

THE VALUE OF CAP'S Q-PROBES & Q-TRACKS

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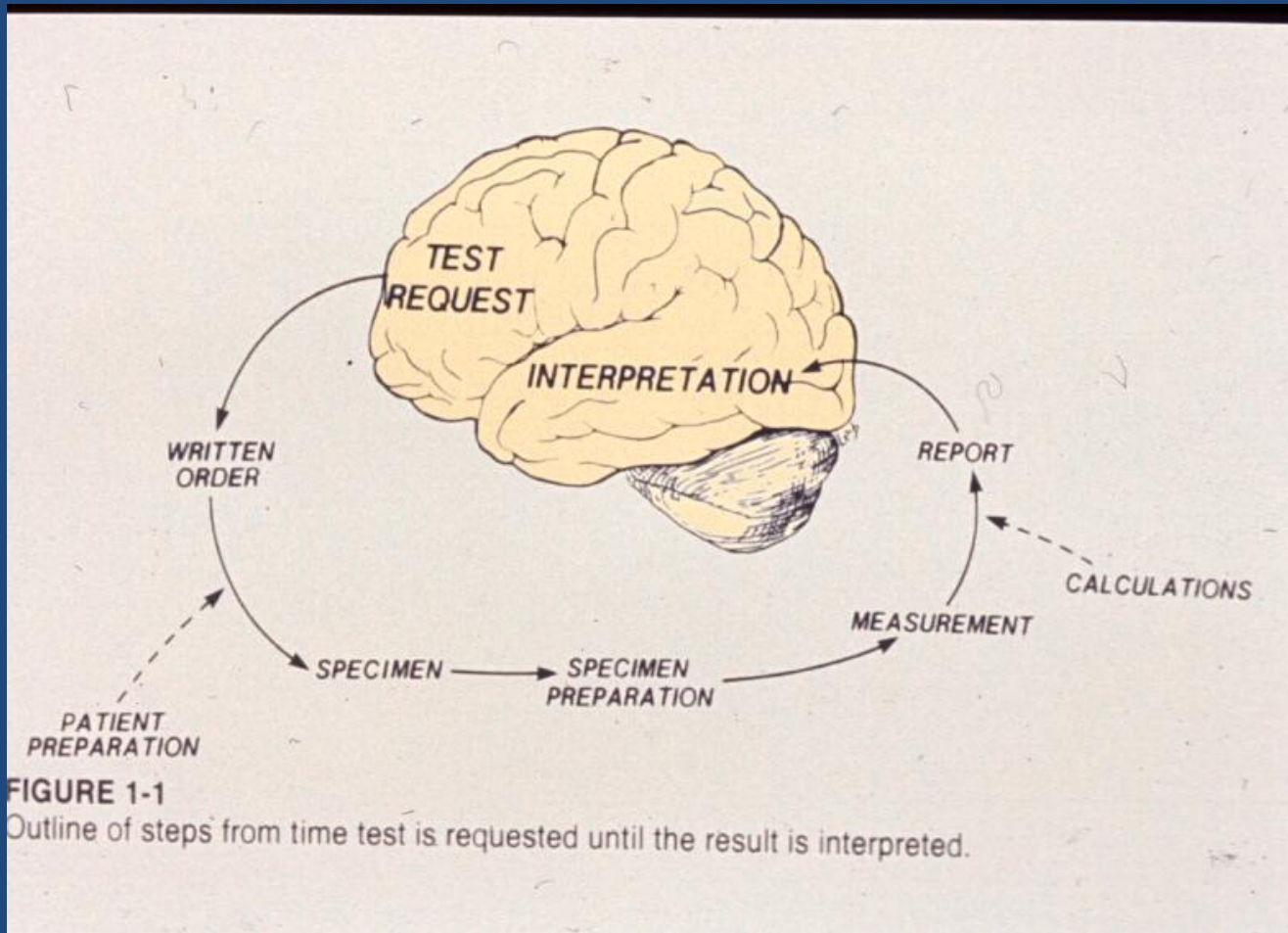
OVERVIEW

- Discuss History of Q-Probes & Q-Tracks
- Demonstrate Results Of Some Studies
- Discuss Impact On Pathology
- Improve Patient Care
- “Skunkworks” For College Of American Pathologists

HOW Q-PROBES & Q-TRACKS HAPPENED

- 1979-Chairman NYSSPATH QC Committee
 - Workshop For Participants On QC
 - Made Case For Pre & Post Analytical QC
- Chair Of CAP QC Committee 1982
- Filled QA Workshop ASCP/CAP Meeting 1986
- Began Pilot Planning 6 Quality Indicators 1987

TOTAL TESTING PROCESS



CAP's Q-PROBES & Q-TRACKS

- Q-Probes Launched 1989
- Peak Participants 1996-1700 Labs
- Q-Tracks Launched 1999
- Both Programs Continue Today
- 25th Year Anniversary 2014

WHY DEVELOP PROGRAM?

