

QUALITY ASSESSMENT PLAN  
NORTHWEST PRIMARY CARE MONTHLY EVALUATION

ANALYTIC

<b>Month Reviewed:</b> _____	<b>Date:</b> _____
<b>Reviewer:</b> _____	
<b>Method of Review:</b> _____	
<b>Other Participants:</b> _____	

Lab Specific Documentation			
Items for Review	(v) if NO deficiency noted	Suggestions for Correction	Initial when done
L-J and data Tables printed and reviewed since previous evaluation		<input type="checkbox"/> Axcel <input type="checkbox"/> ACCESS2 <input type="checkbox"/> XP300 <input type="checkbox"/> Afinion	
Review of QC Records <ul style="list-style-type: none"> <li>Monthly QC reports are present as required</li> <li>QC reports are acceptable</li> <li>QC is being properly performed for analyzers and POC testing</li> <li>Outliers reviewed and documented</li> <li>Corrective action taken when appropriate and logs completed as appropriate</li> </ul>		<input type="checkbox"/> Axcel <input type="checkbox"/> ACCESS2 <input type="checkbox"/> XP300 <input type="checkbox"/> Afinion	
Temperature/Humidity Logs printed and reviewed		<input type="checkbox"/> Temp <input type="checkbox"/> Humidity <input type="checkbox"/> Freezer <input type="checkbox"/> Refrig	
Review of all instrument maintenance and problem logs for completeness and correctness		<input type="checkbox"/> Axcel <input type="checkbox"/> ACCESS2 <input type="checkbox"/> XP300 <input type="checkbox"/> Afinion	
Calibrations up to date?			
Calibration Verifications up to date?		Cal-Ver Results: <input type="checkbox"/> Axcel <input type="checkbox"/> ACCESS2 <input type="checkbox"/> XP300 <input type="checkbox"/> Afinion <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> NA  Next Cal-Ver?	

QUALITY ASSESSMENT PLAN  
NORTHWEST PRIMARY CARE MONTHLY EVALUATION

ANALYTIC

Items for Review	(v) if NO deficiency noted	Suggestions for Correction	Initial when done
Review of QA Plan for <ul style="list-style-type: none"> <li>• Any new documents added this month</li> <li>• Lab director signature on reviewed QA patient test audit forms</li> <li>• Lab director signature on yearly calendar items required in QA Plan</li> </ul>			
Review POC Logs-QC		<input type="checkbox"/> INR <input type="checkbox"/> UA-120 <input type="checkbox"/> Flu <input type="checkbox"/> Strep <input type="checkbox"/> BVBLue	
Notifications to facility from license or proficiency testing agencies		<input type="checkbox"/> CLIA: <input type="checkbox"/> PT: <input type="checkbox"/> 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: \_\_\_\_\_

QUALITY ASSESSMENT PLAN  
NORTHWEST PRIMARY CARE MONTHLY EVALUATION

Calendar for Review				
Calendar for Review			Year	
Month	Item	Initials	Date	Notes
December	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			<input type="checkbox"/> 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			
	LIS Validation			<input type="checkbox"/> Separate Form
	Other			

Lab Director: \_\_\_\_\_ Date: \_\_\_\_\_

QUALITY ASSESSMENT PLAN  
NORTHWEST PRIMARY CARE MONTHLY EVALUATION

## LIS Validation Assessment

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Reviewer: \_\_\_\_\_

**SECTION 2. AUTO-CALCULATION CHECK:** Directions: Verify that calculations performed by the LIS are correct. Obtain patient printouts of results that have been calculated by the LIS and verify their accuracy by manually calculating them. If there are any discrepancies, document comments and notify the LIS Customer Support for help in correcting the formula. Attach the reports to this worksheet.

LIS Result	Patient Name	Date	Formula	Manual Calculation	Accuracy (Y)(N)
GFR ♂ NonAA			$GFR(mL/min/1.73m^2 = 175(Creatinine_s)^{-1.154}(AGE)^{-0.203}$ Reference <a href="http://mdrd.com/">http://mdrd.com/</a>		
GFR ♀ NonAA			$GFR(mL/min/1.73m^2 = 175(Creatinine_s)^{-1.154}(AGE)^{-0.203}(0.742)$ Reference <a href="http://mdrd.com/">http://mdrd.com/</a>		
GFR ♂ AA			$GFR(mL/min/1.73m^2 = 175(Creatinine_s)^{-1.154}(AGE)^{-0.203}(1.212)$ Reference <a href="http://mdrd.com/">http://mdrd.com/</a>		
GFR ♀ AA			$GFR(mL/min/1.73m^2 = 175(Creatinine_s)^{-1.154}(AGE)^{-0.203}(0.742)(1.212)$ Reference <a href="http://mdrd.com/">http://mdrd.com/</a>		
LDL			$LDL = Tot\ Cholesterol - HDL - (Triglycerides/5)$ Reference <a href="http://empr.com/">http://empr.com/</a>		

Comments:

**SECTION 3. LIS STORAGE CHECK:** Directions: Select 5 patient records at random from charts or accession logs. Find these records in the LIS. Verify storage for up to 2 years by selecting records from this time period.

Patient Name	Acct #	Date of Service	Tests Ordered	LIS Record Present?	Comments

Laboratory Director: \_\_\_\_\_ Date: \_\_\_\_\_