

The Illusion of Quality: *A Discussion of Roadblocks to Laboratory Quality and Case Studies of How to Make Things Better*

Frederick G. Strathmann, PhD

2015 IFL Quarterly Webinar Series

ARUP Institute for Learning

June 25, 2015

Contact Information

Frederick G. Strathmann, PhD, DABCC (CC, TC)

Medical Director of Toxicology

Associate Scientific Director of Mass Spectrometry

ARUP Laboratories

Assistant Professor

Department of Pathology

University of Utah

500 Chipeta Way, mail code 115

Salt Lake City, Utah 84108-1221

ph: (801) 583-2787 x2874

toll free: (800) 242-2787

fax: (801) 584-5207

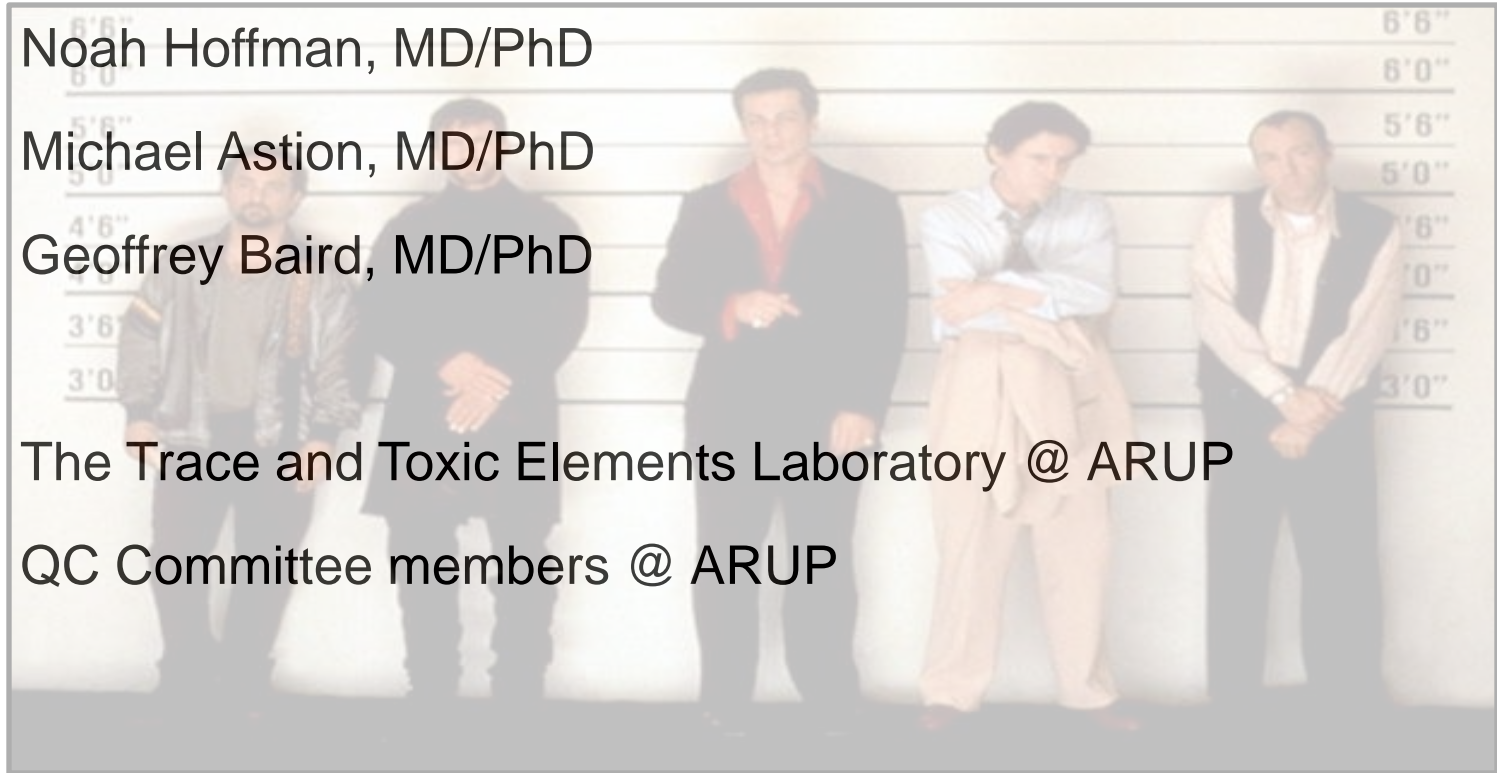
frederick.g.strathmann@aruplab.com

Speaker Financial Disclosure Information

- Grant/Research Support: **None**
- Salary/Consultant Fees: **None**
- Board/Committee/Advisory Board Membership: **None**
- Stocks/Bonds: **None**
- Honorarium/Expenses: **None**
- Intellectual Property/Royalty Income: **None**

