Preparing for your First Joint Commission Survey

Stacy Olea, MBA, MT(ASCP), FACHE

Executive Director Laboratory Accreditation

April 23, 2015

The Joint Commission
Accreditation
Laboratory

Objectives

- Describe The Joint Commission Laboratory survey process
- Explain Tracer Methodology
- Create mock tracers to use in your organization
- Identify the resources available to assist with survey preparation and continuous compliance

The Joint Commission

The Joint Commission
Accreditation
Laboratory

The Joint Commission's Vision

All people experience the safest, highest quality, best-value health care across all settings.

The Joint Commission's Mission

To continuously improve health care for the public, in collaboration with other stakeholders, by **evaluating** health care organizations and **inspiring** them to excel in providing safe and effective care of the highest quality and value.

The Joint Commission Accreditation Laboratory

What is unique to our survey process?

- Employed surveyor cadre
- Concentration on the operational systems that directly affect the quality and safety of diagnostic services
- National Patient Safety Goals
- Tracer Methodology
- Lab Central Connect™

The Joint Commission
Accreditation
Laboratory

Employed Peer Surveyor Cadre

- Requirements to be a Laboratory Surveyor
  - Bachelor's Degree and certification
  - Master's Degree
  - 5 years clinical laboratory management experience
  - Experience in 3 areas/specialties
- Surveyor training
  - Initial
  - Ongoing
- Life as a surveyor
  - Types of laboratories
  - Quantity of laboratories
  - Performance monitoring

The Joint Commission
Accreditation
Laboratory

Operational Systems Approach

- Our mission and vision drives us to look at how the laboratory is integrated into patient care
- Standards consistent across all programs
- We will spend time outside of the laboratory
  - Nonwaived ancillary Point of Care Testing sites
  - A sampling of waived and PPMP Point of Care Testing sites
  - Hospital/Clinic Integration
  - Patient Medical Record
  - Infection Control
  - Human Resources

The Joint Commission
Accreditation
Laboratory

National Patient Safety Goals

- NPSG.01.01.01 Two Patient Identifiers
- NPSG.02.03.01 Critical Results
- NPSG.07.01.07 Hand Hygiene

The Joint Commission
Accreditation
Laboratory

Tracer Methodology

- Uses actual patients as the framework for assessing standards compliance
- Individual tracers follow the experience of care through the entire health care process in the organization
- System tracers evaluate the integration of related processes
  - Coordination and communication among disciplines and departments
  - In-depth discussion and education regarding the use of data in performance improvement
- Reference document available at http://www.jointcommission.org/tracer_methodology_101/

The Joint Commission Accreditation Laboratory

Lab Central Connect™

- Nonwaived CLIAs only
- Personnel for each CLIA:
  - Laboratory Director
  - Technical Consultant (moderate complexity)
  - Technical Supervisor (high complexity)
  - General Supervisor (high complexity)
  - Clinical Consultant (moderate and high)
- Test Systems for each CLIA
- Are you accepting outside specimens for testing?
- Cytology
  - Workload for all personnel performing primary screening
  - Annual statistics

The Joint Commission
Accreditation
Laboratory

Joint Commission
Lab Central Connect™

Joint Commission Survey Options

- **Anatomical Pathologist**
- **Corporate Surveys**
  - Dedicated Team
  - Orientation to your Organization
  - Annual Summation
- **Simultaneous Surveys**
  - Other Programs
  - Sister facilities
- **Concurrent Surveys**

The Joint Commission
Accreditation
Laboratory

E-App

- Required upon initial application for survey and verify information annually
- Included information: ownership, demographics, types and volumes of services provided
- Drives the anticipated number of survey days, number and type of surveyors, and survey agenda activities
- Inaccurate or incomplete information may necessitate an additional survey and cause the organization to incur additional survey charges
- Description for calculating non-waived volumes at http://www.jointcommission.org/Guidelines_for_Counting_Tests_for_CLIA/

The Joint Commission Accreditation Laboratory

The Joint Commission Connect™ / E-App Laboratory Electronic Application

Required Documentation

- Documentation list for your survey
  - The 24 month reference in the following items is not applicable to initial surveys, except for proficiency testing data.
  - For initial surveys, a minimum of 4 months of data must be available for review.

The Joint Commission
Accreditation
Laboratory

Required Documentation

- **As a laboratory, you should have the following information and documents available for the surveyor to review during the Surveyor Planning Session**
  - Name of key contact person who can assist in planning tracer selections
  - CLIA Certificates, Specialties and Subspecialties, State Licenses, and personnel license or certification if required by the state or organization policy
  - An organizational chart and map of the facility
  - Ability to retrieve testing records for patients who have had laboratory tests or other services for the past 24 months (4 months if an initial survey)
  - Performance improvement Data for the past 24 months (4 months if an initial survey)
  - Proficiency Testing data by CLIA number for the past 24 months

Required Documentation

- **As a laboratory, you should have the following information and documents available for the surveyor to review during the Surveyor Planning Session**
  - Results of periodic laboratory environment inspections from the safety committee or safety officer
  - Manifests for the disposal of hazardous waste for the past 24 months (4 months if an initial survey)
  - A list of specialties and subspecialties performed by the lab
  - A list of tests performed (test menu) and instruments used including all ancillary and point of care sites
  - Measures of Success (MOS) identified in the Plan of Action from the Periodic Performance Review
  - Employee personnel files will be reviewed, including employee education records, competency documentation, and employee health information
  - **Note**: Surveyors may need to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

On-Site Survey Activities

- Surveyor photo, bio and survey agenda are posted to the extranet site at 07:30 local time
- Depending on the complexity of the organization a survey may last more than one day and could involve a team of surveyors
- Once the surveyor arrives, the organization's extranet must be checked for confirmation of the survey and identification of the surveyor
- Preliminary Planning Session
- Opening Conference
- Orientation to the Organization

The Joint Commission
Accreditation
Laboratory

On-Site Survey Activities

- A Daily Briefing occurs every morning of a multiday survey, with the exception of the first day
- Competency Assessment
- Personnel education/qualification verification
- Regulatory Review
- Proficiency Testing Validation/Performance Improvement Data Review
- Individual Tracers (60% of survey activity)
- Physical Environment
- Survey Report Preparation
- CEO Exit Briefing and Organization Exit Conference

The Joint Commission
Accreditation
Laboratory

From Survey Report to Accreditation Decision

- A preliminary report is available on the extranet until midnight of the day the survey has been completed.
- The accreditation decision is not made until all of your organization's post-survey activities are completed
- The final summary of survey findings report will be posted on your extranet site.
  - It will include which findings require an Evidence of Standards Compliance (ESC) submission within 45 days (direct impact standards) and/or 60 days (indirect impact standards)

- Upon approval of your organization's last submitted ESC, your accreditation decision is posted to your extranet site and to Quality Check (www.qualitycheck.org)

The Joint Commission Accreditation Laboratory

Corrective ESC

- An acceptable corrective ESC report must detail the following:
  - Action(s) that the organization took to bring itself into compliance with a standard
  - The title of the person(s) responsible for implementing the corrective actions or approving a revised policy, procedure, or process
  - Compliance at the EP level and include a Measure of Success (MOS) if applicable

- Measure of Success (MOS)
  - A numerical or quantifiable measure, usually related to an audit to determine if action was effective and sustained
  - Due four months after notification of an acceptable ESC
  - Not required for all ESCs

The Joint Commission Accreditation Laboratory

From Accreditation to Continuous Compliance with the Standards

- Concentrate on incorporating the frameworks and concepts of standards and EPs into day-to-day work rather than viewing the concepts as rules that must be followed
- Read *Perspectives* each month to identify new/updated standards, scoring, standards interpretation
- Sign up for E-Alerts
- Keep Lab Central Connect™ updated
- Complete your Intracycle Monitoring
- Contact SIG to submit standard questions

