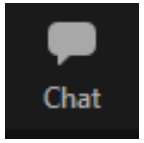
MAYO CLINIC LABORATORIES

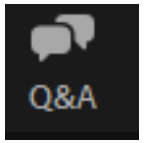
Using Phlebotomy Quality Metrics to Improve Patient Care

Michele Legried – Quality Specialist
Laboratory Services
Department Laboratory Medicine and Pathology

Zoom Chat vs. Q&A



Submit any technical issues via the chat function.



Use the Q&A function to submit questions you would like the speaker to address at the end of the webinar.

Disclosures

Relevant Financial Relationship(s):

Nothing to Disclose

Off Label Usage:

Nothing to Disclose

Objectives

- Define Quality Metrics and Indicators
- Understand why Quality Indicators are performed
- Identify the Quality Indicators a Phlebotomy Work Unit / Laboratory should consider monitoring
- Share the data and tools for getting started
  - Examples of Quality Indicators

Quality Metrics & Quality Indicators

- Quality Metrics:
  - Performance measurements that are used to monitor, analyze and optimize all relevant processes to increase patient safety, satisfaction and overall patient experience.
- Quality Indicator:
  - Any measure of a process, performance standard, or outcome of health care delivery.
  - These measures are then compared to performance thresholds where available and applicable:
    - Benchmarks – Standard Practice
    - Regulatory or Accreditation requirements
    - Other Institutions – peers or Internally derived measures

Quality Indicators – Why they are performed

- Improve patient care & processes
- Safety for patients & employees
- Ensure quality results
- Provide efficient service
- Meet expectations of care providers
- Create a Quality Culture in the work unit
- Track individual successes
- Requirement of Regulating Agencies

How to Identify what Quality Indicators are needed?

- Consider activities critical to patient outcomes
  - Processes, Procedures, Direct Observation findings
- Issues that have been identified as problematic
  - Customer Complaints (internal and external)
  - Staff concerns, suggestions and/or ideas
  - Reoccurring events reported
- CAP and Accreditation Agencies recommendations and requirements
- Input from Medical Director, Leaders, Supervisors, etc.

Quality Indicators phlebotomy should consider monitoring

- Specimen collection / labeling acceptability
- Patient Identification accuracy
- Patient wait times
- Customer satisfaction
- Success rates
- Redraw rates
- Needle-stick rate (clean and dirty)
- Blood culture contamination rate

Tools for getting started

Quality Indicator Planning form

A form used to step you through setting up a Quality Indicator

Part I: Selection of an indicator

- What is the rational for the indicator
- What is the specific name of the indicator
- List the organizational unit(s), department(s)/function(s), or team(s) to which the indicator applies
- Are there any literature references available for this indictor?
  - List them as needed

Part 2: Indicator Development and Data Collection

- Operational definition
- Describe the data collection plan
- Does the data collection require sampling?
- Is there current baseline data for this indicator?
- Is there a target or goal for this indicator?

Part 3: Indicator Analysis and Interpretation

- Describe the analysis plan
  - What descriptive statistics will be used?
  - What graphs will be used?
- Describe the data-reporting plan
  - Who will receive the results
  - How often will the results be shared

