title	**Transcription accuracy rate**
Objective	**Monitors the accuracy of the phlebotomist's transcriptions into EPIC from paper requisitions.**
Method	**Report run by Lab Billing department daily.**
Definitions	**Report is run by Lab Billing, and they randomly select up to 5 transcribed requisitions from each DN daily. The areas evaluated for accuracy will be the provider's name, tests ordered, scanning of req into EPIC and charges. Lab Billing will track the requisitions selected and errors in a separate spreadsheet on the YNH :/L shared drive.**
Expected Actions	**To assess each draw station transcription accuracy. A summary report will be prepared for the Director. Feedback will be provided to the draw stations.**
Benchmarks	**Overall rate for 90% transcription accuracy.**

Summary

January 2024: Overall goal reached for the month. For the month of January, the # of providers transcribed correctly 104/104, sum of tests transcribed correctly 328/328 and # of requisitions scanned in EPIC 104/104.

February 2024: Overall goal met for the month. For the month of February, the # of providers transcribed correctly 99/101, sum of tests transcribed correctly 329/330 and # of requisitions scanned in EPIC 99/99.

March 2024: Overall goal met for the month. For the month of March, the # of providers transcribed correctly 111/112, sum of tests transcribed correctly 368/369 and # of requisitions scanned in EPIC 105/105.

April 2024: Overall goal met for the month. For the month of April, the # of providers transcribed correctly 110/110, sum of tests transcribed correctly 396/396 and # of requisitions scanned in EPIC 107/107.

	Nov	Dec	Jan	Feb	Mar	Apr
ALL DRAW STATION AVERAGE	100%	100%	100%	99%	100%	100%

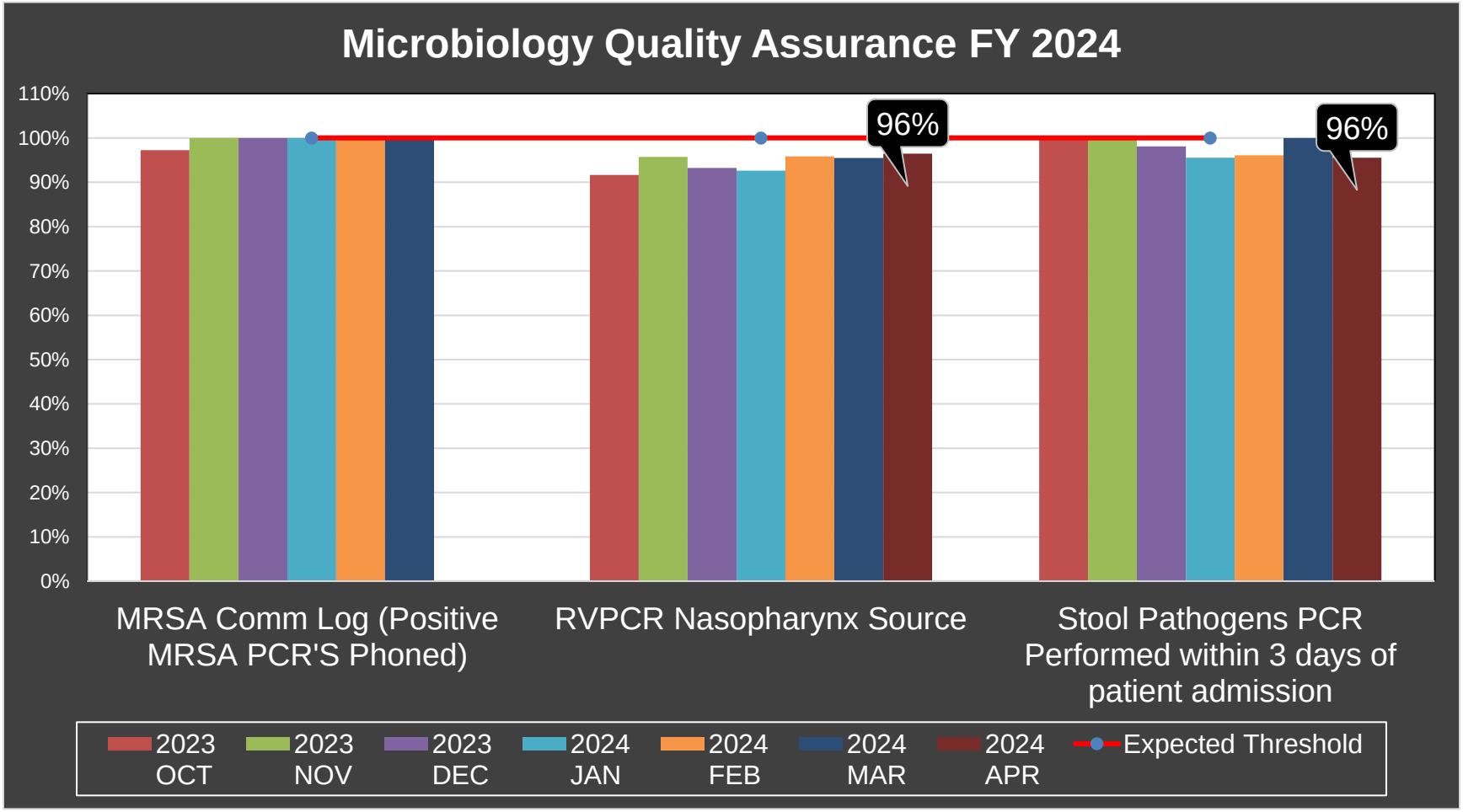
Yale NewHaven Health Bridgeport Hospital

FY 2024 QA

Microbiology, Central Processing, Send Outs

May 2024

Microbiology Quality Measures 2024



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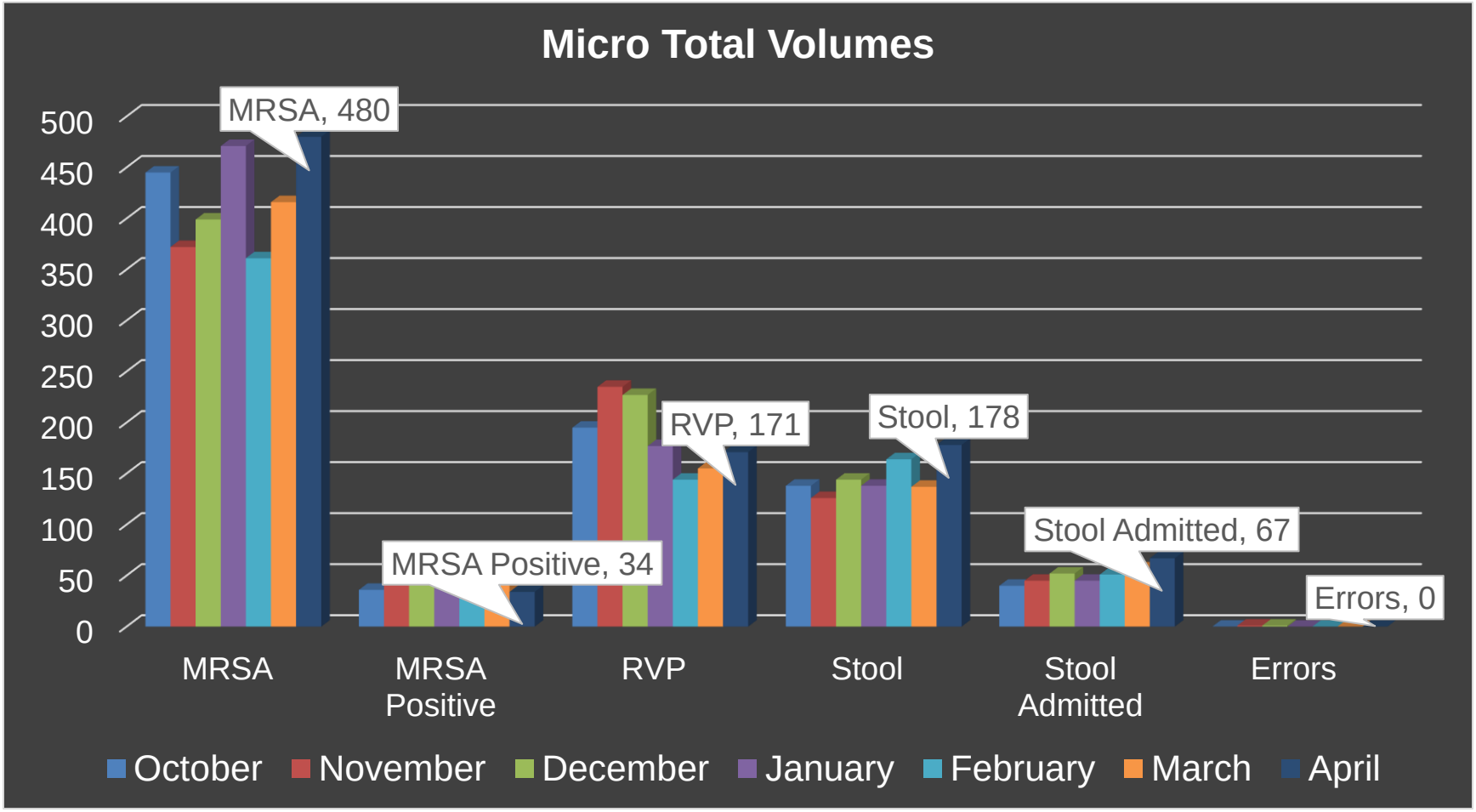
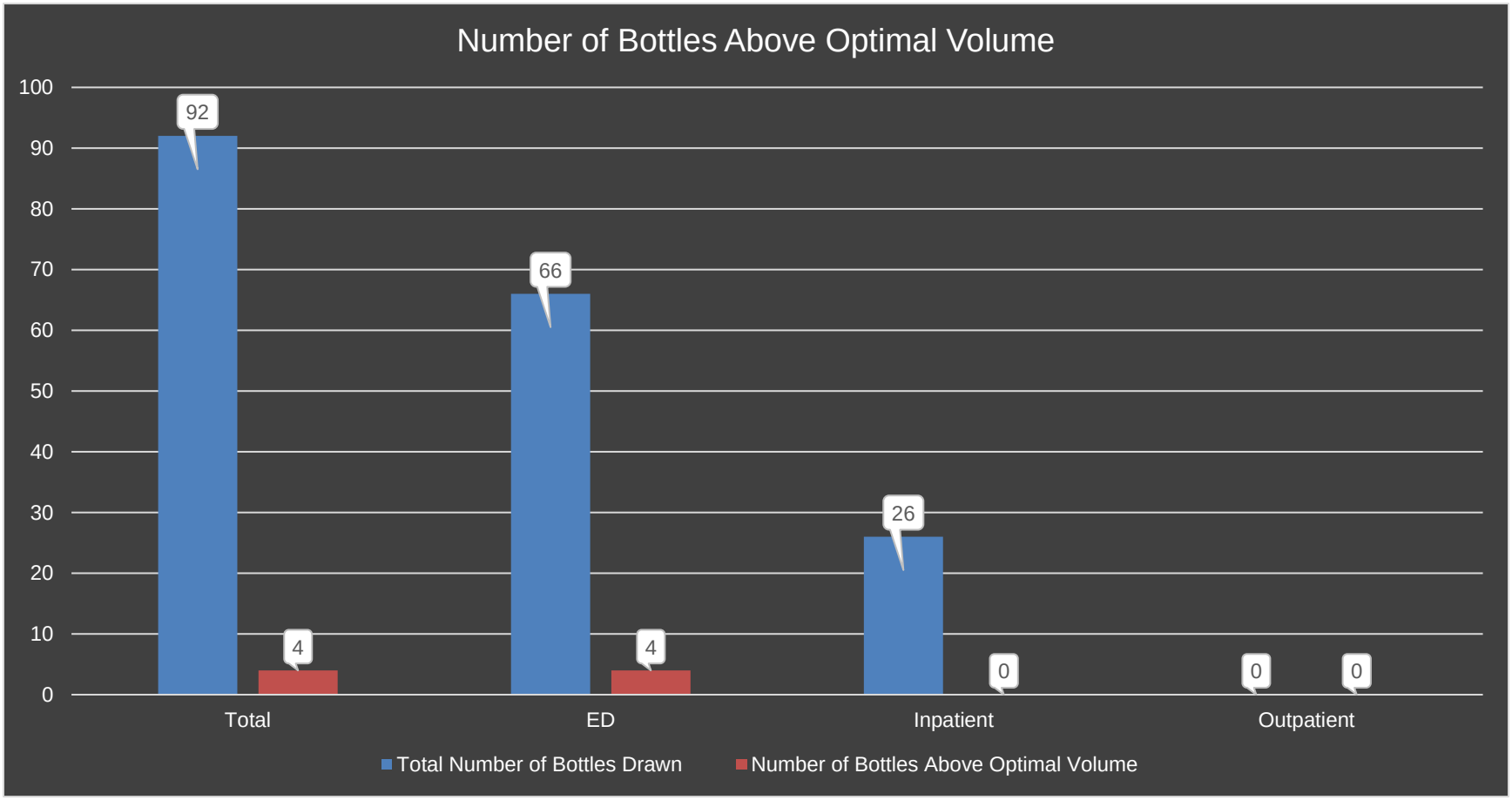
Microbiology Test Volumes



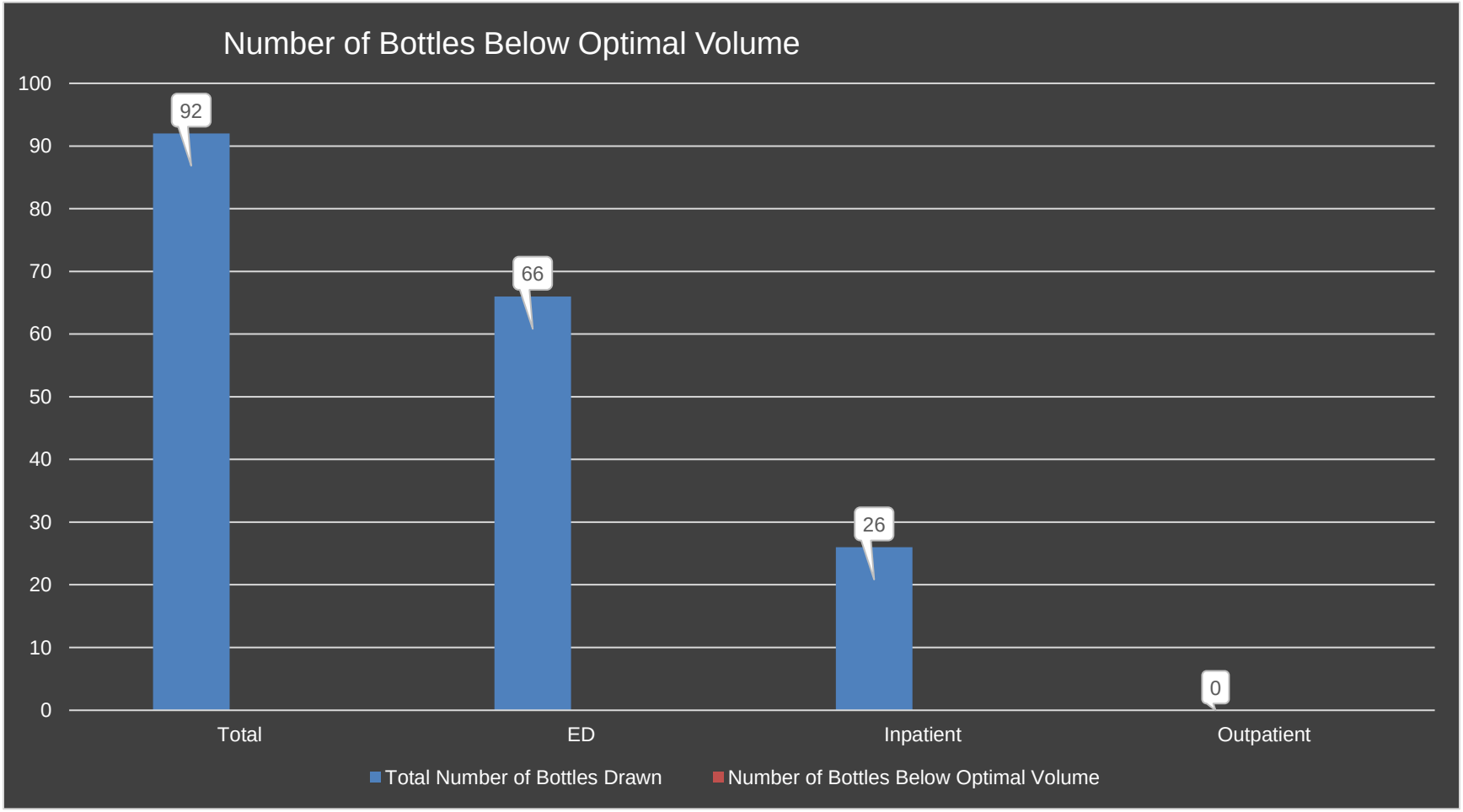
Yale NewHaven Health Bridgeport Hospital