Acknowledgements

- Noah Hoffman, MD/PhD
- Michael Astion, MD/PhD
- Geoffrey Baird, MD/PhD
- The Trace and Toxic Elements Laboratory @ ARUP
- QC Committee members @ ARUP



nofilmschool.com

Learning Objectives

- *List several areas of the specimen life cycle where risk assessment is needed*
- *Compare an equivalent QC plan with an IQCP*
- *Discuss available methods and techniques to acquire a current state assessment of laboratory quality*
- *Develop a plan to implement a change to current quality practices*
- *Demonstrate the positive outcomes of a successful quality redesign*

IQCP: At a glance

An IQCP requires:

- Risk Assessment (RA)
- Quality Control Plan (QCP)
- Quality Assessment (QA)

Outcomes of the IQCP Process

- After you complete this process, it is possible that you may determine that the amount of QC you have been doing all along is sufficient to achieve CLIA compliance.
- However, you could discover potential sources of error that you had not previously considered, and may need to implement additional QC activities.
- Anyone else think this is a trap?

Equivalent QC: The Good

- Minimal effort
- Majority of the responsibility on the producer (not the user)
- 2 or more levels of QC per day

AND/OR

- No external QC if manufacturers' internal QC are adequate

Equivalent QC: The Bad

- Minimal quality set point
 - Focus on assumption of performance
 - Missed warnings provided from more extensive statistical QC
1. Perform the required number of external liquid controls per test per day
 2. Continue to follow EQC procedures
 3. Implement an IQCP

After January 1, 2016, EQC will no longer be a QC option.

IQCP: At a glance

An IQCP requires:

- Risk Assessment (RA)
- Quality Control Plan (QCP)
- Quality Assessment (QA)

Risk Assessment

What does it mean?

- Knowing and finding the weak points of your processes
 - Preanalytical
 - Mislabeled
 - Analytical
 - Ineffective QC policy
 - Postanalytical
 - Transcription errors

Where do you look?