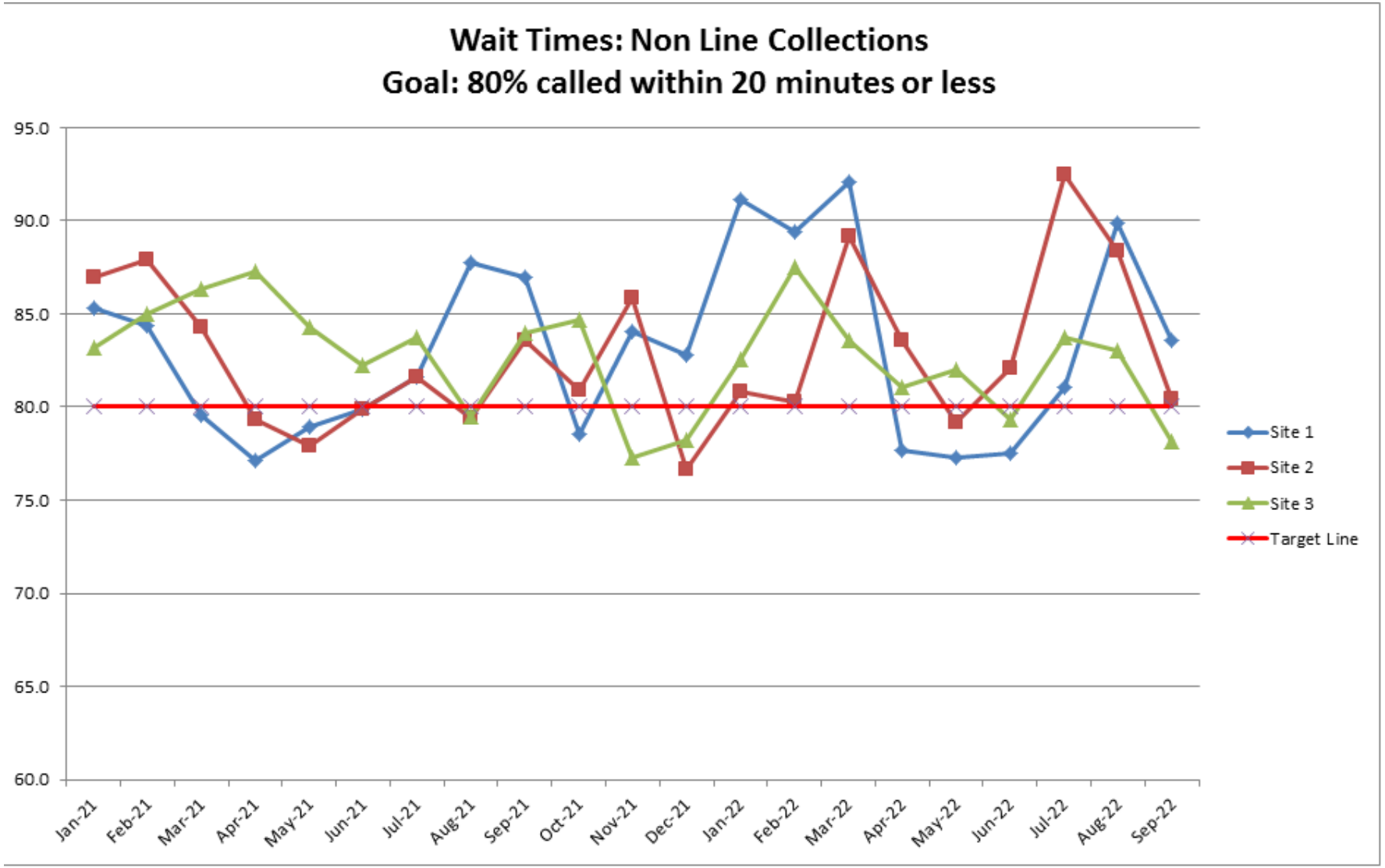
Indicator Example: Patient Wait Times (Outpatient)

- Objective: monitor patient's wait time from desk arrival to room arrival (draw chair)
- Purpose: maintain patient satisfaction by continually monitoring wait times, striving to keep time to a minimal
- Frequency of Timings
  - Peak Times
  - Non peak Times

Indicator Example: Patient Wait Times (Outpatient)

- Sampling Method
  - Monthly report generated for all locations
  - Check in time of patient at the front desk is recorded
  - Label print time once patient is in the draw room is recorded
  - Quality Specialist compiles the data and enters into a spreadsheet
- Goal
  - 80% complete within 20 minutes
  - Overall average for the month is calculated
    - % within 20 minutes calculated (patients within 20 minutes divided by total number of patients collected) x 100

Data displayed has been created solely for this presentation and is not representative of any true data collected for any Mayo quality indicator



