

UDL Quality Assurance Program POCT 6/17/2002 - QA Meeting
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Indicator w\ Indic. Threshold	% Meeting	Finding	Area for Improvement	Actions/Followup
Cumulative POCT Proficiency Results (Year) Unacceptable errors < 4 % Indicator = 4%	Indicator = 4.2% (8/184)	Threshold NOT Met December 2001 -May, 2002	Urine dipstick performance PPM	Increase re-training, on-site observation Initiate PPM Competency Assessment
Urine Dipstick Proficiency Results Unacceptable errors < 5% Indicator = 5%	Indicator = (6/140) Unacceptable error rate = 4.3%	<i>Threshold Met December 2001 - May, 2002</i>		Initiate re-training program Require completion of on-line lab module
Blood Glucose Proficiency Results Failure < .5% Indicator= 5.0%	Indicator = (1/26) Failure rate Indicator = 3.8%	<i>Threshold Met December 2001 - May, 2002</i>	Review instrument linearity of instrument with unacceptable results	Five point (4x) linearity performed. Instrument = OK
Physician Performed Microscopy Unacceptable results on CAP PPM survey Indicator 5%	Indicator = (1/18) Failure rate indicator = 5.56%	Threshold Not Met December 2001 - May, 2002	Feedback to physician. If pattern continues, mandate re-training. Establish on-line competency assessment and re-training	Continue to Monitor On-line PPM training module to be acquired July, 2002
Quarterly CPT Review Unacceptable CPT codes billed Indicator > 2 %	Indicator = 100%	<i>Not completed this cycle</i>		Continue to Monitor.

**UDL
POCT Division
Process Improvement Program
Calander of Events
2003**

Indicator w\ Indic. Threshold	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
All POCT Proficiency Results Unacceptable errors < 4 % Indicator = 4%						√						√
Urine Dipstick Proficiency Results Unacceptable errors < 4% Indicator = 4%						√						√
Blood Glucose Proficiency Results Failure < 5.0% Indicator= 5.0%						√						√
Physician Performed Microscopy Unacceptable results on CAP PPM survey Indicator < 5 Indicator 5%						√						√
CPT Review Unacceptable CPT codes billed Indicator > 2 %						√						√