The Joint Commission
Accreditation
Laboratory

Tracer Methodology

The Joint Commission
Accreditation
Laboratory

Before Tracers

- Records review
- No link to patient care

The Joint Commission
Accreditation
Laboratory

Tracer Methodology

- Surveyors evaluate the following:
  - Compliance with standards and National Patient Safety Goals
  - Consistent adherence to policy and consistent implementation of procedures
  - Communication within and between departments/programs/services
  - Staff competency for assignments and workload capacity
  - Personnel requirements
  - The physical environment as it relates to the safety of patients, visitors, and staff

The Joint Commission Accreditation Laboratory

Tracer Methodology

- Patients are the framework
- Follows the experience of care
- Begins with a test result
- Includes preanalytics and postanalytics
- Involves multiple staff, the patient, and even family to learn details about an individual's health care experience
- Specialties and subspecialties for a 2 year period
  - 13 – 24 months
  - 6 – 12 months
  - Within the last 6 months

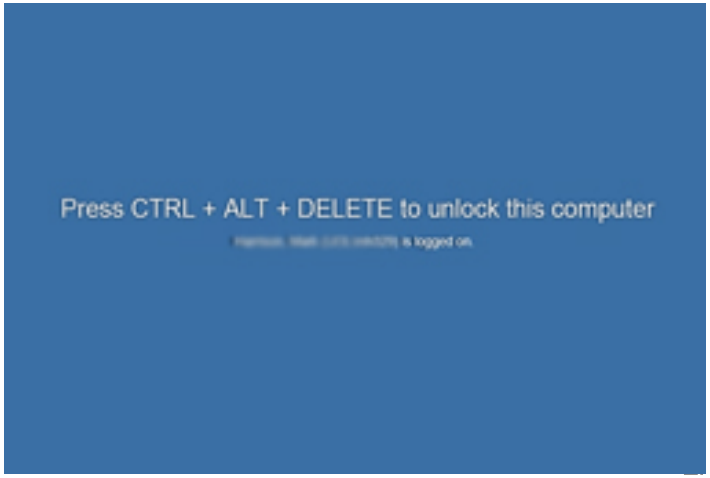
The Joint Commission Accreditation Laboratory

Starting Points

- Common starting points for tracers
  - Patients who cross settings
  - Critical results
  - Point of care testing locations
  - Direct observations
  - Proficiency Testing results
  - Abnormal results
  - Kit testing
  - Tests that use e-QC

Documents Reviewed

- Documents reviewed
  - Instrument maintenance records, calibration verification, quality control, correlations
  - Policies and procedures
  - Employee competency and qualifications
  - Process improvement
  - Patient medical records
  - Waste disposal records



Interview laboratory Staff About…

- Processes and compliance with standards
- Intradepartment and interdepartment communication
- Address data use
- Processes and roles to minimize risk
- National Patient Safety Goals
- Orientation, training and competency
- Awareness of APR.09.02.01
- Workload issues
- Validation of information learned

The Joint Commission
Accreditation
Laboratory

Interview Others About…

Physicians/Nursing Staff

- Inquire if laboratory services/tests offered onsite are adequate
- Communication and coordination when new tests are added and when test reports change
- Ascertain what is communicated and by what method

Patients and Family

- Coordination of services including timeliness
- Education provided
- Perception of services
- Understanding of discharge instructions following an outpatient transfusion
- Staff compliance with NPSGs

The Joint Commission
Accreditation
Laboratory

Completing the Tracer

Observe

- Potential environmental issues
- Sample collection
- Transfusion
- POCT
- Infection control processes
- Process Improvement

Afterwards

- Review meeting minutes
- Review procedures
- Pull additional records if necessary

The Joint Commission Accreditation Laboratory

Chemistry, Hematology, & Coagulation

- Quality Control
- **E-QC**
- **Calibration and Calibration Verification**
- **Correlations**
- Validation of new instruments/methods
- **Documentation of temperatures**
- **Patient medical record**
- **Maintenance records**
- Policy and Procedures
- Lot numbers in use
- Surveillance of patient results, quality control results, and instrument preventative maintenance
- Environment of Care
- NPSGs
- **Coagulation: ISI and Normal Patient Mean**

The Joint Commission Accreditation *Laboratory*

Serology, Virology, Immunology, Molecular and UA

- Quality Control
- **Maintenance**
- **Temperatures**
- Lot numbers
- **Patient medical record**
- Validation of new methods and instruments
- Surveillance of patient results, quality control results, and instrument preventative maintenance
- Environment of Care
- NPSGs

The Joint Commission
Accreditation
Laboratory

Waived Testing Outside the laboratory

- **Patient medical record**
- quality control (internal and external)
- Reference Ranges
- Lot numbers
- NPSGs
- Environment of Care
- Policy and Procedures
- Maintenance
- **Temperatures**

The Joint Commission
Accreditation
Laboratory

Patient Medical Record

- Order for the test
- **Reference Ranges**
- **Name and address of the performing laboratory**
- Consents
- Order to transfuse
- Preliminary Reports
- Intra-operative Reports
- Documentation for critical results
- Final report for transfusion reactions
- Tissue record documentation

Employee File

- **Documentation of Education (diploma or transcript)**
- Documentation of experience
- State license if required
- **CLIA required roles qualifications**
- Orientation
- **If a new employee, 6 month competency assessment for nonwaived testing**
- **Nonwaived annual competency**
- Waived annual competency
- Training (Blood Administration Training)
- Flu vaccine

Mock Tracers

The Joint Commission
Accreditation
Laboratory

Purpose

- Evaluate the effectiveness of policies and procedures
- Engage staff in looking for opportunities to improve processes
- To be certain compliance issues have been addressed

The Joint Commission
Accreditation
Laboratory

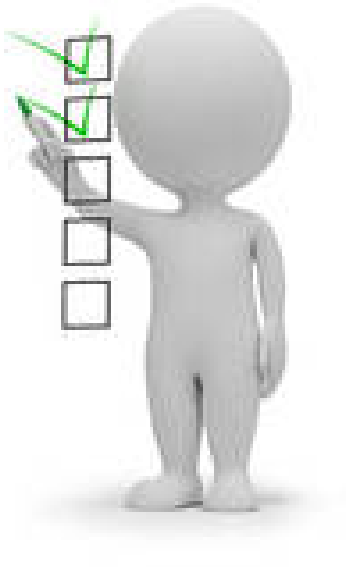
Skill set for Mock Tracers

Ask Good Questions

- Simple questions in succession
- Encourages staff to share information
- Use observations of the surrounding
- Use responses

Analysis and Organize

- Plan a mock tracer
- Report results
- Follow up



The Joint Commission
Accreditation
Laboratory

Mock Tracer Checklist and Timeline

√		
√	**Planning and Preparing for the Mock Tracer**	
	Step 1: Establish a schedule for the mock tracer	Month 1
	Step 2: Determine the scope of the mock tracer	Month 1
	Step 3: Choose those playing the roles of surveyors	Month 1
	Step 4: Train those playing the roles of surveyors	Months 1 and 2
√	**Conducting and Evaluating the Mock Tracer**	
	Step 5: Assign the mock tracer	Month 2
	Step 6: Conduct the mock tracer	Month 3
	Step 7: Debrief about the mock tracer process	Month 3
√	**Analyzing and Reporting the Results of the Mock Tracer**	
	Step 8: Organize and analyze the results of the mock tracer	Month 4
	Step 9: Report the results of the mock tracer	Month 4
√	**Applying the Results of the Mock Tracer**	
	Step 10: Develop and implement improvement plans	Months 5 - 7

