



# Breaking down barriers to ensure patient safety and quality in the hospital laboratory

## WEST JEFFERSON MEDICAL CENTER OPTIMIZES LABORATORY LEADERSHIP



It's easy to take the hospital laboratory for granted — to see it as a necessary but not very glamorous part of medical care. But that would be a mistake, argues Nancy Cassagne, president and CEO of West Jefferson Medical Center just outside of New Orleans. Her hospital has made a point of elevating the laboratory and pathologists to greater status, and reaped benefits in quality and patient safety improvements.



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“We’ve worked hard to create that environment where the laboratory staff, the pathologists, are truly part of the care team,” Cassagne says. “They may be in the background but if they’re not part of the integral delivery of the care — and believed to be that way by all of the staff members — then we will not meet our patients’ needs.”

West Jefferson has accomplished this with both quality improvement projects focused on specific issues as well as a bigger-picture culture change. “You have to eliminate the finger pointing when mistakes are made, because they are going to be made,” Cassagne says. “You have to openly discuss the process, break down the barriers.” In the case of problems with laboratory tests, it turns out that most mistakes are made outside the laboratory before a specimen even makes it there. Ordering errors and mislabeling are common issues that require collaboration between clinical staff and the laboratory.

A crucial part of that collaboration is having a pathologist take a high-level position on a hospital staff committee, which helps build relationships among physicians so they can talk about all kinds of hospital issues, not just when a laboratory test goes awry. At West Jefferson, pathologists don’t just take spots on obvious laboratory-related committees, but have also joined, and led, credentialing and bylaws committees. “They are recognized as leaders on the medical staff,” Cassagne says. “This generates openness so people feel free to talk about issues.”

According to Cassagne, some of the process problems that result in laboratory-related errors start with ordering physicians needing to differentiate among very similar tests that they don’t use often; if they have a good relationship with a hospital pathologist, it’s easy to ask for a quick consult on the right test to use.

R. Bruce Williams, M.D., FCAP, president of the College of American Pathologists (CAP), agrees that a pathology presence on these panels is essential, in part because pathologists bring a unique perspective to their work. “The pathologist is one of the few clinicians who touches every part of the hospital,” Williams said. Also, pathologists have been involved in quality improvement for a long time, dating back to national laboratory quality efforts from the 1940s, and can help other departments “with their quality journeys.”

Most of the partners in Williams’ pathology group in Lafayette, La., are active on all sorts of committees, and some have been chief of staff. “And they are there because the other physicians recognize the importance of pathology and the medical laboratory in hospitals,” Williams says.

## RISK MITIGATION, QUALITY CONTROLS AND MEASUREMENT

Once the hospital has built a culture of teamwork and cooperation, it’s time to identify measures that are important to that particular organization, set expectations, make changes and measure performance. At West Jefferson, leaders created a dashboard of the measures that were important to them; that list would likely be different depending on the organization and its needs and priorities, Cassagne and Williams agree.



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“Each hospital needs to bring the measures that are right for your organization, and most importantly, you need to bring those through your hospital staff quality committees,” Cassagne advises. “See if you have repeat fallouts in areas” that need attention.

So, for example, West Jefferson was having trouble with what to do with abnormal test results that appeared after a patient had already been discharged from a unit or the emergency department. The hospital found an unacceptable number of instances when the results were critical but were not being communicated to the patient or other providers. “We started monitoring it with a full committee,” says Cassagne, “and made significant progress on reducing the issue. In the course of a year, the hospital went from 22 percent of post-discharge tests being reported to 94 percent.”

Its solution: The ordering physician takes responsibility for communicating a significant result to a discharged patient, and in the emergency department the next physician on shift reviews outstanding laboratory orders from the previous shift. “We still haven’t achieved 100 percent, but all eyes were on the problem,” Cassagne explains.

The hospital has tackled other laboratory-related issues such as the turnaround time for stat laboratory orders (it found too many orders were being labeled for immediate processing, slowing down response times), and callbacks from the laboratory to the care team, which is now at 100 percent.