Blood Culture Bottle Volumes – Above Optimal volume



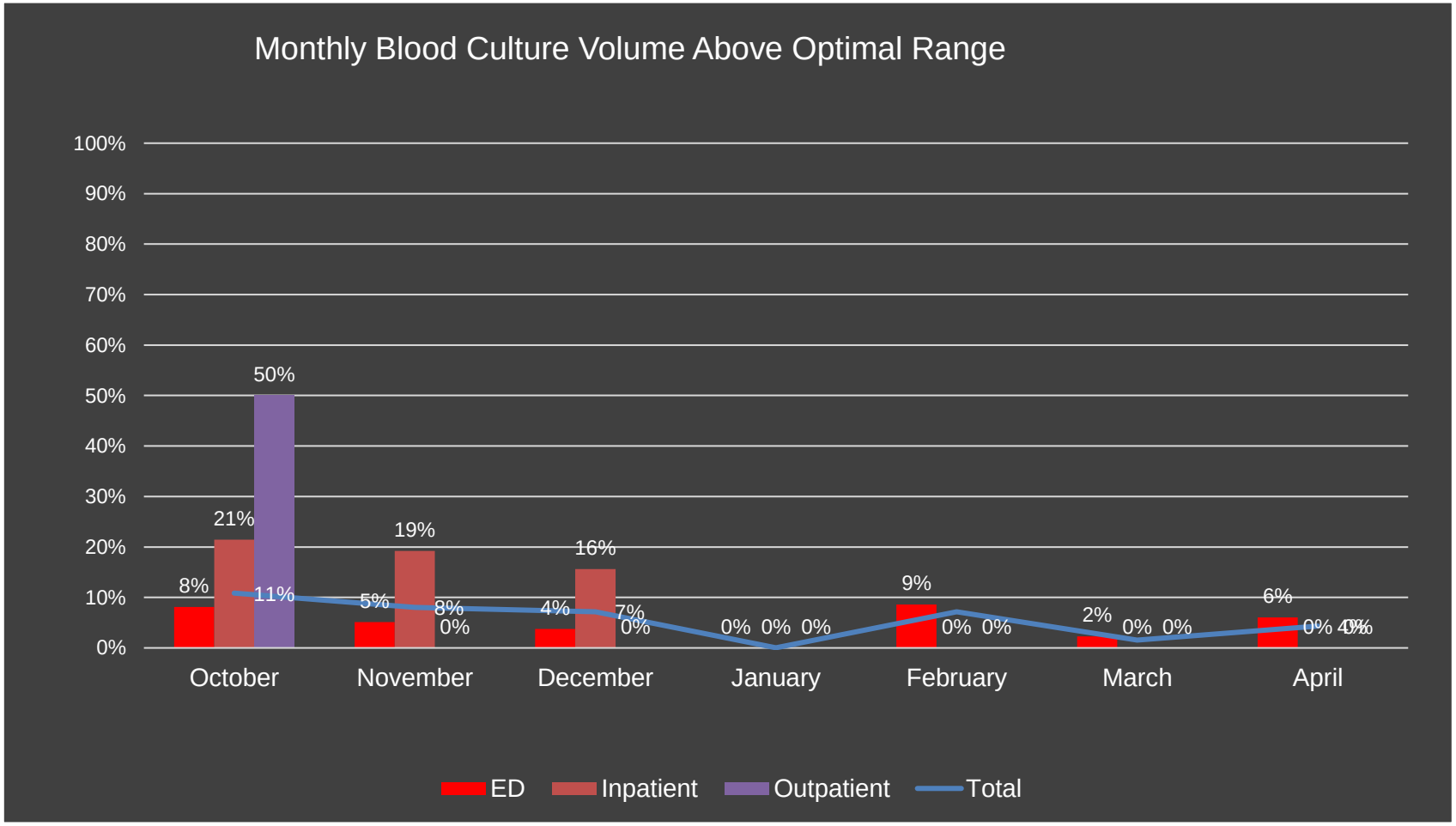
Yale NewHaven Health Bridgeport Hospital

Blood Culture Bottle Volumes – Below Optimal volume



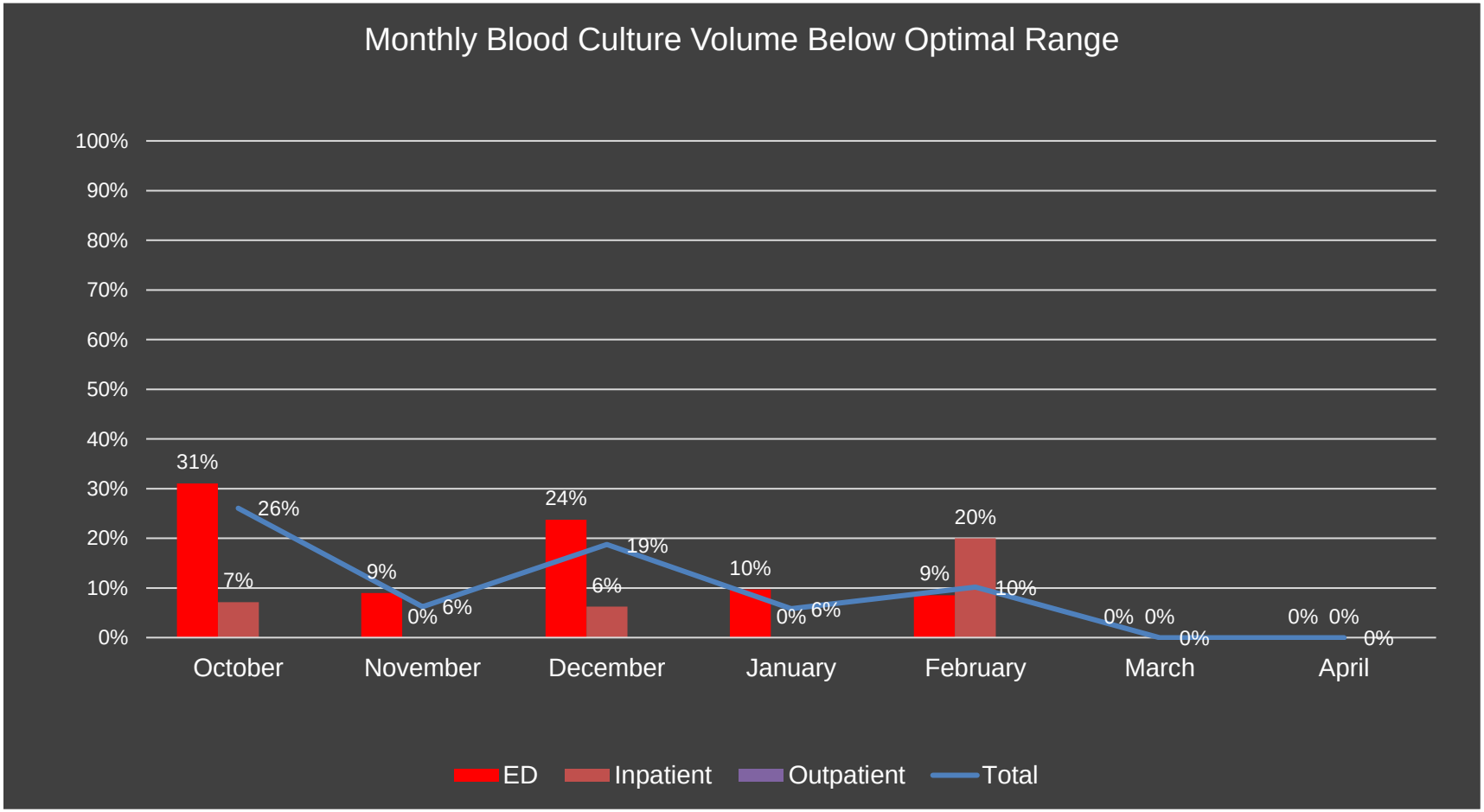
Yale NewHaven Health Bridgeport Hospital

FY 2024 Blood Culture Volume Above Optimal Range



Yale NewHaven Health Bridgeport Hospital

FY 2024 Blood Culture Volume Below Optimal Range



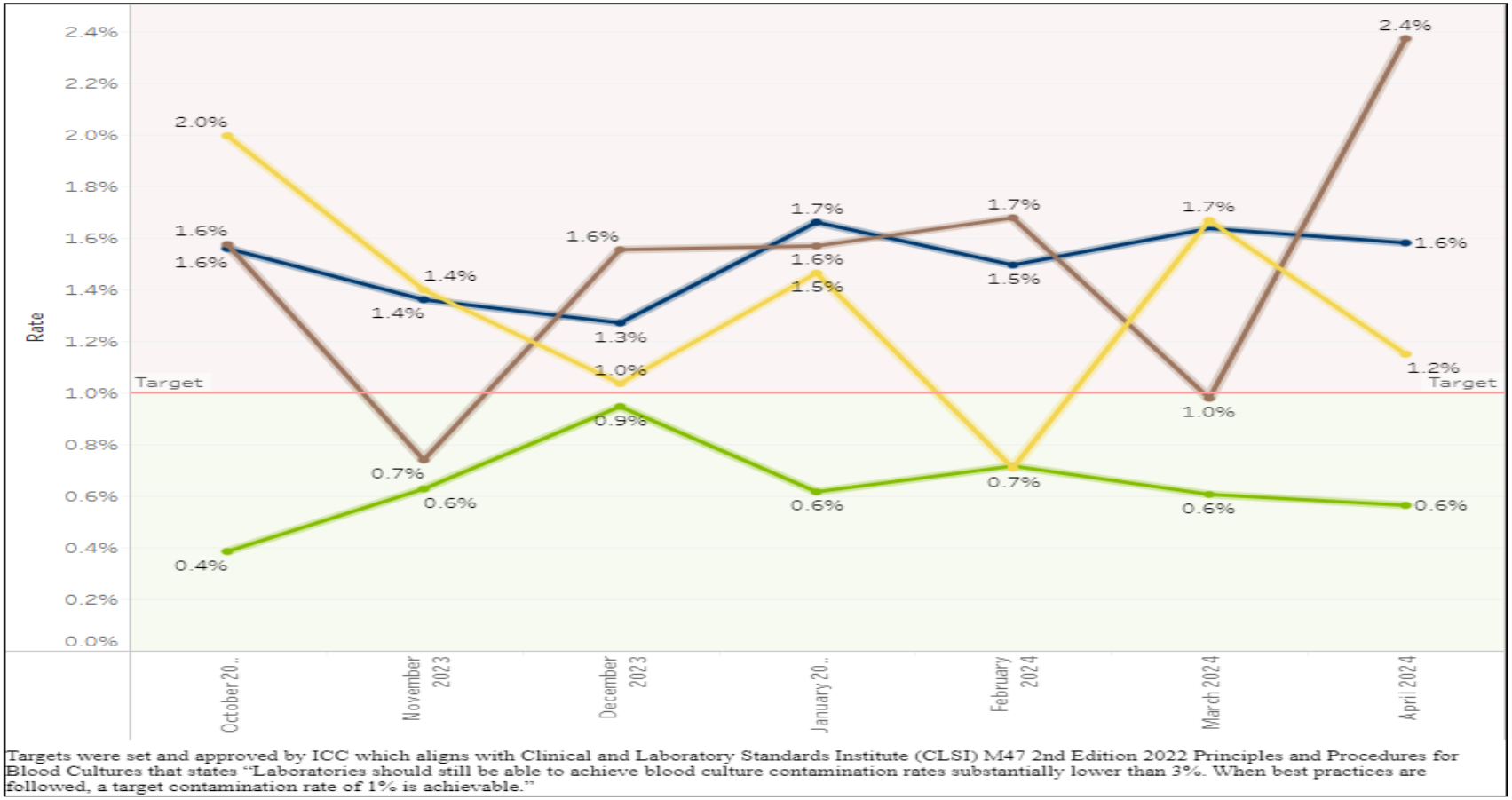
Yale NewHaven Health Bridgeport Hospital

Micro Molecular Statistics

Date	Tests	Sample size	Positive Count	% Positivity	Lower Limit	Upper Limit	Environment Monitoring	Epidemiological Trends	Evaluation Notes
Apr-24	C. difficile Assay	179	35	19.60%	13%	25%	Negative	None	None
Apr-24	Group A Strep PCR	755	129	17.10%	2%	27%	Negative	None	None
Apr-24	Influenza A/B RNA, NAAT	6	0	0.00%	0%	22%	Negative	None	None
Apr-24	Influenza/RSV by RT-PCR	863	86	10.00%	0%	20%	Negative	None	None
Apr-24	MRSA Colonization Status	332	33	9.90%	6%	18%	Negative	None	None
Apr-24	MRSA/SAUR Blood PCR	25	10	40.00%	16%	51%	Negative	None	None
Apr-24	MTB w/rflx Rifampin PCR	1	0	0.00%	0%	75%	Negative	None	None
Apr-24	Resp Virus PCR Panel	124	28	22.60%	2%	50%	Negative	None	None
Apr-24	Respiratory Virus PCR Panel	113	30	26.50%	2%	32%	Negative	None	None
Apr-24	SARS CoV-2 (COVID-19) RNA	914	18	2.00%	0%	20%	Negative	None	None
Apr-24	Stool Pathogens PCR	151	27	17.90%	0%	22%	Negative	None	None

Yale NewHaven Health Bridgeport Hospital

Blood Culture Contamination Rate DN's Comparison

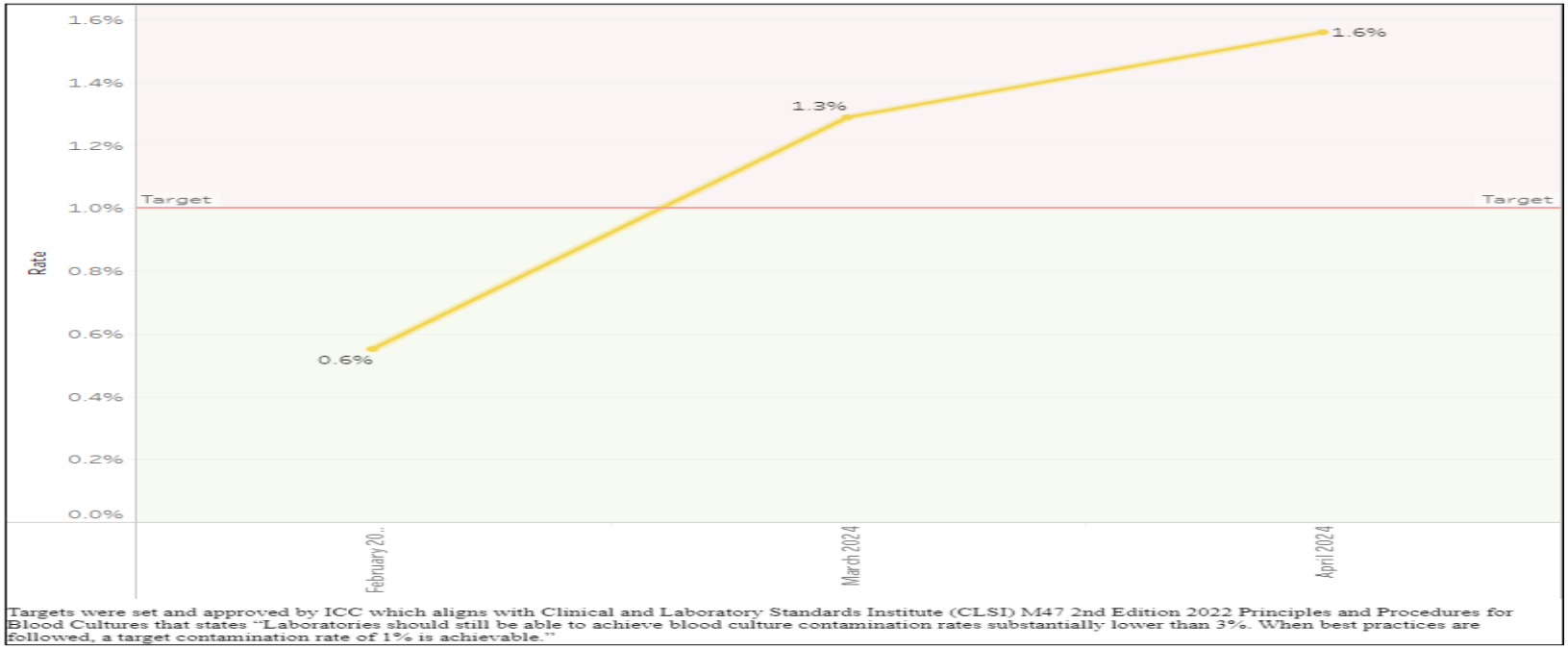


Targets were set and approved by ICC which aligns with Clinical and Laboratory Standards Institute (CLSI) M47 2nd Edition 2022 Principles and Procedures for Blood Cultures that states "Laboratories should still be able to achieve blood culture contamination rates substantially lower than 3%. When best practices are followed, a target contamination rate of 1% is achievable."