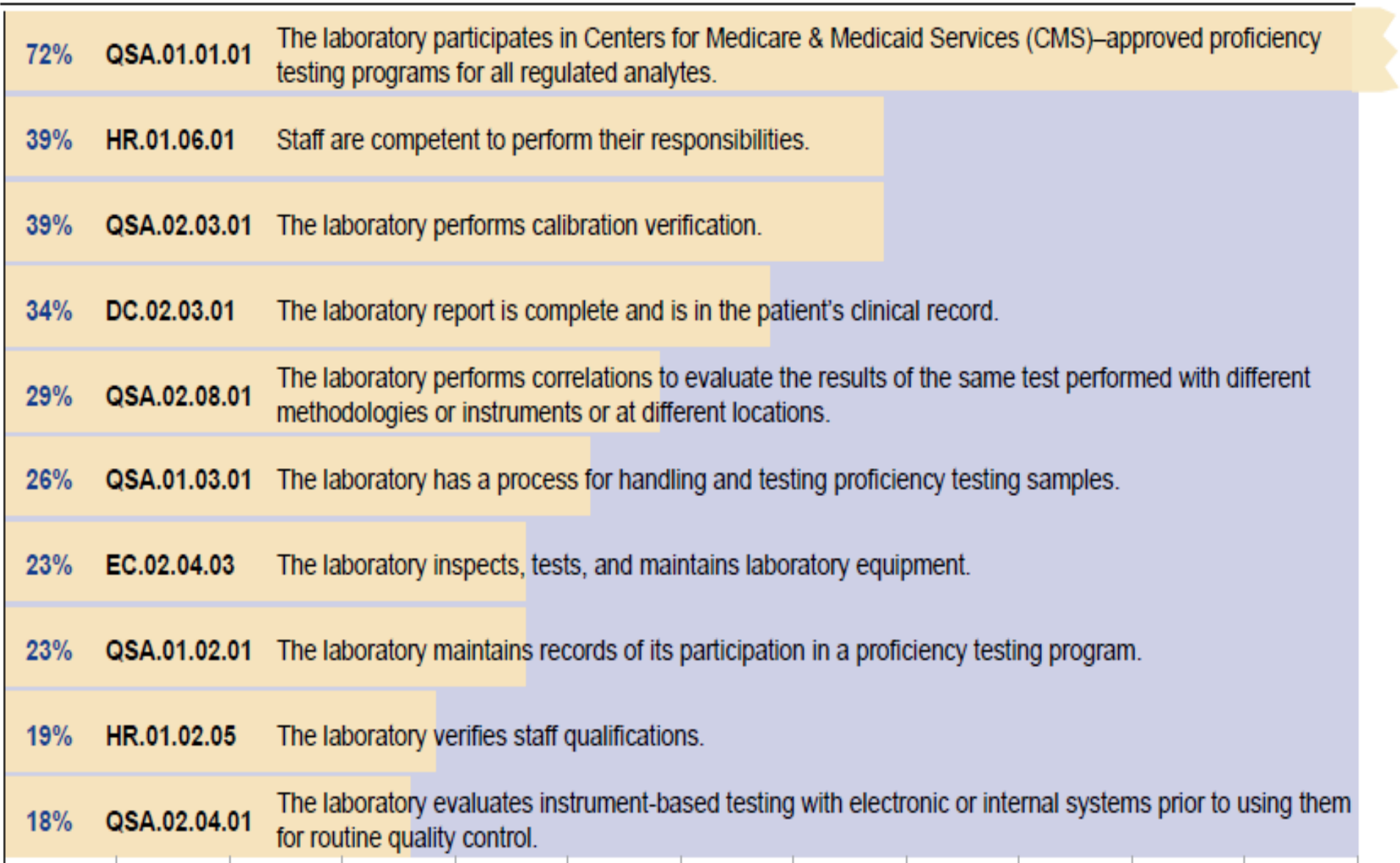
Tracer Team Member(s): **Tracer Topic:** **Data Record(s):** **Unit(s) or Department(s):**				
Interview Subject: Emergency Department Manager				
Questions	**Correct**	**Incorrect**	**Follow-up**	**Comments**
[1] Please provide the patient's medical record for review.				
[2] How are physicians informed that a stat result has been transmitted to the emergency department?				
[3] Are those results visible to patients and other non-staff?				
Interview Subject: Laboratory Supervisor				
Questions	**Correct**	**Incorrect**	**Follow-up**	**Comments**
[4] What is your typical turnaround time for emergency department laboratory results?				
[5] Have you considered the time from specimen collection to receipt in the laboratory, and the time from results to communication of the result to the physician?				
[6] May I see the procedures, proficiency test results, quality control, calibration, calibration verification, and maintenance and temperature records for the automated chemistry and hematology analyzers?				
[7] Please provide the quality control records for the pregnancy test that was performed on the patient.				
Interview Subject: Human Resources Manager				
Questions	**Correct**	**Incorrect**	**Follow-up**	**Comments**
[8] Please provide the competency and education records for the staff performing these laboratory tests.				

Tips for Conducting Tracers in a Laboratory Setting

- Use closed records
- Focus on issues of particular concern
- Include tracers that cover the two year timeframe
- For laboratories that are part of a hospital, consider the issues related to laboratory integration
- Evaluate the inclusion of laboratory personnel in key committees such as infection prevention and control
- Select a patient who received multiple laboratory tests

Top Standards Compliance Issues for 2014

Laboratory and Point-of-Care Testing



Note: *The data determined for the laboratory program were derived from an average of 813 applicable surveys.*

Examples of Questions

- What processes and procedures do you have in relation to POCT?
- What oversight responsibility does the laboratory have in relation to POCT?
- What process exists for STAT tests?
- How are results communicated?
- How do you receive an order for POCT?
- How do you ensure correct patient identification before drawing a sample?
- What is your hand washing policy?
- What kind of training and competency do you provide for staff members who conduct POCT?
- What methods do you use to assess competency for waived/nonwaived/PPMP testing?
- Will you show me the temp logs for your storage refrigerators?
- What is the process for testing that cannot be completed onsite?
- What communication processes do you have in place for receiving and reporting critical results?

Examples of Questions

- How do you ensure the privacy of test results?
- What documentation do you have in relation to instrument maintenance?
- What kind of documentation do you maintain for quality control, calibration, calibration verification, and correlations?
- What routine documentation do you have in place in the laboratory? How do you monitor for completeness?
- What kind of monitoring do you do with regard to waived testing and how is that documented?
- How do you document testing?

Resources and Tools

The Joint Commission
Accreditation
Laboratory

Resources for Tracers

- **Survey Activity Guide (SAG)**
- **Tracer Methodology 101 The laboratory Tracer**

www.jointcommission.org

- **Tracer Worksheet for your Mock Tracers**

http://www.jcrinc.com/common/PDFs/Pubs/Periodicals/The-Source/TheSource0910-MockTracerTrackingForm_LaboratoryTracer.doc.

