



Lower Mainland Pathology & Laboratory Medicine Gathering Information on Laboratory Quality

**Laboratory Quality
Management Conference
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BC PSLS

“Reporting in itself does not improve safety.
It is the response to report that leads to change.
The response system is more important than the reporting system.”

*World Alliance for Patient Safety, 2005
WHO Draft Guidelines for Adverse Event Reporting and Learning System*

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Lower Mainland Laboratories



- Fraser Health Authority (FHA)
- Vancouver Coastal Health (VCH)
- Providence Health Care (PHC)
- Provincial Health Services Authority (PHSA)
 - BC Cancer Agency
 - BC CDC / Public Health Labs
 - Children's & Women's Hospital

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LM Laboratory and Quality Improvement

- Actively seek opportunities to improve laboratory safety
- Promote a culture of safety
- Use data, including BC PSLS reports, to identify areas for improvement
- Use Plan-Do-Check-Act Model for Improvement

BCPSLS



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Where should we focus?

**2012 -2014
53%**

Process		BC PSLs	Carraro, 2007	Plebani, 2006
Pre-analytic	Collections (51%)	76%	62%	70%
	Order processing or handling (25%)			
Analytic		6%	15%	
Post-analytic		18%	23%	30%

CMPT 2012. *Reporting Error in the Laboratory Part II.*
http://www.cmpt.ca/pdf/pdf_connections/connections_winter_12_16_4.pdf

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Where should we focus?

**2012 -2014:
26%**

Pre-analytic Process (collections)	%
Unlabelled/mislabeled sample	16.8
Lost/ leaky/ insufficient/ empty/compromised sample	10.1
Delay in sample collection/delivery	8.4
Incorrect procedure/collection time/delivery	5.3
Incorrect patient/body part/sample type	4.5
Sample / requisition discrepancy/ no requisition	2.3
Other	3.7
Total	51.1

CMPT 2012. *Reporting Error in the Laboratory Part II.*
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Other Drivers

- **Diagnostic Accreditation Program:** Patient identification process is a key operational process; internal audits must be conducted for safety.
- **Accreditation Canada:** At least two client identifiers are used before providing any service or procedure.

Patient Identification...

The right thing to do

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LM Laboratory Patient Identification Project Overview

Initiate a cross-health authority patient identification quality improvement project