- Determined Pathology Quality Attributes
- Teach Laboratory Community QI
 - JCAHO (TJC) Requires QI
 - CLIA'88 Requires QA For All Steps Total Testing Process
 - CAP Accreditation Requires QI
- Q-Tracks Best Drives Improvement
- Improve Patient Care

ADVANTAGES OF PROGRAMS

- Provide Educational Tools i.e. Publications
- Develop Benchmarks
- Provide “Off Shelf” Products
- Conserve Participant Resources
- Partially Fulfill Regulatory Requirements
- Help Pathologist With Leadership & Management

TYPES OF Q-PROBES STUDIES

- All Short Term Subscription Studies
- All Steps In Total Testing Process
- Extensive List Other Quality Indicators
 - Safety Practices
 - Competency Assessment
 - Good Laboratory Practices
 - Repeat Studies
- Similar To Snapshot

Q-TRACKS

- Ongoing Studies For Years
- Limited Number Of Studies
- Use Q-Probes Benchmarks
- Submit Data Every Quarter
- Similar To Movie

HOW PROGRAMS WORK

- Studies Developed By Committee
- Field Evaluated Before Made Available
- Purchased By Participants
- Directions & Materials Participant Data Collection
- Data Sent To CAP For Analysis
- Benchmarks, Participant Data Returned In Critique
- Educational Tools Available

DATA-COMPLICATIONS OF PHLEBOTOMY

Indicator	613 Institutions	10 th Percentile	50 th Percentile	90 th Percentile
Median Size Bruise (mm)	4048 Bruises	20.5	11.0	5.0
% Bruised Patients	4048 Bruises	32.0	16.7	7.1
% Pts Identifying Outstanding Employee	11107 Patients	25.6	46.7	69.8
Median Wait Time (Minutes)	23783 Patients	15.0	6.0	4.0

BEDSIDE GLUCOSE ENABLERS INCREASED ACCURACY

VARIABLE	MEDIAN ACCURACY	P VALUE
Lab Personnel vs RN Responsible For Testing	67 vs 49	.0007
Lab Personnel Perform Testing	65 vs 53	.01
Nursing Personnel Not Performing Testing	63 vs 57	.04
Lab Personnel Performs Training	64 vs 50	.02
Lecture Used In Training Program	63 vs 45	.01
Repeat Training/Performance Review Operators	63 vs 41	.0002
Regular Clinical Lab Result Correlations	63 vs 50	.02
Regularly Compare Proficiency Results	62 vs 50	.04
Participate In Bedside Glucose Proficiency Testing	63 vs 50	.03
Laboratorian vs RN Collected This Study Results	67 vs 51	.03

SELECTED BENCHMARKS

STEP	Sample Size	Median	Benchmark
Order Right Test	15,011 Tests	23.0%	Anti-HBC Test, No AST, ALT
Patient Prepared	18,679 Toxic Levels	24.4%	Digoxin Collected > 6 Hrs Dosing
Accurate Orders	224,431 Measurements	1.8%	Test Ordered, Not Received Lab
Patient Identified	451,436 Pts	6.5%	Patients Wristband Incorrect
Specimen Collection	29,700 Pts	6.0 min	Timely Of Collection
Specimens Rejected	35,325 Specimens	0.38%	CBCs Rejected
Results Evaluated	5837 Results	85.0%	% Abnormal Results Documented
QI Resources	9860 Indicators	40 h/Mo	Time To Complete QI

