

QUALITY ASSESSMENT PLAN
NORTHWEST PRIMARY CARE MONTHLY EVALUATION

ANALYTIC

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

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"> • 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 		<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?	

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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"> • 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		<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: _____

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Calendar Specific Items for Review		Year			
Month	Item	Initials	Date	Notes	
January	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				
	Other				
	Review of Personnel Records: Review the following for compliance:				
	Documentation of initial training and competency				
	Assessment of competency at 6 months, 1 year and annually as appropriate with competency checklist				
	Documentation of staff continuing education				
	Lab Director: Documentation of continuing education				
	Proof of Education (H.S., A.A., B.S., etc)				
	Annual safety and OSHA training				
	Compliance Safety Walk-through: Review the following areas for compliance				
	Fire extinguishers present and service updated				
	Eye wash tested, if present				
	Personal Protective Equipment (PPE) (gloves, gowns, eyewear) present				
	Biohazardous waste disposed properly into conveniently placed containers				
	Biohazard pickup regular and documented with receipts				
	Patient confidentiality: Screens and records protected? Verbal conversing discreet?				
	OSHA, safety, and SDS manuals present and updated?				
General maintenance annual checks completed as applicable: Thermometer, Centrifuge, Pipettes, Microscope					
Lab procedure and QA manual updated, & signed by Lab director annually					

Lab Director: _____ Date: _____