KINGSTON GENERAL HOSPITAL

DEPARTMENT OF PATHOLOGY AND MOLECULAR MEDICINE
&
DIVISION OF CLINICAL LABORATORIES

QUALITY & UTILIZATION IMPROVEMENT COMMITTEE

2004 - 2005 ANNUAL REPORT

1. Introduction

This report covers the period of the academic year July 2004 – June 2005.

The Department of Pathology and Molecular Medicine is a diverse medical department at Kingston General Hospital and at Hotel Dieu Hospital, responsible for the provision of clinical diagnoses, consultation with colleagues and clinical management of laboratory services. The Department is organized into five divisions: Anatomical Pathology, Clinical Chemistry, Clinical Microbiology, Hematopathology, and Genetics. The Clinical Laboratory Services are highly integrated with the Department of Pathology and are divided into Core Laboratory, Microbiology Laboratory, Laboratory Genetics, and Pathology Services.

The Department of Pathology's roles also include significant educational and research commitments. From a hospital quality perspective, faculty members in the Department are involved in the training and education of undergraduate and postgraduate students from several departments and participate in multiple inter-departmental and interdisciplinary rounds (e.g. Medical Mortality, Tumour Boards) and CME activities. Laboratory physicians and scientists participate on hospital committees dealing with quality issues, such as Infection Control, Blood Transfusion. Medical laboratory technologists and managers also interact on a daily basis with clinicians, nurses, and other hospital staff on issues of quality, laboratory utilization and education. Some senior technologists and managers serve on hospital quality related committees.

2. Departmental QA Structure

Traditionally, the Department's Quality and Utilization Improvement Committee has had representation from each of its five divisions and from its Laboratory outreach program, from Point of Care Testing and Laboratory Information Systems. (see Appendix 1). The membership is comprised of Service Chiefs, Quality Manager, Clinical Laboratory Managers and senior technologists, reflecting the importance of having representation from all Clinical Lab areas.

The committee met on a monthly basis from September 2004 through to June 2005 with the exception of December, 2004, March and May 2005. Recorded minutes of meetings are

available in the Department of Pathology and Molecular Medicine and are accessible on Queen's PathNet (G:/General/QAP).

3. Activities

3.1 The Strategic Management System

The Department of Pathology and Molecular Medicine, and Kingston General Hospital have collaborated to develop a Strategic Management System (SMS), which provides a framework for a center of excellence in laboratory and clinical services, research and education. The strategic plan was officially rolled out effective January 2004. Efforts are directed towards implementing its infrastructure, which currently consists of three management portfolios for all the Clinical Laboratories, an Administrative Assistant, a Senior Quality manager and charge or senior technologist positions in the various laboratories. Updates of the SMS implementation process are provided to all staff through town hall meetings.

3.2 Laboratory Accreditation (QMP-LS: OLA)

In July, 2004, The KGH Clinical Laboratories were successful in achieving a full 5 year accreditation from the Quality Management Program-Laboratory Services: Ontario Laboratory Accreditation (OLA), administered through the OMA on behalf of the MOHLTC. This accreditation program consists of >600 requirements in all areas of laboratory practice that must be fulfilled before a full 5 year accreditation can be obtained. The assessment identified 4 major and 63 minor non-compliances. These non-compliances were corrected or had an action plan developed for correction by July 6, 2004.

Key QA achievements for the Department over the past year included the following:

- Restructuring within the laboratories
- Implementation of Continuous Quality Improvement (CQI) culture, training of facilitators and initiation of CQI teams
- Initiation of Work Load Unit Review for accurate work load measurements

"OLA Summary 0405.xls"

3.3 Incident Reports

A comprehensive occurrence management system has been in place for the last 18 months. The data is being collected, analyzed and organized for presentation so that corrective actions can be initiated.


YEARLY SUMMARY.xls

The corporate Patient Identification policy is under revision by a hospital wide multi-disciplinary wide committee.