- Specimen
- Test System
- Reagents
- Environment
- Testing Personnel

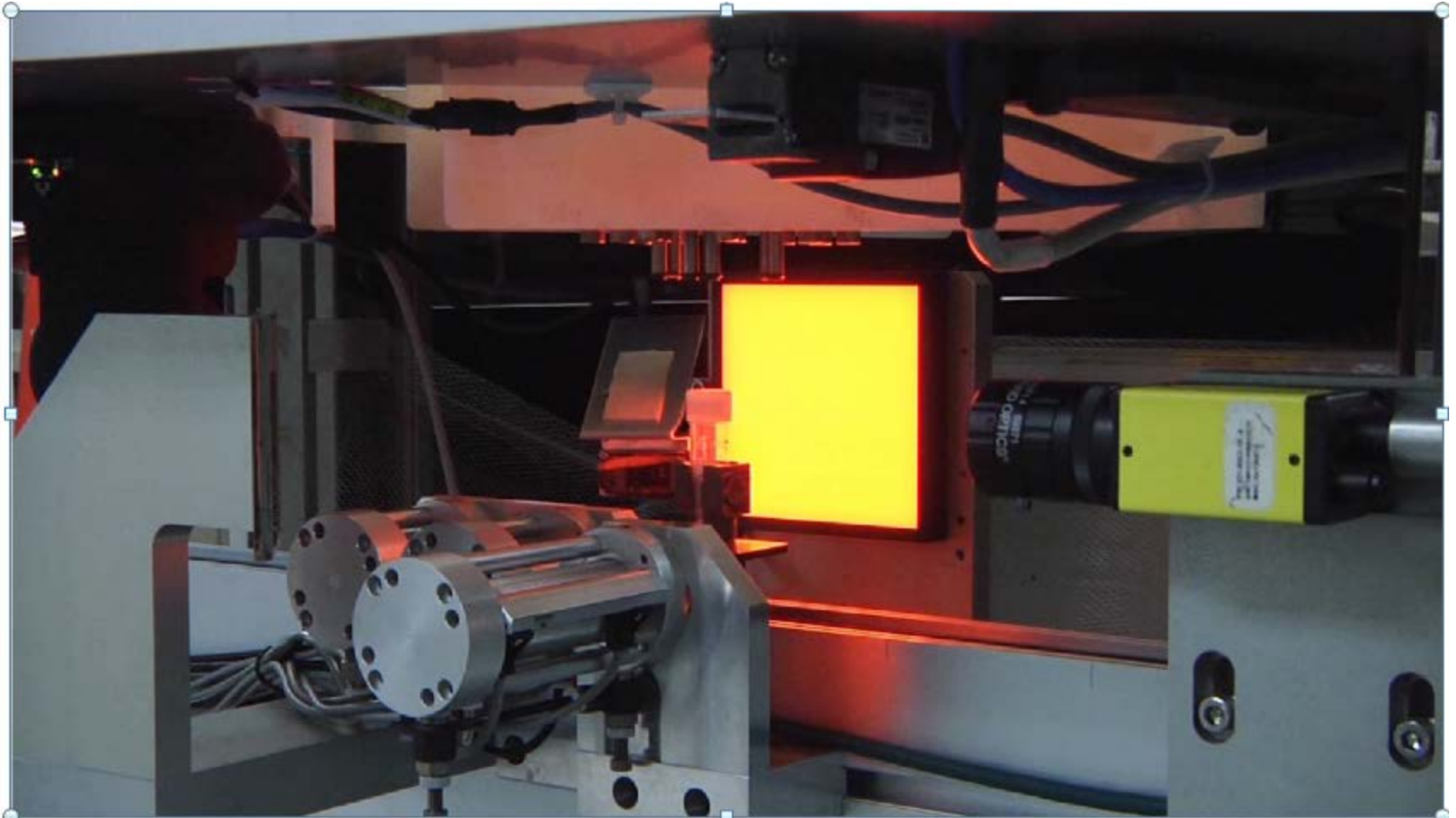
Examples of Findings/Symptoms

- Preanalytical
 - Mislabels: Mislabeled rate high and found by physician inquiry. Incidental findings during the testing process.
- Analytical
 - Ineffective QC: Failed PT with QC that passed. 2sd QC policy with “repeat, repeat, repeat” as the troubleshooting guide. Problems that “come out of nowhere”.
- Postanalytical
 - Transcription errors: Results that fail to repeat (found by physician inquiry). Failed internal PT that are patient repeats. Troubleshooting unrelated find result discrepancies.

Formulating an IQCP

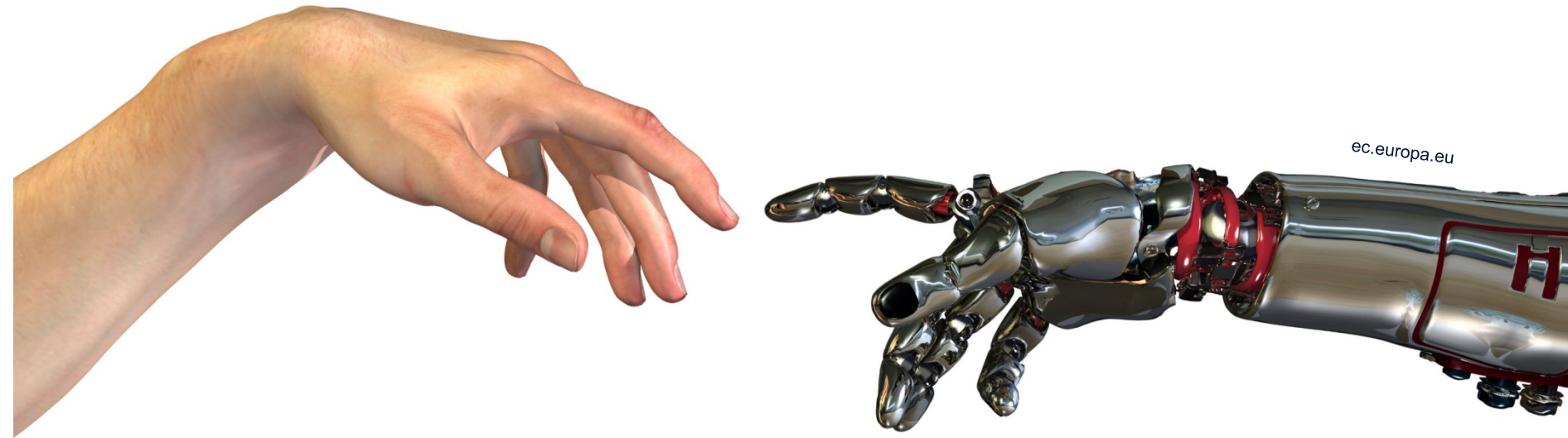
- Incorporating the RA findings: Mislabeled
 - Track mislabels by month and report to staff
- Solutions:
 - Double checking
 - Triple checking
 - OCR multidimensional label reader

