REVIEW OF DAILY ACTIVITY REPORTS

All Regional Reference Lab test results will be reviewed according to protocols within the LIS, Molis, or Centralink software and technical procedure manuals. For the Medical Office Labs review includes the detection of unusual results, analytic errors, or possible interference by instruments or substances. The computer has a built-in alert notification system, which is made up of warning flags and sounds, for each test. These signals begin when the results fall outside the normal range and become stronger and more intense as the results become more abnormal.

Initial review of all results is conducted by the tech performing the test. Accuracy, reasonableness, and data entry is reviewed at the "Verify" prompt. Results must be accurate and entered correctly prior to verifying results at this prompt.

A Daily Activity Report will automatically print at each Medical Office Laboratory following the end of the shift. Worklists or instrument tapes will be attached to the log. Technical staff will review the log for all manually entered results and check for clerical and analytical errors, protocol being followed, warning flags and alert values and ensure appropriate documentation is added to the report. The Daily Activity Report and attachments will be reviewed within 24 hours or on the next scheduled shift by the supervisor, team leader or assigned designee.

Discrepancies will be brought to the attention of the laboratory manager. Corrections to the report will be communicated promptly to the provider, then documented and retained within the report with the most recent correct results listed first. Each correction will include the following information:

> Who called the correction to the physician
> Who took the call
> On what day the corrected result was called
> At what time the corrected result was called

All technical personnel are qualified to perform this review. The laboratory has an obligation to provide accurate results to the physician, the first time, every time. Even though a correction may only result in a minor change, for example 1+ vs. trace, the lab will make all corrections.

PROCEDURE

Review all manually entered results. Transmission of results from an instrument occurs during the annual review of transmitted results.

Daily Activity Reports print results in the following order:

<div align="center">

Chemistry
Coagulation
Body Fluids
Hematology
Semen/Post Vas
Wet Prep/OCB/KOH
Pregnancy Tests
Urinalysis

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1. Chemistry
    - For all manually entered chemistry results check against the instrument tape.
    - In addition to analyte results, check for accurate hemolysis results.
    - For creatinines that are performed on the iSTAT, ensure that abnormal high results have the added comment regarding hydroxyurease.
    - Were critical results called and is this documented?
    - If there were corrections; were the corrections called to the provider?

2. Coagulation
    - Were critical results called and is this documented?
    - If there were corrections; were the corrections called to the provider?

3. Body Fluids
    - Was the worksheet filled out correctly?
    - Were the correct number of squares counted?
    - Were the crystals resulted?
    - Were critical results called and is this documented?
    - If there were corrections; were the corrections called to the provider?

4. Hematology
    - Check Hgb-Hct values - they should match within 3 points (does not apply to the Sysmex XT)
    - What methodology was used to perform the diff - manual or automated? Be sure the report reflects the correct method.
    - Does the morphology match the indices?
    - Verify the platelet count.
    - Were critical results called and is this documented?
    - If there were corrections; were the corrections called to the provider?

5. Semen - Post Vas
   - Was time of collection entered?
   - Was the time specimen was received entered?
   - If there were corrections; were the corrections called to the provider?

6. Wet Prep - OCB - KOH
   - Were controls documented for OCB?
   - Are all four parameters (clue cells, trichomonas, yeast, and WBCs) for the Wet Prep resulted?
   - Do results match what was written on the worksheet?
   - Was a KOH ordered?
   - Does the KOH match the yeast results from the Wet Prep?
   - If there were corrections; were the corrections called to the provider?

7. Pregnancy Tests
   - Were background and internal QC documented?
   - If there were corrections; were the corrections called to the provider?

8. Urinalysis
   - Do manually entered urinalysis results from the Criterion tapes match what was transmitted to Cerner?
   - Do microscopic results match the macroscopic examination? See the Criterion procedure for details.
   - Are color and clarity correctly entered?
   - If the urine color prevents a dipstick from being run through the Criterion, was the CRDC comment entered correctly?
   - Was a urine culture set up when indicated?
   - If an Ictotest was required, did the negative test correct the bilirubin result on the dipstick?
   - If the patient was < 1 year old, was a Clinitest performed?
   - If the volume was less the 10.0 ml, was this documented in the results?
   - If the microscopic was performed on unspun urine was the comment "DROP" added?
   - Were critical results called and is this documented?
   - If there were corrections; were the corrections called to the provider?

