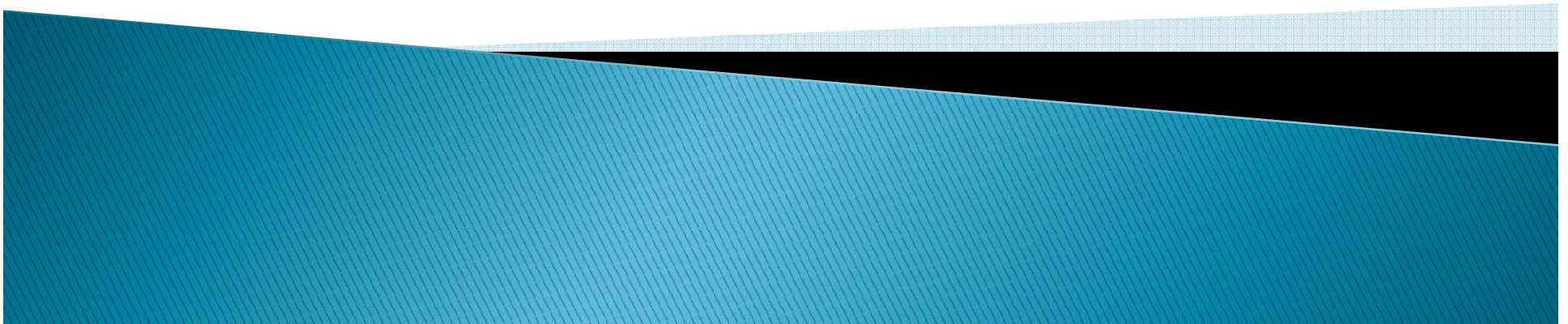


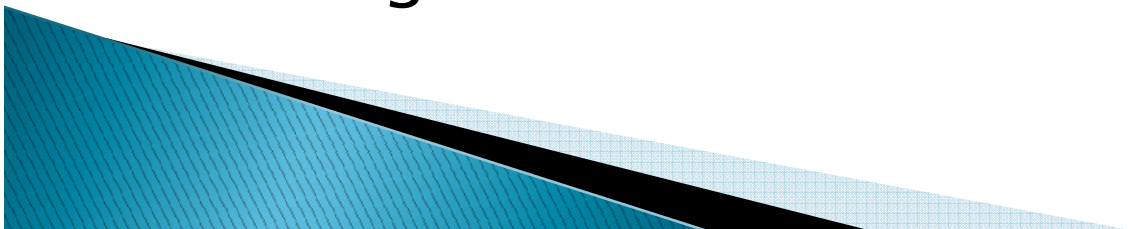
Making the Change after the Risk Assessment

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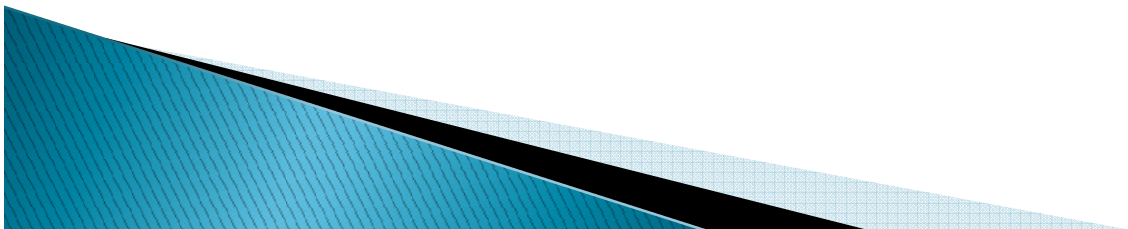
CHANGE IS CONSTANT

- ▶ Bureau of Clinical Laboratories' start date for LIMS – September 2009
- ▶ Scheduled start up dates for providers to join the network
- ▶ Processing Staff required to process specimens the new way (LIMS) and the old way (entering patient data and test request)
- ▶ Complaints from providers
- ▶ Specimen Processing moved to Quality Management Division – December 2010



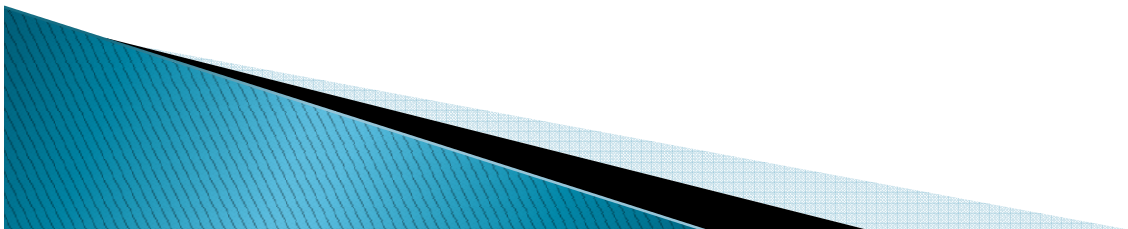
Risk Assessment #1

- ▶ Facilities and Safety Self-Assessment
 - Space has been allocated for the workload without compromising the quality of work
 - Access to the area is controlled
 - Works areas are clean and well maintained
 - Appropriate measures taken to safeguard samples from unauthorized access
 - Storage and disposal of dangerous material are in accord with relevant regulations
 - Procedures have been established to ensure good housekeeping in the laboratory



