

QSE 12: Continual Improvement

| Policy | The laboratory participates in a defined continual improvement program to identify and address problems that impact relevant areas and outcomes of patient care. |
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| Purpose | This policy provides direction for the processes and procedures to effectively identify and address potential problems or areas of improvement within the laboratory. |
| Responsibility | The Laboratory Director is responsible for reviewing Quality Improvement activities. |
| | The Laboratory Supervisor is responsible for documenting the data needed for monitoring performance. |
| | The Quality Manager is responsible for the compilation and presentation of data for performance improvement. |
| | The QA and Lead Technologists are responsible for carrying out the activities of the Performance Improvement program. |
| Participation in Process Improvement Activities | Opportunities for Improvement (OFIs) are identified from several sources. Laboratory personnel participate in Quality Improvement activities that deal with relevant areas and outcomes of patient care. |
| Review of Processes for Preventive Actions | A mechanism is in place to review processes in order to identify and prevent possible nonconformances. |
| Corrective Actions | A defined strategy is used for process improvement when errors are identified. |
| Evaluation of Effectiveness of Actions Taken | The laboratory evaluates the effectiveness of actions taken to improve performance. |
| Supporting Documents | The following processes support this policy: |



Process for Identifying Opportunities for Improvement

| What Happens | Who's Responsible | Procedures |
|---|---|---|
| Processes with significant problems and Opportunities for Improvement (OFI's) are identified from several sources | Laboratory DirectorLaboratory SupervisorQuality Manager | Communication of Safety and Quality Concerns |
| | | Internal and External Audits |
| | Quality Management Team | and Assessments |
| | | Quality Assessment Reports |
| | | Quality Indicators |
| | | Occurrence Reports |
| | | Process Improvement |
| OFI's are prioritized according to level of impact on customer needs and patient care | Laboratory DirectorLaboratory SupervisorQuality ManagerQuality Management Team | Quality Management |
| | | Process Improvement |



Process for Quality Improvement

| What Happens | Who's Responsible | Procedures |
|---|---|---|
| Process/opportunity for improvement to be addressed is selected | Laboratory DirectorLaboratory SupervisorQuality ManagerQuality Management Team | Quality Management Process Improvement |
| A root cause is determined for the problem using an appropriate improvement process (such as Root Cause Analysis) | Laboratory SupervisorQuality ManagerQuality Management Team | Quality Management Process Improvement |
| Corrective or Preventive Action Plans are generated and selected | Laboratory SupervisorQuality ManagerQuality Management Team | Quality Management Process Improvement Corrective and Preventive Actions |
| The chosen plan is implemented | Laboratory SupervisorQuality ManagerLead TechnologistTechnicians/Technologists | Quality Management Process Improvement Corrective and Preventive Actions |



Process for Quality Improvement Evaluation

| What Happens | Who's Responsible | Procedures |
|--|---|--|
| The laboratory evaluates the effectiveness of actions taken to improve performance | Laboratory DirectorLaboratory SupervisorQuality ManagerQuality Management Team | Quality ManagementProcess Improvement |
| The laboratory takes additional action as necessary | Laboratory DirectorLaboratory SupervisorQuality ManagerQuality Management Team | Quality Management Process Improvement |