Indicator example: Pediatric Success Rate

- Rationale for this indicator
  - First Attempt is the only attempt that matters in the patients/parents eyes
    - Determine if we are meeting our goal of :
      - 95% success rate on 1st attempt for 4-12 yrs
      - 90% success rate on 1st attempt for 0-3 yrs
    - Assist in process improvement/training by tracking first, second, third, fourth, and unsuccessful attempts
    - Successful venipuncture is defined as complete collection as requested by provider

Indicator example: Pediatric Success Rate

- Data collection plan
  - Every peds patient
  - Tech tallies attempts for all 0-12 yr. olds
  - Designee or Quality Specialist compiles data
  - Data entered in spreadsheet
  - Quality Specialist totals data from all work units

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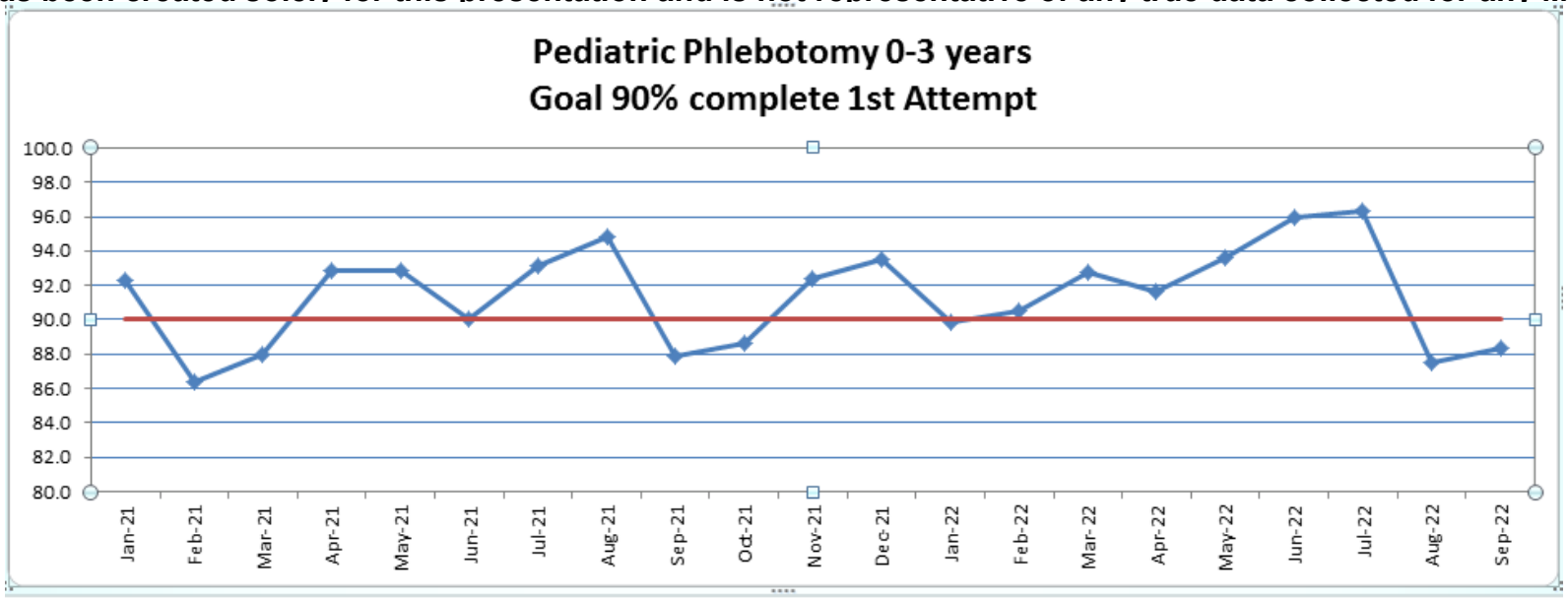

