Quality Assurance Review Checklist

Site: Last Inspection Date:
DNM:
Coordinating Nurse:
Administrator: Confirmed Date: Time:
Contact Information: *(phone/email)*

Approximately One Month Ahead of Inspection:

1. Contact the DNM, Coordinating Nurse and Administrator via email to arrange date/time for the inspection of site.
   Date Email Sent:
2. Confirm date and approximate time for your arrival (*enter date/time above*).

Several Days Before Inspection:

1. Refer to Wet Prep Reports in PHOCIS for specific site and identify <u>one to three charts per month</u> that can be pulled ahead of your visit. For larger sites, choose one chart at beginning, middle and end of each month, if possible. For smaller sites where volume of wet prep testing is small, you might select all the charts for the year.
2. Send an email to the Coordinating Nurse to have these patient charts pulled and ready for your inspection upon your arrival. Print a copy of the list of patient charts that you requested to be pulled. Remember, if you see problems on-site, you can still ask for more charts to be pulled, as available.
3. In the same email to the Coordinating Nurse (refer to #2 above), indicate to have the following items ready for your inspection, as applicable to the site:
   - ☐ Specimen referral log — Date Email Sent:
   - ☐ HemoCue cleaning/maintenance log
   - ☐ Microscope cleaning/maintenance log
   - ☐ Centrifuge cleaning/maintenance log
   - ☐ AM and PM daily temperature logs
   - ☐ Weekly temperature recording discs
   - ☐ County QI Checklist for weekly flushing of eyewash station

Discuss observations from the HemoCue Monthly Report for this site. If there are obvious procedure errors that require attention and time and availability permit, consider performing HemoCue training during or at end of the QAR visit, as needed. Otherwise, schedule an in-service training event for the near future.

4. Ask the Coordinating Nurse for a list of personnel performing wet preps at the inspection site (permanent staff and contracted individuals). Refer to the Masterlist of nurse practitioners to ensure that these individuals are currently listed and approved to provide wet prep services. These individuals should have submitted the following items to the OSDH (check files):
   a. Completed *Training and Competency Assessment Forms* (initial, 6 month and yearly)
   b. Education documents (diplomas, licenses, registration, transcripts)

   Check our files to see if any of these individuals were suspended from wet prep testing at any time since the time of the last inspection (e.g., if failed proficiency testing).

   Name: Name:
   Documents complete? Yes No Documents complete? Yes No

Suspended since last inspection? Yes No
Dates suspended (as applicable)

Suspended since last inspection? Yes No
Dates suspended (as applicable)

Name:
Documents complete? Yes No
Suspended since last inspection? Yes No
Dates suspended (as applicable)

Name:
Documents complete? Yes No
Suspended since last inspection? Yes No
Dates suspended (as applicable)

Note: You should check patient charts on-site to ensure that individuals who were suspended from wet prep testing, did not test patient specimens during this time.

5. Refer to the QAR Report and any pertinent notes from the most recent inspection to see what deficiencies were noted, if any. If there were deficiencies, photocopy the report or bring the file with you on the day of the inspection.
   Prior Deficiencies Noted? YES NO

At the Inspection Site

1. Inspect Instruments

   Refrigerators/Freezers:
   - ☐ Determine number and location of refrigerators/freezers (used for storage of laboratory or clinical supplies). *Note: per OSDH Immunization, use of dormitory style refrigerators is not permitted.*
   - ☐ Place NIST probe in center of refrigerator/freezers and allow to stabilize ~10-20 mins then read:
   - ☐ If within tolerance limits (±2°F or ±1.1°C), place FLO inspection label on the thermometer. (*e.g., for 10°F, permissible range is 8.0 to 12.0°F and for 40°F, permissible range is 38.0 to 42.0°F or for 4°C, the permissible range is 2.9 to 5.1°C*)
   - ☐ Make sure that auto-defrost freezers are not used to store laboratory specimens

   Centrifuges:
   - ☐ Check that model of centrifuge matches that on equipment list
   - ☐ Check accuracy of centrifuge (3,400±100 RPMs) using tachometer
   - ☐ Check accuracy of timer on centrifuge (at 5 minutes), using Blackberry timer or traceable timer (e.g., http://time.gov)
     Time difference at 5 minutes: seconds *(tolerance ± 10 seconds)*

   Timers:
   - ☐ Check accuracy of all timers in laboratory, using Blackberry timer or traceable timer

Type/Make *(note if digital or egg timer)*	Time Difference **@ 1 min** *(tolerance ± 3 secs)*	Time Difference **@ 5 mins** *(tolerance ± 10 secs)*

Strongly suggest replacement of egg timers when you see them.