- **Publications from JCR**
  - *Tracer Methodology*
  - *More Tracers*

The Joint Commission
Accreditation
Laboratory

High-Reliability Health Care: Getting There from Here

The article "High-Reliability Health Care: Getting There from Here," written by Drs. Mark R. Chassin and Jerod M. Loeb, The Joint Commission, urges hospitals to make the substantial changes that will be needed to achieve the ultimate goal of zero patient harm by adapting lessons from high-risk.
Learn More

PLAY ◂Back 1 2 3 4 5 6 Next ▸

Follow Us:

HEALTH CARE PROVIDERS

CORPORATE SPONSORS & DONORS

In the News

- March 30, 2015
  APIC commends researcher for hand hygiene study
- March 16, 2015
  Accelerating the Adoption of a Safety Culture
- March 9, 2015
  A helping hand: Continuing improvement in hand hygiene

Sign up for News and Alerts

Contact Us | Press Room

Joint Commission Center for Transforming Healthcare

Creating Solutions for High Reliability Health Care

Search Go

About Us | Projects | Get Involved | TST® | Events | How To Help

Home > TST®

Twitter | Facebook | Share | Print

Targeted Solutions Tool®

Tuesday 12:35 CST, April 7, 2015

tst® TARGETED SOLUTIONS TOOL®

Login

Targeted Solutions Tool (TST)® is an innovative application that guides health care organizations through a step-by-step process to accurately measure their organization's actual performance, identify their barriers to excellent performance, and direct them to proven solutions that are customized to address their particular barriers.

The TST® is available for the following projects:

- Hand Hygiene
- Hand-off Communications
- Safe Surgery

If you have a login and password, click on the Login button to access the TST® . If you do not have a login and password, click on the Request Access button.

Who do I contact with any questions about the TST® ?

Call Joint Commission Customer Service at (630) 792-5800 or send an e-mail to tst_support@cth.org with your name, organization name and organization number. Center staff will respond to your e-mail within two business days.

Request Access to TST®

Now there's a quick and easy way to request access to your organization's TST! Click the button below.

Request Access

Additional Resources (PDFs)

- Learn more about the TST®
- Brochure about the TST®

FAQs about the TST

- Contact Information
- Using the TST®
- Technical Requirements

View More

Corporate Sponsor:

BD

The Joint Commission Accreditation Laboratory

Commission

www.jointcommission.org

The Joint Commission

Log In | Request Guest Access

Forgot password? | Log In Help

Contact Us | Careers | JCR Web Store | Press Room

Search Go

Accreditation | Certification | Standards | Measurement | Topics | About Us | Daily Update

Home > Accreditation > Laboratory

Twitter | Facebook | Google+ | Share | Print

Tuesday 11:39 CST, April 7, 2015

Laboratory Accreditation Program

Laboratory Services

- Laboratory Home
- Seeking Laboratory Accreditation
- Resources for Accredited Customers
- Lab Central Connect®
- Standards Information
- Proficiency Testing
- Newsletters
- Educational Resources
- Professional and Technical Committee Members

We've added new lab standards resources!
View the standards sampler, requirements and Q&As

Seeking Page

Interested in Laboratory Accreditation? Learn more.

Educational Resources

Information on previous teleconferences, CLIA resources, news, articles, and more. View resources.

Standards Information

Access prepublication standards, FAQs, and the Standards Online Question Form. View more.

Resources for Accredited Customers

Access the Survey Activity Guide, Online Publicity Kit, standards online question form and more. View resources.

