

Quality and Safety Turnaround Assurance Team - 6 Week Report

Johan Vendrig, Executive Director QSTAT, 30 October 2009

Introduction

The Quality and Safety Turnaround Assurance Team (QSTAT) was established by the Auckland Regional DHBs on the 14th of September 2009. The purpose of the team was to direct and assist the operational management of Lab Tests Auckland Limited (LTA) in the following areas of quality and safety, with a view to ensuring improvements so that LTA can demonstrate that it provides a safe and sustainable laboratory testing service:

- 1) Quality and safety
- 2) Operational systems
- 3) Clinical relationships
- 4) Measurement of performance
- 5) Incident management
- 6) Sustainable capability

The Terms of Reference suggested the QSTAT process would be in place for 4 to 6 weeks. This report summarises the activities and outcomes for this 6 week period and documents the way forward that has been agreed to complete the QSTAT process by early December 2009.

A number of key areas for improvement were identified; the most prominent being:

- Routing of results to the right clinician – poor quality of the clinician database
- Home Collection – poor booking and tracking system resulting in poor performance
- Phlebotomy – instances of poor clinical practice and poor customer service
- Referred Tests – significant delays in delivery of samples to LabPlus
- Turn Around Times, in particular related to urgent requests, critical results and INR tests – Inconsistent service levels; ok on average but with still too many who did not fall into recommended timings.
- Clinical Relationships – poor direct access for referrers to pathologists; limited opportunities to build personal relationships and credibility with clinical community

Current Status

The regular QSTAT reports, including KPI reports and updates to the issues register, have shown steady progress on resolution of key issues, albeit slower than we had originally hoped for.

Staffing levels are nearing a full complement in most areas and LTA is meeting the KPI targets. The volume of complaints has dropped off considerably after its peak 4 weeks ago and the complaints process is resourced appropriately.

Although performance in key areas such as home visits, data entry and total turn around of urgent tests, has already improved considerably further opportunities for improvement have been identified by the Audit and Quality Improvement Teams. These will need to be implemented as soon as possible to further reduce the number of mistakes and complaints to a minimum.

Members of the QSTAT team were concerned that in the first 2 months of operation, LTA management seemed to focus on a top down drive for compliance with the original standard

process. Recent experience of the Quality Improvement Team shows there are a significant number of people in the lab however that are very supportive of the proposed “bottom up” continuous quality improvement process that is required. Subsequent feedback from the senior management team suggests they too support this approach and are committed to continue with it.

The upcoming IANZ-like audit and the second week of the Quality Improvement Team in early November will validate to some degree that this is the case and whether this quality improvement culture is likely to take hold.

A number of key issues remain outstanding and will need to be completed by LTA as soon as possible, including:

- Completion of the outstanding complaints investigations and responses and validation of the LTA complaints process
- Completion of the home visit improvement project
- Completion of the referred tests improvement project (implementation dedicated tubes)
- Completion of the Quality Improvement Team agreed process improvements
- Progress action plan around clinical relationship management

Way forward

The QSTAT team will continue to be involved until all significant Quality and Safety issues have been addressed. This will be achieved when the QSTAT team can confirm that LTA have implemented all corrective actions from the QSTAT Audit team and the agreed process changes developed by the QSTAT Quality Improvement Team. We would expect this to be the case by the end of November or early December 2009.

Appendix – QSTAT team members

Johan Vendrig	Executive Director & performance management
Dr Jocelyn Peach	Incident management (Complaints management)
Phil Barnes	Quality assurance and operational systems
Dr Christine Forster	Clinical relationships (primary care focus)
Tim Wood	DHB support
Dr Peter Cooke	Clinical relationships (secondary care focus – week 1,3,4)
Dr Don Mackie	Clinical relationships (secondary care focus – week 1,2)
Dr Rick Franklin	Clinical relationships (secondary care focus – week 4,5,6)
Dr Ian Beer	Sustainable capability (week 4,5)