

# Survey of Laboratory Quality Indicators Tracked: Focus on Patient Identification Systems

# IQLM Quality Network Workgroup

#### Introduction

- Clinical laboratories regularly monitor errors and employ continual quality improvement processes to reduce errors.
- Continual quality improvement can be implemented with organized, planned initiatives designed with measurement systems and specific outcomes in mind.
- An inventory of best practices in quality improvement and patient safety, collected from a broad spectrum of laboratories, would be a helpful resource.
- Gathering this information can be a difficult task for individuals or institutions.
- Objective
- Identify quality management activities through an on-line, voluntary and self-reported survey of hospital laboratory managers belonging to the CLMA<sup>1</sup>
- Results 1
- Laboratory quality indicators tracked throughout the total testing process (TTP)2
- Results 2
- Practices related to a specific quality indicator Patient **Identification Systems**
- <sup>1</sup>CLMA Clinical Laboratory Management Association <sup>2</sup>"TTP –"Physician/clinician's decision to order a laboratory test through the collection and testing to the physician/clinician's use of the information for patient care"

# **Methods - Survey Development**

- Survey Prepared by CLMA
- Reviewed and Revised by
- CLMA's Quality Advisory Council
- IQLM Network Workgroup
- Conducted trial survey with
- Focus Group of Eight Laboratorians
- CLMA Chapter Leader Volunteers Final Review and Revision by
- CLMA's Quality Advisory Council
- IQLM Network Workgroup

# **Methods - Survey Format**

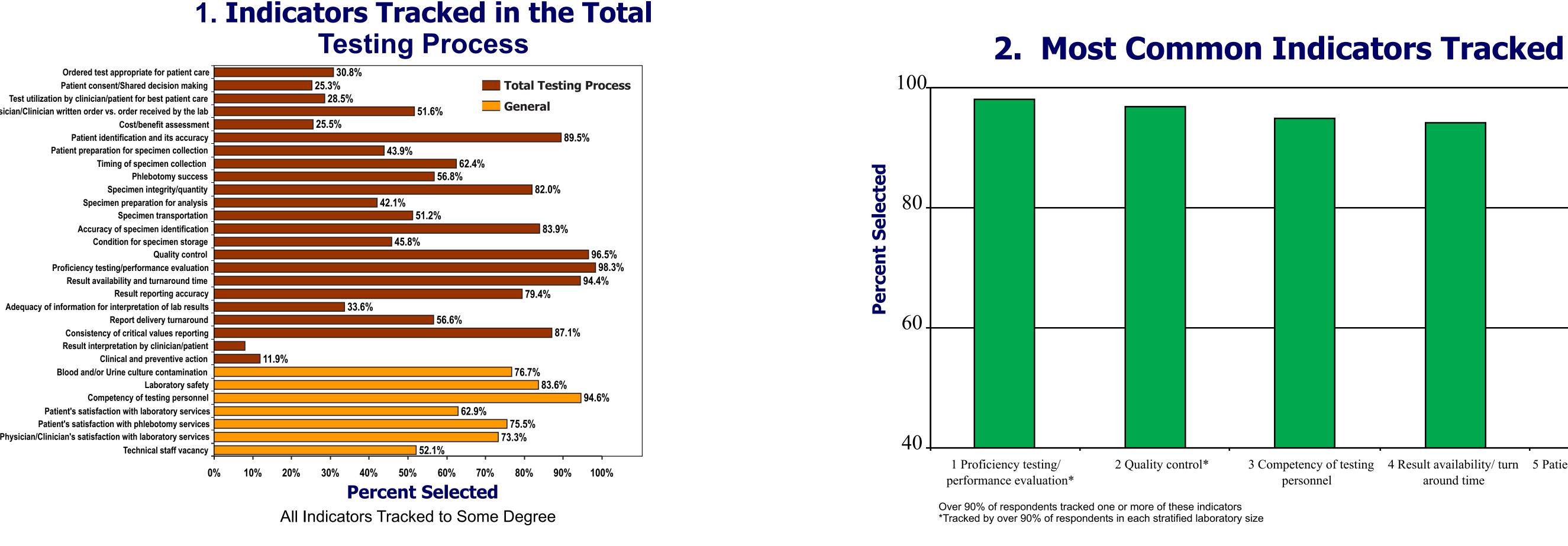
- Quality Indicators Survey Section
- "Please select the box next to any of the following that you track to some degree in your laboratory's total testing process."
- Patient Identification Section
- Questions were closed-ended response options with either: Only one response option