Sign up for News and Alerts Sign up here

Ebola Preparedness

Important Ebola Information for Laboratorians

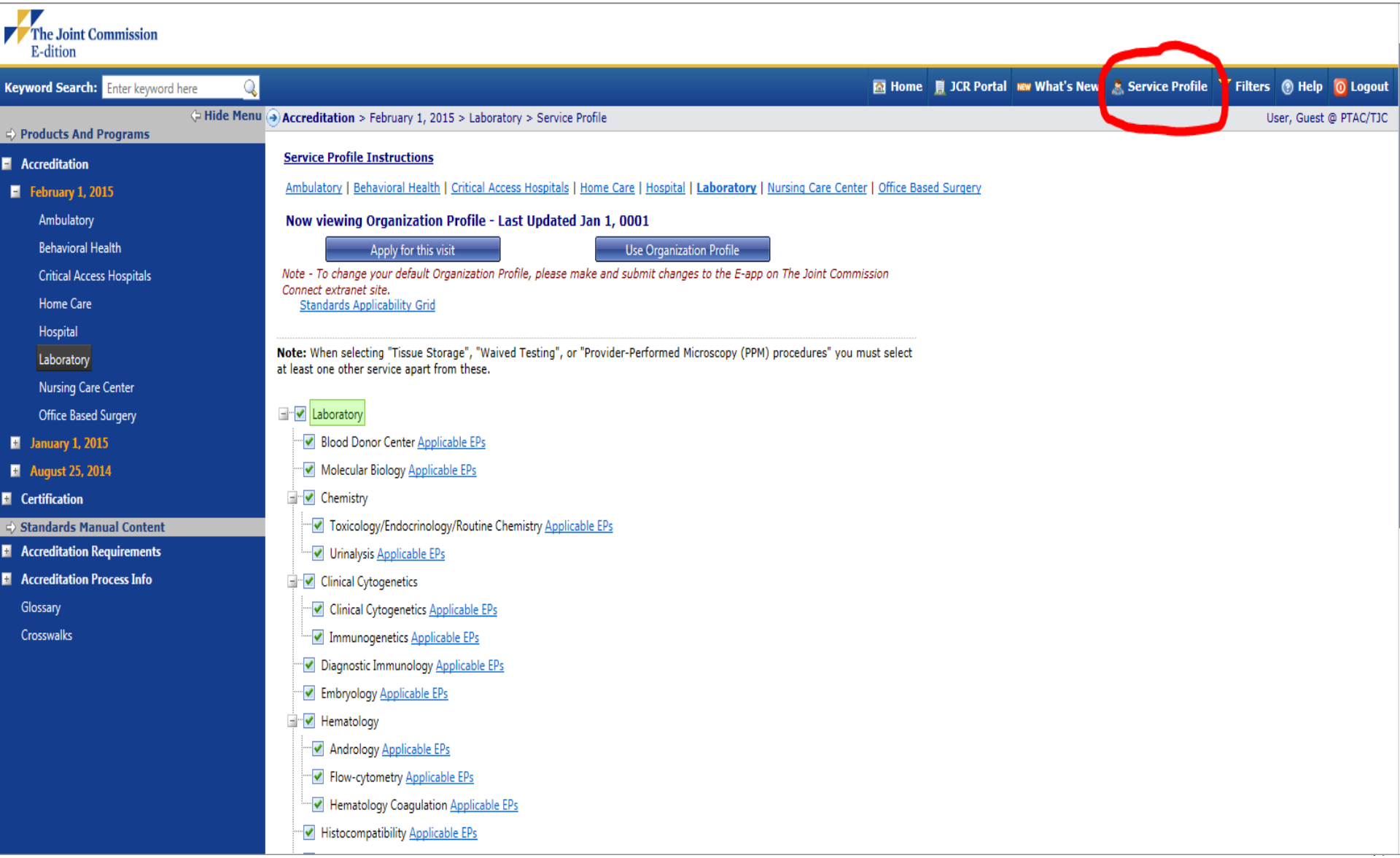
Newsletters

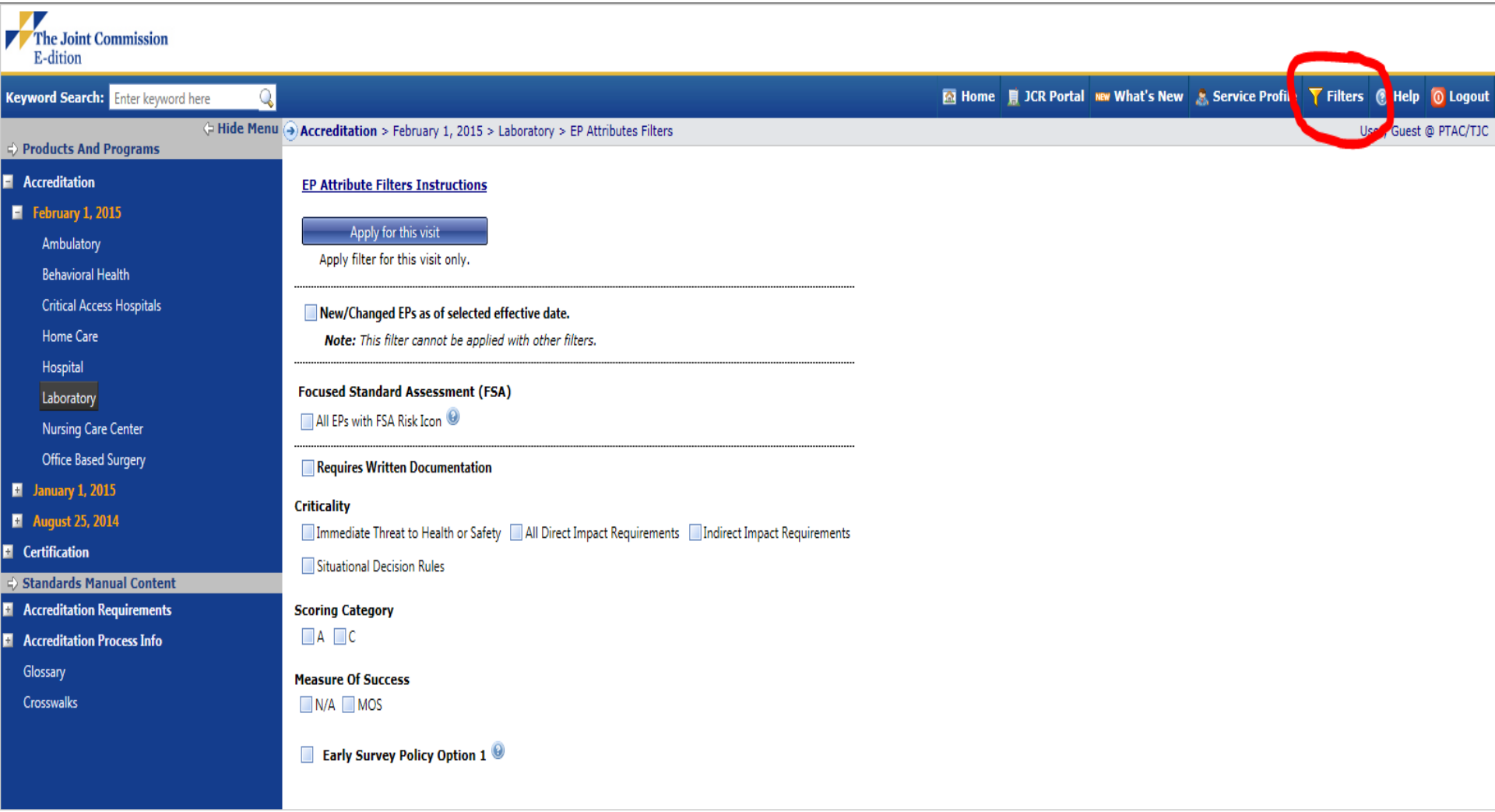
Read the latest issue of Lab Stat News and Lab Focus

The Joint Commission
Accreditation
Laboratory

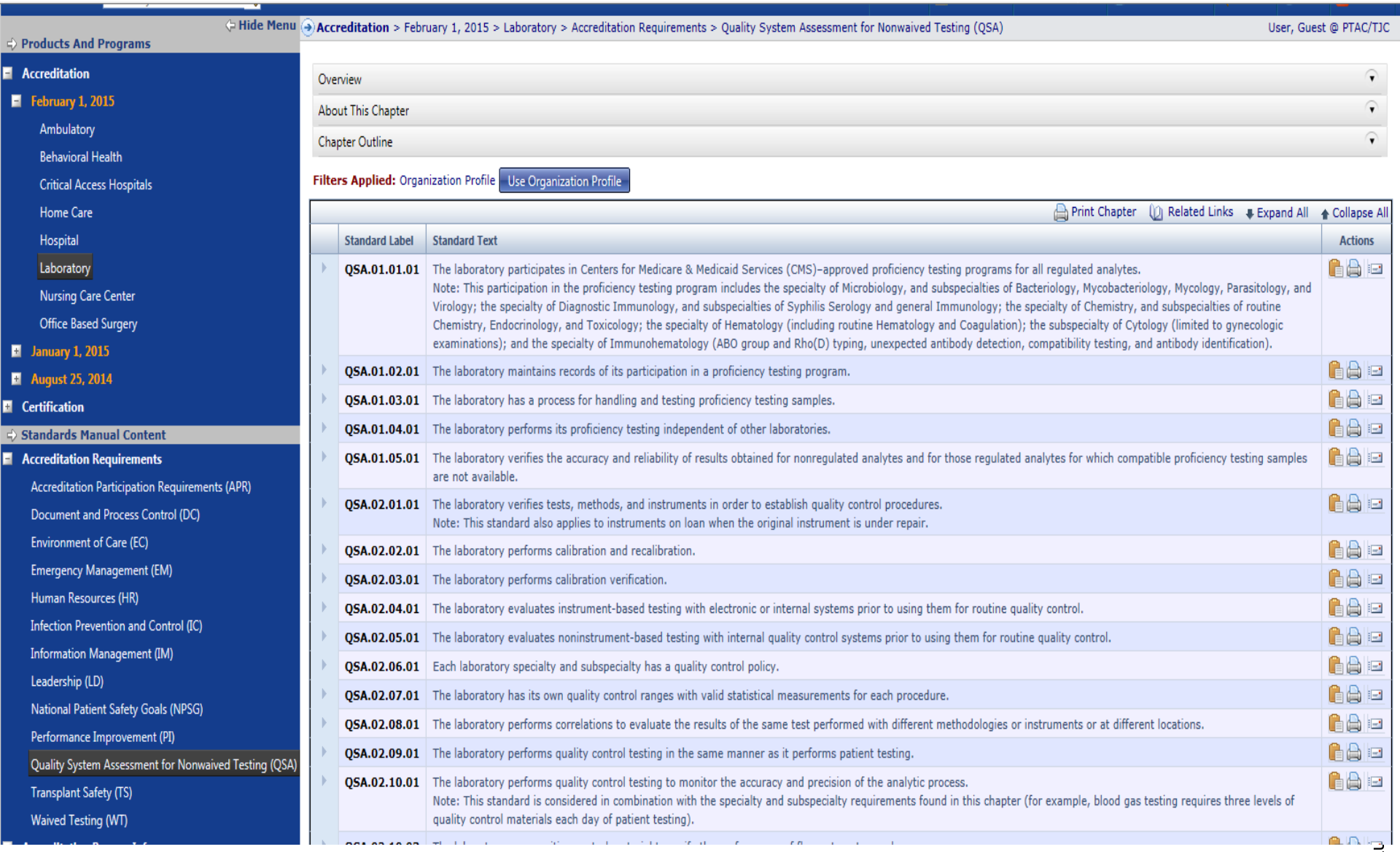
- Perspectives
- Leading Practice Library
  - Sort by program, chapter
- BoosterPaks
  - Waived Testing
  - Sample Collection
- E-dition
  - Sort by chapter, specialty
  - Print, save, or email
- Lab Central Connect
  - Education modules
  - Links to resources
- IQCP PowerPoint