COMPTENCY ASSESSMENT

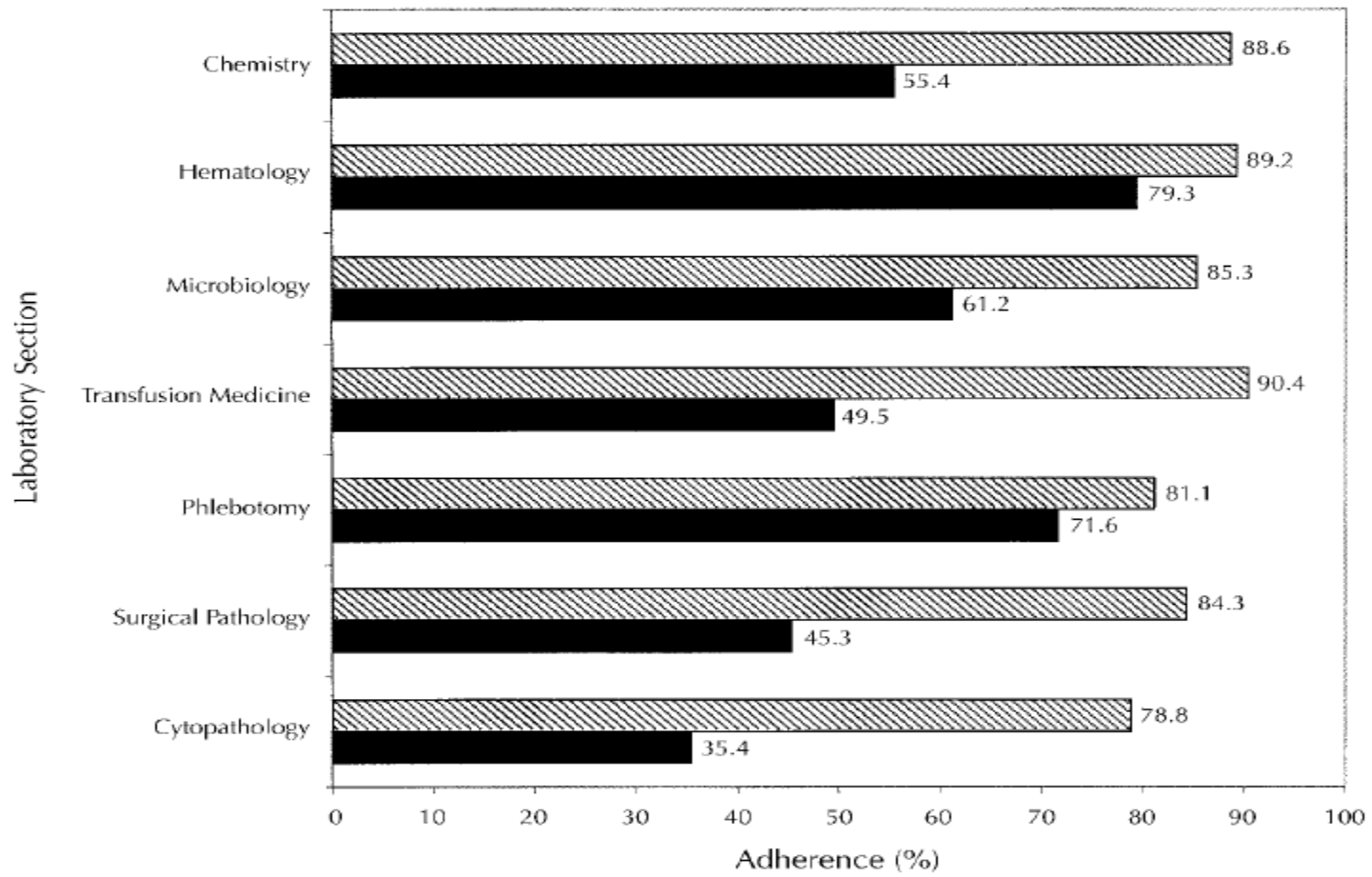
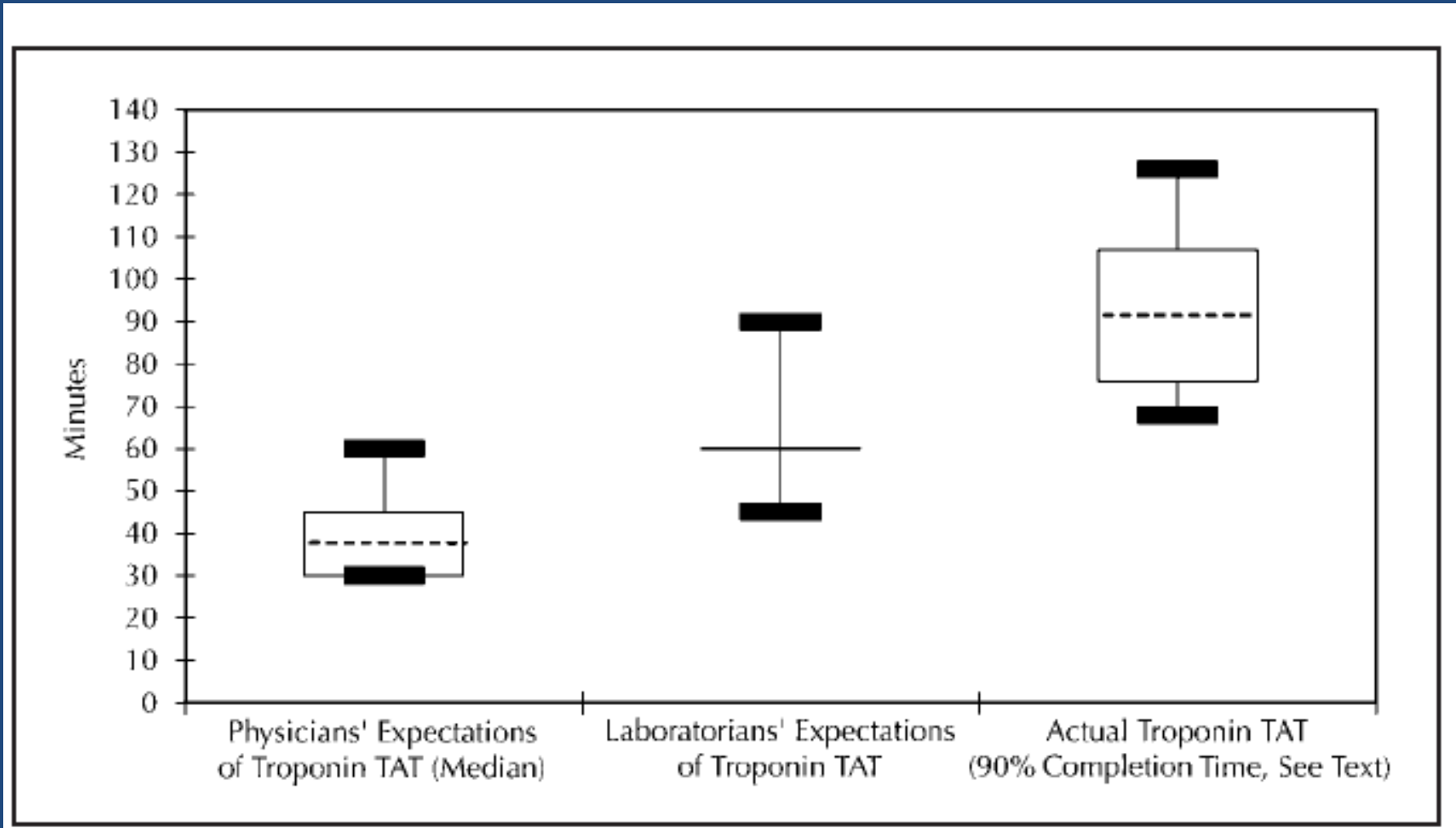