YNHH BH/MC
LMH/WH GH

Yale NewHaven Health
Bridgeport Hospital

Blood Culture Contamination Rate—BH ED



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Unit Rate

DN	Campus	Specialty	Department Name	Month of Collected	Specimen Count	Cont Count	Rate
BH/MC	BH	Emergency ..	BH EMERGENCY DEPARTM..	April 2024	833	13	1.6%

Yale NewHaven Health Bridgeport Hospital

Blood Culture Contamination Rate—all other units

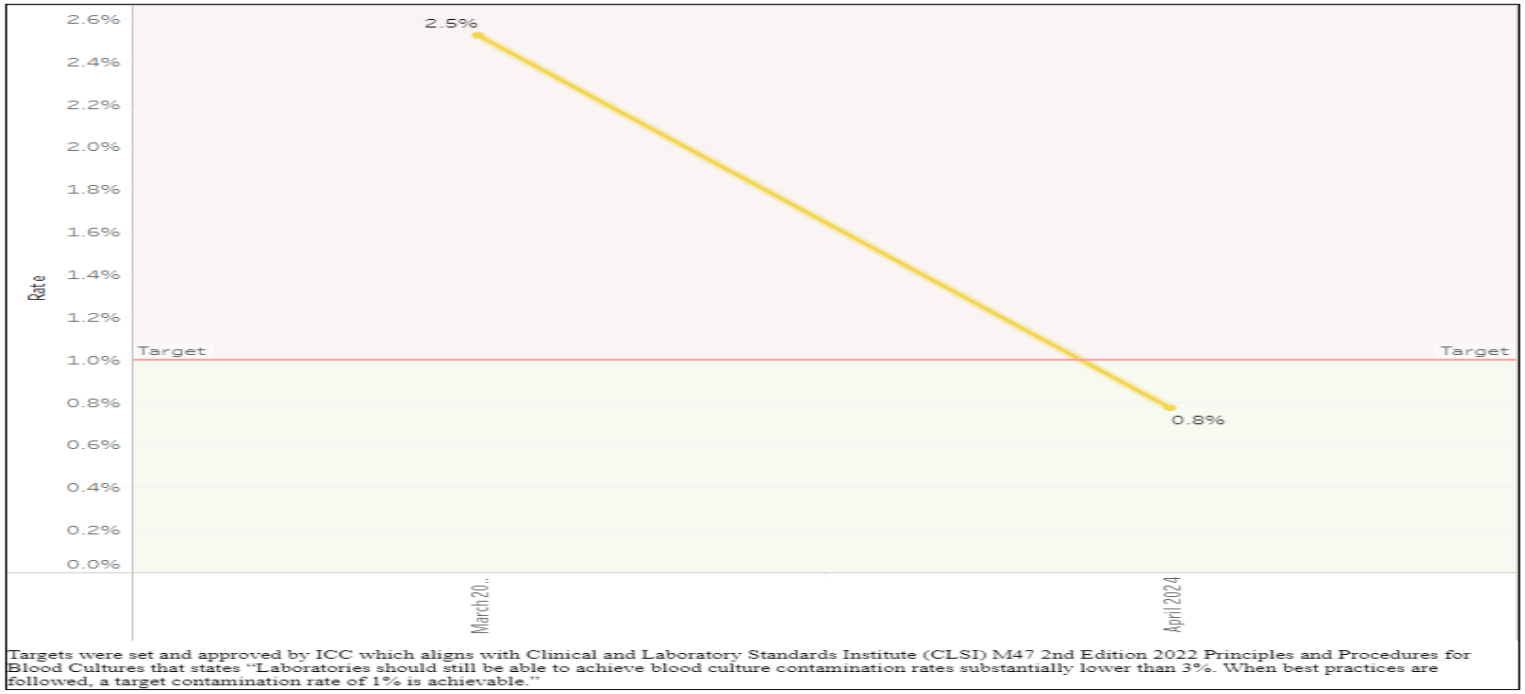
Targets were set and approved by ICC which aligns with Clinical and Laboratory Standards Institute (CLSI) M47 2nd Edition 2022 Principles and Procedures for Blood Cultures that states "Laboratories should still be able to achieve blood culture contamination rates substantially lower than 3%. When best practices are followed, a target contamination rate of 1% is achievable."

Unit Rate

DN	Campus	Specialty	Department Name	Month of Colle	Specimen Count	Cont Count	Rate
BH/MC	BH	Inpatient	BH MED/CORONARY CARE ..	April 2024	34	1	2.9%
			BH SURGICAL INTENSIVE C..	April 2024	33	1	3.0%
Grand Total					67	2	3.0%

Yale NewHaven Health Bridgeport Hospital

Blood Culture Contamination Rate—MC ED



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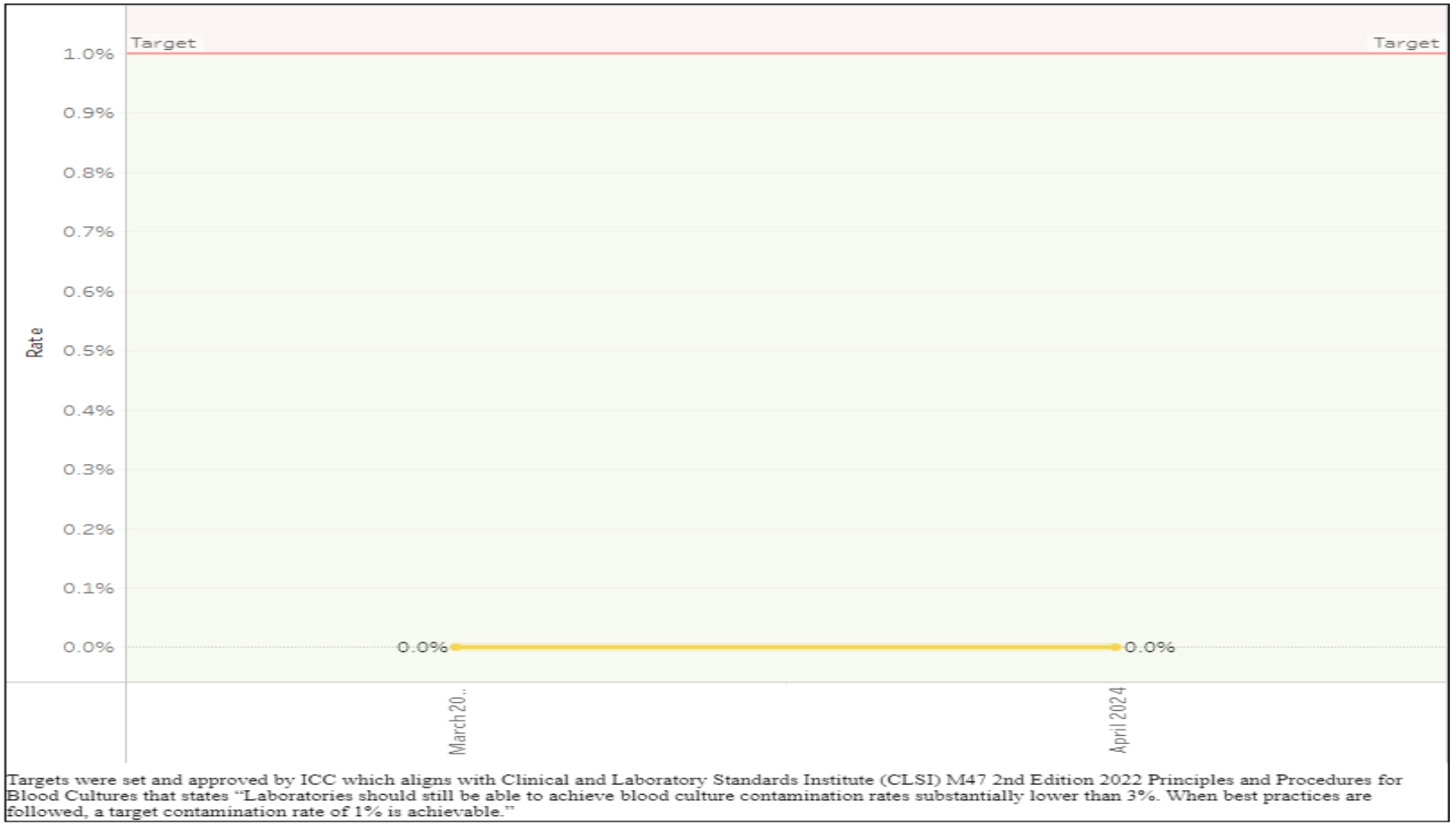
Unit Rate

DN	Campus	Specialty	Department Name	Month of Collected	Specimen Count	Cont Count	Rate
BH/MC	MC	Emergency ..	MC EMERGENCY DEPART..	April 2024	259	2	0.8%
Grand Total					259	2	0.8%

Yale NewHaven Health Bridgeport Hospital

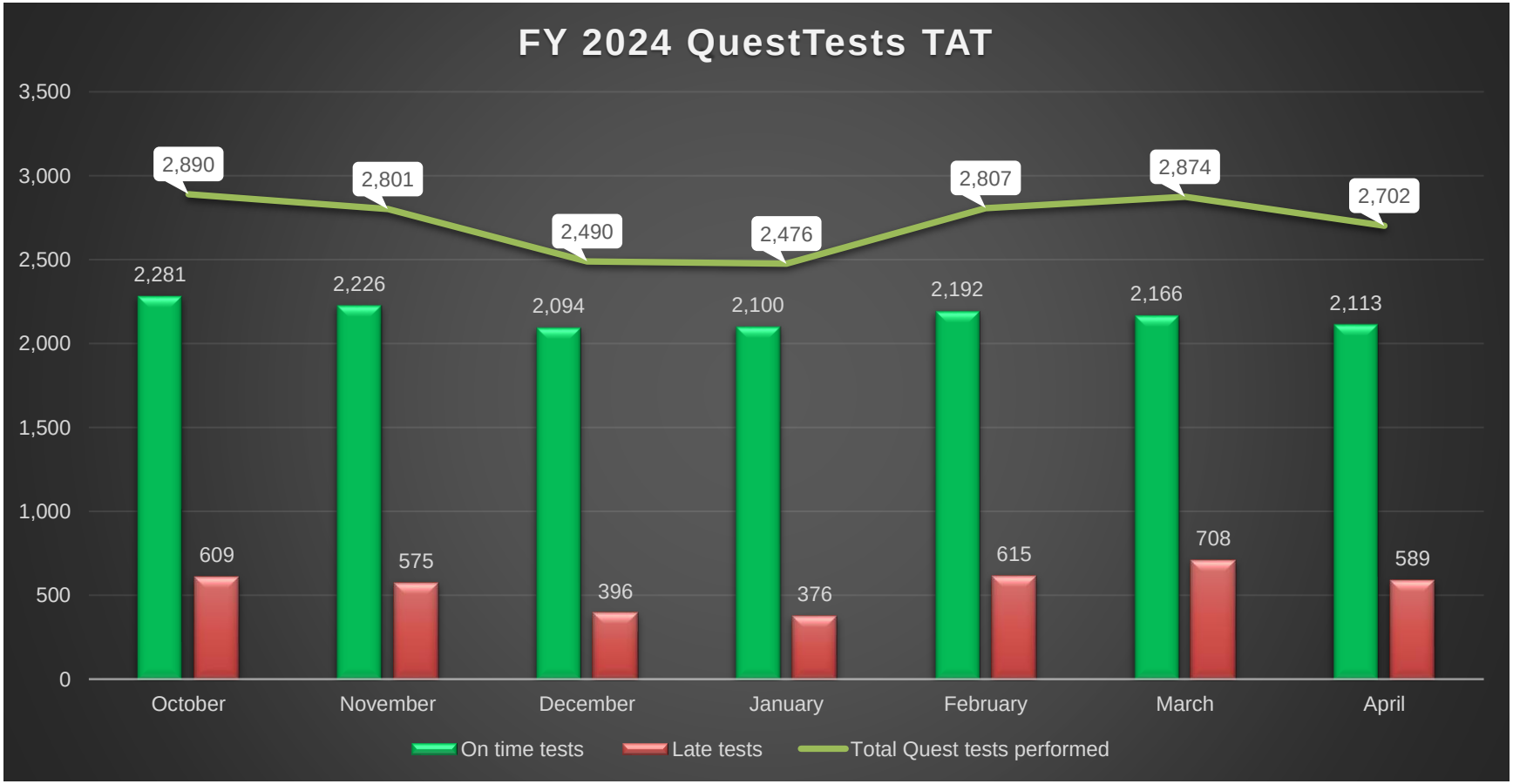
Blood Culture Contamination Rate—all other units



Targets were set and approved by ICC which aligns with Clinical and Laboratory Standards Institute (CLSI) M47 2nd Edition 2022 Principles and Procedures for Blood Cultures that states "Laboratories should still be able to achieve blood culture contamination rates substantially lower than 3%. When best practices are followed, a target contamination rate of 1% is achievable."

Yale NewHaven Health Bridgeport Hospital

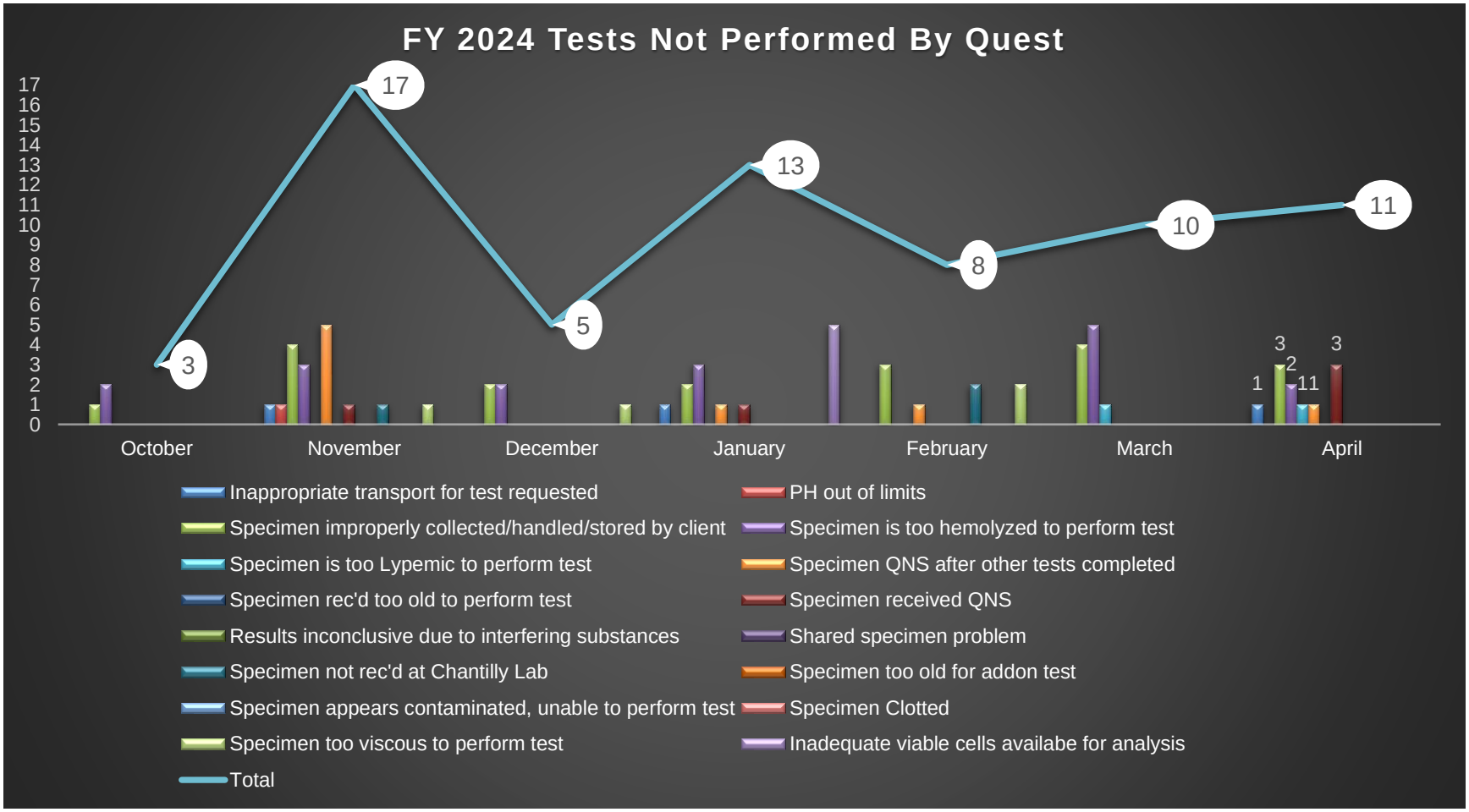
Quest TAT



The TAT calculations include
accessions that have been through the "test in question" process, or tests that have been corrected, repeated, reflexed, confirmed, or added on after the original order.

