

# *Development and Implementation of Quality Indicators for POC*



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# *Objectives*



- Describe components and development of a Point of Care Quality Management Plan.
- Discuss rationale for selection of quality monitors.
- Review evaluation and implementation of quality process changes.

# *POC Quality Management Plan*



- Who needs one?
- Regulatory requirements vary
- POC QM Plan defines the processes used to provide quality testing to every patient, every day, every time.

# *POC Quality Management Plan*



- Where is a good place to start?
- CLSI HS1-A2
  - *A Quality Management System Model for Health Care; Approved Guideline – Second Edition*
- 12 Quality System Essentials (QSEs)

# *POC QM Plan Development*



- Your POC QM Plan is your Guidebook
- POC QM Plan doesn't have to be huge document.
- **But...You need to THINK BIG**

# *POC QM Plan QSE Components*



- 1. Documents and Records
  - Record retention, Procedure manuals
- 2. Organization
  - Responsibility, licensure, accreditation
- 3. Personnel
  - Training, competency
- 4. Equipment
  - Instrument evaluation and validation, calibration verification, method correlation, instrument maintenance

# *POC QM Plan QSE Components*

- 5. Purchasing and Inventory
  - Purchasing, inventory management of reagents and controls
- 6. Process Control
  - Quality control frequency, remedial action, QC review, patient testing, reagent storage
- 7. Information Management
  - Patient result reporting, normal/therapeutic ranges, critical results, result review
- 8. Occurrence Management
  - Incident reporting, staff communication

# *POC QM Plan QSE Components*



- 9. Assessments
  - Proficiency testing, inspections
- 10. Process Improvement
  - Quality Indicators
- 11. Customer Service
  - Unit rounds, multidisciplinary meetings, satisfaction surveys
- 12. Facilities and Safety
  - PPE, Collection devices, exposure investigation

# *POC QM Plan Development*



- Example

- **Process Improvement:**

**Quality Monitors:** Various quality monitors are implemented to focus on identified or at risk process issues. The goal is to identify areas of improvement and implement corrective action and proactive process changes to reduce potential error and ensure safe, quality patient care.


# *Selection of Quality Monitors*



- Good Quality Indicators should focus on areas of improvement in the delivery of safe patient care.
- Quality Management is about ACTION

# *Selection of Quality Monitors*

- Common misconception with POCT is that we have few choices for quality indicators.
- Remember – THINK BIG
- The key to selecting a quality indicator is knowing where and how to look for one.
- Daily, weekly, monthly damage control issues are usually a good place to start.



The greatest obstacle to  
discovery is not ignorance –  
it is the illusion of knowledge.

*~ Daniel J. Boorstin*

# *Selection of Quality Monitors*



- Three types of problems
  - Process Problem
  - Knowledge Problem
  - Behavioral Problem

# *Selection of Quality Monitors*



- Most common traditional quality indicators include:
  - Patient Identification
  - Critical Value Notification /Documentation
  - Quality Control Performance

# *Selection of Quality Monitors*



- Other options...
- Inventory management
- Competency Testing Compliance
- Incident reports/Nursing complaints
- Report formats
- Method Correlation and/or Standardization
- Proficiency Testing Performance

# *Selection of Quality Monitors*



- Define the scope of your monitors carefully
  - Quality Monitors may be unit, analyzer, section, hospital or system
2. Data collection frequency may depend on the difficulty it takes to capture the data

# *Selection of Quality Monitors*



- Performance Improvement Steps
  - Plan
  - Do
  - Check
  - Act

# *Selection of Quality Monitors*



- Most Quality Indicators are not meant to last forever.

