How to Reduce Clerical Errors – Run Proficiency Testing More Like a Patient Specimen

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Disclaimer

Not endorsed by Quest Diagnostics



So what is a CompuNet?

- Joint Venture Laboratory created in 1986 in Dayton Ohio
- Reference Lab
- Two Hospital Labs
- 2 ER Labs
- 11+ Oncology Practices
- 25+ Patient Service Centers
- Two LIS's for routine testing



So what is a Mark Shearer?

- Director of Chemistry for CompuNet
- Responsible for the technical aspects of the two main chemistry departments
- Responsible for the interfacing of all instrumentation
- Responsible for all aspects of Data Innovations
 Instrument Manger rules creation and validation



So how did CompuNet get involved?

- Using Data Innovations Instrument Manager since 2003.
- Using Auto verification since 2006.
- Asked to join CAP and DI's team as alpha testing site 2010.
- Worked on design and functionality in 2011.
- IT department controls the DI server, my team controls the IM software.



What CLIA'88 requires

CLIA '88 — "The laboratory must test the samples in the same manner as patients' specimens." (Sec. 493-801)



Why is this so hard to accomplish?

- Samples have required special handling.
- Limited stability of certain constituents.
- Samples not in automation or instrument friendly containers.
- Manual Data Entry.
- All these contribute to PT failures.



Our Black Belt Project

- There were two main causes of PT failures:
 - Technical
 - Clerical
- Every time there was a failure more steps were added to the process to prevent reoccurrence.
- Each department/section had its own process.
- Fixes in one department where not shared with other departments.



Results from CAP

- Clerical errors are the primary cause of CAP PT failure
- 40% of PT errors are clerical

 Survey of proficiency testing compliance notices conducted by the CAP between 2007-2011
- This data is only from the PTE's responses.
 - 2 failures where required before the PTE was issued



Process Map for PT Submission

Gathering Data

Transcribe

Enter Data Verify Data Entry

Double Check

Submit

Activities

- Instrument Printouts
- Worksheets
- LIS Reports
- CAP Forms
- Survey
 Companion
 Form

Activities

- Organize Printouts
- Copy Results to the CAP Form
- Verify instrument / method codes
- Verify units of measure
- Complete Survey Companion Form

Activities

- Key data into e-LAB Solutions and save data
- Complete Survey Companion Form

Activities

- Give paperwork to someone else
- They verify the data in e-LAB Solutions
- Complete Survey Companion Form

Activities

- If any correction was made as part of the last step, have third person review and verify the data entry
- Complete Survey Companion Form

Activities

- Once all the reviews have taken place, submit data via e-LAB Solutions
- Complete Survey Companion Form



What can be done?

- Joint project between CAP and DI 2010.
- Weekly meetings began 2011.
- Software developed simultaneously.
- Initial communications testing fall 2011.
- Live January 2012.
- First PT results posted February 2012.
- Currently on version 7 of the driver.



So what is e-*LAB* Solutions Connect ™?

- Process by which instruments are directly interfaced to CAP.
- Special Instrument Manager driver.
- CAP codes used to identify the analyte and UOM to CAP.
- Results are processed and forms are completed electronically.
- Lab must submit results.



Takes Process Map from

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| Compare the Compare the

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To this

Gathering Data Review Submit Activities Activities Activities LIS Reports Review Approve via Instrument / e-LAB Survey Method Codes Solutions Companion Review results Complete Form Survey Complete Companion Survey

Companion Form

Form

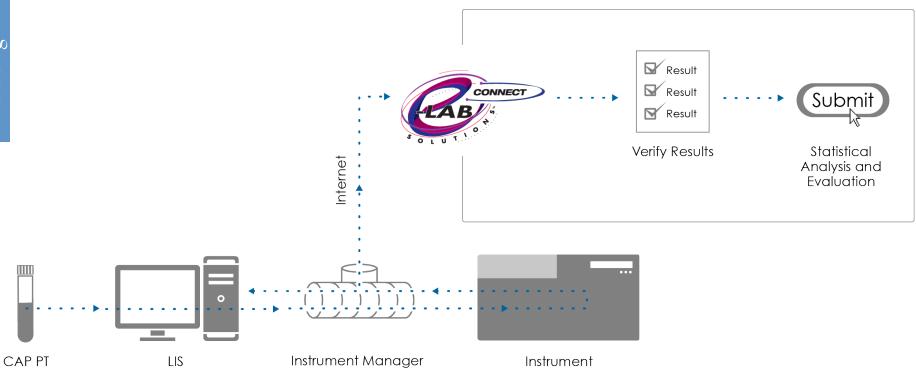


Resulting in

- Reduced "special PT only" steps by 63+%
- Save 400+ hours of staff time annually.
- Hard dollar savings: \$10,000+ in first year.
- Elimination of most clerical errors.
- Better allocate our staff to more productive, patient-centric activities.
- Matches the way patient results are posted in the LIS



What the data flow looks like





Is there a HIPAA risk?

• Specimen ID is last name and Kit number is first name.

Example: CHM-15,12345678

• Rule looks for this pattern and sends *only* these results to CAP.



How is the analyte filed in PT form?

- CAP codes are matched within the CAP driver.
- Performed once for each instrument analyte combination regardless of the number of CAP challenges the analyte appears on.