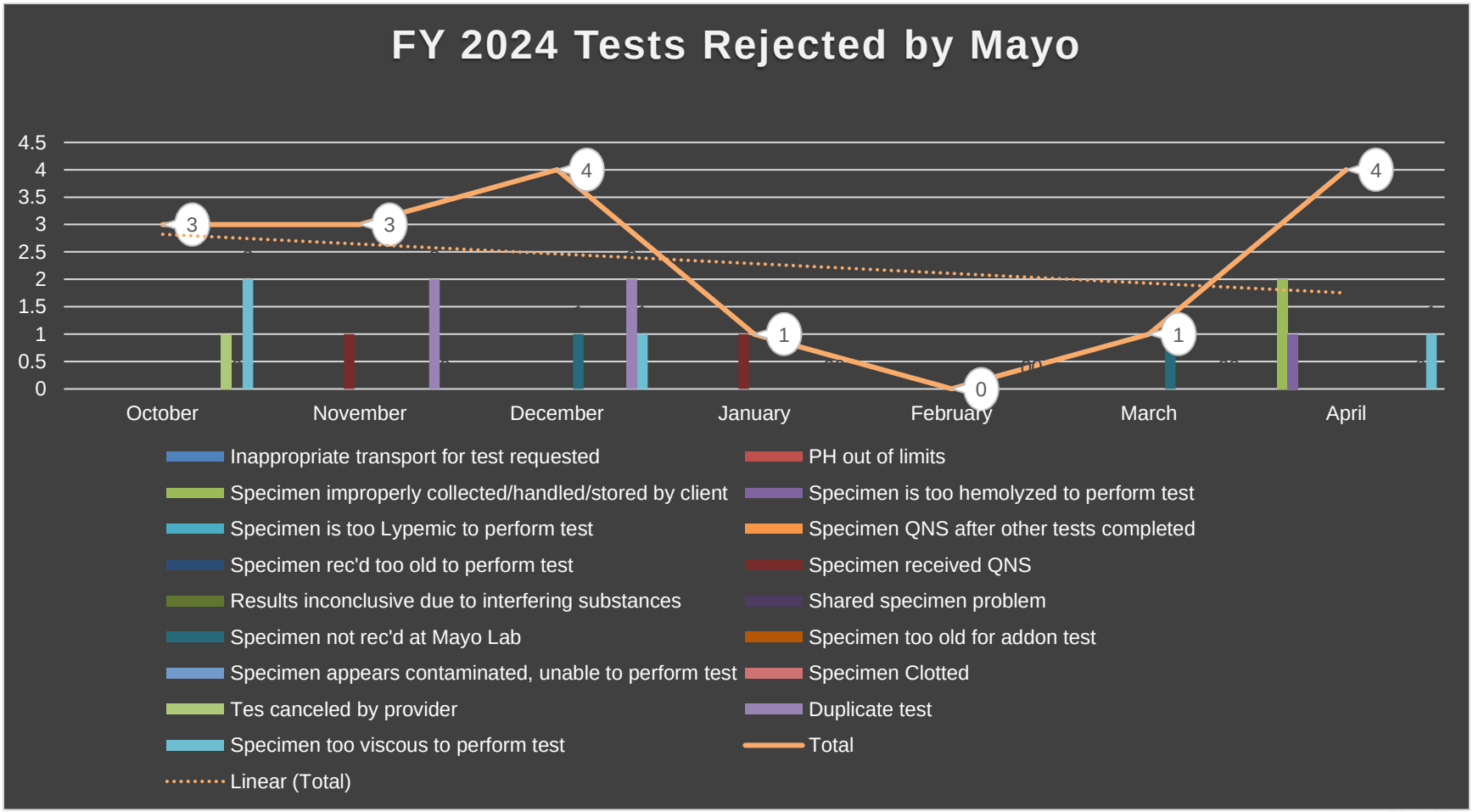
Yale NewHaven Health Bridgeport Hospital

Quest Rejected Tests



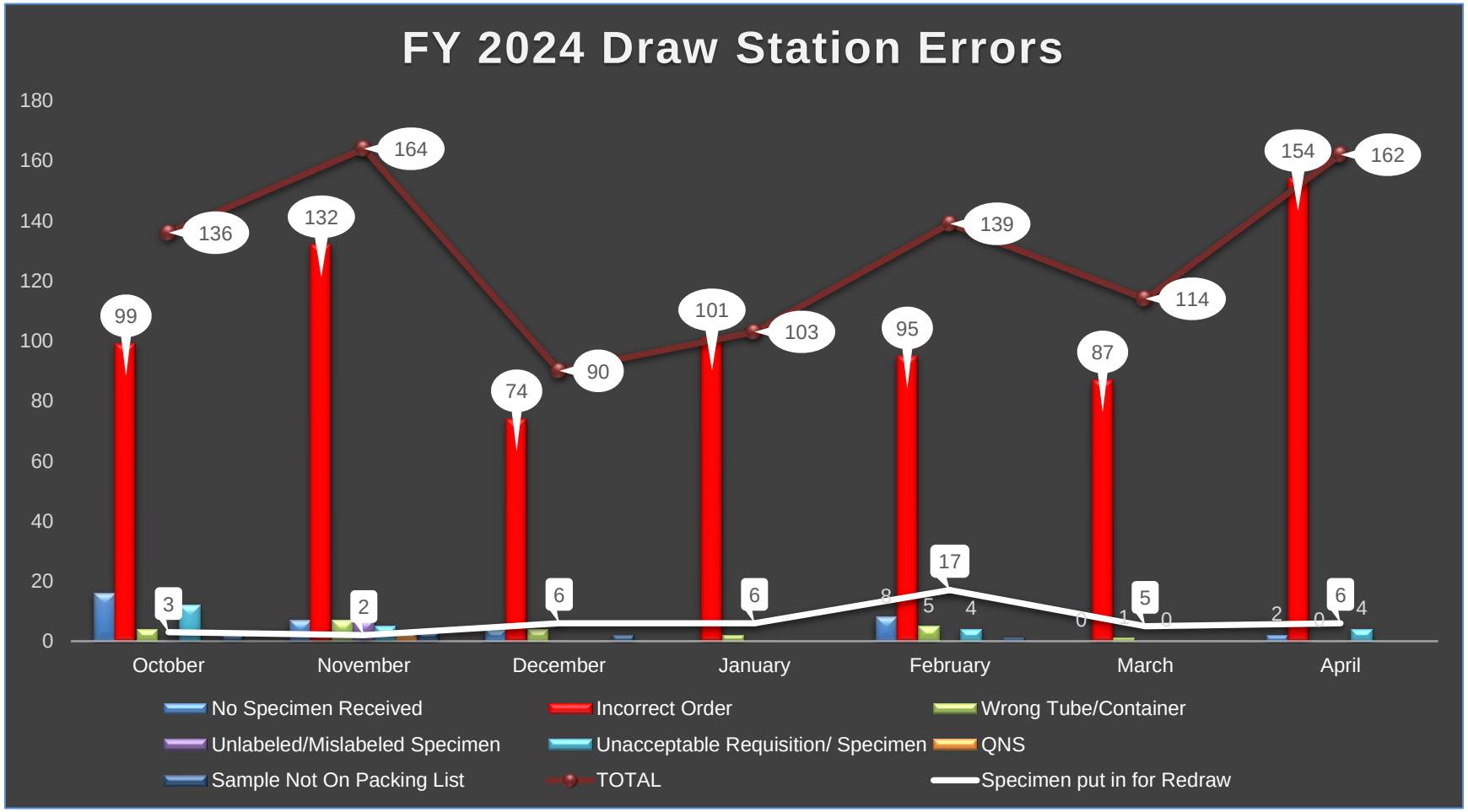
Yale NewHaven Health Bridgeport Hospital

Mayo Rejected Tests



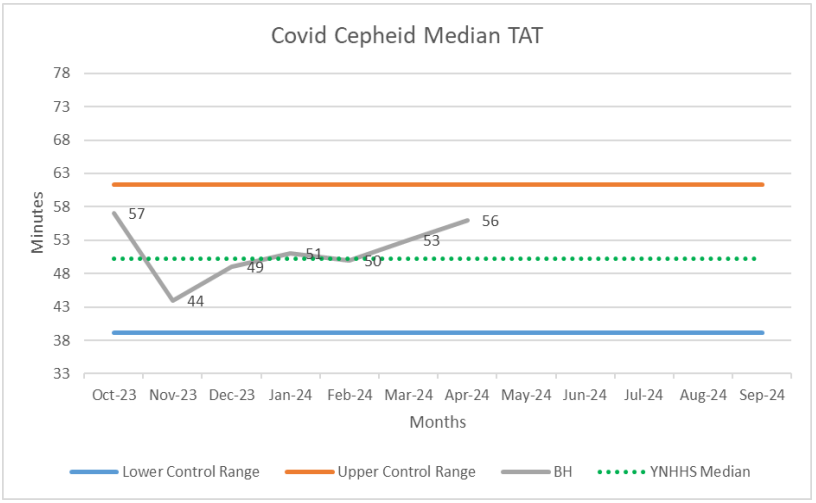
NewHaven Health
Bridgeport Hospital

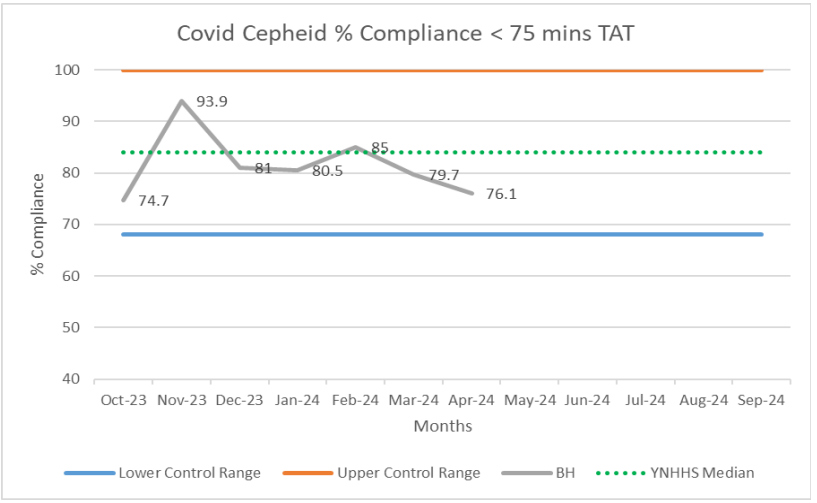
FY2024 Draw Station Errors

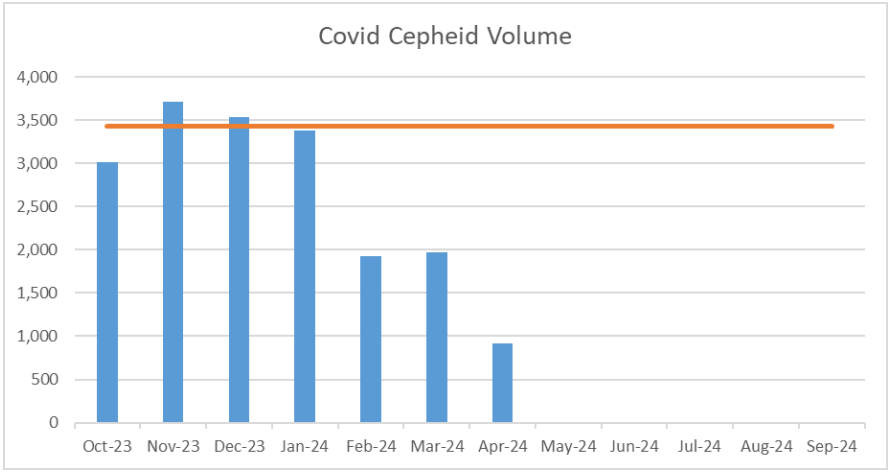


Yale NewHaven Health Bridgeport Hospital

Bridgeport Campus – COVID-19 Cepheid

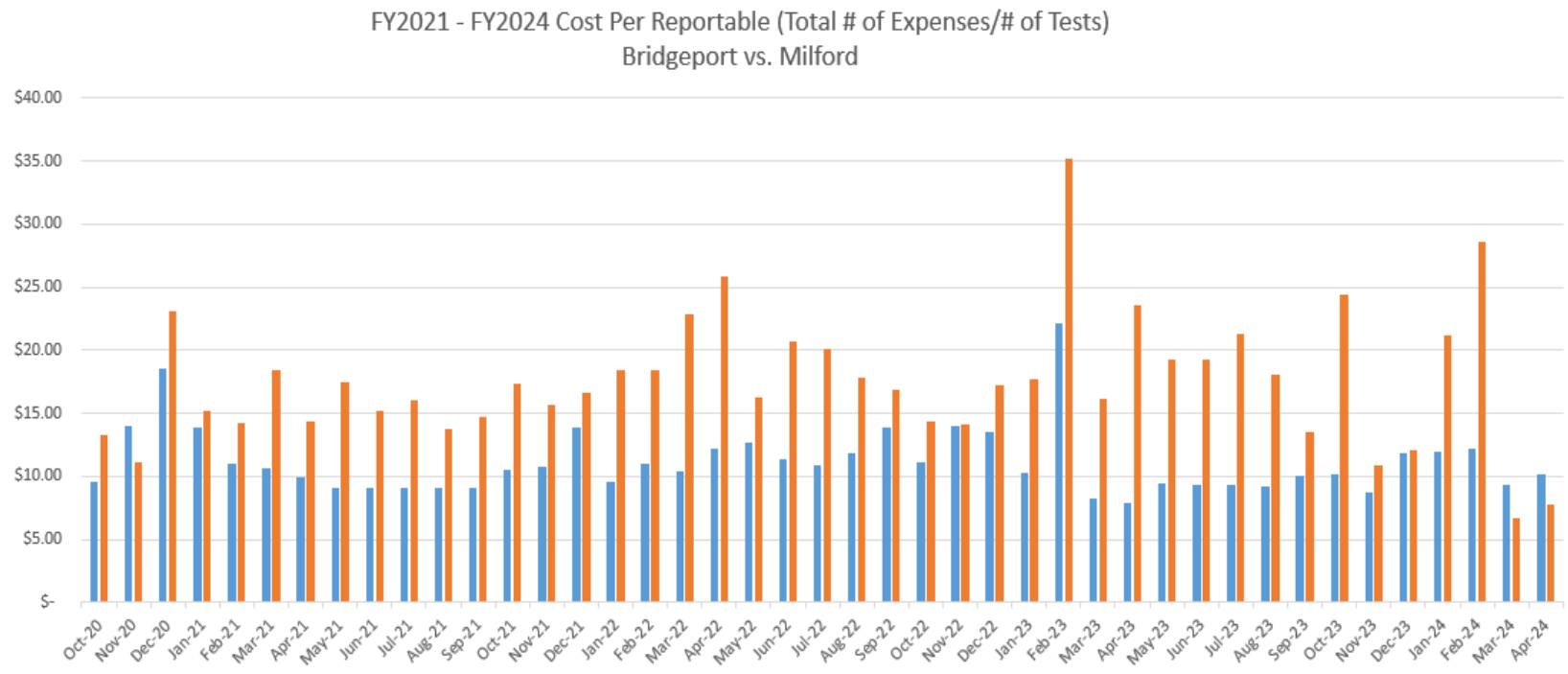






Yale NewHaven Health
Bridgeport Hospital

Cost Per Billable



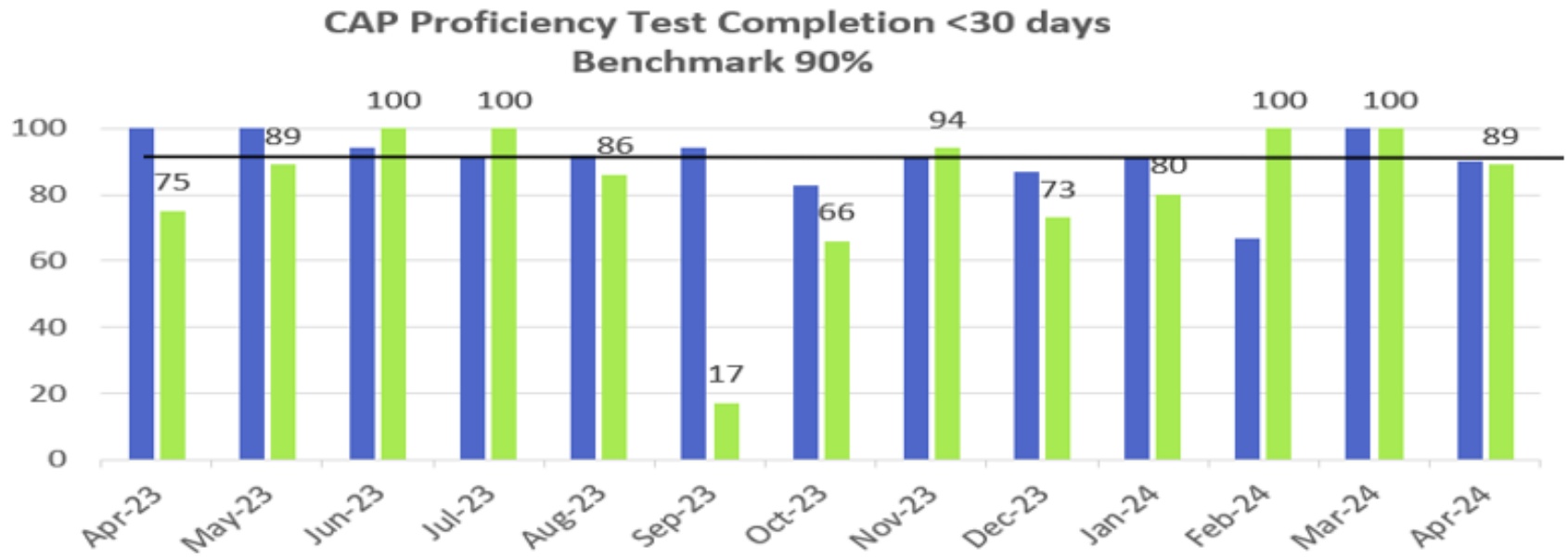
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	23-Feb	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	24-Mar	Apr-24
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	$13	$13	10.3	22.1	$8.	$7.	$9.	$9.	$9.	$9.	$10	$10	$8.	$11	$12	$12	$9.	$10
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	$14	$17	$17	$35	$16	$23	$19	$19	21.	$18	$13	$24	$10	$12	$21	$28	$6.	$7.