## Six areas to monitor in laboratory operations

Williams identifies a number of high-risk areas of laboratory operations that hospitals may want to monitor:

**1 Patient identification.** Misidentifying a patient and his or her sample poses the risk of significant harm, and even death, particularly in the case of blood transfusions, he notes. Common sources of misidentification include a phlebotomist taking multiple samples at once and mixing them up before getting to a location to identify them, and failing to

check the wrist identification before the target patient was moved to another room.

**2 Physician requests the wrong test.** Pathologists are generally available to consult on test choice.

**3 Specimen collection errors.** These include the specimen being collected into the wrong type of

tube, or not enough specimen collected.

**4 Transportation problems.** A sample can be damaged during transit, particularly in a hot car, or when sent through a pneumatic tube to another floor.

**5 Information system miscommunication.** Williams tells of a hospital where results of a

particular thyroid test showed up correctly on the information systems of most units, but were off by two digits in one unit.

**6 Analytical problems.** Having the test itself go wrong is increasingly rare as technology has improved, but it can happen.



## Best practices and accreditation requirements

- Maintain a written quality management plan, including a list of monitors.
- Keep records of evaluation and follow-up and corrective action taken, which will be reviewed by accreditors.
- An annual review or summary must be available, and should be shared widely within the organization, including with the hospital CEO.
- Consider consulting a registry, such as the one maintained by the CAP that includes performance data for pathologists across the country that can be used for benchmarking.
- In the area of anatomic pathology for cancer, be sure all the hospital's pathologists are using the cancer protocols and practice guidelines that now offer a common method for reporting specific test results. Williams says this standardization has been a major boon for both pathologists and oncologists.

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### EVOLVING QUALITY IMPROVEMENT

Hospitals and their laboratories should be identifying the quality measures that are most important and relevant to their own situations, Williams advises. Some of that is determined by what kinds of tests are performed by the laboratory; not all laboratories carry out molecular testing or microbiology, for instance.

There are some common quality indicators that all laboratories should be doing, he suggests, such as patient/specimen identification; “it never goes out of date,” Williams says. Others include test order accuracy (have physicians ordered the test they really wanted?), specimen acceptability and surgical pathology/cytology specimen labeling.

A set of quality measures is not just there to make the hospital look good when it solves a process problem; instead it should be a working list that identifies areas for improvement. When a process has been improved enough to resolve the problem, it can fall off the list and a new challenge added.

Quality measurement continues to take on greater importance beyond safety and quality within the hospital, Williams notes; increasingly, reimbursement is tied to documenting quality of care, and pathologists are part of this trend.

Both Williams and Cassagne emphasize the importance of building a dynamic set of measures that fit the hospital and its goals, and can change and grow with the organization.

“Take a look at what’s happening in your hospital,” advises Cassagne. “Set your expectations, communicate those expectations to the care team and measure performance, and I guarantee you improvement will follow.”

## CAP Laboratory Accreditation Program

The College of American Pathologists (CAP) Laboratory Accreditation Program is unique in that its inspectors are working pathologists and laboratory staff. The advantage is that the inspectors understand the day-to-day operations of clinical laboratories, says CAP President R. Bruce Williams, M.D., FCAP, partner with Delta Pathology Group, Our Lady of Lourdes Regional Medical Center in Lafayette, La.

Williams recommends making accreditation an everyday priority, not something that comes up every two years. “Think about how you are operating on a daily basis,” he says.

The CAP also provides proficiency testing, which is mandated by the 1988 Clinical Laboratory Improvement Amendments (CLIA). The CAP’s testing goes beyond the requirements, Williams says, providing a comprehensive range of programs that are constantly evolving with medicine.

The professional organization also publishes protocols and guidelines, both on its own and with partners, that address various issues in improving quality in the laboratory.

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## About the College of American Pathologists

As the world’s largest organization of board-certified pathologists and leading provider of laboratory accreditation and proficiency testing programs, the College of American Pathologists (CAP) serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide.

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