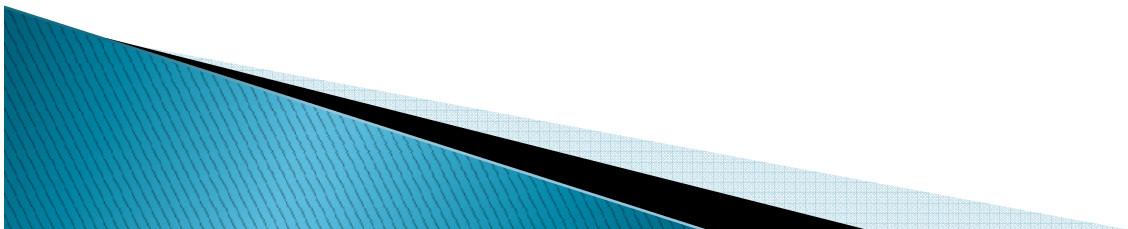
Risk Assessment #1 (continued)

- ▶ Equipment Self-Assessment
 - Equipment required for the services are provided
 - A program of preventive maintenance has been documented and maintained for the appropriate time intervals
 - Equipment is reasonably decontaminated prior to service, repair or decommissioning
 - Equipment requiring calibration/verification has been done, documented and labeled
 - Computer programs and routines are adequately protected to prevent access, alteration or destruction by casual or unauthorized persons



Risk Assessment #1 (continued)

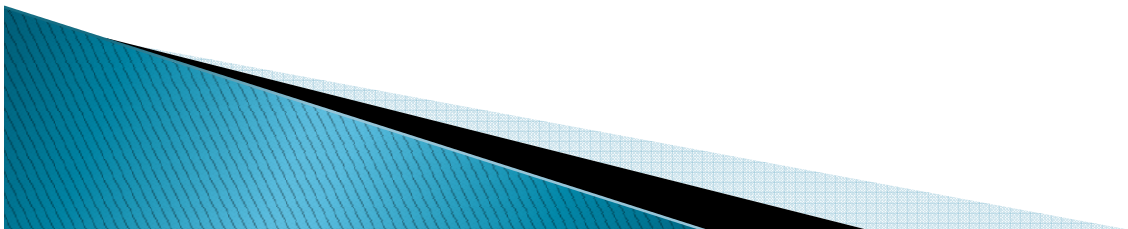
- ▶ Process Control Self Assessment
 - Sign in log for the acceptance of specimens into the building established
 - Procedures in place for the acceptance/rejection of specimens
 - Temperature log for processing area
 - Specimen processing procedures in place
 - Complaint logs in place
 - Annual review and documentation of SOPs, trainings and competencies



HIPAA VIOLATION REVEALED

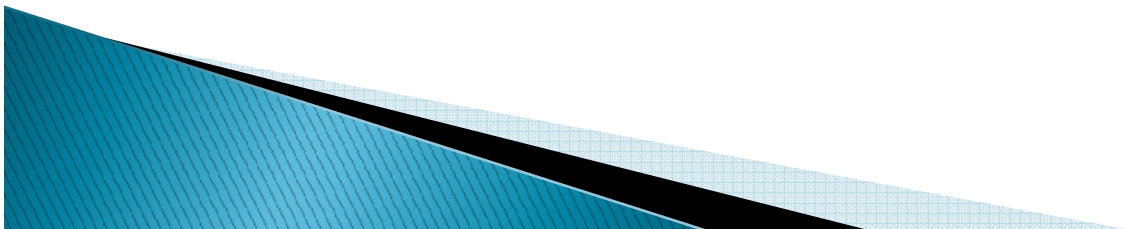
May 2013

- ▶ Violation – Intentional or unintentional misuse of patient data is a HIPAA violation
- ▶ Retraining of all ADPH staff in the HIPAA regulations (September 2013)
- ▶ Failure to complete the training – employees would lose computer access
- ▶ New Revelation for Laboratory
 - Submitting results in the LIMS to the wrong provider is a HIPAA violation
 - Mailing results to the wrong provider is a HIPAA violation



Risk Assessment #2

- ▶ Observation of Processing and Clerical Staff as they perform data entry and data review in LIMS
 - Inconsistency in data entry/investigation procedures
 - Lack of training
 - Trainers have no standardized processes
- ▶ What's Next?
 - Work with LIMS team to standardize procedures
 - Develop training plan for Processing and Clerical staff
 - Reevaluate



