The Quality Assessment Team

The importance and necessity of quality assessment (QA) and improvement in the laboratory was discussed in the previous issue of this year’s Management Bulletin. QA was described as a “coordinated system designed to identify, evaluate, and resolve problems”. This system needs to be organized and guided by a group of people that has a stake in the outcomes of actions taken in this system. That group of people is the Quality Assessment (QA) Team.

Why is a QA Team Necessary?

The Clinical Laboratory Improvement Amendments (CLIA) ‘88 does not require a QA Team, but the Interpretative Guidelines state that “QA is an ongoing review process that encompasses all facets of the laboratory’s technical and non-technical functions…”

NC Local Health Department Accreditation Activity 27.3 states “The local health department shall employ a quality assurance and improvement process to assess the effectiveness of services and improve health outcomes.”

The NCSLPH CLIA Contract Program requires that “the laboratory must establish and maintain a written QA plan that provides an ongoing mechanism for monitoring and assessing laboratory activities. …if there is no [agency] team in place the laboratory must establish its own.”

A QA Team becomes the group that is responsible for the review process for quality improvement that will meet the requirements for all the entities mentioned above.

Who is on the Team?

The QA Team for the laboratory should be multidisciplinary and have members from any area in the facility that has some type of contact with the laboratory, including preparing requisitions, collecting specimens, or charting results. Having a variety of experience on the QA Team allows for more creativity when working on solving problems. The laboratory impacts most of the Programs offered at local health departments, so having input from personnel outside of the lab is critical when examining ways to improve overall laboratory functions. At a local health department (LHD), the laboratory QA Team may include a clerk from Registration, a nurse from the Family Planning clinic, a laboratory technician, and/or a Provider. Ideally, the laboratory QA Team should have 4-5 members.

A separate team solely for the laboratory may not be necessary if a LHD has an agency QA Team that includes a representative from the laboratory. Also, a managerial group that includes the laboratory manager and meets regularly to discuss LHD issues may suffice as a QA Team for the laboratory, even though QA may not be part of the group’s name.

How Often Does the Team Meet?

The Team should set a schedule in advance and meet at least once per year. However, the Team can be more effective in quality assessment and improvement the more frequently they meet. A reasonable schedule would be to meet quarterly and then as necessary when a significant problem arises.
What Does the Team Do?

The QA Team is responsible for compliance with the CLIA regulations that state “Each of the laboratory’s quality systems must include an assessment component that ensures continuous improvement of the laboratory’s performance and services through ongoing monitoring that identifies, evaluates and resolves problems.”

In order to achieve compliance, the first task of the Team is to assure that QA policies are in place for the laboratory. Those policies should include the composition of the QA Team and its responsibilities, what specific aspects of the laboratory will be assessed and how often, as well as how results of QA initiatives are communicated with LHD staff. The Management Bulletin, Introduction to Quality Management, listed the 4 Quality Systems and the components that should be reviewed in each System. The QA Team should determine whether policies exist for each of those components and then establish any policies that are found to be missing. Generally, the lab manager or representative will be the individual to actually write a policy for the laboratory, but then the Team should review it and reach a consensus on whether it is acceptable.

The next task of the laboratory QA Team is to assure that QA policies are implemented. This is accomplished by having the QA activities documented and then presented to the Team for review. QA activities can be documented in many different ways. Some examples are listed below:

- Problem Log- Contains brief description of daily problems and resolutions.
- QA study- More detailed investigation, corrective action and monitoring of a problem.
- Competency assessment results
- Proficiency Testing results and follow-up

After review of the documentation, the QA Team should determine if any issues are of concern and deserve follow-up. If so, a plan of action for follow-up should be developed and then implemented. The Team will review the results of the follow-up to determine if the area of concern has become satisfactory.

The QA Team also needs to document what they do. Minutes should be taken at each meeting and kept on file for at least two years.

The Name Says It All

The Quality Assessment Team is a group of people with the common goal of improving all aspects of the laboratory. The Team utilizes the process of quality assessment and improvement in all its activities. That process is on-going and will result in achieving the goal of constant improvements in the laboratory.

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References:

1. Designing a Quality Improvement Team (Six Sigma Online, Aveta Business Institute)
4. NC Local Health Department Accreditation Self-Assessment Instrument
5. NC State Laboratory of Public Health CLIA Contract Program Description, 2012.