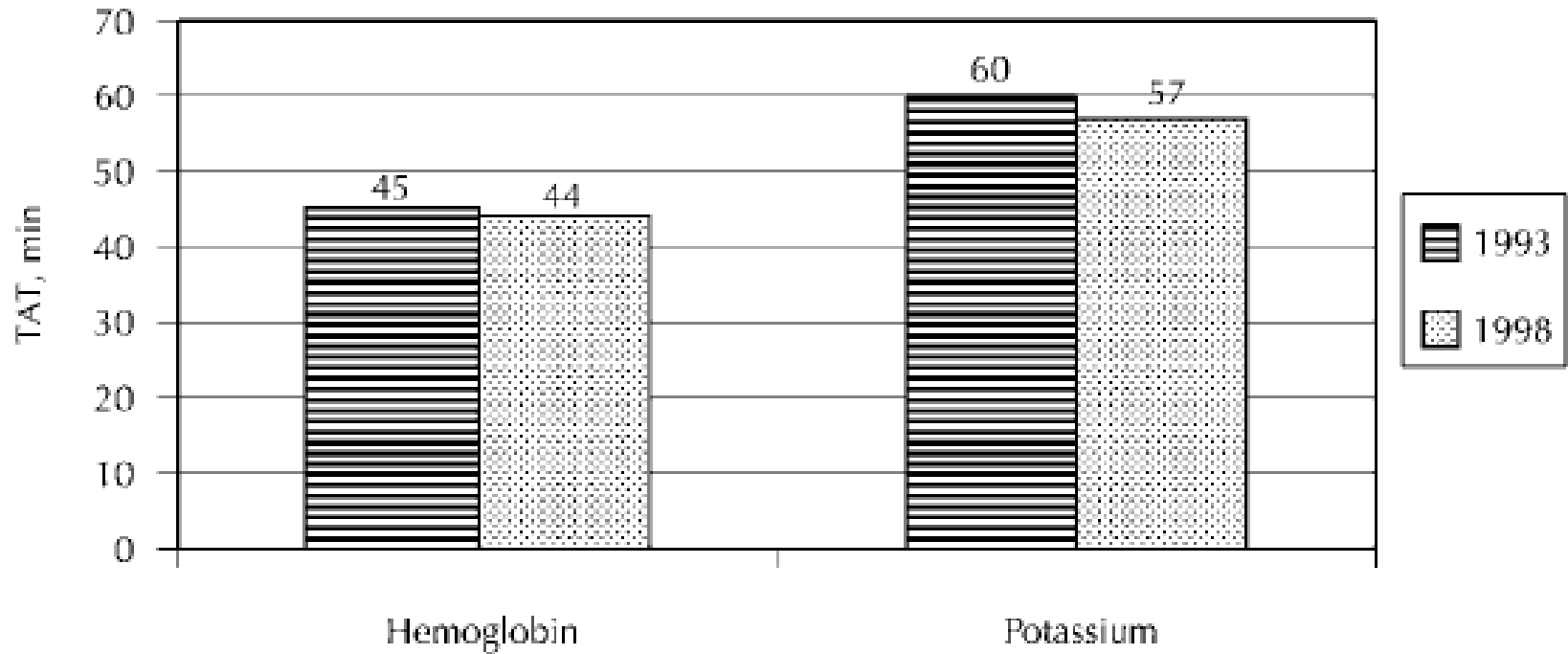
Figure 1. Adherence to written competence plan by laboratory section. Striped bars indicate technical employees; solid bars, nontechnical employees.