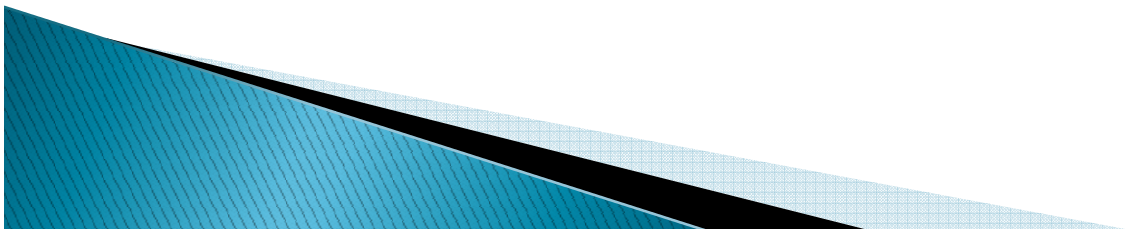
AUGUST 2013 – TRAINING OPPORTUNITY

- ▶ Quality Improvement Train the Trainer series conducted by the Public Health Foundation!
 - Learning to use quality improvement tools to improve the efficiency and effectiveness of public health programs and services.
 - Training is provided by the Office of Performance Management in collaboration with the Bureau of Family Health Services, the Public Health Foundation, and the Alabama Centers for Disease Control and Prevention (CDC)–funded National Public Health Improvement Initiative (NPHII).



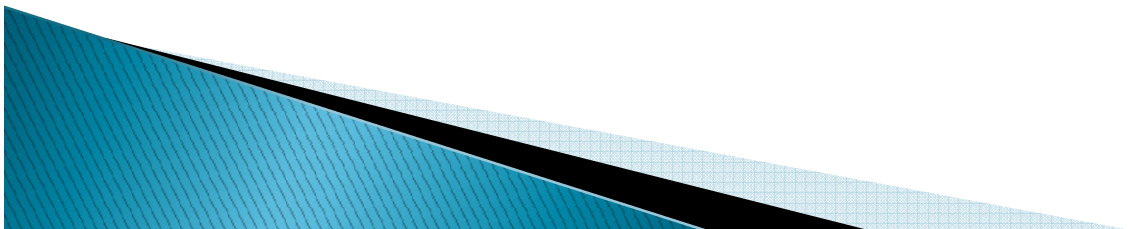
AUGUST 2013 – TRAINING OPPORTUNITY

- ▶ Quality Improvement Train the Trainer series conducted by the Public Health Foundation!
 - To participate, all Public Health Areas and State Laboratory were asked to formulate a team of 4–5 members and to select a project to work on during the course of this training
 - Training facilitated by Jack Moran and Sonja Armbruster from the Public Health Foundation.
 - Links to the Public Health Foundation website where you can find more information about these experienced and knowledgeable trainers:
 - http://www.phf.org/People/Pages/john_moran.aspx
 - http://www.phf.org/People/Pages/Sonja_Armbruster.aspx



AIM STATEMENT

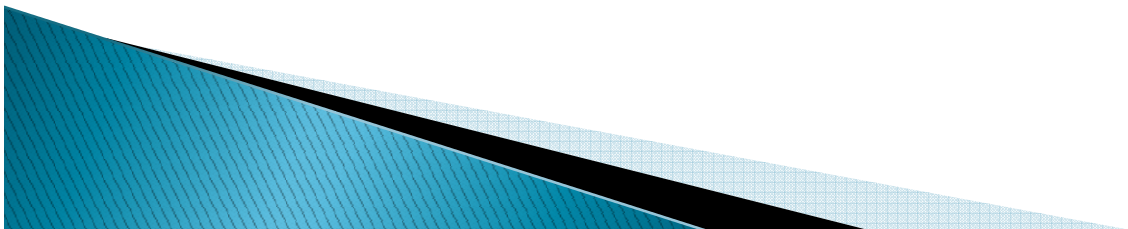
- ▶ An opportunity exists to improve the accuracy of data input of patient and provider data beginning with patient specimens and request slips arriving at the laboratory and ending with reports with correct information being returned to the correct provider. This effort should improve our overall compliance with HIPAA for the patients, providers, and laboratory. This process is important to work on now because of increased stringencies of HIPAA regulations. The baseline measurement is defined as the following metric: Decrease the number of inaccurate patient demographics and/or provider information to 0%.



TEACH BACK SESSIONS

Using QI Modules

1. Aim Statements
2. Force Field Analysis
3. Flow Charts
4. Kano Model
5. SIPOC + CM
6. Cause and Effect Diagrams
7. Solution and Effect Diagrams
8. How to be an Effective Team
9. Gantt Charts and Project Planning
10. Importance of Measurement * [Team Laboratory](#)
(See document “The Importance of Measurement”)



CONCLUSIONS

- ▶ Risk Assessment #2 is a work in progress (See document “What’s in a Name”)
- ▶ Reassessment of the LIMS SOPs and trainings to be done by January 2014
- ▶ Team Laboratory to create a “storyboard” once project is complete
- ▶ Laboratory Management is now equipped with QI modules to improve the efficiency and effectiveness of our processes
- ▶ Change is constant.....