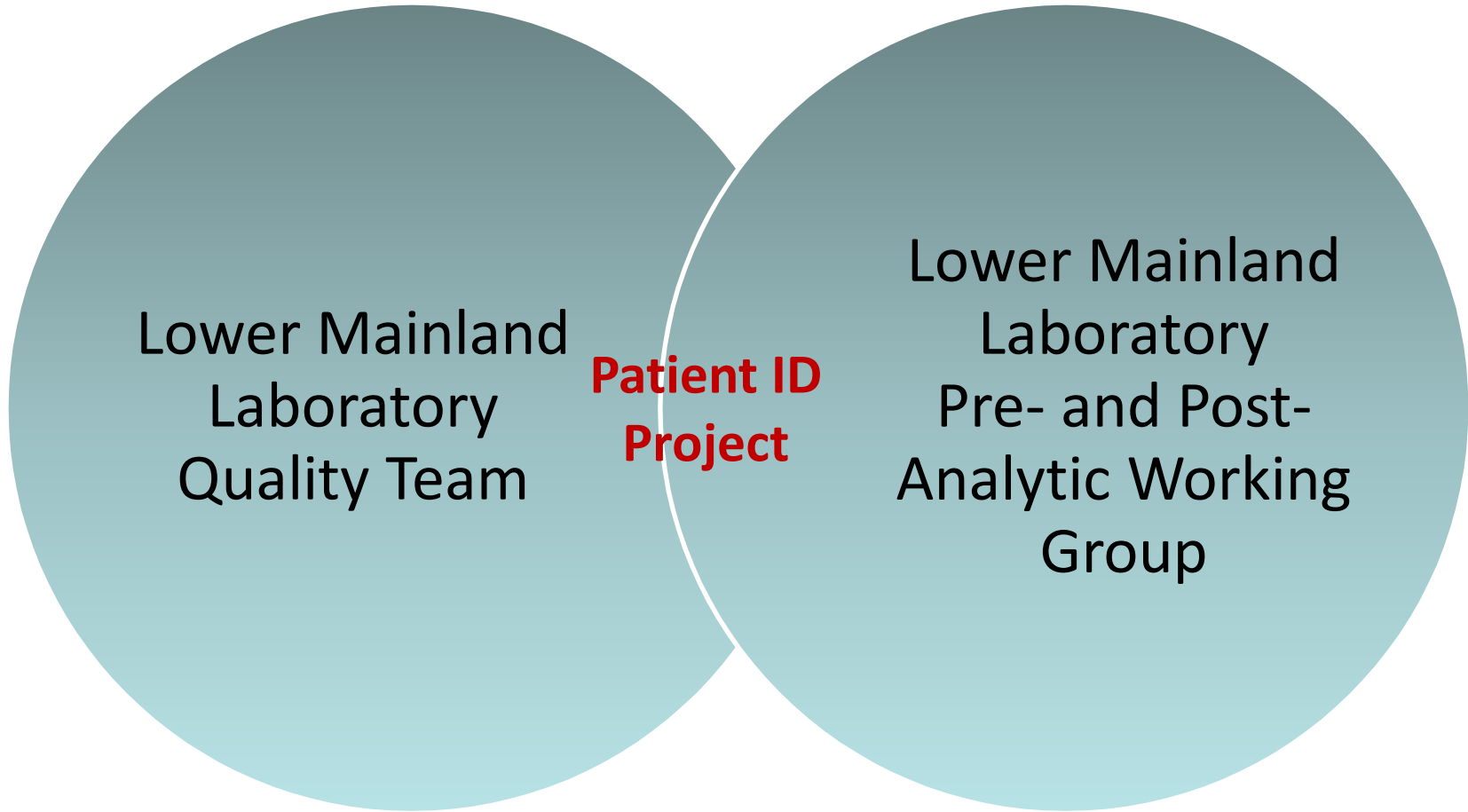
- Supported by laboratory leaders
- Led by LM Quality Team

Goals:

- Improve patient safety
- Validate compliance with patient identification procedures
- Educate staff about best practices for patient identification
- Develop an effective internal audit program

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Collaboration



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Project Plan

- Define best practices
- Establish scope, audit criteria and details
- Develop communication plans
- Gather evidence that is:
 - Objective
 - Real
 - Connects with staff

DO YOU KNOW HOW TO IDENTIFY A PATIENT PERFORM HAND HYGIENE USE CORRECT ORDER OF DRAW?

These steps are crucial for proper patient care

POSITIVE PATIENT ID

The Lower Mainland Laboratories Patient ID Review is coming to your laboratory.

Schedule	Site	Dates(s)
2015		

What is the "Patient ID Review"?

How to prepare and what to expect

To prepare: Read and know your site's procedure for collecting blood, including hand hygiene and order of draw.

Before the review: Reviewer(s) will come to your site to guide you through what they will be looking for.

Review date: Reviewer will observe patient collection procedures during blood collection.

After the review: The LM Labs Quality Team will provide a report for everyone to see.

Questions? Contact your Quality Lead or Supervisor

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Five Points of Patient Identification

1. Take only the labels (or requisitions) for one patient to the patient's bedside.
2. Ask patient to state and spell their last name, as well as their date of birth.
3. Compare the patient's verbal information to the information found on the labels (requisitions or handheld device).
4. Compare the patient's information on the labels (or requisition) with the identification band the patient is wearing.
5. After blood collection, label collected samples at patient's bedside.