The Joint Commission
Accreditation
Laboratory


The Joint Commission
E-dition
Keyword Search:
Enter keyword here
Home
JCR Portal
What's New
Service Profile
Filters
Help
Logout
Hide Menu
Accreditation > February 1, 2015 > Laboratory > Service Profile
User, Guest @ PTAC/TJC
Products And Programs
Accreditation
February 1, 2015
Ambulatory
Behavioral Health
Critical Access Hospitals
Home Care
Hospital
Laboratory
Nursing Care Center
Office Based Surgery
January 1, 2015
August 25, 2014
Certification
Standards Manual Content
Accreditation Requirements
Accreditation Process Info
Glossary
Crosswalks
Service Profile Instructions
Ambulatory | Behavioral Health | Critical Access Hospitals | Home Care | Hospital | Laboratory | Nursing Care Center | Office Based Surgery
Now viewing Organization Profile - Last Updated Jan 1, 0001
Apply for this visit
Use Organization Profile
Note - To change your default Organization Profile, please make and submit changes to the E-app on The Joint Commission Connect extranet site.
Standards Applicability Grid
Note: When selecting "Tissue Storage", "Waived Testing", or "Provider-Performed Microscopy (PPM) procedures" you must select at least one other service apart from these.
Laboratory
Blood Donor Center Applicable EPs
Molecular Biology Applicable EPs
Chemistry
Toxicology/Endocrinology/Routine Chemistry Applicable EPs
Urinalysis Applicable EPs
Clinical Cytogenetics
Clinical Cytogenetics Applicable EPs
Immunogenetics Applicable EPs
Diagnostic Immunology Applicable EPs
Embryology Applicable EPs
Hematology
Andrology Applicable EPs
Flow-cytometry Applicable EPs
Hematology Coagulation Applicable EPs
Histocompatibility Applicable EPs

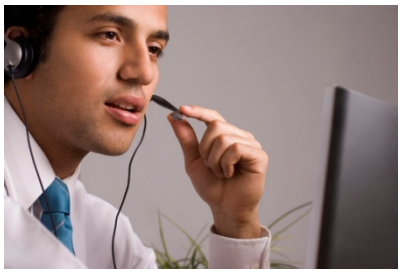


The Joint Commission
Accreditation
Laboratory


Hide Menu
Accreditation > February 1, 2015 > Laboratory > Accreditation Requirements > Quality System Assessment for Nonwaived Testing (QSA)
User, Guest @ PTAC/TJC
Products And Programs
Accreditation
February 1, 2015
Ambulatory
Behavioral Health
Critical Access Hospitals
Home Care
Hospital
Laboratory
Nursing Care Center
Office Based Surgery
January 1, 2015
August 25, 2014
Certification
Standards Manual Content
Accreditation Requirements
Accreditation Participation Requirements (APR)
Document and Process Control (DC)
Environment of Care (EC)
Emergency Management (EM)
Human Resources (HR)
Infection Prevention and Control (IC)
Information Management (IM)
Leadership (LD)
National Patient Safety Goals (NPSG)
Performance Improvement (PI)
Quality System Assessment for Nonwaived Testing (QSA)
Transplant Safety (TS)
Waived Testing (WT)
Overview
About This Chapter
Chapter Outline
Filters Applied: Organization Profile
Use Organization Profile
Print Chapter
Related Links
Expand All
Collapse All
Standard Label
Standard Text
Actions
QSA.01.01.01
The laboratory participates in Centers for Medicare & Medicaid Services (CMS)–approved proficiency testing programs for all regulated analytes.
Note: This participation in the proficiency testing program includes the specialty of Microbiology, and subspecialties of Bacteriology, Mycobacteriology, Mycology, Parasitology, and Virology; the specialty of Diagnostic Immunology, and subspecialties of Syphilis Serology and general Immunology; the specialty of Chemistry, and subspecialties of routine Chemistry, Endocrinology, and Toxicology; the specialty of Hematology (including routine Hematology and Coagulation); the subspecialty of Cytology (limited to gynecologic examinations); and the specialty of Immunohematology (ABO group and Rho(D) typing, unexpected antibody detection, compatibility testing, and antibody identification).
QSA.01.02.01
The laboratory maintains records of its participation in a proficiency testing program.
QSA.01.03.01
The laboratory has a process for handling and testing proficiency testing samples.
QSA.01.04.01
The laboratory performs its proficiency testing independent of other laboratories.
QSA.01.05.01
The laboratory verifies the accuracy and reliability of results obtained for nonregulated analytes and for those regulated analytes for which compatible proficiency testing samples are not available.
QSA.02.01.01
The laboratory verifies tests, methods, and instruments in order to establish quality control procedures.
Note: This standard also applies to instruments on loan when the original instrument is under repair.
QSA.02.02.01
The laboratory performs calibration and recalibration.
QSA.02.03.01
The laboratory performs calibration verification.
QSA.02.04.01
The laboratory evaluates instrument-based testing with electronic or internal systems prior to using them for routine quality control.
QSA.02.05.01
The laboratory evaluates noninstrument-based testing with internal quality control systems prior to using them for routine quality control.
QSA.02.06.01
Each laboratory specialty and subspecialty has a quality control policy.
QSA.02.07.01
The laboratory has its own quality control ranges with valid statistical measurements for each procedure.
QSA.02.08.01
The laboratory performs correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations.
QSA.02.09.01
The laboratory performs quality control testing in the same manner as it performs patient testing.
QSA.02.10.01
The laboratory performs quality control testing to monitor the accuracy and precision of the analytic process.
Note: This standard is considered in combination with the specialty and subspecialty requirements found in this chapter (for example, blood gas testing requires three levels of quality control materials each day of patient testing).

Preparation Tips

- **Account Executives**
  - Primary contact between The Joint Commission and the organization
  - Responsible for coordinating the survey planning and handles policies, procedures, accreditation issues or services and inquiries throughout the accreditation cycle
  - On initial surveys, will be assigned after the e-App has been submitted
- **Standards Interpretation Group**
  - Dedicated laboratorians (70+ years lab experience)
  - Same resource that the surveyors use
  - Responsible for clarification of standards
  - Phone at 630-792-5900 Option 6, 8:30 a.m. - 5:00 p.m. CT
  - Online question form at https://web.jointcommission.org/sigsubmission/sigsubmissionform.aspx
  - FAQs online at http://www.jointcommission.org/standards_information/jcfaq.aspx