Yale NewHaven Health
Bridgeport Hospital

Lab General

BH CL07D0099572/CAP1191901
MCBH CL07D0097265/CAP 1189901

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 MC	90% (18/20 surveys) 89% (8/9 surveys)	100% 100%	None	BC met target, MC very close (delay in a couple of acceptable surveys with >2 sdi's) will continue to monitor.	Lab management and administration



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
BH	100	100	94	91	92	94	83	91	87	91	67	100	90
MC	75	89	100	100	86	17	66	94	73	80	100	100	89

Bridgeport Proficiency Performance Testing Target 98%
&
Accreditation Overview

Campus	Analytes	Performance	Previous Month	Patient impact	Corrective actions
BH	615/617	99.7%	97%	None, benchmark met	all surveys are satisfactory. No corrective action needed.

Proficiency Testing Performance Overview

Select View: Graph

20	0	0	0	0
Mailings with New Evaluations	Mailings with Revised Evaluations	Analytes with Unsatisfactory PT	Analytes with Unsuccessful PT	Analytes with Repeat Unsuccessful PT

Reporting Year	Acceptable %	Demographic Group Average	CAP-wide Average
2024	98.97%	99.04%	98.80%
2023	99.12%	99.03%	98.63%
2022	99.32%	98.99%	98.63%

Accreditation Performance Overview

Select View: Data

Period Name	Percent Deficient	Demographic Group Average	CAP-wide Average
Current Cycle	0.14%	0.87%	0.86%
Previous Cycle	0.47%	0.79%	0.78%
Second Previous Cycle	0.11%	0.88%	0.88%

Last Accreditation Decision	Date
Accredited	2/12/2024

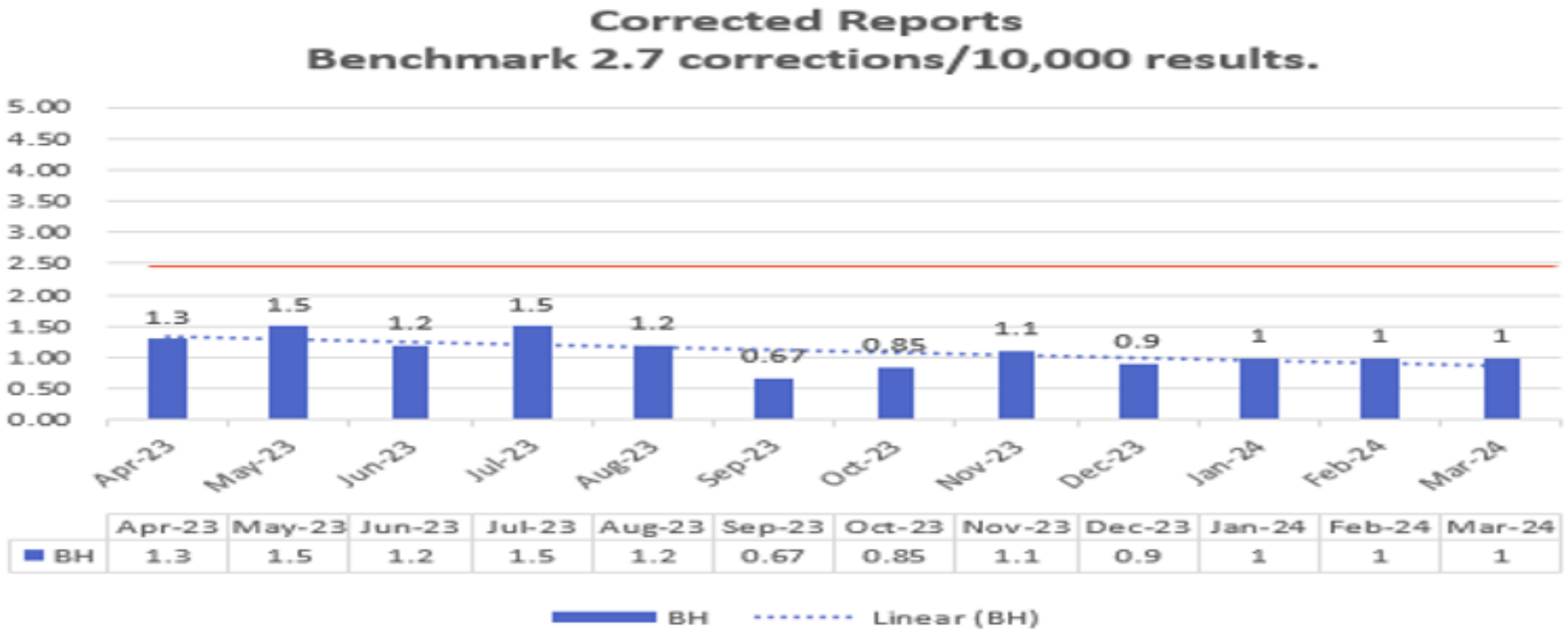
Current Cycle Inspection(s)			
Date	Inspection Type	% Deficient	Recurring Deficiencies
1/11/2024	Routine	0.14	0

Lab General

BH Corrected Reports

Target <2.7/10,000 results

Quality Metric Corrected Reports	Sample size (tests)	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible
BC Lab Corrected reports.	193,951 tests	N/A will be reported next month	1.0 (0.010%)	Corrected reports can lead to adverse patient outcomes	None needed benchmark met-but all corrections investigated with appropriate follow up with staff.	Laboratory administration



BH Non-Conforming Events**
(Department of Clinical Pathology only)

Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible Staff
Nonconforming events BH	0	193,951 Tests	0	0	None	None needed	Lab administration and management

MCBH Non-Conforming Events** (Department of Clinical Pathology only)

Quality Metric	Target	Sample size	Current performance	Previous month	Patient Impact	Corrective action and 593follow-up	Responsible Staff
Nonconforming events MCBH	0	18,597 Tests	0	0	None	None needed	Lab administration and management

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

MCBH Proficiency Testing Target 98% & Accreditation Overview

Campus	Analytes	Performance	Previous Month	Patient impact	Corrective actions
MCBH	316/317	99.7%	100%	None	None Needed

Select View: Data

Reporting Year	Acceptable %	Demographic Group Average	CAP-wide Average
2024	99.62%	99.04%	98.80%
2023	99.31%	99.03%	98.63%
2022	99.94%	98.99%	98.63%

Accreditation Performance Overview

Select View: Data

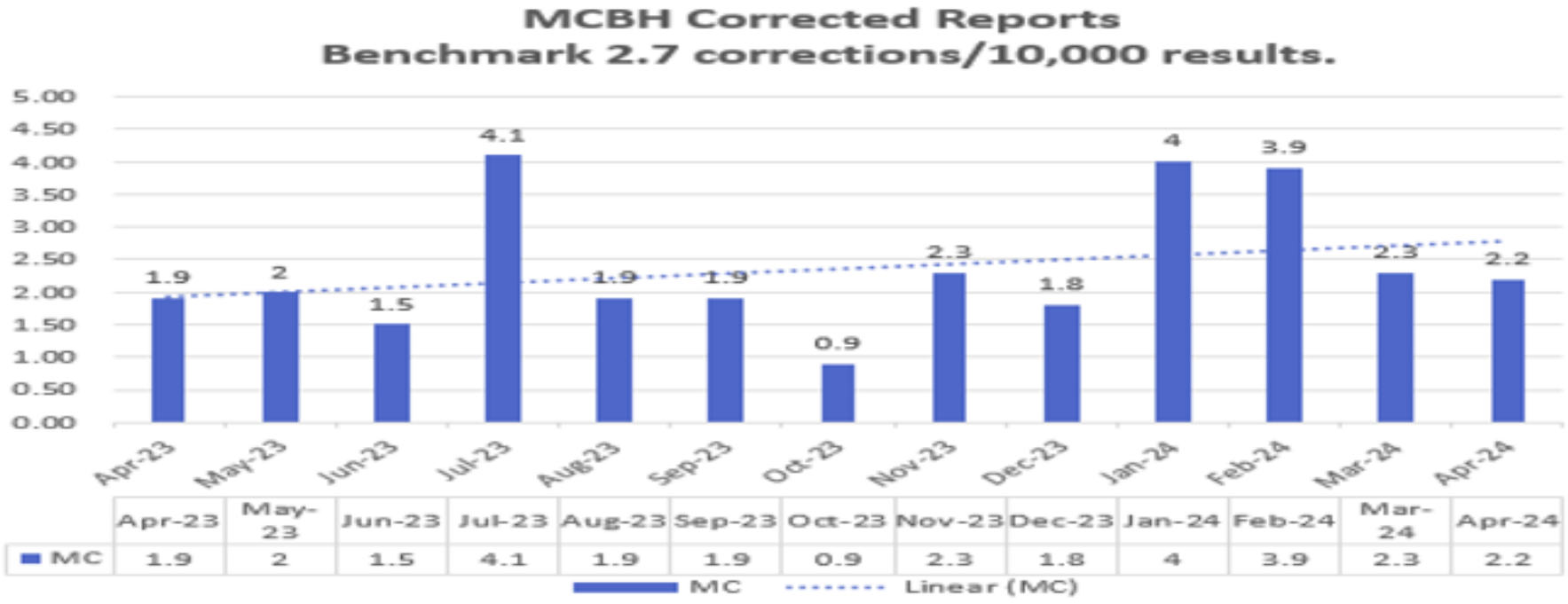
Period Name	Percent Deficient	Demographic Group Average	CAP-wide Average
Current Cycle	0.27%	0.87%	0.66%
Previous Cycle	0.62%	0.79%	0.78%
Second Previous Cycle	0.74%	0.88%	0.88%

Last Accreditation Decision	Date
Accredited	2/12/2024

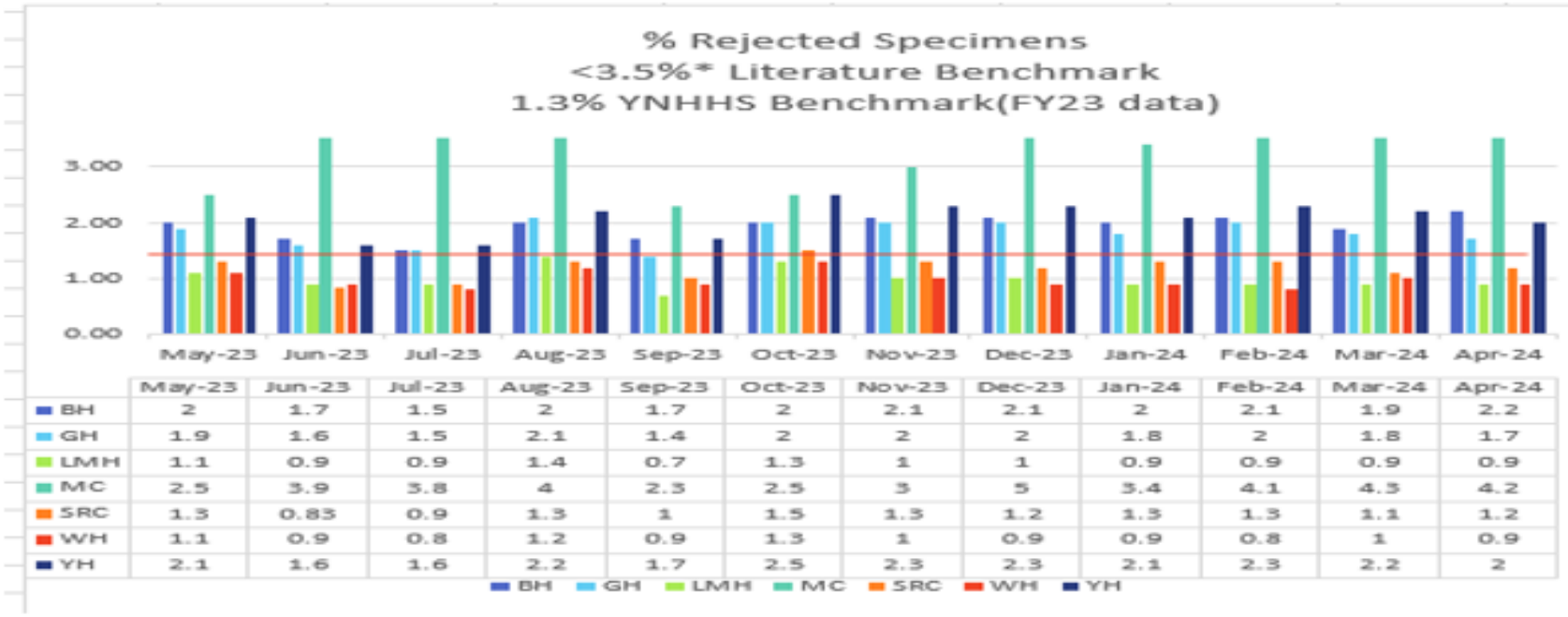
Current Cycle Inspection(s)			
Date	Inspection Type	% Deficient	Recurring Deficiencies
1/12/2024	Routine	0.27	0

MCBH Corrected Reports
Target <2.7/10,000 results

Quality Metric Corrected Reports	Sample size (tests)	Current performance	Previous month	Patient Impact	Corrective action and follow-up	Responsible
MCBC Lab Corrected reports	18,597 tests	2.2 (0.022%)	2.3 (.0.024%)	Corrected reports can lead to adverse patient outcomes	1 color, 1 instrument issue, 2 verified before dilutions done. All corrections are investigated with corrective actions when necessary.	Laboratory administration

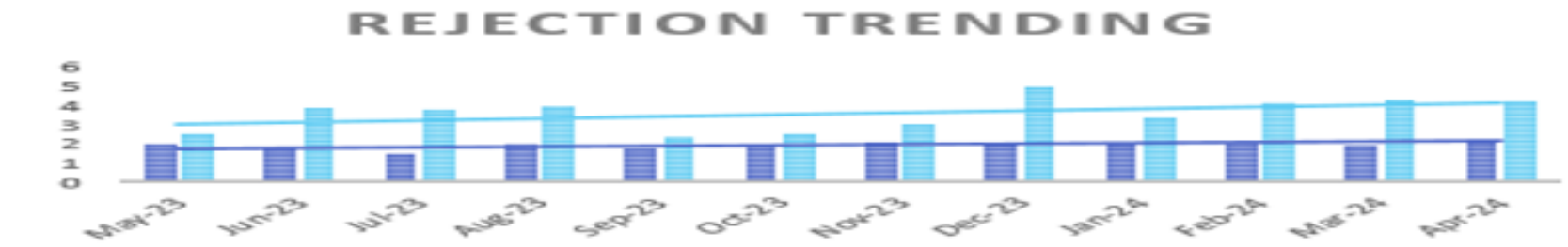


Laboratory General



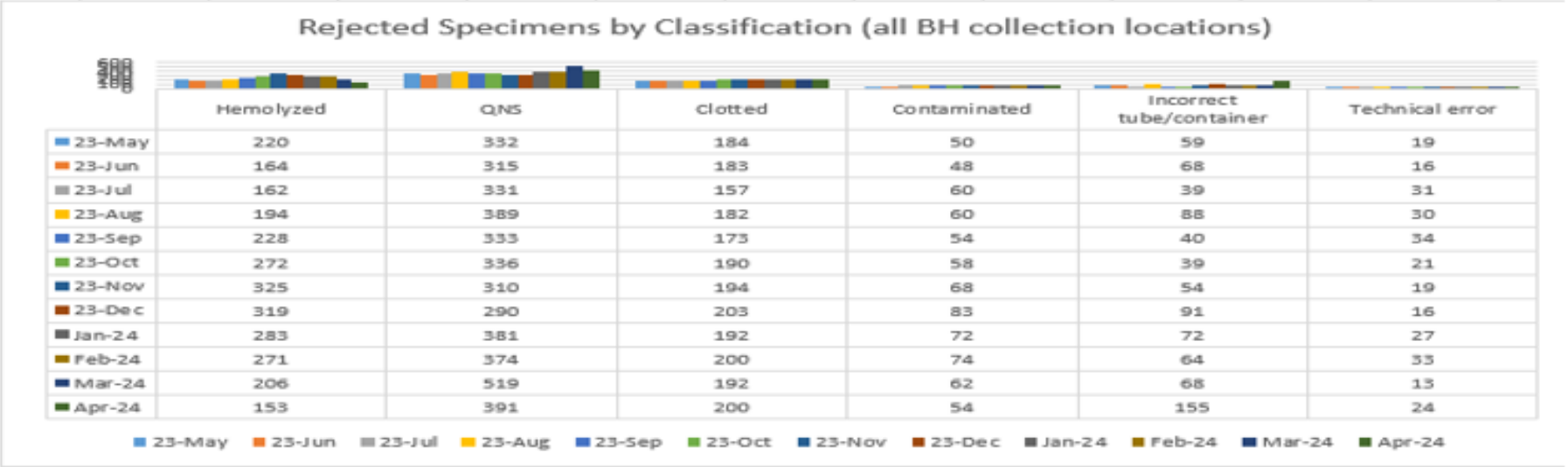
	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
BH	2	1.7	1.5	2	1.7	2	2.1	2.1	2	2.1	1.9	2.2
GH	1.9	1.6	1.5	2.1	1.4	2	2	2	1.8	2	1.8	1.7
LMH	1.1	0.9	0.9	1.4	0.7	1.3	1	1	0.9	0.9	0.9	0.9
MC	2.5	3.9	3.8	4	2.3	2.5	3	5	3.4	4.1	4.3	4.2
SRC	1.3	0.83	0.9	1.3	1	1.5	1.3	1.2	1.3	1.3	1.1	1.2
WH	1.1	0.9	0.8	1.2	0.9	1.3	1	0.9	0.9	0.8	1	0.9
YH	2.1	1.6	1.6	2.2	1.7	2.5	2.3	2.3	2.1	2.3	2.2	2