Scales

☐ Check accuracy of all scales

Infant Scales – expected accuracy ±1oz

5 lbs	10 lbs	15 lbs	20 lbs
(5 lbs 1 oz to 4 lbs 15 oz)	*(10 lbs 1 oz to 9 lbs 15 oz)*	*(15 lbs 1 oz to 14 lbs 15 oz)*	*(20 lbs 1 oz to 19 lbs 15 oz)*

Adult Scales – expected accuracy ±8oz (*Note, stand on scale while taking readings)*

5 lbs	10 lbs	15 lbs	20 lbs
(5 lbs 8 oz to 4 lbs 8 oz)	*(10 lbs 8 oz to 9 lbs 8 oz)*	*(15 lbs 8 oz to 14 lbs 8 oz)*	*(20 lbs 8 oz to 19 lbs 8 oz)*

Microscope

- ☐ Check that model # and Serial # as listed on Equipment List
- ☐ Check that microscope is in good working order (objective lenses, eyepieces, condenser, and stage are all clean; stage, focus, and diaphragm controls freely moving; no missing, loose, or worn parts; electrical cable intact; bulb and light intensity control working, cover present, etc.)
- ☐ Clean objectives and eyepieces with cleaning solution and lens paper
- ☐ Using blank slide, focus on 'SPECIMEN' lettering or dust and check all objectives

HemoCue Analyzers

- ☐ Check that serial numbers are as listed in Equipment List
- ☐ Check each analyzer for:
  - ☐ Accurate date and time stamp
  - ☐ Check sensitivity of touch pad by entering all numbers. If there is problem, attempt to re-calibrate. If this does not help then make arrangements to send a replacement.
  - ☐ Ask if there have been any battery issues. Make arrangements for replacement as needed.

2. Inspect Reagents/Blood Tubes/Collection and Test Kits
   Check for the following items on each reagent:
   - ☐ MeterTrax Control Solution - expiration date, opened date (as applicable)
   - ☐ Pregnancy Test Kits – expiration date, QC label
   - ☐ Saline Solution - expiration date, precipitate
   - ☐ KOH Solution - expiration date, precipitate, QC label
   - ☐ pH Strips – expiration date, QC label
   - ☐ Urinanalysis Test Kits – expire 90 days after open date, QC label
   - ☐ Specimen Collection Tubes/Kits (e.g., Vacutainer tubes, Sputum kits, VTM, Enteric kits, O&P kits) - expiration date (provide reminder if any will expire soon)

3. Inspect paper documents, as applicable for site
   Note: only inspect those documents completed since last site visit. When inspecting all paper documents, check for any non-standard laboratory practices (i.e., white-out, ditto mark, missing info in the log, etc.).

   - ☐ Check that a copy of the current CLIA license is present at the inspection site
   - ☐ Check selected Wet Prep Patient Charts # Charts inspected:
     - ☐ Check that APRNs or physicians who were suspended from wet prep testing, did not test patient specimens during this time *(check dates above)*
     - ☐ Check that information on ODH 303L is complete

- ☐ Saline test is mandatory, but KOH and whiff test are discretionary
- ☐ Date/times of specimen collection and test completion
- ☐ Check that provider initials correspond to one of the ARNPs in good-standing for that date

- ☐ Date posted in the report matches the date shown in the PHOCIS report
- ☐ Non-standard practice of reporting a patient test result – pluses or minuses

☐ Microscope Cleaning/Maintenance Log
- ☐ Check that cleaning/maintenance is documented with each use
- ☐ Check for model, serial #, etc. of microscope at top of page – if incomplete, fill-in the information

☐ HemoCue Cleaning/Maintenance Log
- ☐ Check that cleaning/maintenance of analyzers is documented with each use
- ☐ Check for model, serial #, etc. of analyzers at top of page – if incomplete, fill-in the information

☐ Centrifuge Cleaning/Maintenance Log
- ☐ Check that cleaning/maintenance is documented at least monthly
- ☐ Check for model, serial #, etc. of centrifuge at top of page – if incomplete, fill-in the information

☐ Discs from Dickson Temperature Recorders
- ☐ Check that paper discs are changed weekly and appropriately logged
- ☐ Check that temperatures are consistently within permissible ranges, or documentation is available when temperatures are out-of-range
- ☐ Auto-defrost freezers will show short, prominent spikes in temperature; make sure that auto-defrost freezers are not used to store laboratory specimens

☐ Temperature Charts
- ☐ Check that all refrigerators/freezers are being monitored appropriately
  - ☐ Those containing vaccines require *AM and PM* monitoring
  - ☐ Those containing laboratory reagents/specimens require *daily* monitoring
  - ☐ Ensure all refrigerators/freezers have mechanism for monitoring over weekends and during holiday periods
- ☐ Check that room temperature is monitored appropriately (temperatures should be between 59 and 86^{o}F (15 and 30^{o}C)

☐ Specimen Referral Log
- ☐ Check that each test request shows patient identifier, test requested, date of collection, name of referral lab, date when results received

4. Check for General Safety issues
   - ☐ Sharps containers available and used correctly (i.e., closed, out-of-reach of children, and not over-filled)
   - ☐ Biohazardous waste containers available
   - ☐ Check contents of lab/clinic-designated refrigerators/freezers to ensure that no food, drink or medicines are stored with specimens or reagents
   - ☐ Eye-wash Station
     - ☐ Flush to identify any problems with operation or flow

- ☐ Check that station is readily accessible to all individuals (within 15 secs and no clutter around station blocking access)
- ☐ Check for weekly flushing of station (documented in *County QI Checklist*)
- ☐ Check expiration dates for closed bottle systems, as appropriate

☐ Fire Extinguishers

- ☐ In good working order and not expired (invert to check that arrow falls within green area on gauge
- ☐ Properly stored, easily accessible and of correct variety

☐ Are fire drills performed?

5. Perform the exit interview with the coordinating RN and DNM, if available.