TROPONIN TURNAROUND TIMES



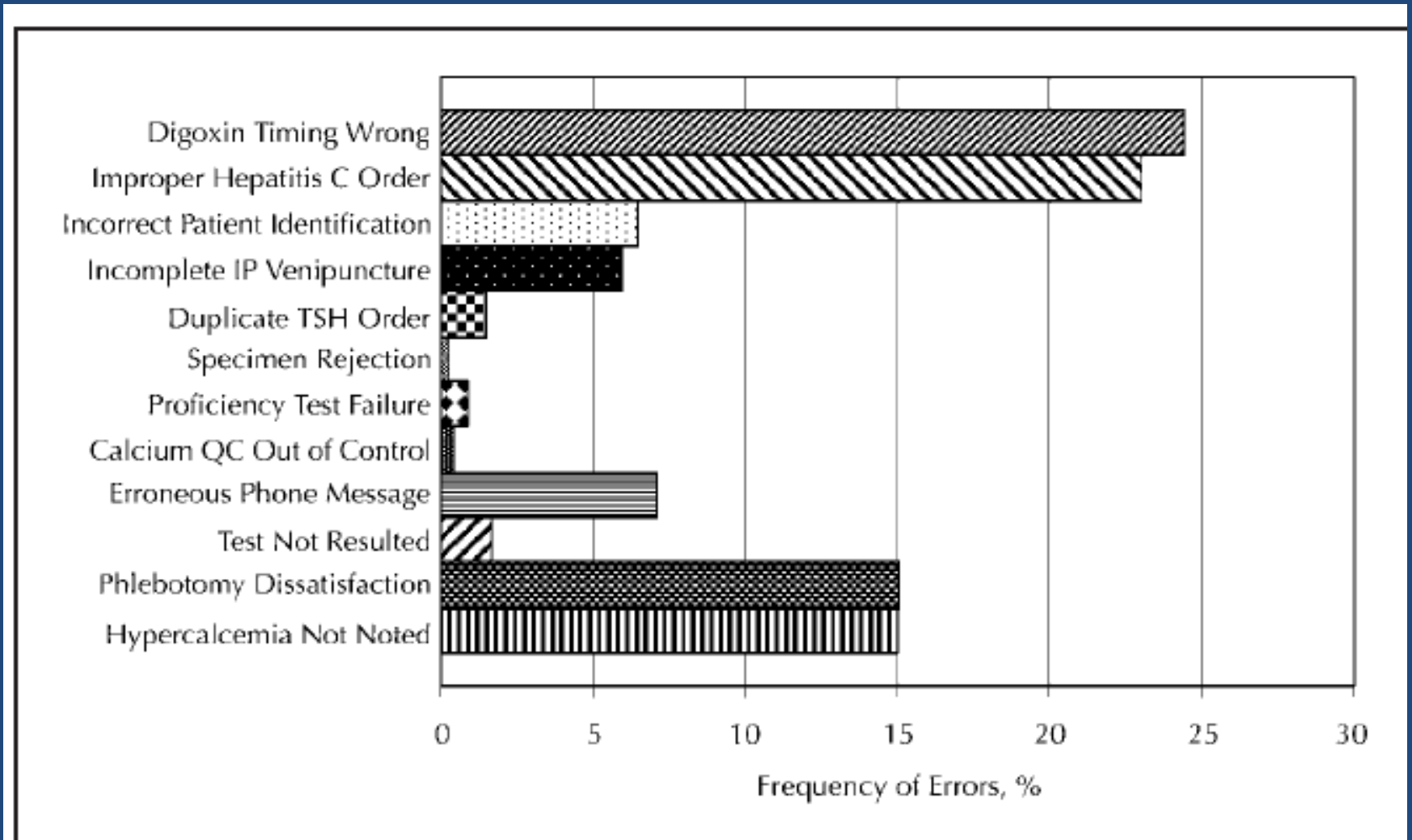
ED TURNAROUND RESULTS

90% Completion TATs: Drawn to Reporting



TAT of potassium and hemoglobin results from ED patients in 2 studies

CLINICAL LABORATORY ERROR RATES



27 TURNAROUND TIME STUDIES

- CSF Analytes
- ED-(4)
- Routine Test
- Stat Test Outliers*
- Routine Outpatient Tests (2)
- Biochem Markers AMI*