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Project Method

- Direct observations
- Checklist



LM LABS Lower Mainland Pathology & Laboratory Medicine
LM Patient ID Audit Tool

REVIEW INFORMATION
Location: _____ Date: _____
Reviewer: _____ Time: _____

REVIEW

Did the blood collector clean his/her hands before pulling on clean gloves?

- Only the labels (or requisition) for one patient are taken to the patient's location.
 - Not acceptable to say to patient, "last names, and their date of birth, (F.H. - spell only last name). If patient cannot identify themselves a responsible adult or caregiver must confirm the patient's identity."
- Compare the patient's verbal information to the information on the labels (or requisition of handheld device).
 - The information must match.
 - Steps 3 and 4 are usually done together.
- Apply to inpatients, for site protocol or outpatients for Transfusion Medicine. If not applicable, write #4 N/A in comment section.
- Compare the patient information on the labels (or requisition) with the identification band and the patient is wearing.
 - All information must match exactly.
 - Verify site specific, order of draw process is followed. Refer to page 2.
- Label the collected culture before leaving the placement.
- Label the blood collector properly clean his/her hands after removing dirty gloves?

Observations	Unit	Before Hand Hygiene	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	After Hand Hygiene	Comments
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

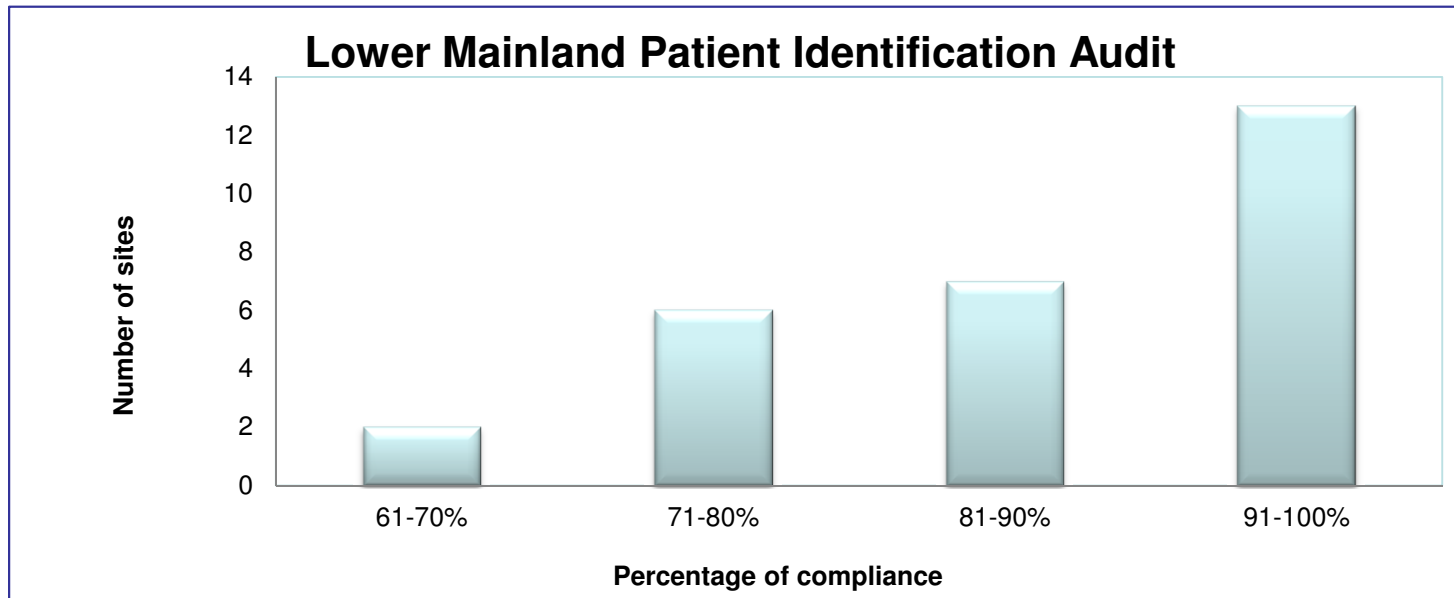
Additional Comments: _____

Updated: Sept. 24, 2015

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Project Results

- 28 Lower Mainland laboratory site audits conducted (June – December 2014)
- 230 phlebotomists observed