Courtesy of ARUP Laboratories (Dr. Charlie Hawker)



Roadblock #1

- No access to futuristic robots, Dr. Charlie Hawker, or the ARUP Automation & Bioengineering groups



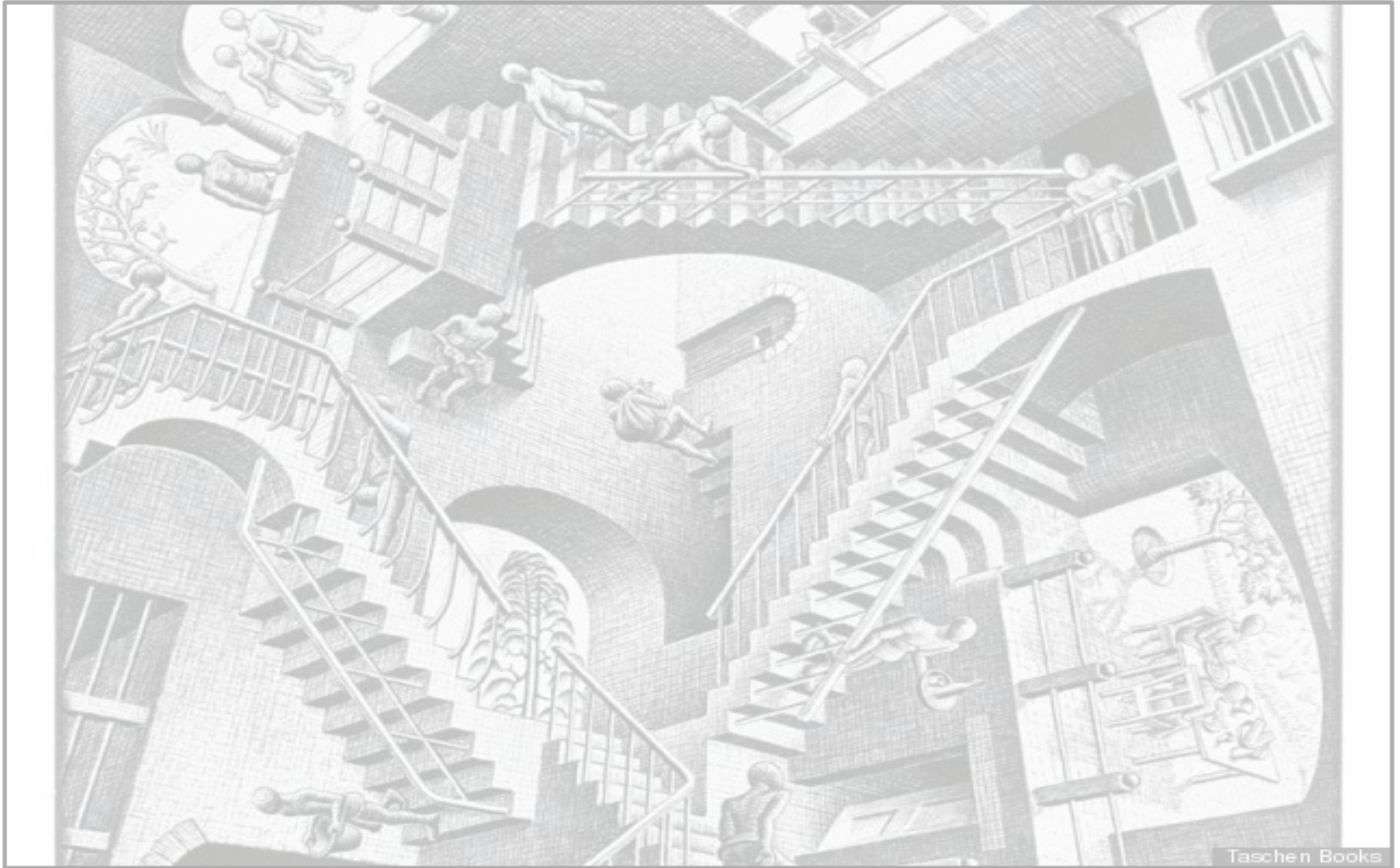
Formulating an IQCP

- Incorporating the RA findings: Transcription errors
 - Track corrected reports (performance appraisal metric)
- Solutions include:
 - Interfaces (electronic shuttling of data from instrument to LIS)
 - Autoverification
 - More quality checks
 - IT support is substantial
 - Double verification
 - Perform technologist different than verify technologist
 - DAR (daily activity review)
 - Person that reviews all results verified from the day before (retrospective)

Formulating an IQCP

- Incorporating the RA findings: Inadequate QC
 - Track PT failures
 - Track QC failures
 - Track troubleshooting success/failure
- Solutions:
 - Do nothing (if you're hitting the minimum requirement)
 - Take the opportunity to vet your QC
 - Enhance and optimize your QC
 - KNOW that your lab is generating high quality results

Finding the Path to Better Quality



Eye Opening Experiences for Me – TTE Lab

- Trace and Toxic Element Laboratory
- Inductively-coupled plasma mass spectrometry