- Reporting Positive Blood Cultures
- Morning Rounds Test Results Available*
- Blood Component Preparation
- OR Blood Delivery
- Urinalysis

*Also Q-Tracks Studies

Q-TRACKS WRISTBAND ERROR RATES CONTINUOUS IMPROVEMENT

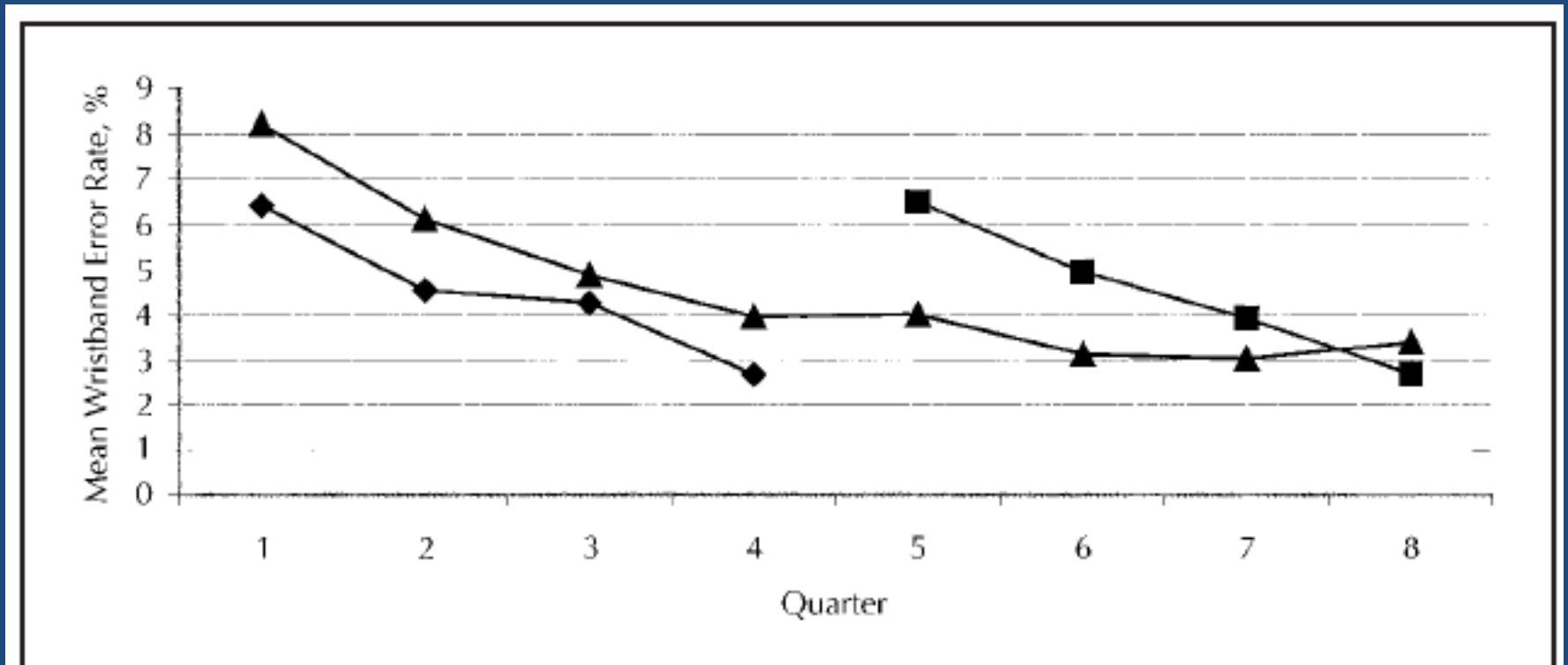


Figure 1. Mean wristband error rates for 1999 participants (◆), 2000 participants (■), and 1999-2000 participants (▲).