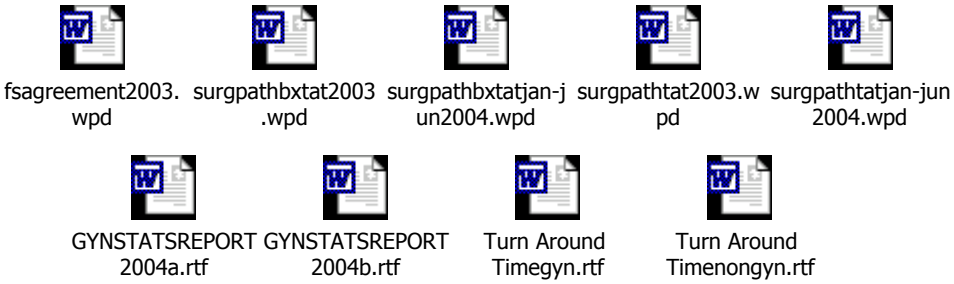
3.4 Quality Indicators

Each of the clinical laboratories performs a range of QA activities including monitoring of clinically important indicators of responsiveness and accessibility. The Committee continued its previous practice of receiving reports of audits and quality indicator surveys performed over the year. Issues pertaining to laboratory utilization were also discussed. The full reports are available in the department; however, the key areas covered included the following:

3.4.1. Point of Care Testing/Outreach Program:


qa indicator report 2005 ACT.d...
qa indicator report 2005 blood...
qa indicator report 2005 gluco...
"outreach audit.doc"

3.4.2. Anatomic Pathology/Cytology/Surgical Pathology:


fsagreement2003.wpd
surgpathbxtat2003.wpd
surgpathbxtatjan-jun2004.wpd
surgpathtat2003.wpd
surgpathtatjan-jun2004.wpd
GYNSTATSREPORT 2004a.rtf
GYNSTATSREPORT 2004b.rtf
Turn Around Timegyn.rtf
Turn Around Timenongyn.rtf

3.4.3. Clinical Microbiology:

3.4.3.1. Blood Culture Collection: Three Blood Culture Bottles Collected Within A 24 Hour Period Per Patient


"micro audit.doc"

3.4.5 Clinical Chemistry:

"chem audit.doc"

3.4.6 Laboratory Genetics:

Review of pregnancy loss specimens received in the Cytogenetics Laboratory 2003 & 2004

cytogenetics QA auditmw.ppt

3.4.7. Laboratory Hematology:

1. Audit of Utility of Protein C& S Testing in Patients Started/Established on Coumadin Therapy
2. Utility of reflexive immunophenotyping of lymph node biopsies in diagnosis of lymphoma
   3. KRCC Stat CBC/Diff TAT Audit
4. TAT for HB, PTT, D-Dimer
5. Audit - Efficacy of notification of patients who have been transfused by Mail

TAT for HG, PTT, D-Dimer Jan-M...

Notification of Patients who h...

Audit of Protein C&S Testing.0...

Efficacy of reflexive immubnop...

KRCC Stat CBC - Diff TAT Audit...

3.5 External Benchmarking of Quality

3.5.1 QMP-LS: EQA

Through the Quality Management Program - Laboratory Services, all Ontario laboratories participate in a mandatory external proficiency-testing program. “Challenge surveys” are conducted on a wide range of analytes and span the full spectrum of laboratory disciplines. They include simple automated tests and complex interpretive tests. Laboratories are able to monitor their performance against their peer groups. When a laboratory’s performance on any test survey falls below the peer group, a memorandum is sent from QMP-LS. Once again this year, the number of memos received (26) compared to the number of specimens tested (at least several hundreds) was well within acceptable limits.

3.6 Compliments / Complaints

Letters of compliments and complaints are reviewed and presented monthly at the QA committee meetings. Details are provided as an attachment to the minutes (G:/General/QAP/minutes folder).

3.7 Regional Quality Initiatives

Susan Pugh, Quality Manager, provided a large amount of support to Hotel Dieu Hospital (HDH) as HDH prepared and completed their Ontario Laboratory Accreditation (OLA) Self Assessment November, 2003 and their peer assessment April 2004. The HDH has successfully achieved a 5 year certificate of accreditation.