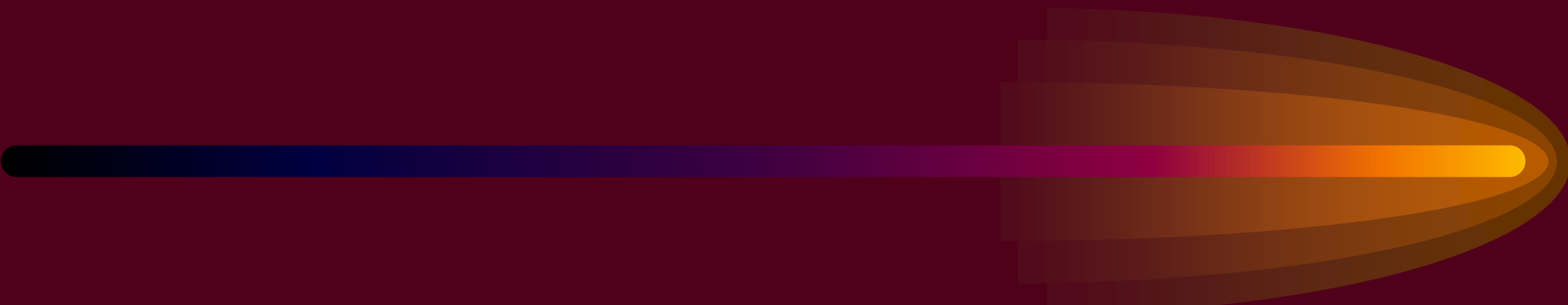
# *Quality Indicator Data Collection*

- Find a way to measure...Data capture options –
- IT Departments can be helpful in generating LIS/HIS queries
- POC data management software
- Manual reviews/audits
- Your data will drive your process improvement planning

# *Quality Indicator Evaluation*



- Evaluation Frequency is dependent upon the Quality Indicator, and defined by the institution.
- General Evaluation Format
  - Goal :
  - Threshold:
  - Performance Data:
  - Action:
  - Comments and Review:



Success is the ability to go from  
one failure to another with no  
loss of enthusiasm.

*~ Winston Churchill*

# *Implementation of Process Changes*



- Implementation of Process Change...
- Quality Management is about ACTION, even though we need to document all of it.
- Process changes in POC require buy-in and participation of laboratory and non-laboratory staff.

# *Implementation of Process Changes*



- POC Coordinators are the “Sticky Stuff”
- Gatekeeper role for quality improvement
- Stimulus for process improvement
- Utilize existing hospital infrastructure whenever possible

# *Implementation of Process Changes*

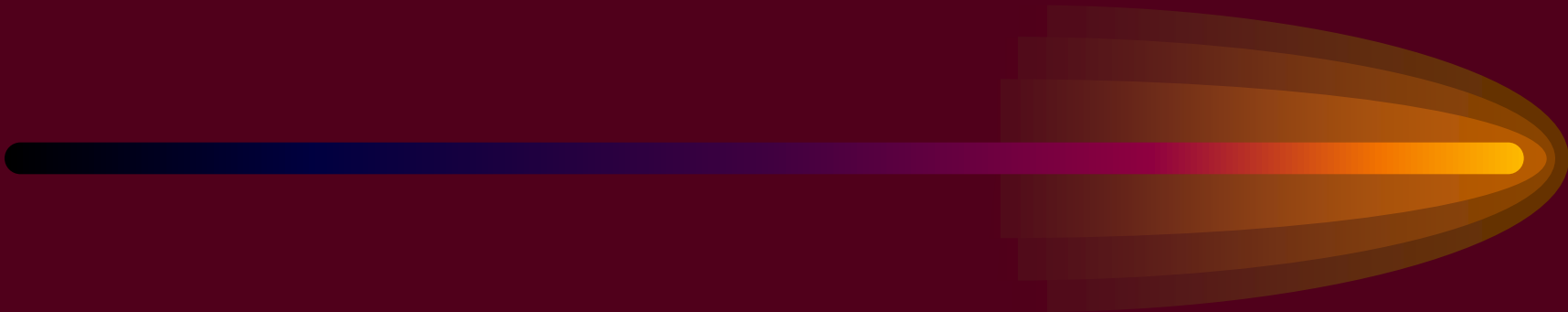


- Energy Requirements – A LOT!!
- Sustaining momentum and process improvement gains.
- And yes, using the old “It’s required for accreditation” line works, but appealing to patient outcomes can be very effective.

# *Overview of QM Plan, Quality Indicators, and Process Changes*



- Annual review of POC QM Plan
- Opportunity to summarize all quality improvement efforts (successes and failures).
- Not all improvement projects may evolve into Quality Indicators.




We can't solve problems by using  
the same kind of thinking we used  
when we created them.

~ Albert Einstein

# *Commitment is the Key*



- Remember to Think Big
- Multidisciplinary effort required to achieve desired performance goals and improved outcomes.
- Communication, Respect, and Work
- Commitment to Safe, Quality Patient Care



*“The glory of medicine is that it is constantly moving forward, that there is always more to learn.”*

*~ William J. Mayo*