The Joint Commission
Accreditation
Laboratory

Preparation Tips

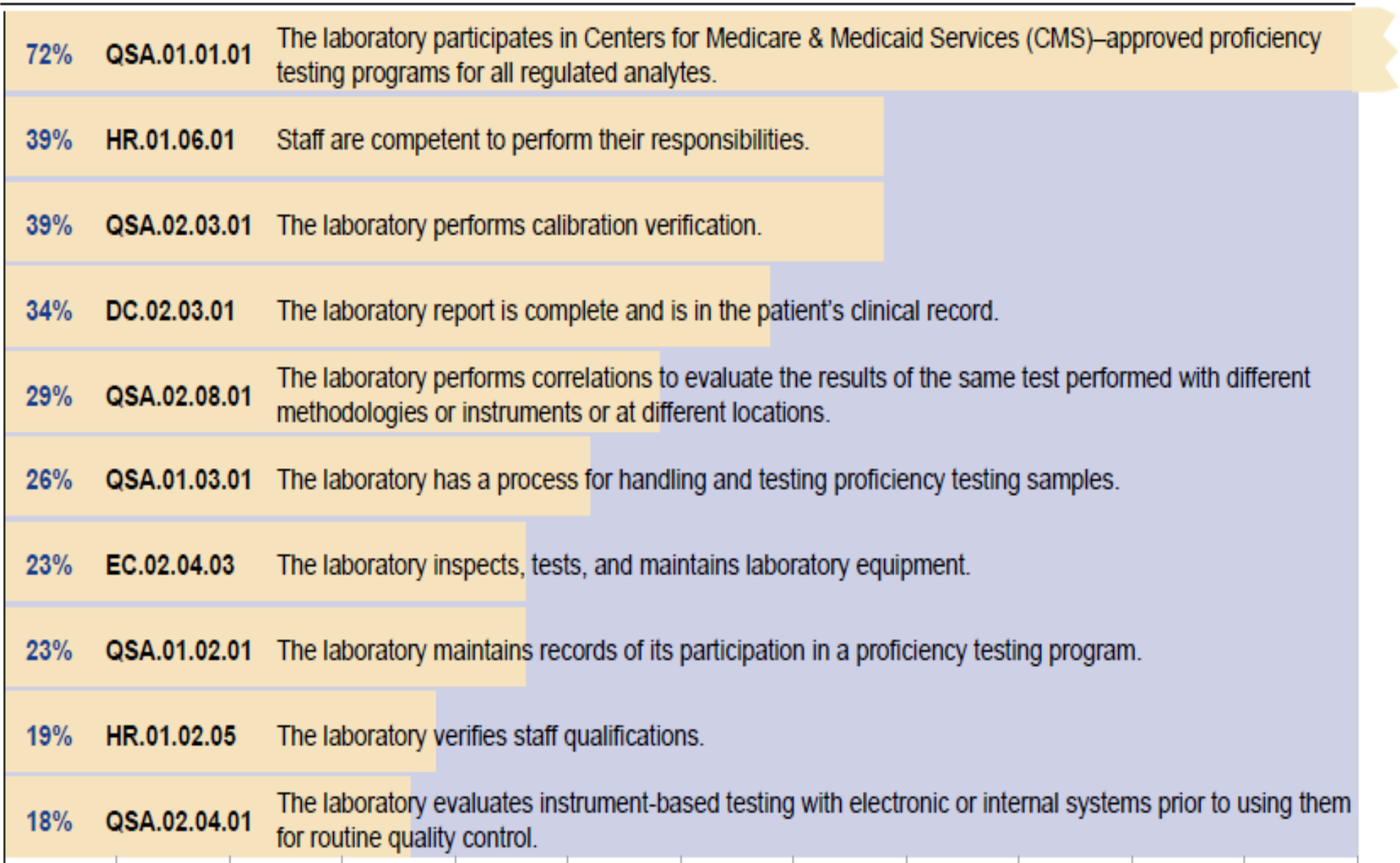
- **Required Written Documentation (RWD) section of the CAMLAB**
  - List of elements of performance that require written documentation
  - It is meant to be a guide in preparing for the survey
  - Written documentation includes policy, procedure, plan, CLIA certificate, license, evidence of testing, documentation of reviews by supervisors and directors, data, lists, performance improvement reports, specimen identification and labels, MSDS, and meeting minutes
  - The primary emphasis will be on how your laboratory carries out the functions described in the CAMLAB. The documentation review will be used along with interviews and visits to the patient care setting

Preparation Tips

- **Perform Mock Tracers**
  - Focus on issues of particular concern for laboratories and process interfaces with clinical staff.
  - Consider your laboratory's past testing activity as a starting point
  - Select the medical record of a patient who received multiple laboratory tests, including tests performed at point of care sites
  - Instead of one person conducting the tracer, consider walking through one as a group
  - Don't forget to consider the beginning and end of a process, not just the outcome

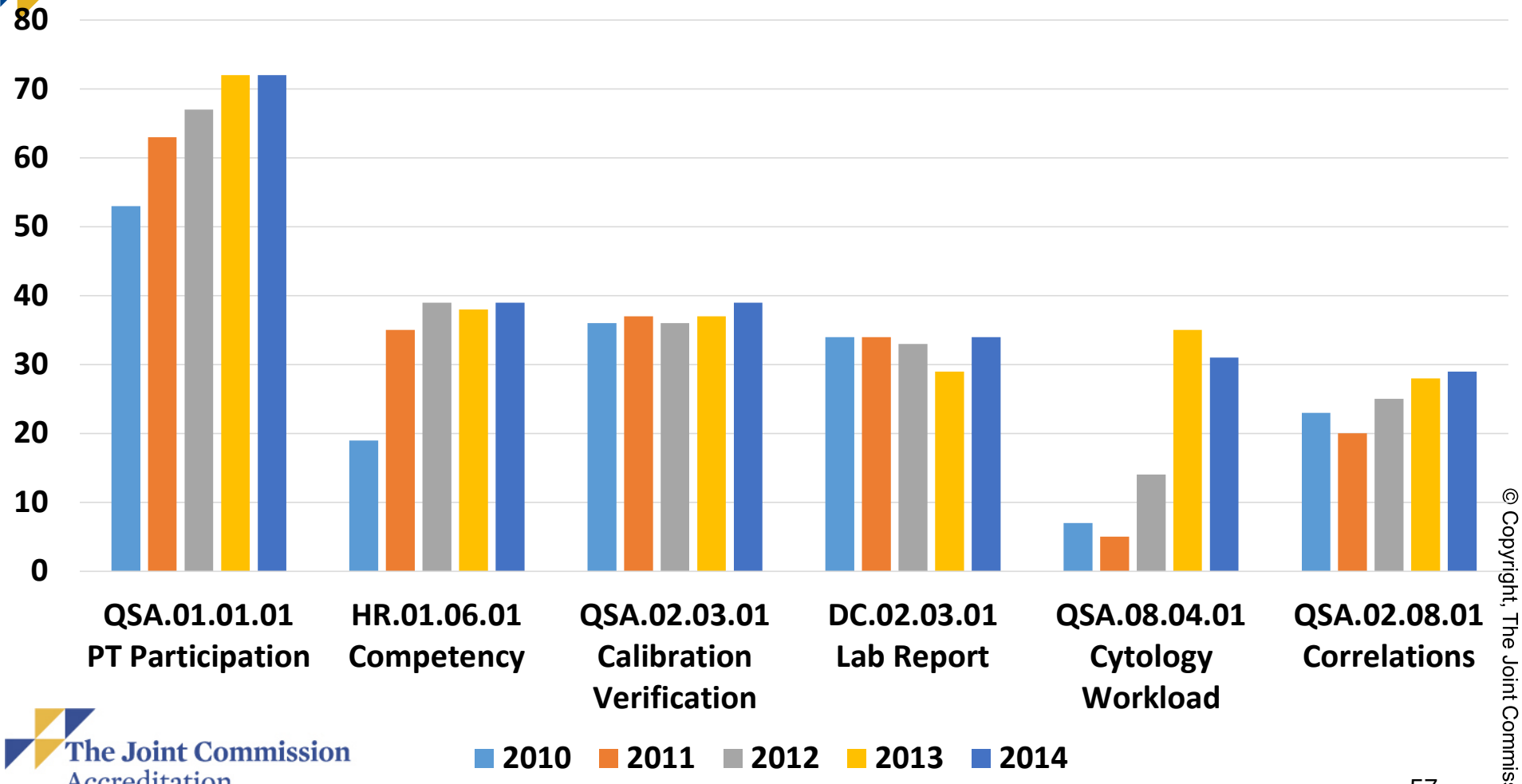
Top Standards Compliance Issues for 2014