A new Regional Quality Assurance Committee (RQAC) was formed in September 2004. The Committee is made up of representatives from each health care institution in our region and meets every second month. (See Terms of Reference attached). The RQAC helped each of our partners prepare for the Ontario Laboratory Accreditation Self or Peer Assessment. Mock assessments were held at the institutions to help prepare staff for the peer assessments held in March and April 2004. The RQAC will develop a customer satisfaction survey to be used throughout the region and have identified quality indicators they will report over the next year (see attached). The regional committee's activities are reported as part of its own annual report.

In May, 2005, an RQAC Outpatient Satisfaction Survey of Laboratory Services was distributed to KGH and KRCC patients. A copy of the survey and the outcome, which was extremely favourable, is attached.

RQAC Patient urvey KGH_KRCC.d.

OPS Survey tally KGH only May ...

4. Future Plans

a) To review the format and function of the current QA committee structure and function.

b) Monitor and present the occurrence report data quarterly to identify trends, perform root cause analyses and correct systematic problems.

c) Explore a partnership with the Continuous Quality Improvement committees for specific QA projects – i.e. mislabelled/unlabelled specimens.

d) Providing feedback to the Clinical Lab users who have participated in the Conversation with our Customers program and who had identified issues relating to customer service.

e) To meet all OLA requirements and other regulatory requirements - prepare for the OLA self-assessment (December 2006).

5. Concerns/Issues for the Hospital's JQUIC

a) Monitoring Workload: Review of Workload Units

Routine and specialized laboratory test volumes continue to increase each year without commensurate increase in staff to do the work. The issue is particularly acute in several laboratory areas including clinical chemistry, surgical pathology, microbiology, immunology and laboratory genetics. In some instances, patient care is already being affected in terms of delays in turnaround time for test results and reports.

Workload unit measurements are currently being reviewed to ensure that all patient care related and non-patient care related activities are being documented. Accurate measurements will provide accurate and reliable data collection of workload trends and activities, which can then be used to assess efficiencies and support the need for additional resources.

b) Capital Equipment:

The Clinical Laboratories continue their annual participation in the hospital's capital equipment program. One time funding from the MOHLTC DME fund for the Eastern 2 region in March, 2005, resulted in the regional purchase of 46 instruments; 17 of which were purchased for KGH and HDH. In addition, there are some extra capital dollars that will allow the laboratories to purchase identified capital equipment.

In closing, I would like to acknowledge all the members of the QA Committee for their input for the preparation of this document.

Respectfully submitted,

Karen Harrison, PhD, FCCMG
Chair, Quality & Utilization Improvement Committee

June 2005

Appendix 1

Committee Membership

Chair – Dr. Karen Harrison	Clinical Coordinator, Laboratory Genetics
Vice Chair – Susan Pugh	Quality Manager, Clinical Laboratory Services/ Manager, Microbiology Services and Genetic Services
Dr. Sandy Boag	Service Chief, Anatomical Pathology
Mr. Dave More	Manager, Pathology & Outreach Services
Dr. Dilys Rapson	Service Chief, Hematopathology
Ms Joyce Devette-McPhail	Manager, Core Laboratory Services
Dr. Lorne Seargeant	Service Chief, Clinical Chemistry
Dr. Robert Liao	Director, Microbiology
Ms. Diane Armstrong	Senior Technologist, Microbiology
Mr. Larry Weiler/Colleen Clarke	Technologist, Laboratory Genetics
Ms. Maggie Wing	Technologist, Laboratory Genetics
Ms Colleen Greenwood	Technologist, Laboratory Outreach Services
Ms. Jill Relyea-Voss	Technologist, Laboratory Information Services
Ms. Elisa Kelly	Senior Technologist, Histology
Ms. Zeny Dela Cruz	Senior Technologist, Chemistry
Ms. Anna Dyke	Senior Technologist, Cytology
Ms. Anne-Marie Smith	Senior Technologist, Blood Bank
Ms. Natalie Thebault	Laboratory Quality Technologist
Ms. Louise Dwyre	Senior Laboratory Quality Technologist
Linda Oster	Recording Secretary
Mr. Kerry Benford	Senior Technologist, Hematology
Ms Suzanne Torgeson	Senior Technologist, Hematology
Dr. Sandip SenGupta, Deputy Head Department of Pathology	Ex-officio