QUALITY ASSESSMENT PLAN

NORTHWEST PRIMARY CARE MONTHLY EVALUATION

ANALYTIC

Month Reviewed: _____ **Date:** _____	
Reviewer: _____	
Method of Review: _____	
Other Participants: _____	

Lab Specific Documentation			
Items for Review	**(√) if NO deficiency noted**	**Suggestions for Correction**	**Initial when done**
L-J and data Tables printed and reviewed since previous evaluation		□Axcel □ACCESS2 □XP300 □Afinion	
Review of QC Records • Monthly QC reports are present as required • QC reports are acceptable • QC is being properly performed for analyzers and POC testing • Outliers reviewed and documented • Corrective action taken when appropriate and logs completed as appropriate		□Axcel □ACCESS2 □XP300 □Afinion	
Temperature/Humidity Logs printed and reviewed		□Temp □Humidity □Freezer □Refrig	
Review of all instrument maintenance and problem logs for completeness and correctness		□Axcel □ACCESS2 □XP300 □Afinion	
Calibrations up to date?			
Calibration Verifications up to date?		Cal-Ver Results: □Axcel □ACCESS2 □XP300 □Afinion □Acceptable □Unacceptable □NA Next Cal-Ver?	

ANALYTIC

Items for Review	(√) if NO deficiency noted	Suggestions for Correction	Initial when done
Review of QA Plan for • Any new documents added this month • Lab director signature on reviewed QA patient test audit forms • Lab director signature on yearly calendar items required in QA Plan			
Review POC Logs-QC		□INR □UA-120 □Flu □Strep □BVBLue	
Notifications to facility from license or proficiency testing agencies		□CLIA: □PT: □NA	
Perform monthly meeting, review communications, complaints, incident reviews, remedial actions			
Corrective action from prior review completed and documented?			
Other New/Relevant Items			

Attach additional sheets if more room for comments required

Staff Member: _____Lab Director: _____ Date: _____

Calendar for Review		Year		
Month	**Item**	**Initials**	**Date**	**Notes**
April	Complete items on Monthly Checklist to include compilation/review of QC reports, LJ graphs, QC Logs, and maintenance checklists (Responsible parties: Laboratory staff, laboratory Director and/or technical consultant)			
	Proficiency Testing, if applicable			☐ See separate form
	Completion/review of corrective action for incidents or errors during the month			
	Call with consultant/meeting with lab director to review QC/QA			
	Other			
	Test Tracking – Randomly view 5 requisitions to verify all pertinent information is present. Attach supportive documentation.			
	Name and address of provider ordering the tests	Separate Form		
	Patient name and second identifier			
	Date of specimen collection and phlebotomist			
	Pertinent patient information including sex, DOB, diagnosis			
	Referred testing checked by random selection of 5 send out records: check for complete, accurate input			
	Result Reporting – Randomly review lab reports against patient chart. Include review of rejection logs and corrected reports.			
	Reports contain test names, results, units, normal ranges, patient name, lab name and address, testing peronnel	Separate Form		
	Lab records and patient chart results contain same results			
	Unacceptable specimens are documented as rejected			
	Policy for correction is followed, physician is notified, original and corrected report are retained for 2 years			
	All lab records are maintained for 2 years, pathology for ten years			

Lab Director: _____ Date: _____

LIS and EMR Accuracy and Result Storage Assessment

Month: _____ Year: _____ Reviewer: _____

SECTION 1. AUTO-RESULT ENTRY: Directions: Obtain 5 patient test result printouts directly from the instruments (at least one from each analyzer). Compare the instrument printouts with the results in the LIS. If an electronic medical record (EMR) is used, locate the same test result in each patient chart and compare for accuracy. Note any discrepancies found. Attach original printouts to this worksheet.

Patient Name	Date	Tests Performed	LIS Results OK?	EMR Results OK?	Comments

SECTION 2. TEST TRACKING. Directions: Select 5 patients at random and evaluate the test requisition slip, and final test report for the completeness and correctness. Attach the reports to this worksheet.

Patient/Sample ID					
Test System Monitored					
Test Requisition contains the following:					
• Patient name and second identifier					
• Date of collection/phlebotomist initials					
• Diagnosis listed and linked to test					
• Patient information (Sex, DOB) present					
• Patient fasting status noted					
Test Report					
• Pull instrument printout or result log. Does the instrument printout/result log match the reported result in the LIS and/or EMR?					
• Acceptable turn-around time					
• Test result matches testing completed					
• Performing lab and address identified					
• Patient demographics listed (Name, DOB, sex, ID #)					
• Results listed with units of measure					
• Results reference ranges included					
• ID of testing personnel included if appropriate					
• Policy for correction is followed, physician notification noted, and original and corrected reports retained for 2 years					
• All lab records are maintained for 2 years, pathology for ten years					
• Unacceptable specimens are documented as rejected					
Date of Review					
Reviewer					

List Problems and Corrective Actions:

Laboratory Director: _____ Date: _____

SECTION 3. MANUAL RESULT ENTRY: Directions: Check 5 patient results that were manually entered into the EMR (and/or LIS) against the original log. Note if the entries were accurate. Note any discrepancies found.

Patient Name	Date of Service	Test Performed	LIS Results OK?	EMR Results OK?	Comments

Laboratory Director: _____ Date: _____