*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



	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
BH	2	1.7	1.5	2	1.7	2	2.1	2.1	2	2.1	1.9	2.2
MC	2.5	3.9	3.8	4	2.3	2.5	3	5	3.4	4.1	4.3	4.2

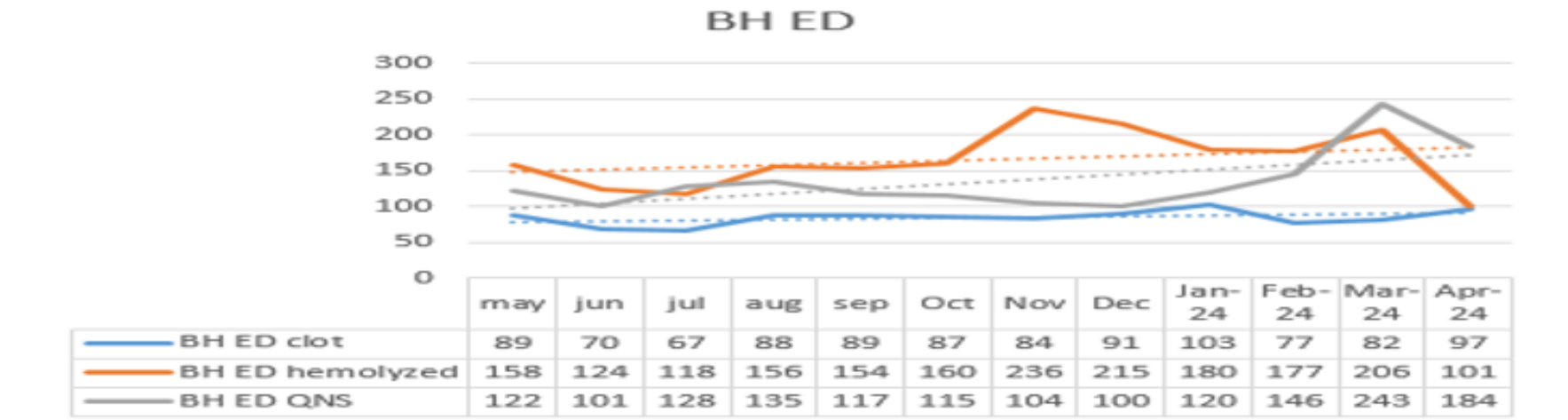
Laboratory General



	Hemolyzed	QNS	Clotted	Contaminated	Incorrect tube/container	Technical error
23-May	220	332	184	50	59	19
23-Jun	164	315	183	48	68	16
23-Jul	162	331	157	60	39	31
23-Aug	194	389	182	60	88	30
23-Sep	228	333	175	54	40	34
23-Oct	272	336	190	58	39	21
23-Nov	325	310	194	68	54	19
23-Dec	319	290	203	83	91	16
Jan-24	283	381	192	72	72	27
Feb-24	271	374	200	74	64	33
Mar-24	206	519	192	62	68	13
Apr-24	153	391	200	54	155	24

23-May 23-Jun 23-Jul 23-Aug 23-Sep 23-Oct 23-Nov 23-Dec Jan-24 Feb-24 Mar-24 Apr-24

Top 3 Rejections-BH ED totals



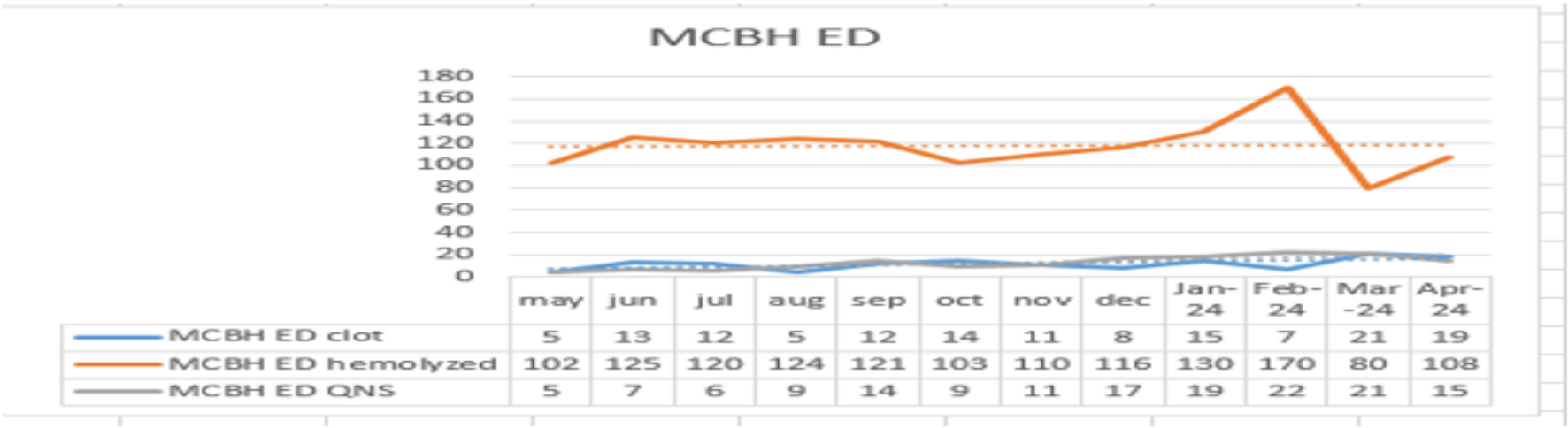
	may	jun	jul	aug	sep	Oct	Nov	Dec	Jan-24	Feb-24	Mar-24	Apr-24
BH ED clot	89	70	67	88	89	87	84	91	103	77	82	97
BH ED hemolyzed	158	124	118	156	154	160	236	215	180	177	206	101
BH ED QNS	122	101	128	135	117	115	104	100	120	146	243	184

Laboratory General

MCBH Rejections classification (all locations)

	Hemolyzed	QNS	Clotted	Contaminated	Incorrect tube/container	Technical error
23-Apr	100	15	16	6	3	1
23-May	106	11	8	9	13	1
23-Jun	133	14	17	15	8	19
23-Jul	129	16	13	7	2	3
23-Aug	133	21	7	7	13	0
23-Sep	127	19	21	0	15	3
23-Oct	111	19	21	8	10	0
23-Nov	120	21	15	8	15	1
23-Dec	125	24	12	1	5	0
24-Jan	138	26	24	7	12	0
24-Feb	176	41	14	2	12	8
24-Mar	91	33	33	4	13	0

Top 3 Rejections-MCBH ED totals



	may	jun	jul	aug	sep	oct	nov	dec	Jan-24	Feb-24	Mar-24	Apr-24
MCBH ED clot	5	13	12	5	12	14	11	8	15	7	21	19
MCBH ED hemolyzed	102	125	120	124	121	103	110	116	130	170	80	108
MCBH ED QNS	5	7	6	9	14	9	11	17	19	22	21	15

MCBH Critical Result Calls & documentation

	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov
n	230	293	340	241	261							
#compliant	228	293	337	240	257							
#noncompliant	2	0	3	1	4							
Notes	All called. 2 were phoned after comm log review by manager		2 Results initially called to secy. Both techs were re-educated within 24 hours of occurrence. 1 result was phoned but not documented in WAM	1 result given to PCT. Tech was counseled and result was then reported to appropriate staff	3 called but not documented correctly in comm log. All same tech. Tech re-educated on proper documentation of critical calls. 1-called but no credentials.							

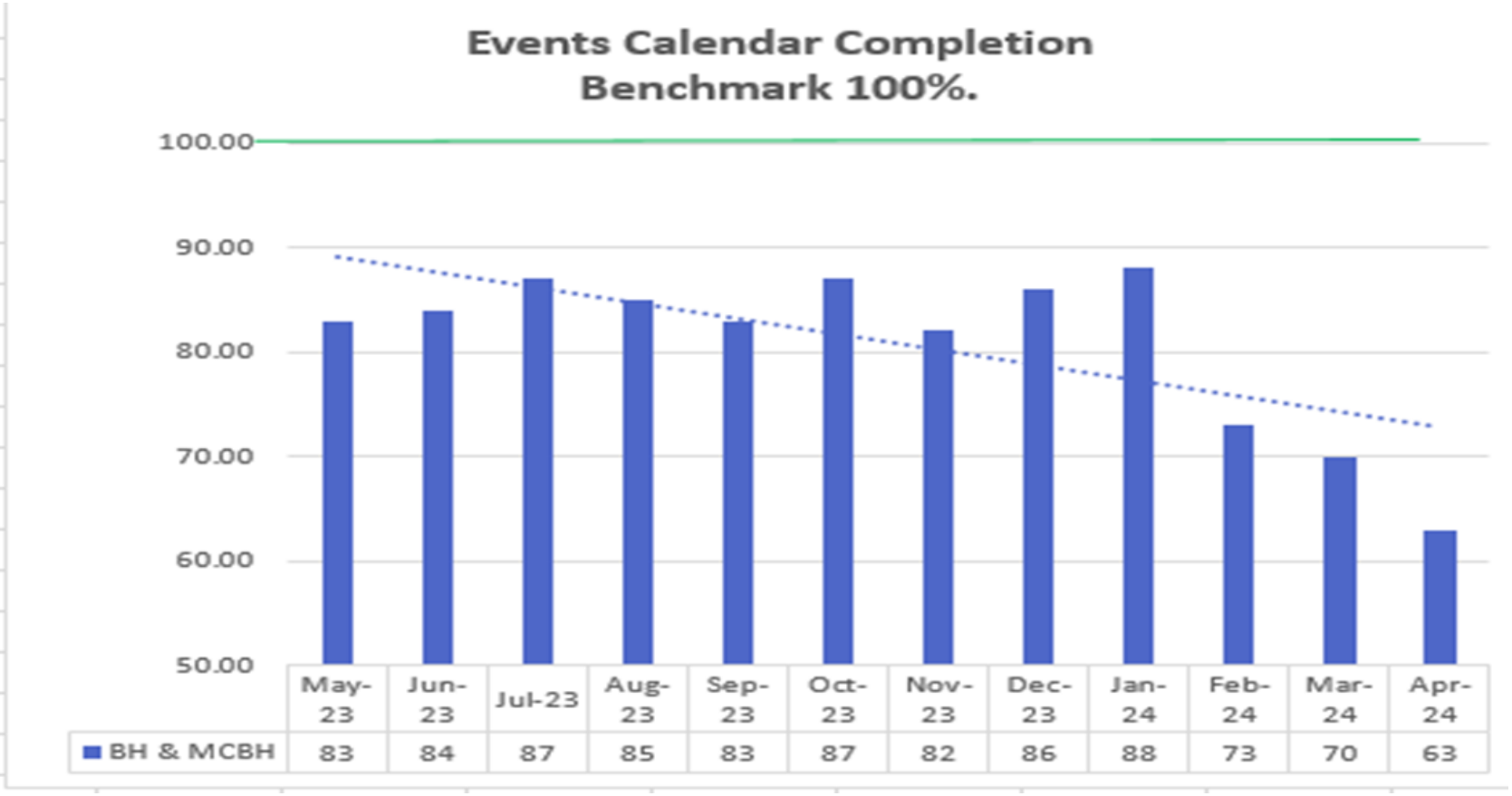
No name	0	0	0	0	0							
No full name	1	0	0	0	0							
No credentials	1	0	0	0	1							
Incorrect documentation	0	0	1	0	3							
Incorrect Person	0	0	2	1	0							

MCBH Corrected Report Calls & Documentation

	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov
n	4	8	8	5	4							
#compliant	4	8	8	4	4							
#noncompliant	0	0	0	1	0							
Notes	3 UA color red to yellow, 1 manual entry	1 color, 3 verified before diluting, QC error, man entry error, 2 instrument issues	1 dilution, 7 color corrections*	1 Comment added on a canceled Mg due to possible iv contamination after result was reported which was not phoned. (Tech was counseled). 3 manual entry errors, 1 u/a color correction	1 color correction early in month before service done, 2 verified before dilution, 1 instrument issue.							

No name	0	0	0	0	0							
No full name	0	0	0	0	0							
No credentials	0	0	0	0	0							
Incorrect documentation	0	0	0	0	0							
Incorrect Person	0	0	0	0	0							
Not phoned	0	0	0	1	0							

Laboratory General
BH & MCBH Events Calendar Completion 70%
Benchmark 100% 12/19 Events completed



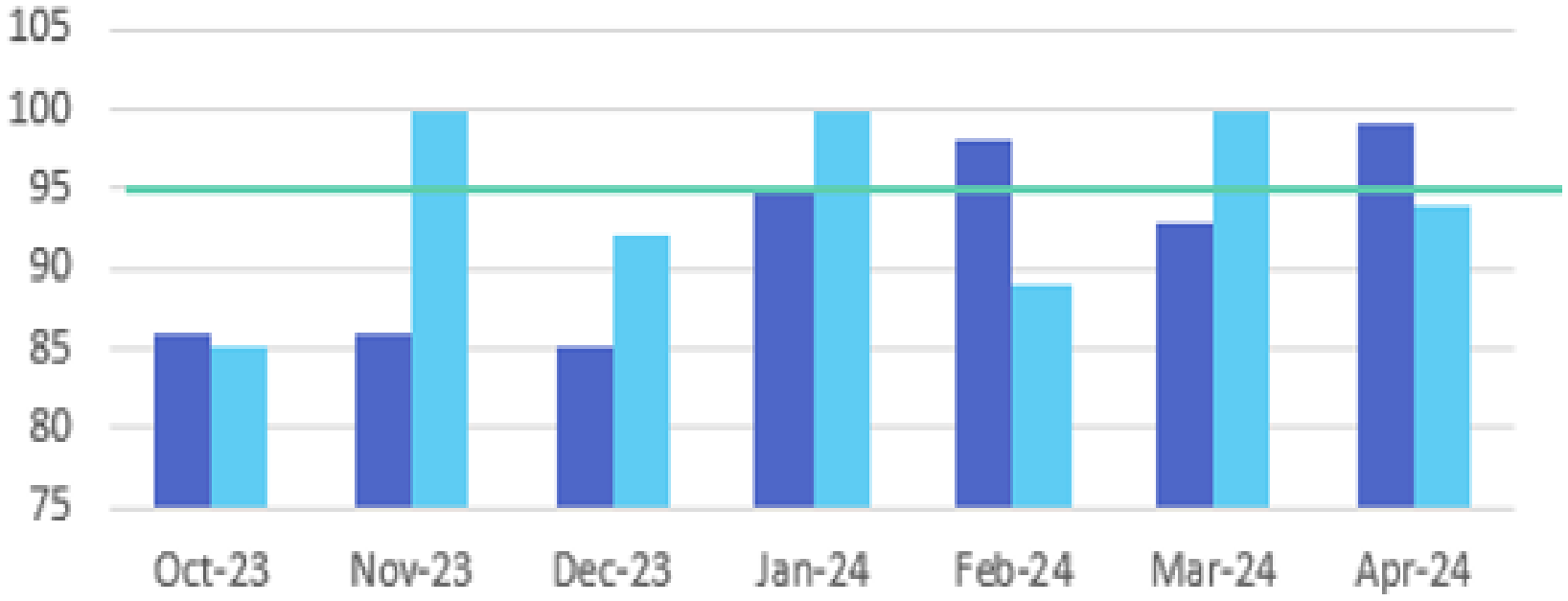
overdue competencies & PM's.