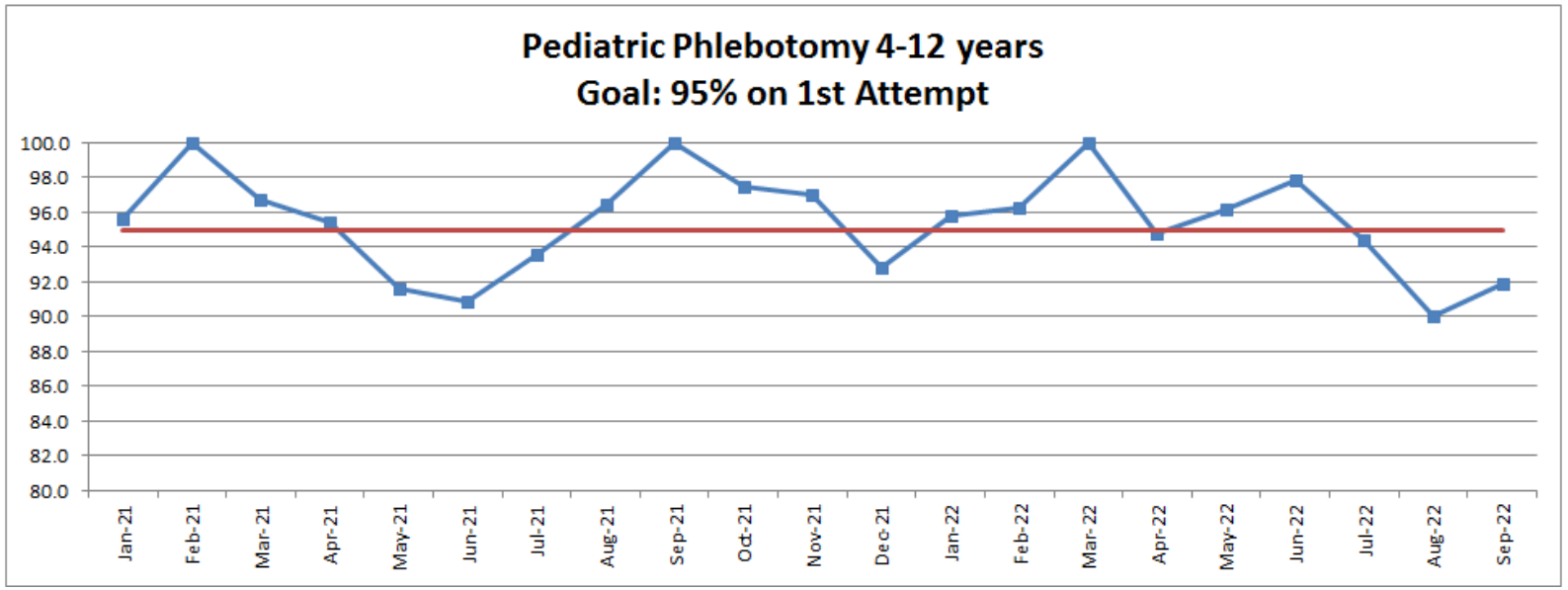

Quality Indicator Data Reporting Plan

- Data reporting plan
  - Quality Specialist compiles data monthly for all sites, emails and/or enters data into quality report:
    - Medical Directors, Administrator, Operations Manager
    - Supervisors, Wards specific to data collected
  - Quality Specialist sends out monthly and quarterly quality reports
  - Leadership shares results with staff
- Why is this important?
  - Review of results by performers and multiple eyes, may relay trends and opportunities for improvement

Act on your Data

- Analyze graphs and charts
- Seek staff input
- Continue to monitor
- Look for opportunities for improvement
- Implement an improvement process

Share your Data

- Staff
  - Display charts and graphs as visual reminders for all staff
- Leadership
- Division
- Other Groups
  - Nursing
  - Sentinel Event Leadership
  - Institution

Summary

- Look at the data – analyze, don't just collect it
- Share the data with:
  - Work Units
  - Division
    - Trends may be more visible
  - Staff – they are the performers
- When patterns and/or trends are discovered – Act on them
  - Continually ask the question: How can we Improve?
    - Small improvements are still improvements that improve patient care

THANK YOU

QUESTIONS & DISCUSSION