Laboratory and Point-of-Care Testing



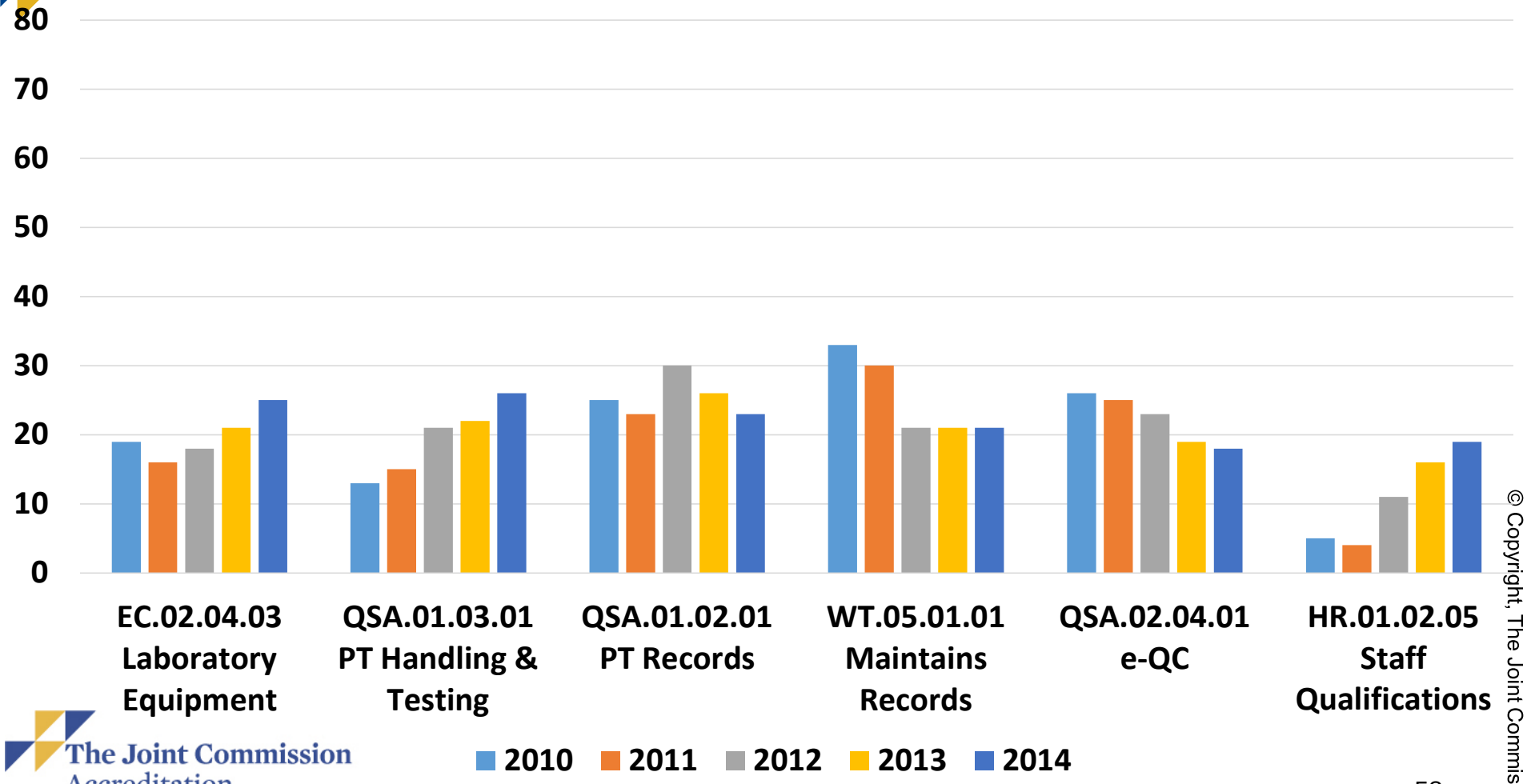
Note: *The data determined for the laboratory program were derived from an average of 813 applicable surveys.*

Top Non-Compliance Standards 2010 - 2014

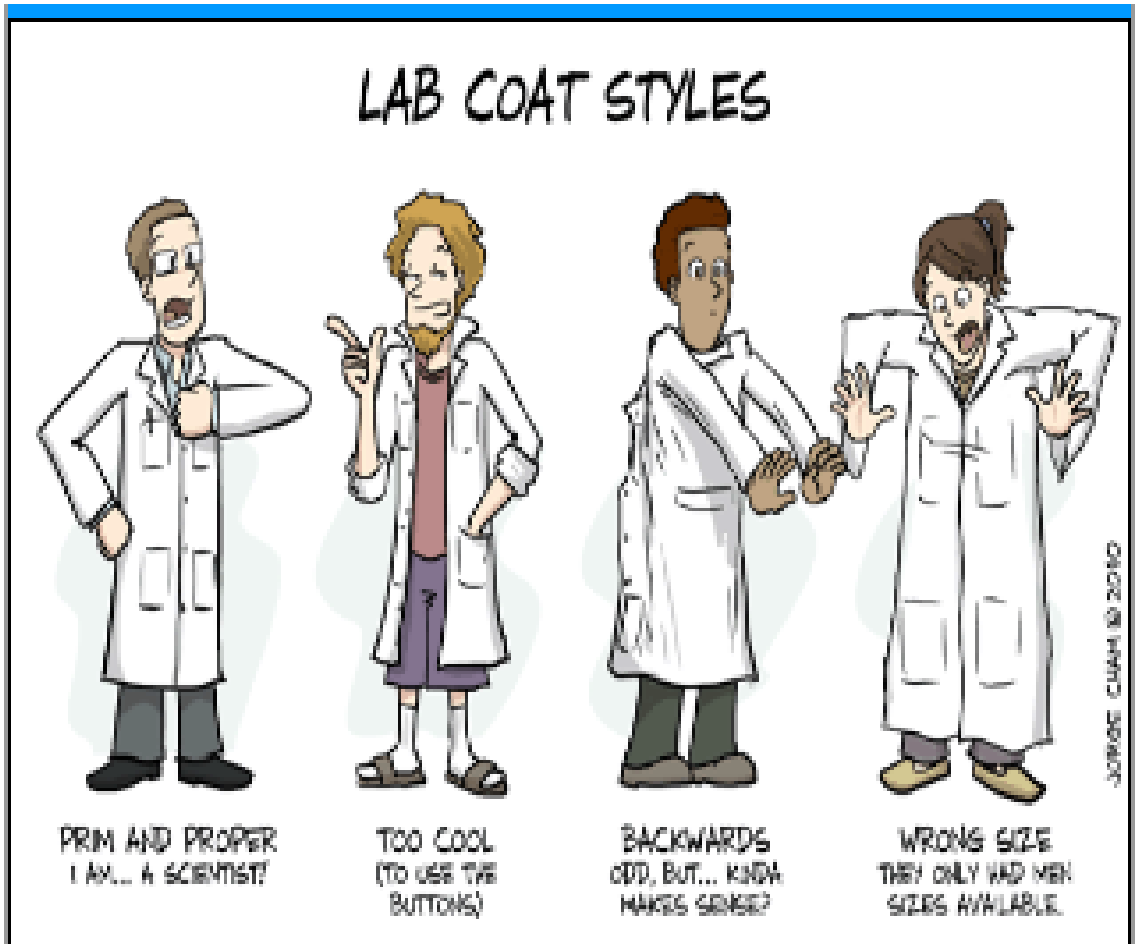


The Joint Commission Accreditation Laboratory

Top Non-Compliance Standards 2010 - 2014



The Joint Commission Accreditation Laboratory



The Joint Commission
Accreditation
Laboratory

Questions

Stacy Olea, MBA, MT(ASCP), FACHE

Executive Director Laboratory Accreditation

solea@jointcommission.org

630-792-5214

The Joint Commission
Accreditation
Laboratory