

<b>Policy #:</b>	002 (PLH-002-006)	<b>Effective Date:</b>	2/1/2008	<b>Reviewed Date:</b>	9-27-11
<b>Subject:</b>	QUALITY ASSURANCE				
<b>Approved by:</b> Laboratory Executive Director, Ed Hughes (electronic signature)					
<b>Approved by:</b> Laboratory Medical Director, Mark P. Burton, MD (electronic signature)					

**Laboratories of West Tennessee Healthcare**  
**Jackson-Madison County General Hospital**

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**Department Q+ Annual Plan**

**The purpose of the Department Quality + Annual Plan is to evaluate the past year's performance and to document the direction and activities of your department for the coming year.**

Medical Center Lab (MCL) an affiliate of West Tennessee Healthcare is deeply committed to Quality, from the Board of Trustees to every employee. Our Mission, as a regional health care system is *High Quality Compassionate Healthcare*. Our Culture Statement, *Love and Respect for People*, represents our belief system. The Vision of West Tennessee Healthcare is *To Be the Leading Healthcare Provider in West Tennessee*. The Q+ Principles that have been in place since 1991 define our values.

For Laboratory, Quality is the responsibility of each member. This department is composed of Pathologists, Laboratory Executive Director, Laboratory Directors, Clinical Laboratory Managers, Clinical Toxicologist, Clinical Laboratory Scientists, Medical Laboratory Technicians, Cytotechnologists, Cytotechnicians, Histotechnicians, Computer Operators, Phlebotomists, and Administrative/Clerical Support Personnel. Ed Hughes, Executive Director, Laboratory Services for West Tennessee Healthcare and Affiliate Managers (Judy Baker, Bolivar General Hospital; Jennifer Parker, Camden General Hospital; Shirley Scott, Gibson General Hospital, Humboldt General Hospital and Milan General Hospital), in close cooperation with the Laboratory Medical Directors (Dr. Mark P. Burton, Jackson-Madison County General Hospital and MedSouth Healthcare; Dr. Paul Jeffrey Sims, Camden General Hospital; Dr. F. E. Williamson III, Humboldt General Hospital, Milan General Hospital, Gibson General Hospital; Dr. Chris Giampapa, Bolivar General Hospital) have overall responsibility for quality within this department. He/she is assisted with coordination, collection and analysis of data by Sheila Pflueger. This department reports to Jeff Frieling, Vice-President Hospital Services.

Our only customer is the patient. All others are stakeholders, in that they are affected by the activities and success of MCL. Stakeholders include physicians, employees, other departments, vendors, families, accrediting organizations, city and county government.

The following scope of activities and services was defined. The most important functions and tasks our department performs are Pathologist Consultations, Routine and Special Clinical Specimen Testing, Bacteriological and Immunological Testing, Histological and Cytological Diagnosis, Molecular Diagnostic Testing, Drug Screening, Transfusion Medicine, Specimen Collection/Transport, Specimen Preparation, and Report of Findings/Charting. These functions and tasks are performed at all areas of the hospitals and at Medical Center Laboratory facilities. The ages and sexes of our patients are neonatal to geriatric, male and female. The ages and sexes of our stakeholders are infant to geriatric, male and female. The staff we need to perform these functions and tasks include all personnel previously mentioned. Our tasks are provided 24 hours a day, 7 days a week.

At West Tennessee Healthcare we have six System Goals which are a function of WTH's culture, mission and vision. Our success as an organization depends upon us aligning and focusing all that we do with the Goals:

- **High Quality Healthcare**
  - Urine Culture Contamination Rates
  - Blood Culture Contamination Rates
  - Wristband Error Rate
  - Patient Safety Goal: Patient Identification
  - Patient Safety Goal: Appropriate Hand washing
  - Patient Safety Goal: No artificial nails, tips, overlays.
  - "Time Outs" Fine Needle Aspirates
- **Compassionate Customer Service**
  - Laboratory Specimen Acceptability Rate
  - Unable to Obtain Venipunctures
  - Press Ganey: Courtesy of person who drew blood
  - Toxicology Turn-Around-Times (Lab Receipt to Result)
  - Molecular Turn-Around-Times (Lab Receipt to Result)
  - ED Turn-Around-Times Lab Receipt to Result
    - K+, CBC, BNP, Troponin (ED Lab)
    - BUN, Diff, PT/PTT, D-Dimer (Core Lab)
    - Door to Result Turn-Around\_time for CPU Onset Troponins
- **Financial Strength**
  - Focus Improvement Team (cost savings & process improvements)
- **Community Value**
  - Total # Served
  - Total Benefit Dollars
- **Employee Satisfaction**
  - Employee Needlesticks

- **Ethics and Compliance**
  - Critical Value Notification & Documentation

Department indicators aligned with the above System Goals are developed and tracked to monitor our performance. Indicators may be monitored during the year because they are high volume, high risk problem prone, or identified for process improvement. Safety indicators, compliance indicators, volume indicators, and new services are included if applicable.

Results are entered and displayed on the Department Q+ Summary bulletin board and discussed at staff meetings within our department. The Department Q+ Summary Report is also reviewed annually by laboratory management.

The performance is compared to targets and a decision is made for each indicator as to whether or not further actions to produce improvements are needed. If actions are not needed, the indicator and target is reviewed for accuracy and the deviation from the expected is reviewed to see if it reflects a true trend or simply a short term special cause error.

Improvements may be achieved by individual or group activities, management action, Quality Action or Quality Improvement Teams (QAT, QIT) and process changes. If action can be taken or controlled by the department, it will be accomplished. If additional resources are required or the opportunities are inter-departmental, a QIT may be formed by the Quality Council.

Based on results, new opportunities, or priorities, it may be necessary to revise, delete or add indicators. Requests may be submitted as needed at any time during the year.

Participation in our on-going Quality + process leads to improved patient safety, customer service, outcomes, and reduced cost, as well as employee accountability and ownership. All members of our staff are evaluated on their participation in department Q+ performance activities.