Yale NewHaven Health Bridgeport Hospital

SAFER REPORT

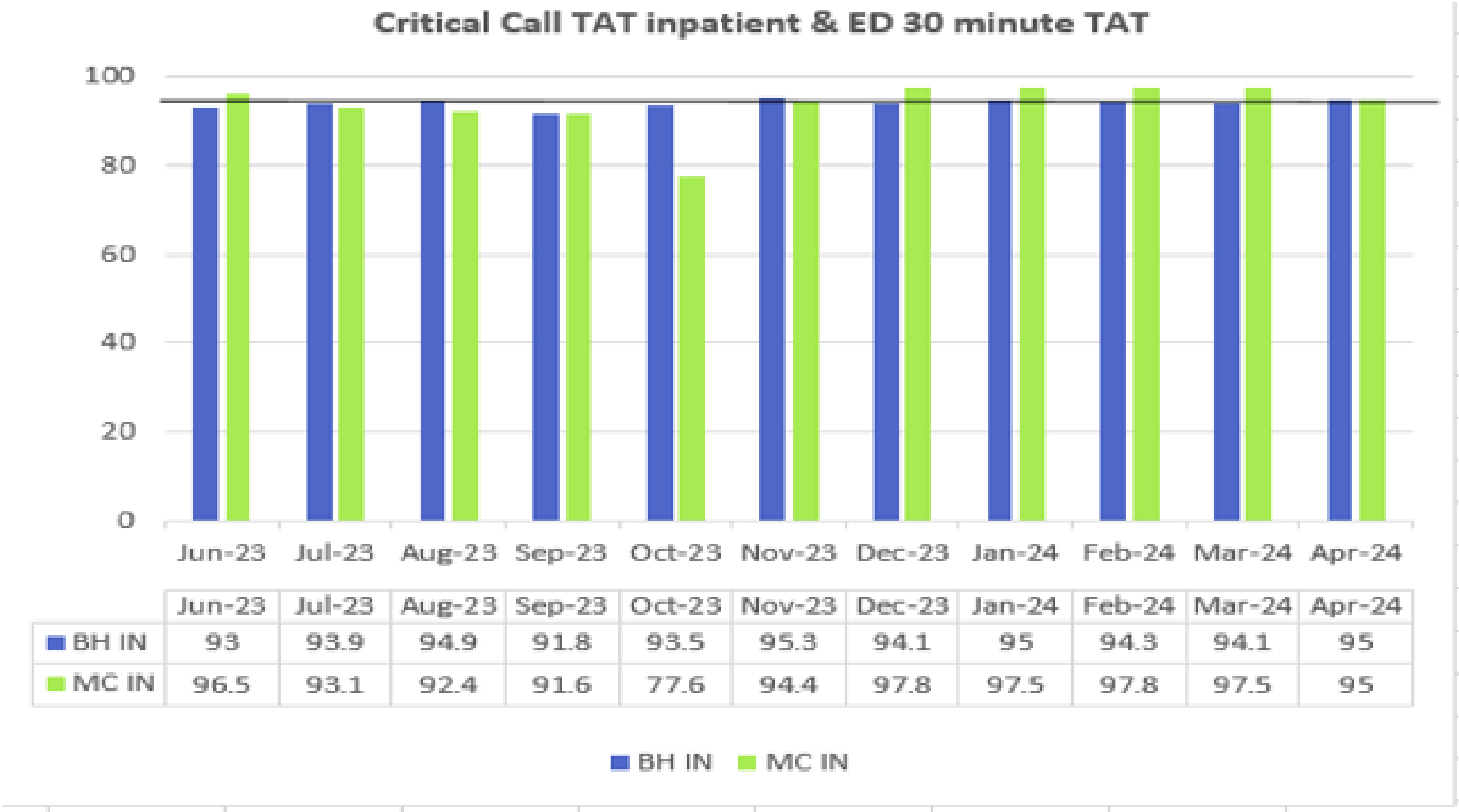
Category of Event	# of Events	Corrective Action
Safety event w/ no harm	1 TEG case presented earlier	None needed. Staff followed procedure.
PSE 3	1 MC phlebotomist couldn't get blood sample on "hard" patient and H&H result was delayed.	Phlebotomy staff re-educated to let appropriate staff know when a result is going to be delayed due to inability to collect specimen.
Non-Safety Event	3 Patient pulled an armrest onto head while getting blood drawn. Both Chemistry analyzers at MC were being recalibrated *at same time* and the QC failed causing delay in glucose results. MC ED claimed to have drop blood sample off in lab however there is no record of blood being received nor is there an entry in the ED specimen drop off log.	None needed, isolated event. Tech re-educated to calibrate instruments one at a time after successful QC run on first. (no impact, ED used glucometer for delayed results). None needed but staff was reminded to check specimen drop-off area for any samples that may be there.
Not classified	1 Critical result not phoned on outpatient.	None needed. After investigating, it was determined that the result was a repeat critical that did not need to be phoned per policy.

CRSQ
Outpatient Critical Call TAT <60 minutes
Target 95%



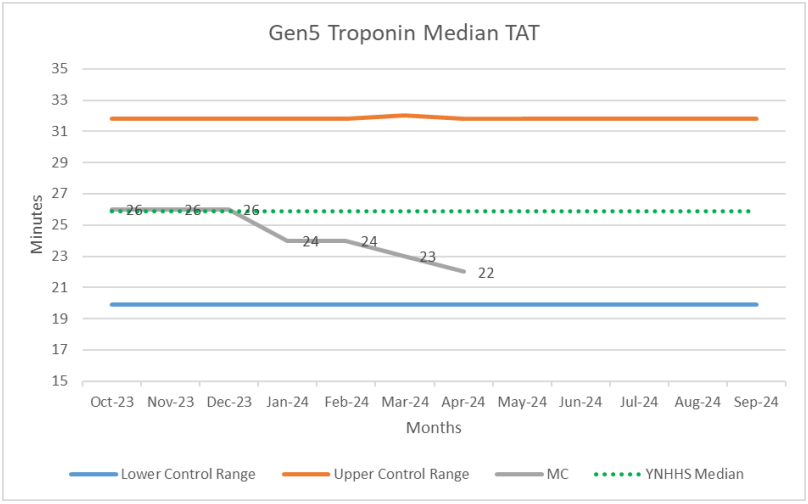
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
BH out	86	86	85	95	98	93	99
MC out	85	100	92	100	89	100	94

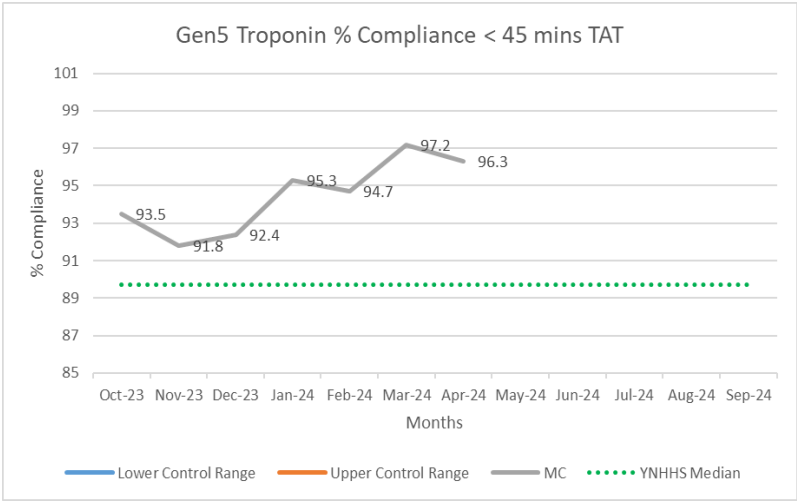
CRSQ
Inpatient & ED <30 mins TAT

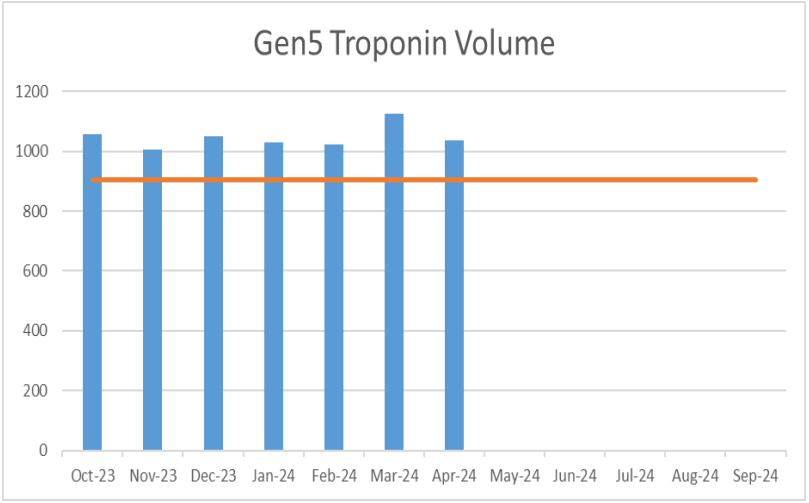


	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
BH IN	93	93.9	94.9	91.8	93.5	95.3	94.1	95	94.3	94.1	95
MC IN	96.5	93.1	92.4	91.6	77.6	94.4	97.8	97.5	97.8	97.5	95