Q-TRACKS WRISTBAND ERROR RATES CONTINUOUS IMPROVEMENT

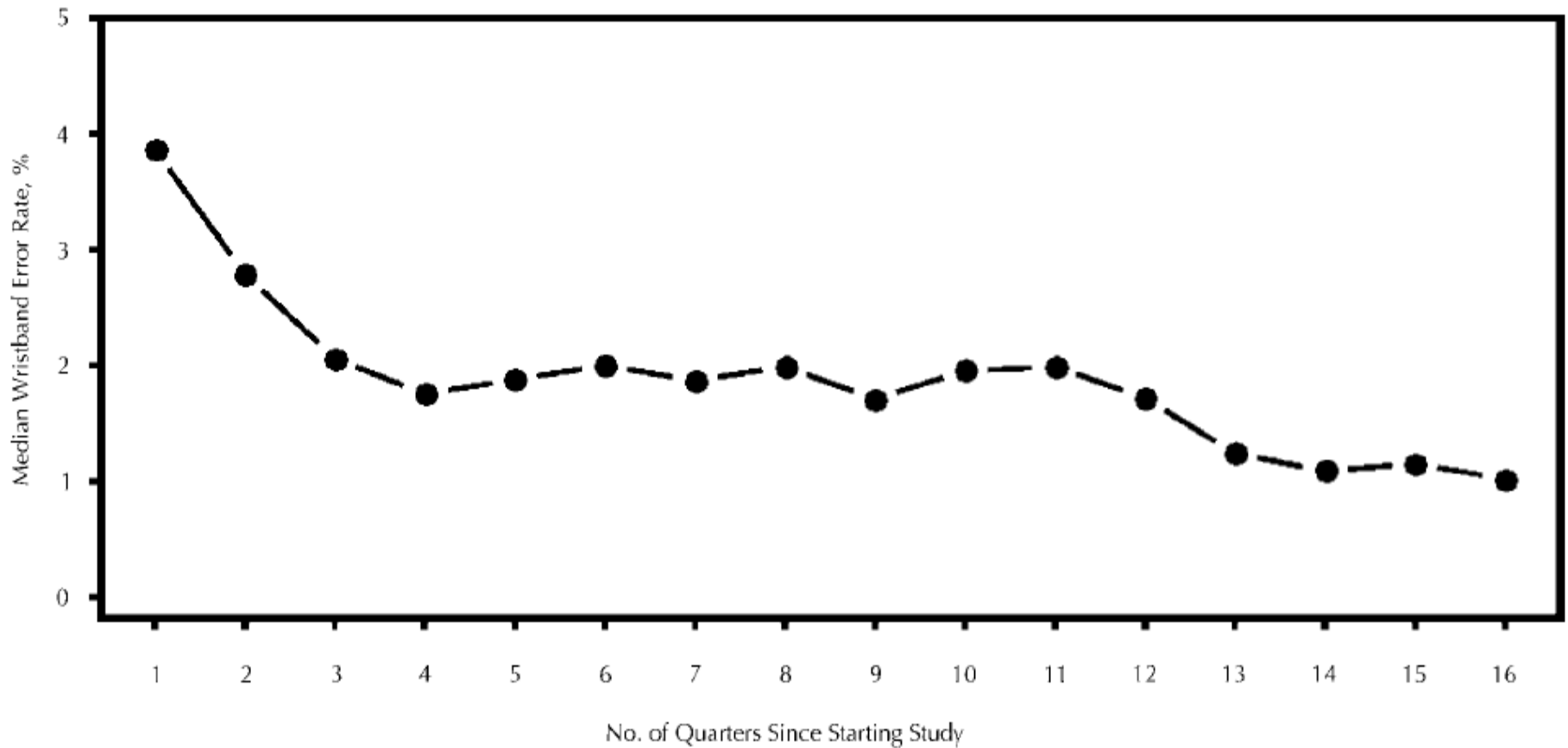
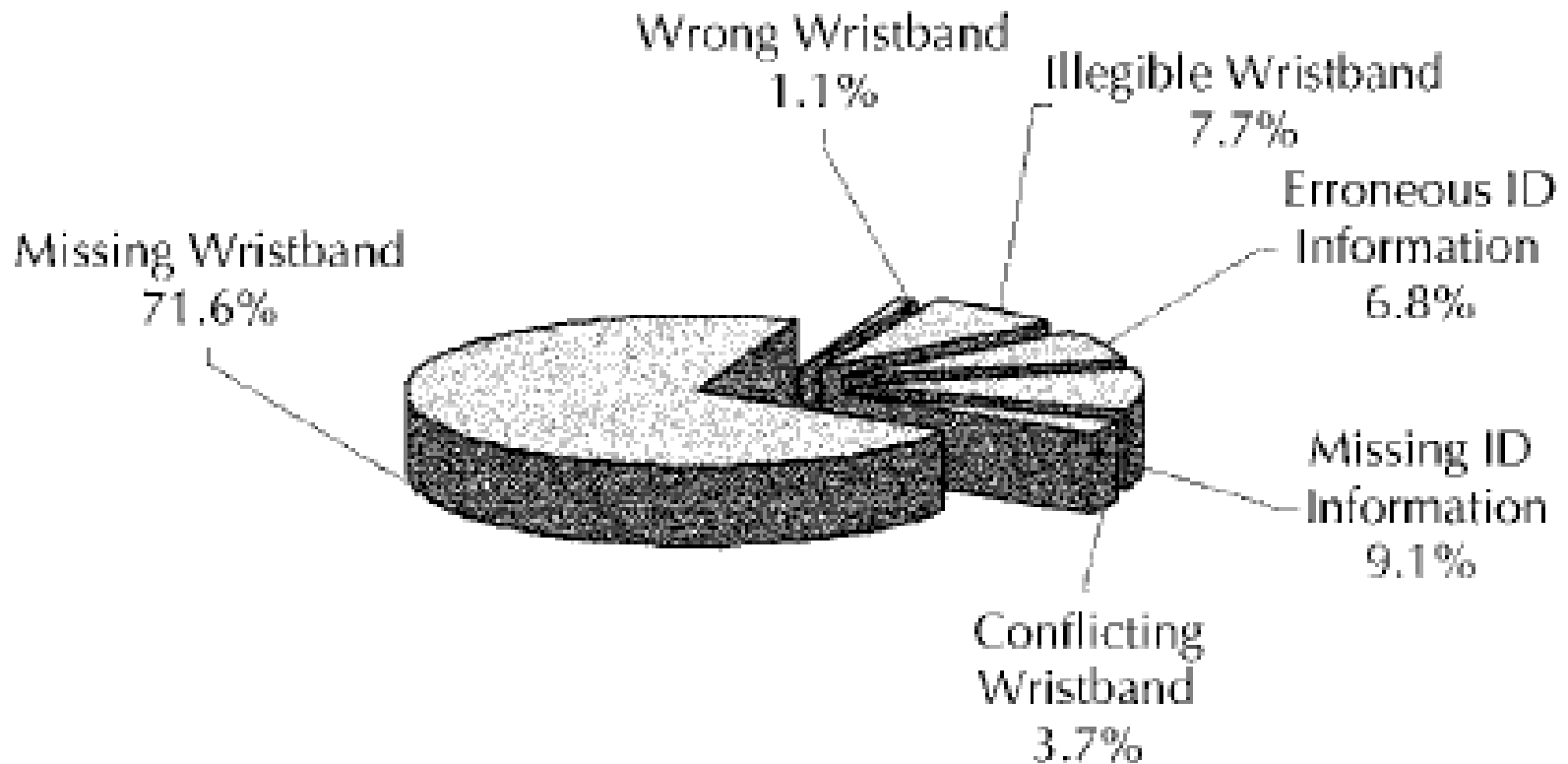