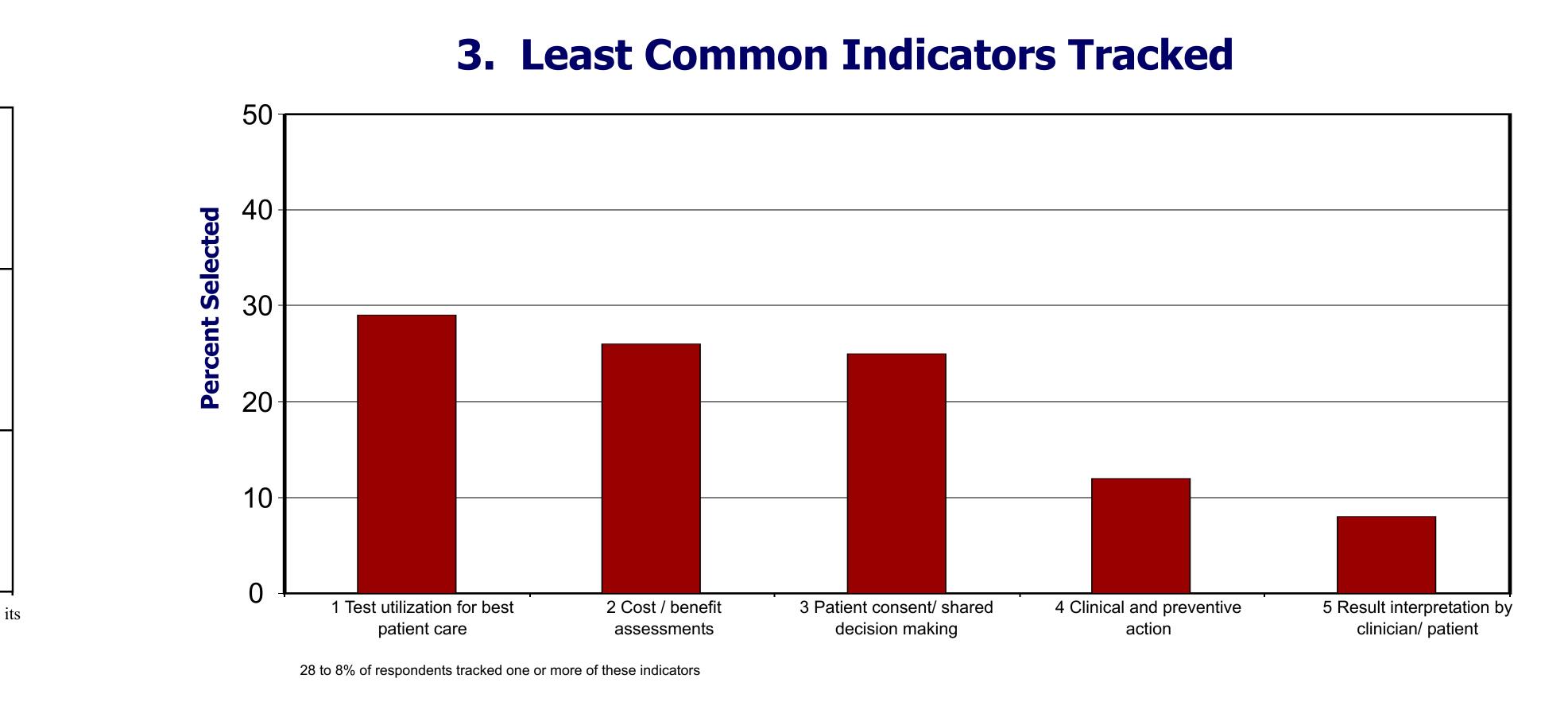
### Select all that apply **Methods - Survey Process**

