

The Joint Commission Lab Focus

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Executive Director

I know spring is in the air, somewhere, and two upcoming events herald the season. First is Patient Safety Awareness Week, March 8 through 14, a national education and awareness-building campaign for improving patient safety. During this week, hospitals and health care organizations promote patient safety and educate patients on how to become actively involved in their own health care, something that lab professionals strongly support.

The second springtime event is National Medical Laboratory Professionals Week, April 19 through 25. This year the theme is "Laboratory professionals get results." Many clinical diagnoses and most patient management decisions are based on the results of lab tests. Thus, laboratorians play a critical role in positively affecting patient safety and care.

To that end, The Joint Commission has two Speak Up™ brochures that promote patient safety in the laboratory, "Help prevent errors in your care—Laboratories" and "Help prevent medical test mistakes." The brochures can be downloaded at <http://www.jointcommission.org/PatientSafety/SpeakUp/>. I'd be interested in hearing your feedback and suggestions about how to further promote patient safety. Please send me your thoughts at mpeck@jointcommission.org.

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Top compliance issues for labs

Proficiency testing standard QC.1.20 and National Patient Safety Goals 1A and 2C were the most problematic requirements for labs in the first half of 2008. Each year, The Joint Commission collects data on organization compliance with its standards, National Patient Safety Goals (NPSGs), and other requirements to identify trends and focus education activities.

The list below shows the areas that were most frequently identified as "not compliant" for clinical laboratories. The percentage of organizations that received Requirements for Improvement is provided in parentheses after the requirement number. For more information, see the March 2009 issue of *Joint Commission Perspectives*.

QC.1.20 (25 percent) Proficiency testing services used for specialty and subspecialty equal or exceed applicable laws and regulations with respect to variety and frequency of testing and satisfactory performance criteria.

NPSG 1A (16 percent) Use at least two patient identifiers when providing care, treatment or services.

NPSG 2C (14 percent) Measure, assess, and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical tests and critical results and values.

QC.5.300 (12 percent) The laboratory uses standardized procedures to acquire, receive, store, and issue tissues.

EC.6.20 (12 percent) Laboratory equipment is maintained, tested, and inspected.

LD.2.60 (11 percent) The directorship of the laboratory is effective.

IM.6.200 (10 percent) The laboratory report includes the date and time of reporting and the condition of any unsatisfactory specimens.

QC.1.30 (9 percent) The laboratory maintains a cumulative record of participation in a proficiency testing program.

Q.C.1.77 (9 percent) The laboratory validates electronic or internal monitoring systems prior to using them for routine quality control.

WT.1.60 (8 percent) Quality control and test result records are maintained.

Updated FAQs on NPSG 2C

Need help complying with NPSG 2C? Check out the updated FAQs about critical tests, results and values on The Joint Commission Web site at www.jointcommission.org/AccreditationPrograms/LaboratoryServices/Standards/09_FAQs/NPSG/Communication/NPSG.02.03.01/Critical_tests_results_values.htm. Questions include:

- What exactly are critical results, tests and values?
- What are the time frames that should be measured?
- Do critical results have to be reported directly to the responsible licensed caregiver?
- Who is considered a responsible licensed caregiver?
- How should my lab address the word "stat" in relation to critical results or panic values?
- Are we expected to measure, assess, and improve the timeliness of reporting of all critical tests and all critical results at all times?

newsline

Joint Commission Web site provides guidelines for counting laboratory tests



Accurately completing the e-app can help your organization have a smoother survey. “Some labs, particularly blood gas labs, have problems

calculating their testing volume,” says Eileen Stawczyk, M.T. (A.S.C.P.), laboratory performance measurement analyst, Accreditation and Certification Operations. “These labs may be counting a panel as one, instead of counting each individual analyte. A precise count is necessary to meet CMS deeming requirements.”

A number of useful documents, including the *Attestation Form*, which needs to be

submitted annually, can be found at www.jointcommission.org/AccreditationPrograms/LaboratoryServices/AccreditationProcess/lab_forms.htm.

The Joint Commission Web site includes the following forms for labs:

- *Guidelines For Counting Tests for CLIA*: The document follows the requirements of the Centers for Medicare & Medicaid Services and provides details on how to count tests in each lab specialty and sub-specialty.
- *Laboratory Test Volume and Specialty Report*: Complete for each CLIA number
- Proficiency Testing Forms, including an *Enrollment Checklist*, *Attestation Form* and *Proficiency Testing Enrollment Worksheet*

Field reviews of QC, EC and IM chapters

The Joint Commission is asking for comments on proposed revisions to three lab chapters:

- Quality system assessment for non-waived testing requirements in the Quality Control (QC) chapter. Comments are needed by March 23.
- Emergency management requirements in the Environment of Care (EC)

chapter. Please comment by March 27.

- Document and process control requirements, currently located in the Information Management (IM) and QC chapters. Comments needed by April 6.

To participate in the field reviews go to www.jointcommission.org/Standards/SII/sii_chapters_to_review.htm.

No new NPSGs in 2010

Over the next year, the current National Patient Safety Goals will undergo an extensive review process; as a result, there will be no new NPSGs developed for 2010. The success of the Standards Improvement Initiative (SII) demonstrated a way to thoroughly review the current NPSGs. The SII process will be used to clarify language, ensure that NPSGs are program-specific, delete NPSGs that are redundant or non-essential in specific programs, and consolidate similar NPSGs. The SII process incorporates feedback from health care organizations and other stakeholders nationwide. Revisions to the NPSGs based on SII recommendations will be effective in 2010.

If you have questions about the NPSG or standards requirements, please complete our online question form at <http://jcwebnoc.jcaho.org/SigSub/onlineform.asp> or call the Standards Interpretation Group at (630) 792-5900.

Resources

Education

Joint Commission Accreditation Summit

April 28-29, 2009, Rosemont, Ill.

Participants will receive the latest updates on standards and the accreditation process from Joint Commission executives and program leaders. Includes plenary lectures and breakout sessions.

Publications

2009 Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing
Order code: CLSM09, \$265

2009 Laboratory Accreditation Standards
Order code: LSM09, \$110

2009 Accreditation Process Guide for Laboratories
Order code: APGL09, \$119

To register for education programs or to order products from Joint Commission Resources, Inc., go to <http://store.jcinc.com> or call (877) 223-6866.

Hot off the press

Lab Focus, the free quarterly newsletter, is chock full of the latest news and information from the Laboratory Accreditation Program. Be among the first to receive the newsletter by signing up to receive e-mail delivery at www.jointcommission.org/Library/Newsletters/list_serve.htm.

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