HOW TO REPRINT ACTIVITY LOG

1. Click on the icon for Daily Reports
2. The Daily Reports task window comes up
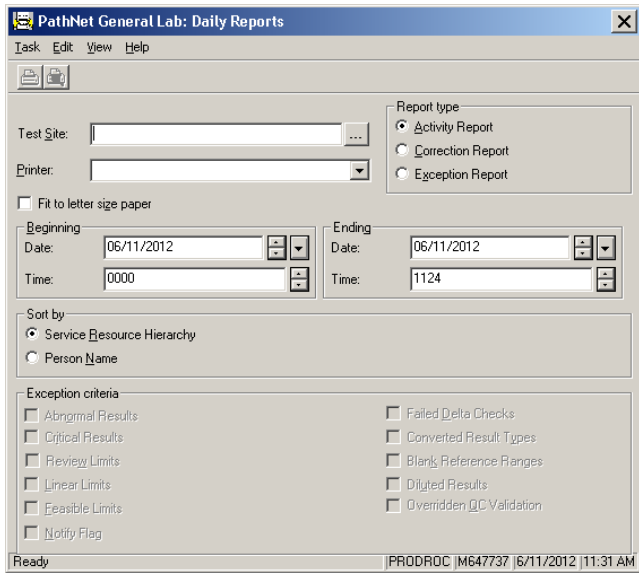
3. In the Test Site, box, enter your location code i.e. COAR. Choose the service resource that applies to your location; by choosing the "pie" icon, for each discipline, i.e. chem., heme, coag; all the sublevels will be included.

Choosing this icon will automatically select all sublevels.

Written: E. Gibson 6/11
Revised: E. Gibson 6/12
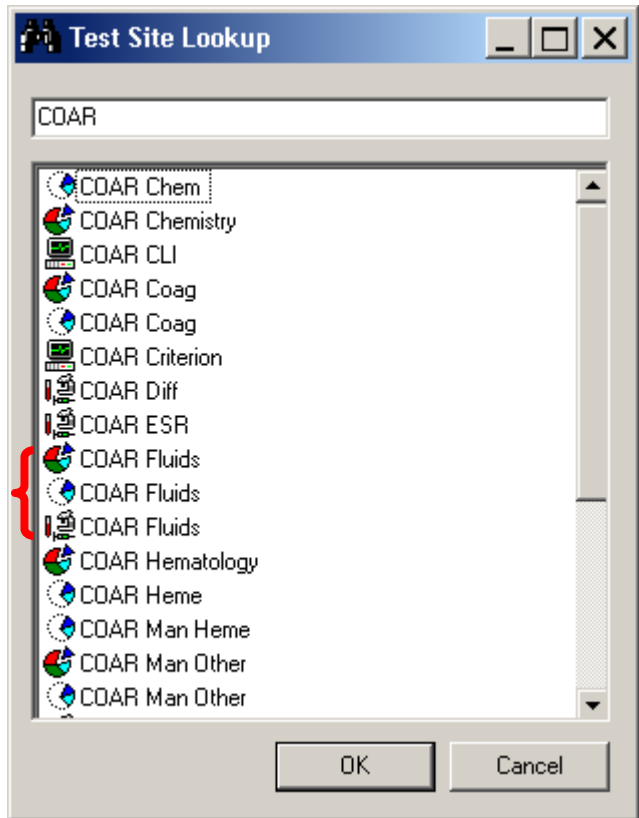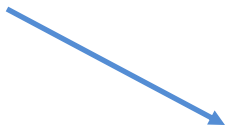
4. Enter a printer number in the box below.
5. In the Report Type Box click on the Activity Report radio button.
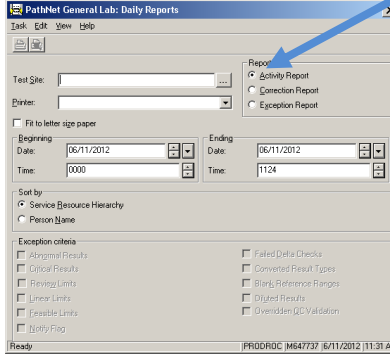
6. Enter the beginning and ending dates and times
7. Click on the printer icon in the upper left hand corner of the box, under the menu bar.