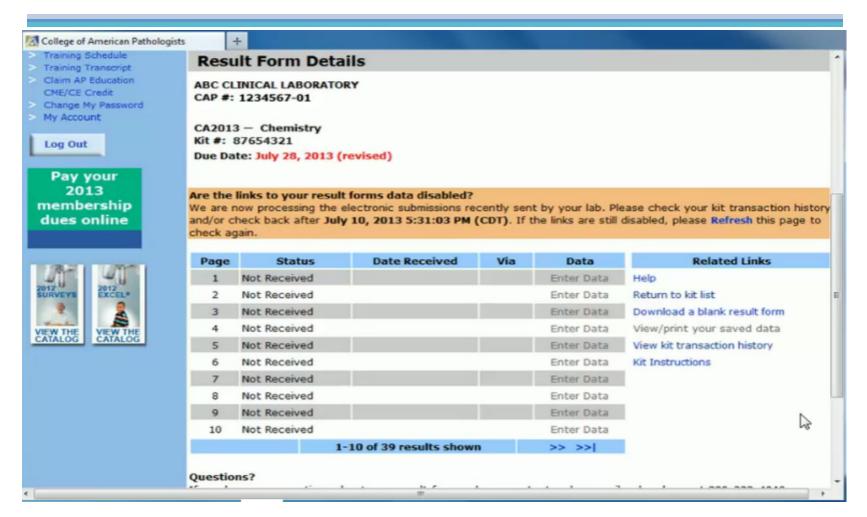
So what happens?

- Sample logged into LIS.
- Sample placed on instrument.
- Testing is completed.
- Results reviewed by IM rules.
- Results are posted.

Sound familiar?

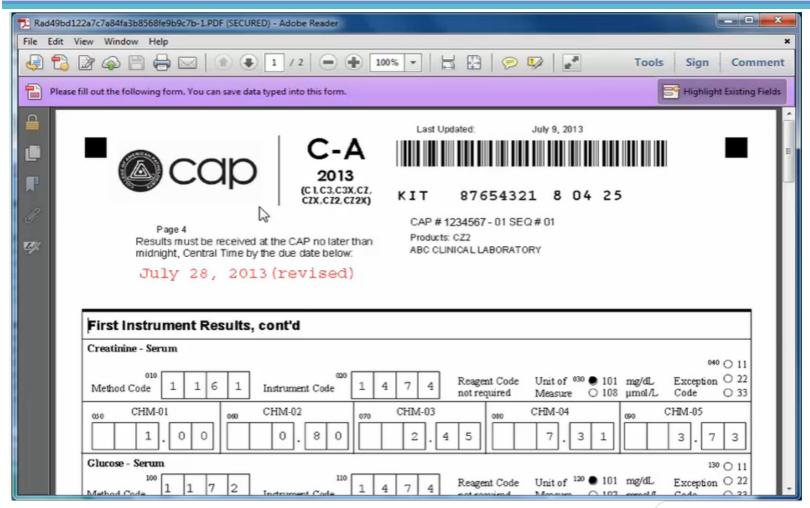


What does it look like?





CAP PT Result Form







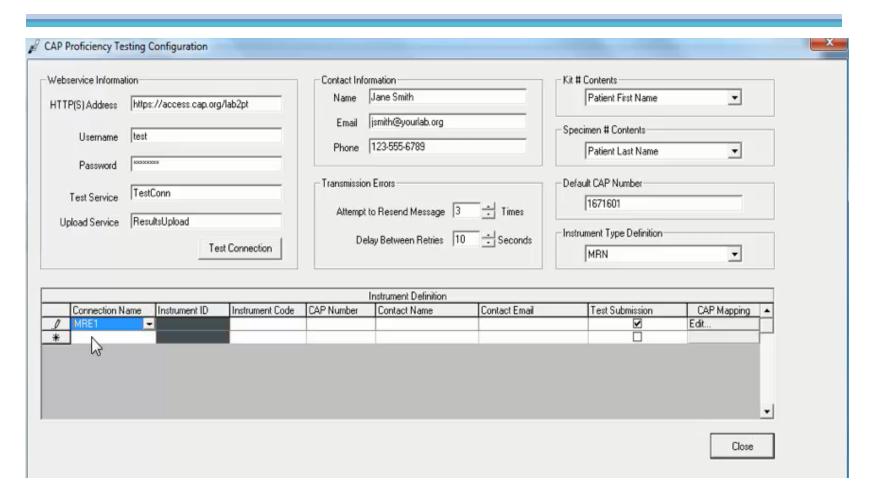
"How shall I torture you today? Put you on the rack? Boil you in oil? Make you call a technical support line?"

So how bad is it to set up..really?

- Load the CAP Driver.
- Enter the set-up information.
- Match your tests to the CAP Codes.



First there is this





And then this

bservice Information			Contact Information			Kit # Contents		
TP(S) Address https://access.cap.org/lab2pt Username test		org/lab2pt	Name Ja	Jane Smith		Patient First Name		
			Email ismith@yourlab.org			Specimen # Contents		
			Phone 12	23-555-6789	Patient Last Name			
Password	POERCEROER		111010			Patie	ent Last Name	•
	MRE1 CAP Test Code I	Mapping						X
Test 5								
load				CAP Test Code N	faccing			
	IM Test Code	Code Test Description		code CAP Code	CAP Descript	tion	Instrument Type	Suppress
				32673-6	CK-MB Activity (U/L)			
				13969-1	CK-MB, quant (ng/mL)			
				2639-3	Myoglobin, quant			
	*			10839-9	Troponin I, Qnt			
Conr	本							
MRE								
_								
-								
	1	1	1					
	Import	Export Get CAP	Codes	✓ My Lab Only			Cancel	Close



Then finally





Then finally



elabsolutionsconnect@cap.org