Milford Campus – Gen 5 Troponin TAT

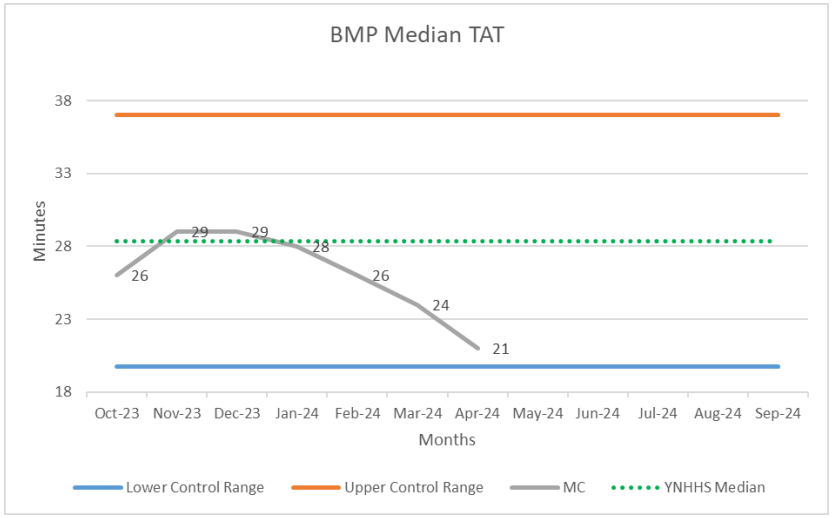


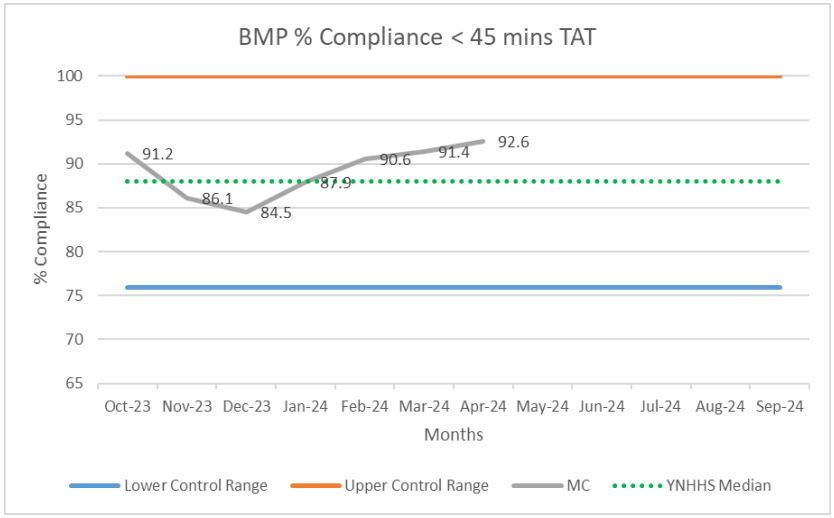


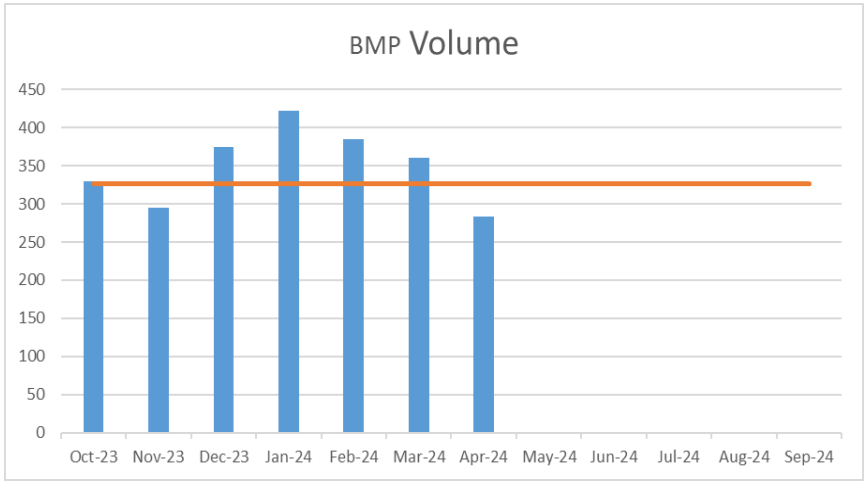


Yale NewHaven Health Bridgeport Hospital

Milford Campus – Basic Metabolic Panel (BMP) ED TAT

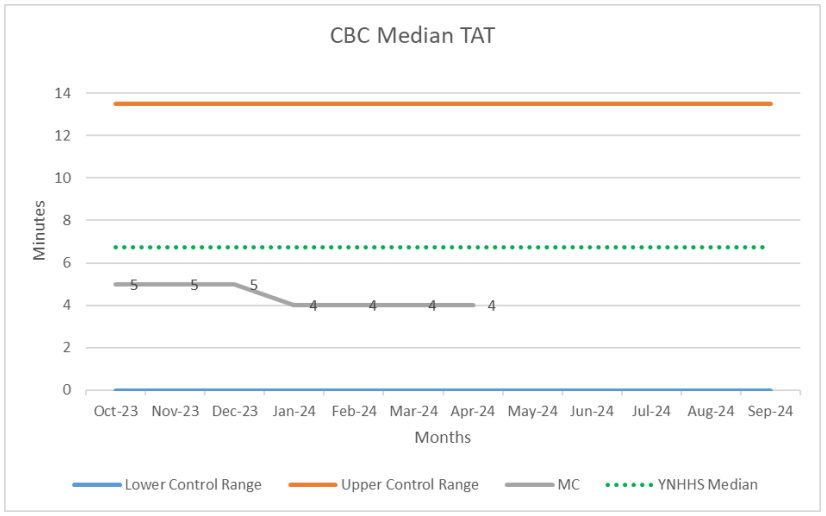


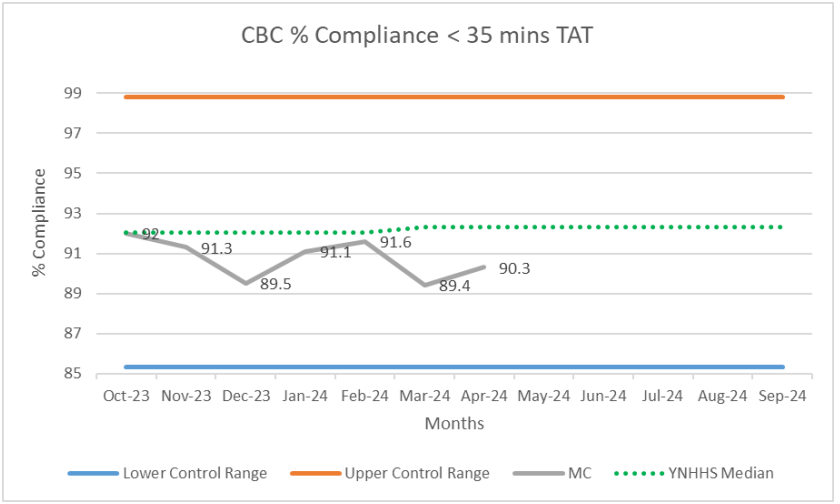


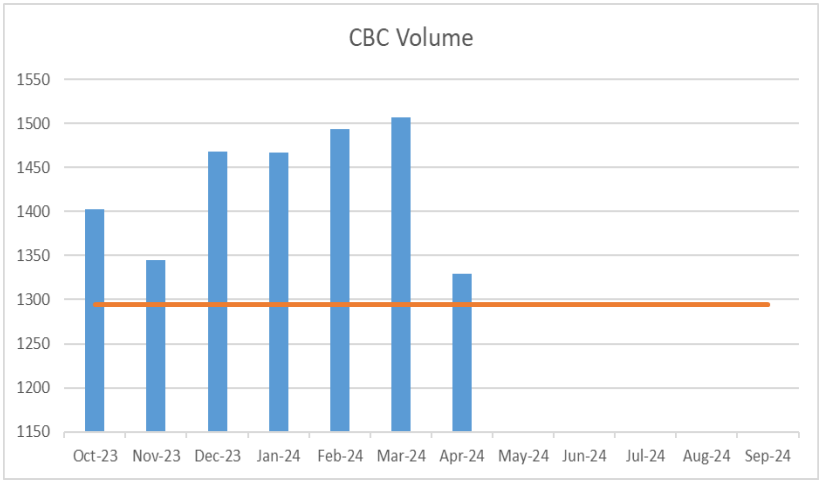


Yale NewHaven Health Bridgeport Hospital

Milford Campus – Complete Blood Count (CBC) ED TAT







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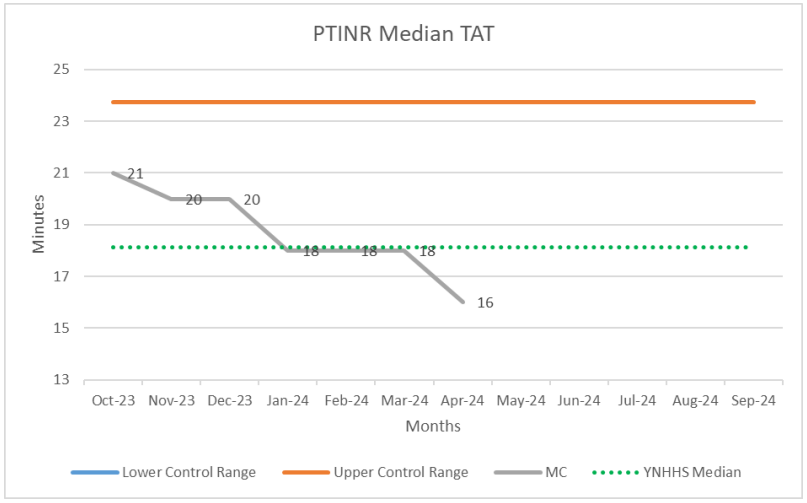
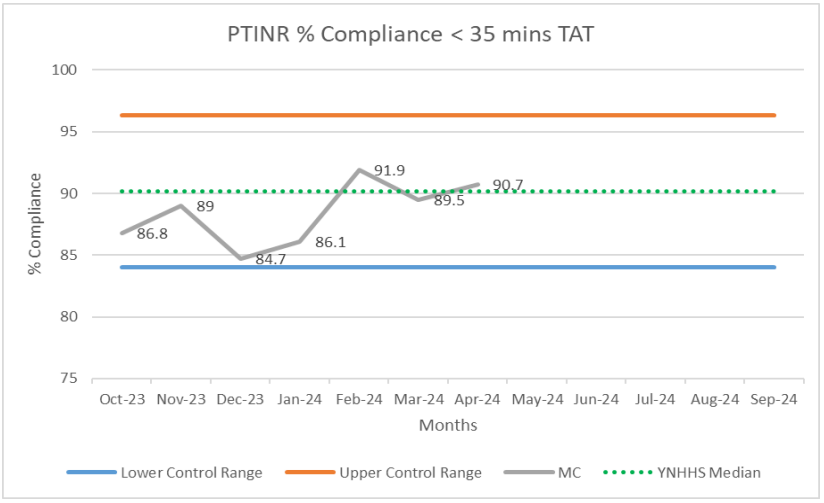
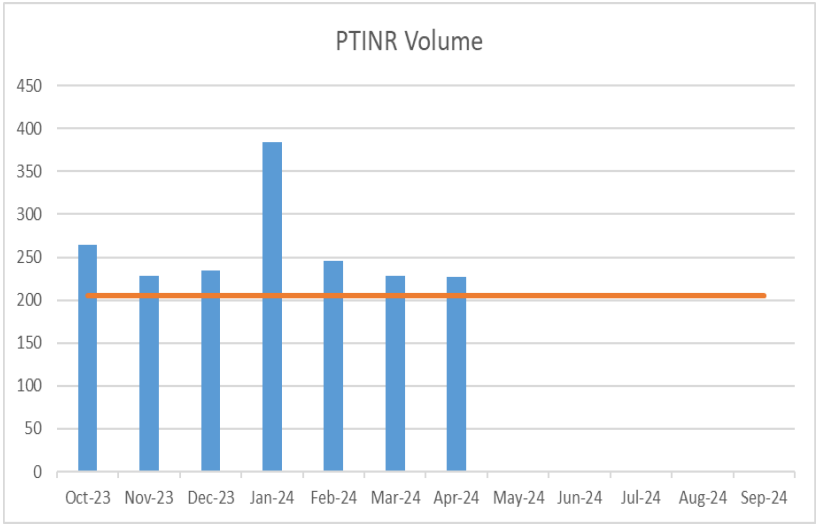
Bridgeport Hospital

Milford Campus – PTINR ED TAT







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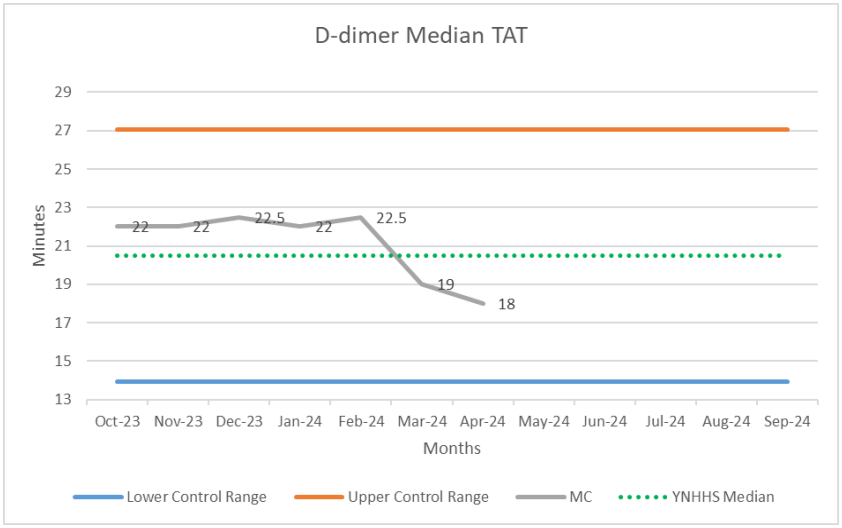
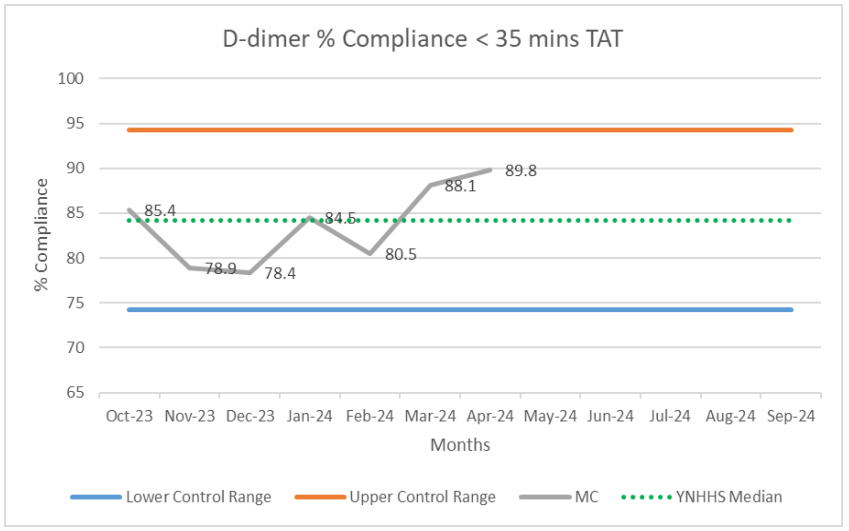
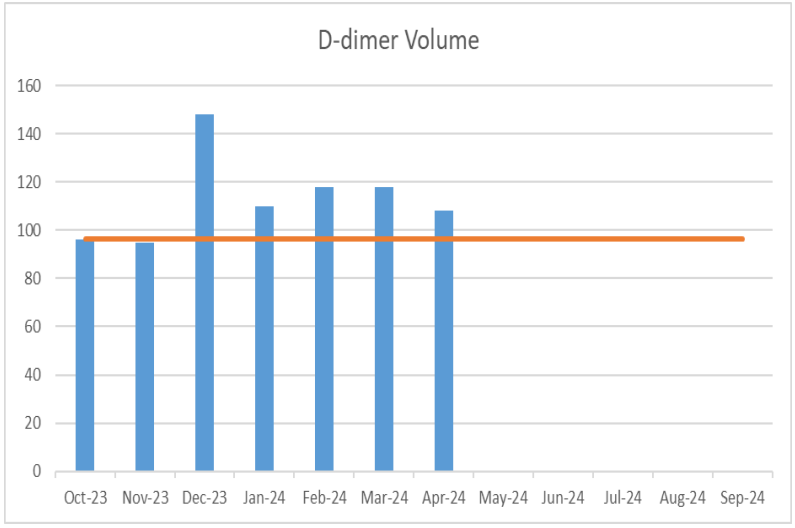
Milford Campus – D-dimer ED TAT







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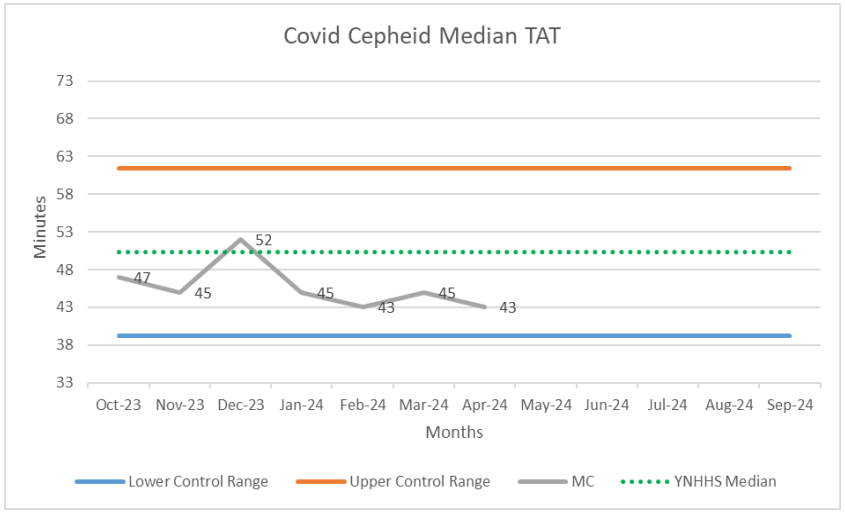
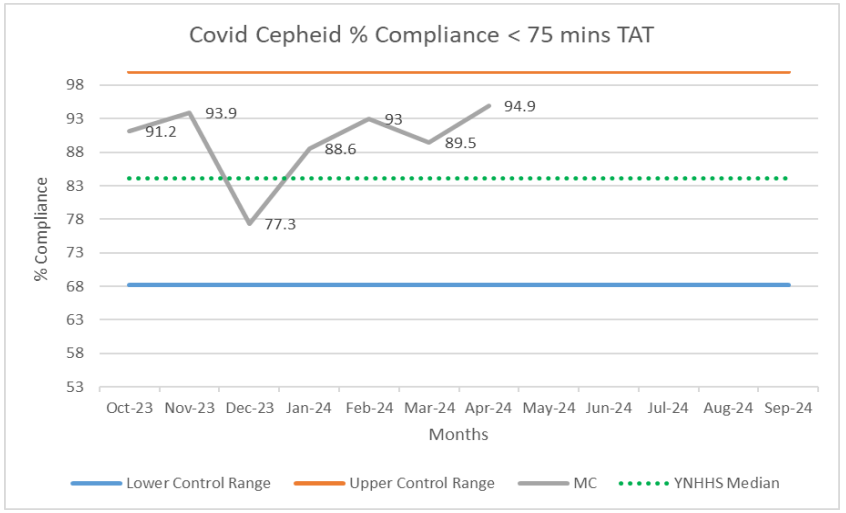
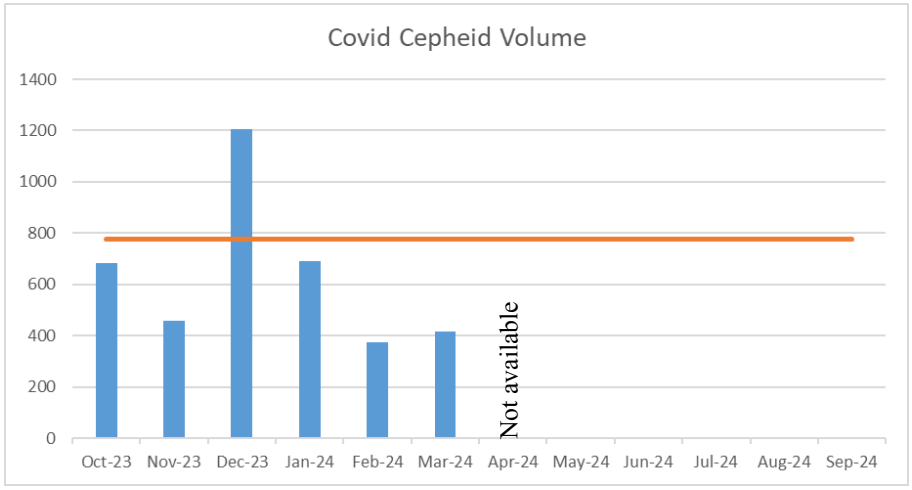
Milford Campus – COVID Cepheid PCR TAT







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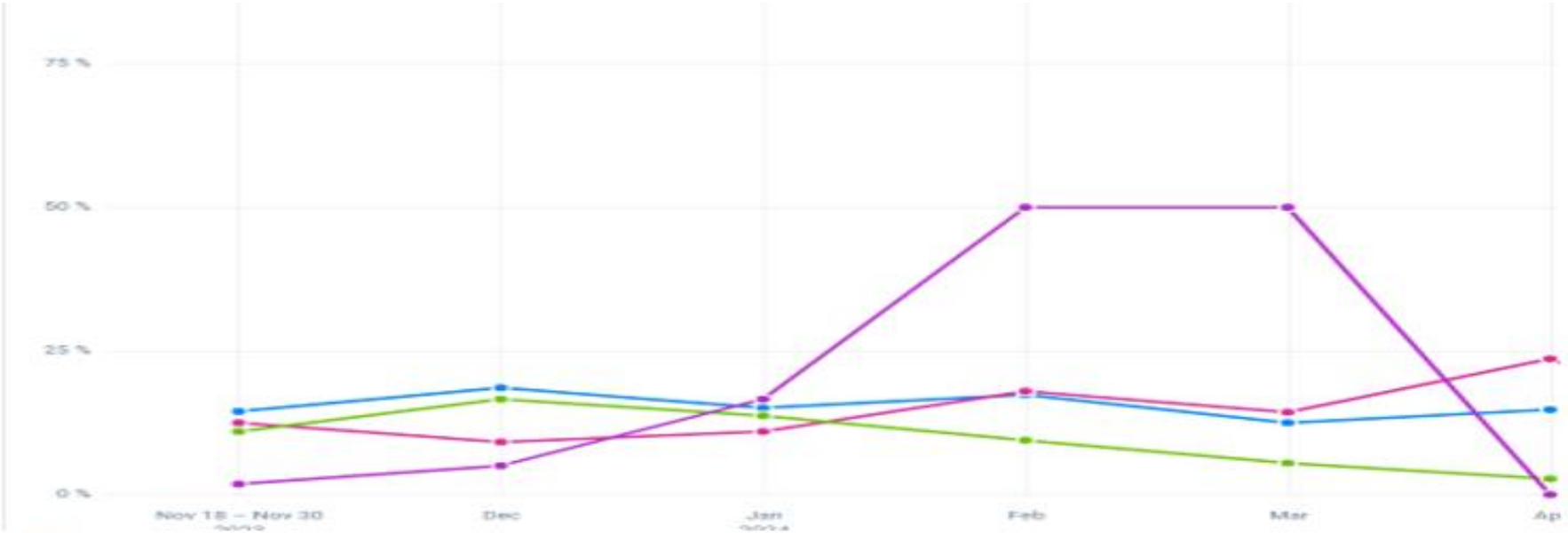
Milford Campus Molecular Dashboard



Date	Tests	% Positivity	Derived Baseline	Environment Monitoring	Physician Feedback	Epidemiological Trends	Evaluation Notes	Corrective Action (if needed)	
24-Apr	SARS-CoV-2	2.80%	0-22%	Negative	None	None	None	None	LB 5/17/2024
24-Apr	Group A Strep	23.60%	0-19%	Negative	None	spring tends to have increased positive cases	None	None	LB 5/17/2024
24-Apr	Flu A/B	0.00%	0-7%	Negative	None	None	None	None	LB 5/17/2024
24-Apr	Flu/RSV	14.90%	0-14%	Negative	None	None	None	None	LB 5/17/2024
24-Apr	C. diff toxin	24.60%	not established	Negative	None	None	None	None	LB 5/17/2024

*there were 4/49 confirmed cases of C. diff in April.