

**HACKETTSTOWN REGIONAL MEDICAL CENTER
LABORATORY POLICY MANUAL
QUALITY ASSESSMENT AND IMPROVEMENT PLAN**

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Effective Date: December, 1995
Cross Referenced:
Reviewed Date: 04/12
Revised Date:

Policy No: GENLAB 9.03
Origin: General Lab
Authority: Laboratory Director
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PURPOSE: To establish a Quality Assessment and Improvement program that is comprehensive and integrated to continually improve the quality of patient care and services provided by the Laboratory. It will be planned, systematic and ongoing, and will evaluate the important aspects of patient care and services provided, thereby identifying problem(s) and opportunities to improve upon patient care and services

POLICY: As follows.

ORGANIZATION:

The Medical Director will participate in and have ultimate responsibility for assuring that there is a planned systematically ongoing monitoring and evaluation process for the department. He/she will assign responsibility for the specific duties related to monitoring and evaluation. The department will collaborate with the Quality and Performance Improvement Department which will in turn report to PI Steering Committee. The Laboratory will report on indicators related to pre/post analytical variables, and other customer satisfaction monitors. Included are QA/I activities, any trend, what action was taken to resolve these problems and the effectiveness of that action. This plan follows the guidelines of the hospital wide PI plan, which can be found in the PI Manual along with the organizational reporting chart.

SCOPE:

The Laboratory is responsible for providing care/service that is within their professional realm of practice to patients at Hackettstown Regional Medical Center regardless of age, race, religion or financial status.

This department provides the following patient-related services:

The primary function of the Clinical Laboratory is to assist the physician in the diagnosis of disease and monitoring of patient health by prompt analysis of bodily fluids and tissues. These services are provided to inpatients and outpatients, the former on a 24-hour/7 days per week basis. Pathology services are provided for both surgical and non-surgical procedures that result in submitted specimens for gross and/or microscopic examination.

The Clinical Laboratory provides internal support services for various departments of the hospital including Nursing units, Respiratory Therapy, Cancer Center, Wound Care Center Nutritional Care, Cardiology, Operating/Recovery Rooms, Rehab Services, Substance Abuse and Corporate Health departments. Other customers of the Laboratory include the hospital business offices and the general community who rely on our presence on a daily basis.

The Medical Director of the Clinical laboratory is ultimately responsible for all test results and procedures performed by Clinical Laboratory personnel. Authority to coordinate the daily operation of the Clinical Laboratory is designated to the Clinical Manager, who is a registered technologist.

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To assure that the test results released from the Clinical Laboratory are of the highest quality, daily calibration and control schedules are adhered to in accordance with state and federal regulations. Both internal and external surveys are also performed on a regularly scheduled basis.

To assure that the optimum level of patient care is achieved, a variety of Quality Assessment and Improvement monitors are tabulated on a monthly basis and focus studies are performed to identify potential patient care problems. Any identified problems are defined and a documented corrective action is performed. Effects of corrective action are also monitored to assure that the action taken was sufficient.

The Clinical Laboratory is composed of ten departments. These include Microbiology, Hematology, Chemistry, Urinalysis, Coagulation, Serology, Immunohematology, Phlebotomy, Pathology and Clerical Office. Testing performed in these departments is regulated by procedures approved by the Medical Director and reviewed on a bi-annual basis. Testing that is not requested in any volume, is sent to an approved reference laboratory for analysis.

To be certain that the Clinical Laboratory staff is kept current on the changing aspects of their profession, the Medical Director and Clinical Manager provide opportunities for inservice and continuing education opportunities on a regular basis. The inservices are generally held within the Clinical Laboratory department, while continuing education seminars are often held off of hospital grounds.

To better serve the community, health screenings are held several times per year, to promote health consciousness in our town. These screening include Lipid Profile, Glucose, and Chemistry Profile testing.

IMPORTANT ASPECTS OF CARE:

The department/service will assess and improve upon the key functions, processes, treatments, or activities that are believed to be the most important to the quality of patient care, prioritizing those that are high volume, high risk, problem prone. Focused areas will include but are not limited to:

1. Specimen collection and processing
2. Safety and Universal precautions
3. Customer relations

INDICATORS:

The department will select performance measures for the aspects of care that have been chosen for review. These performance measures or indicators will be objective, measurable, and based on current knowledge and clinical experience. These measures can be related to process or outcome of care. The information they provide will be used in assessing the quality of care and in directing attention towards opportunity for improvement. Department members will be responsible for selecting indicators for those important aspects of care to be evaluated.

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THRESHOLDS:

For each indicator, the department will establish a mechanism for determining when further evaluation must be done. The mechanism or “thresholds” can be rate-based or single events. Even when thresholds are not reached, aspects of care can be evaluated to determine whether variation can or should be reduced.

DATA COLLECTION AND EVALUATION:

For each indicator, data will be collected and organized in a manner that allows for comparison of monitoring results with thresholds. The department/service will decide upon the source of data, collection methodology, who will collect the data, when it will be collected, sample size, and organization of data.

When findings from ongoing monitoring show that a threshold has been reached, an assessment will be made. Assessments can also be made from patient satisfaction surveys, customer surveys, staff comments and single events or problems.

This assessment or evaluation will identify the root cause of the unacceptable variance and/or area for potential improvement. By identifying the root cause, the best course of action can be chosen.

When the identified problem involves another department/service, a team will be organized to evaluate the problem and collaboratively resolve it.

ACTION PLAN:

Based on the results of quality review and analysis, the department will recommend the best action plan. The goal of the action will be to improve the overall performance of the system, equipment and/or personnel.

ASSESMENT AND FOLLOW UP:

Monitoring activities will be conducted to determine the effectiveness of action plans. If follow-up monitoring shows the desired results have not been achieved, an in-depth analysis of the problem and a determination of its root cause will again be undertaken to develop a better plan of action.

ANNUAL APPRAISAL:

The objective, scope, organization and effectiveness of the Quality Assessment and Improvement Program will be evaluated annually by the Clinical Manager and Laboratory Director. The evaluation will be used as a basis for modifying, altering, or deleting components of the program that are no longer practical and/or have not identified opportunities to improve patient care.

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The QA/I program will be evaluated on the following criteria:

1. Implementation of the monitoring and evaluation methodology
 - a. Was it practical/problematic?
 - b. Was data collection possible?
 - c. Did the data adequately measure the process by which patient care was delivered and the result of that care?

2. Monitoring and Evaluation Outcome
 - a. How effective were these activities in identifying problems and/or opportunities to improve patient care?
 - b. Has there been unnecessary duplication of effort by either the Medical Staff, Committees, or Departments?