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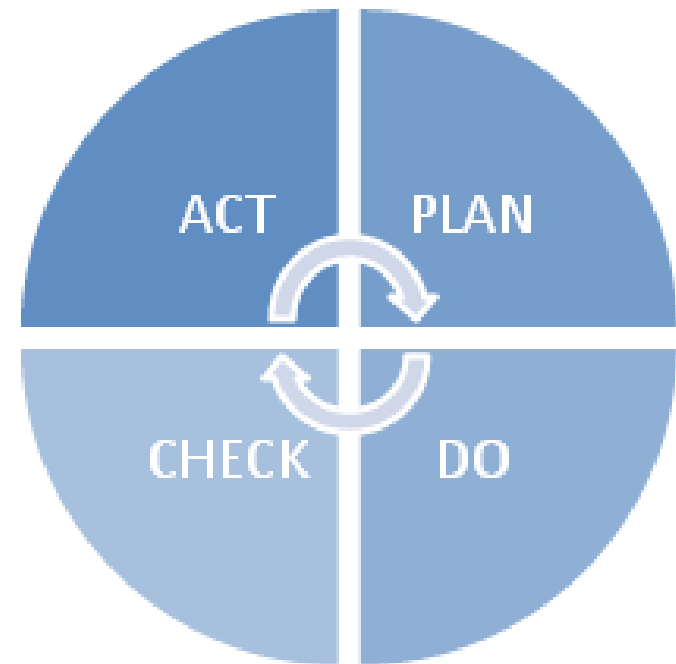
Non-compliance

- Areas of non-compliance:
 - x Patients were not asked to spell their last name or state their date of birth
 - x Tubes were not labeled by bedside

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Post-audit

- Communicated results with stakeholders
- Follow-up actions
 - Standardized procedures
 - Added Competency Assessment to orientation and training program
- Evaluated audit process
 - Standardized the audit procedure
 - Addressed auditor/auditor variations
- Planning next audits



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Project Results

Goals:

- Improve patient safety
 - Raised awareness about patient safety by identifying noncompliance
- Validate compliance with patient identification procedures
 - All sites above 60% compliance
 - 13/28 sites above 90% compliance (12 sites 100% compliant)
- Educate staff about best practices for patient identification
 - Educated phlebotomy staff about proper patient identification practices through just-in-time education during the audit
- Develop an effective internal audit program
 - Evaluated and standardized audit tool and process

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Recommendations

- To standardize patient identification procedure across health authorities
- To conduct regular audits across all Lower Mainland laboratories to sustain improvement

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2015 Patient Identification Audit

- Annual audit: September 14 – October 2, 2015
- Added observations on before and after hand hygiene, and order of draw

Next steps:

- Sharing overall and site results with technical and frontline leaders

Future goals:

- Un-announced audits in the future
- Other parts of the path of workflow

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Staff



“Audits are a good reminder of the patient identification process and the importance of positive patient identification.”

“I want to know if I am doing things correctly!”

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So what? What differences have audits made?

1. Increased staff engagement
2. Raised awareness of importance of proper patient identification to keep patients safe
3. Fostered safety culture
4. Highlighted opportunities for improvement
5. Validated compliance with standard operating procedures
6. Measured effectiveness of quality improvement project

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Summary

- Data such as BC PSLs reports can help define focus for quality improvement efforts
- Quality improvement process helps raise awareness of best practices and patient safety
- Measurement is needed in addition to BC PSLs data to evaluate effectiveness of quality improvement initiative
- When staff see leaders responding to patient safety event reports through quality improvement, they see the value in reporting and are more likely to report in the future

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“What is not reported cannot be thoroughly investigated.
What is not thoroughly investigated cannot be changed.
What is not changed cannot be improved.”

Centre for Chemical Process Safety

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