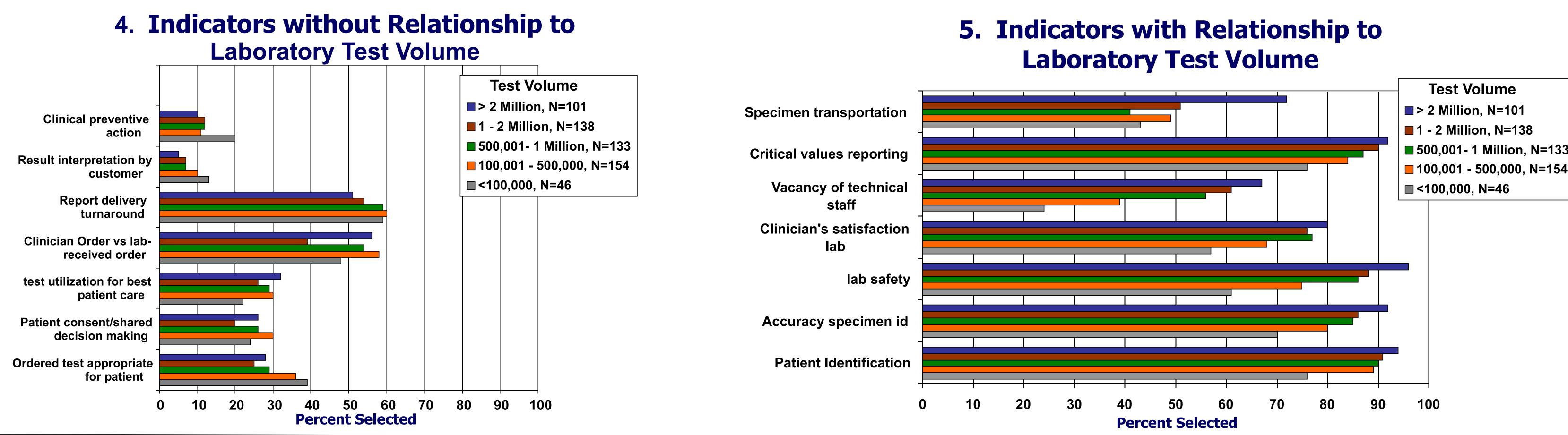
- On-line, voluntary and self-reported survey
- Sent in November 2004, to 2301 CLMA members with highest
- functional title in hospital laboratory
- Response rate was 25% or 572/ 2301 Distribution of volunteer respondents
- Nationwide sample
- Correlates closely with the distribution of the CLMA membership



# Results 1: Quality Indicators Tracked







# Results 2: Patient Identification Systems

#### 6. How many patient identifiers do you require?

Number of Identifiers*	Percent of Respondents
1	1
2	79
3	18
More than 3	2

\* 99% utilize two or more patient identifiers

#### 7. What information would qualify as a unique identifier?

Unique Identifier	Percent of Respondents
Name	98
ID/Medical Record	86
Date of Birth	85
Other (e.g. SS#)	15

Select all that Apply

#### 3. Current Identification Systems

Feature	Percent of Respondents
Ability to track date and time of specimen collection	96
Specimen labels contain information regarding test to be performed	93
Ability to track the identity of the individual who performed the specimen collection	90
Specimen labels indicate required collection container	86
Ability to print labels at the site of collection	50

Select all that Apply

# 9. What features would you like in a

new patient identification system?		
Feature	Percent of Respondents	
Handheld device to read bar code	90	
Bar coded ID bands	84	
System for + ID and blood administration	80	
Automatic updates to handheld devices  – wireless	79	
Labels printed at collection site  – including tests and container	66	
System to collect/track  – date, time, phlebotomist	63	
Select all that apply	<b>/</b>	

# Discussion/Summary

#### Indicators tracked

- All listed indicators tracked to some degree (1)
- Top 5 required by regulation or patient safety goals (2)
- Proficiency testing
- Quality control
- Competency of testing personnel
- Result availability/ TAT
- Patient identification
- Analytical-phase indicators required by regulation tracked by over 90% of respondents in each stratified laboratory size (2)
- Proficiency testing
- Quality control
- Pre-analytic and post-analytic indicators monitored less than analytic (1,3)
- Less than 35% monitor order and use of testing for best
- Less than 10% monitor result interpretation by clinician or patient

### **Patient Identification Systems**

- JCAHO National Patient Safety Goal: at least 2 patient identifiers (6)
- 99% of respondents meet this goal
- Current capabilities at site of collection (8)
- Track date, time, identify phlebotomist
- Identify tests to be performed
- Identify required collection container
- Only 50% print labels at site of collection
- Desired capabilities at site of collection (9)
- Automated, handheld devices
- Ability to track bar coded bands and automatic updates
- Improved blood identification systems

# Acknowledgments

Chair - Julie Gayken

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