Figure 4. Percentage of patient wristband errors of Q-Tracks participants according to the length of program participation.

VARABILES Q-TRACKS STUDY



PHYSICIANS' 8 MOST IMPORTANT CLINICAL LABORATORY SERVICE ASPECTS

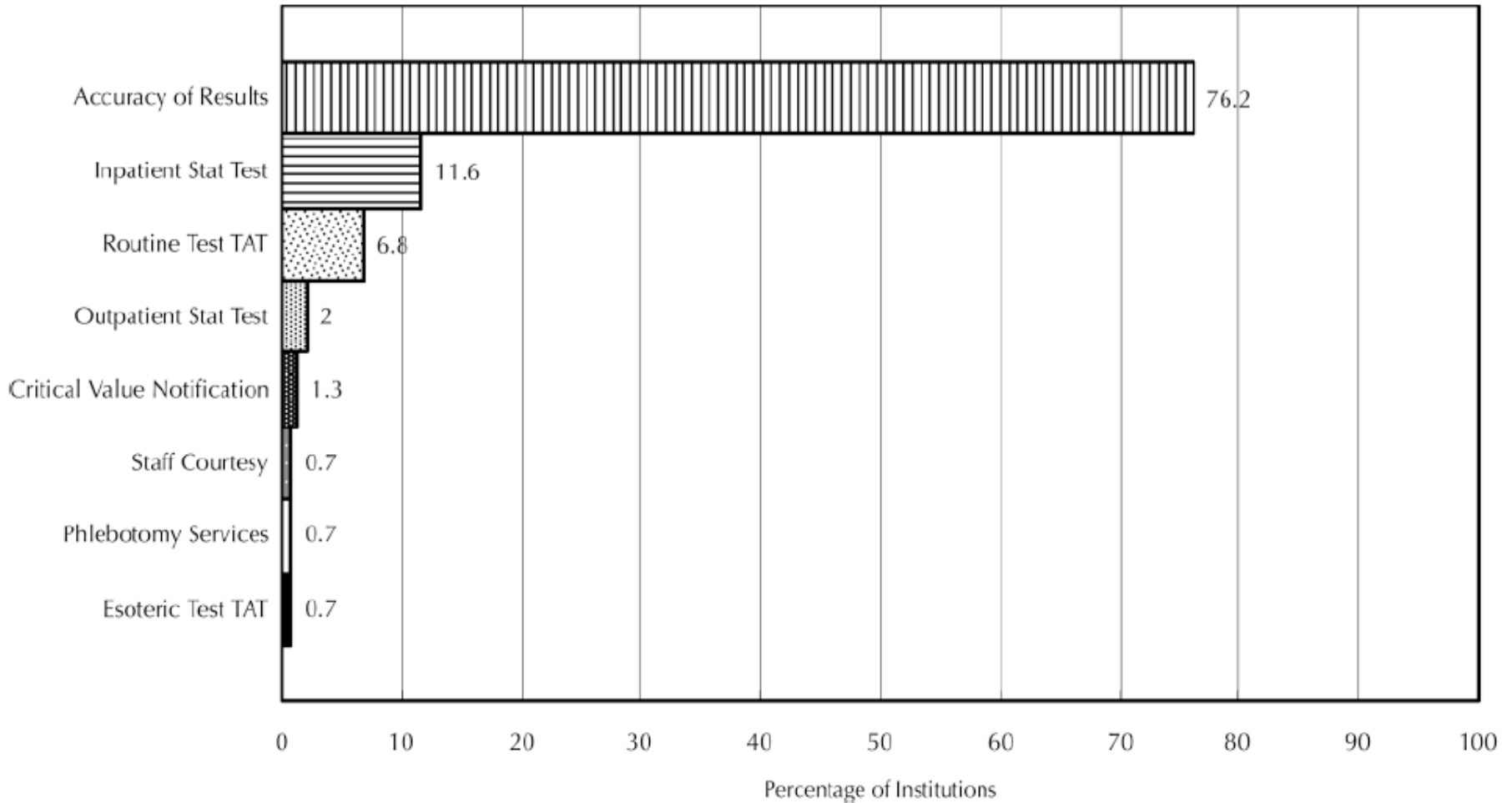


Figure 2. Physicians' rating of most important service aspect for clinical laboratories. TAT indicates turnaround time.

COMMITTEES' 8 MOST IMPORTANT QUALITY INDICATORS

INDICATOR	DISCIPLINE	TESTING PROCESS
Customer Satisfaction	Entire Laboratory	Entire Process
Test Turnaround Times	Each Discipline	Entire Process
Blood Utilization	Transfusion Medicine	Preanalytical
Patient Identification	Each Discipline	Preanalytical
Blood Culture Contamination	Microbiology	Preanalytical
Specimen Rejection	Each Discipline	Preanalytical
Proficiency Testing	Each Discipline	Analytical
Critical Value Reporting	Entire Laboratory	Post Analytical

Q-PROBES DEMOGRAPHICS

	AP NUMBER	CP NUMBER
Q-PROBES STUDIES	52	115
AUTHORS & COAUTHORS	33	50
ARCHIVES PUBLICATIONS	49	75
OTHER PEER REVIEWED PUBLICATIONS	18	21
NON-ARCHIVES CITATIONS		
ARCHIVES CITATIONS	1355	1609
PARTICIPANTS	15,406	42,663
COUNTRIES	18	24
CAP TODAY ARTICLES	17	55

PROGRAM ACHIEVEMENTS

- 17TH CAP CONFERENCE -300 PARTICIPANTS
 - Arch Pathol Lab Med 1990:114:1101-177
- Invited To Discuss Q-Probes @ Juran Institute International Meeting
- Identified 1 or 6 Outstanding Medicine Programs By Healthcare Forum
 - Healthcare Forum J 1993: 36:37-52
- Personal Awards, Careers
- CDC Finalists Best Manuscript 3 Times

PROGRAM ACHIEVEMENTS

- Competency Assessment Program POCT
- Influence On CAP Accreditation Program
- Approved For Maintenance Of Certification
- Cytology Conference
- CDC Grant
- Specialty CAP Pathologist Certificate Program
- Evalumetrics



cap

Competency Assessment Program for 2013

With Safety & Compliance
courses

One comprehensive program offering:

- Competency assessment and training
- Safety and compliance training
- Continuing education (CE) credit



THE JOINT COMMISSION REQUIREMENTS

- Organization Monitors Healthcare Quality
 - Medical Staff Requirements
 - Performance Data On All Physicians
 - Ongoing i.e. Not At 2 Year Reappointment Process
 - Department Specific Requirements
 - Chair Of Department Responsible
 - Med Staff Executive Committee Responsible
 - Credentials Committee Responsible

EVALUMETRICS

- CAP Released 2013
- 2 Years In Development
- Software Designed In House
- Ongoing Professional Practice Evaluation
- Focused Professional Practice Evaluation
- Competency Program For Pathologists
- Over 60 Metrics On Introduction

EVALUMETRICS CP METRICS

Metric Title	Practice Area	Description
Laboratory Management TAT	Core	Timeliness Document Approval
PT Peer Review	Core	Quality PT Review
Transfusion RX Report Review	Transfusion Medicine	Written Report Review
Bone Marrow Aspiration	Hematology	Properly Performing Procedure
Protein Electrophoresis Peer Review	Chemical Pathology	Interpretation Concordance
On Call Reliability	General Pathology	Available, Respond Promptly

CONCLUSIONS

- Discussed History of Q-Probes & Q-Tracks
- Demonstrated Results Of Some Studies
- Discussed Impact On Pathology
- Improved Patient Care
- “Skunkworks” For College Of American Pathologists-Innovation New Programs
- Questions