- 20 staff members
 - 1 x Supervisor, 1 x Lead Technologist, 1 x Technical Specialist, 17 x Bench technologists
- 20 different assays
- *No QC failures for almost 6 months*

Eye Opening Experiences for Me – cont.

- PT Failures with no explanations
 - QC all passed on the day of PT
- Staff complaints of difficult workload
- Obsession with NY guidelines, PT acceptance criteria
- Apparent disconnect between several bench technologists and patients
- *A high quality lab that could be better – but didn't know it!*

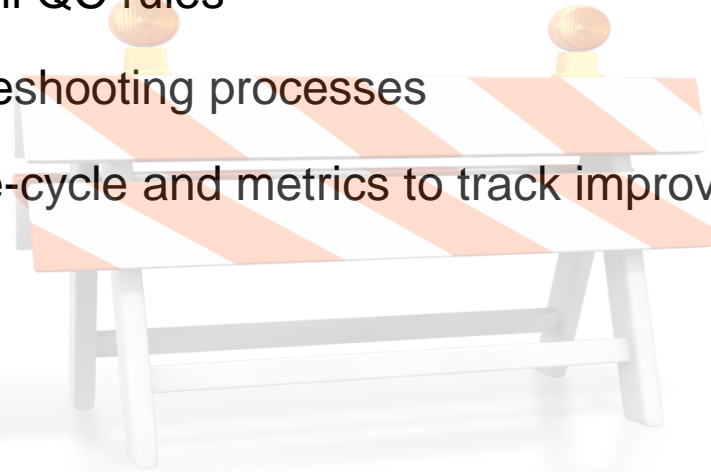
Round 1



Rollenderby/jesus.com

Roadblocks to Quality

- Roadblocks to Quality
 1. Lab culture & bench disconnect
 2. One-size-fits-all QC rules
 3. Unclear troubleshooting processes
 4. Lack of QC life-cycle and metrics to track improvements



filmedge.net

Quality Control: Getting back to basics

January 2013

TTE Staff Meeting

Topics to cover

- What is QC?
- What can statistics tell us about our QC process?
- How are we currently doing QC?
- How is QC reviewed currently?
- How could we change QC to enhance lab quality?

Why talk about QC?

- As the lab evolves, our quality measures must evolve.
- It is easy to disconnect from the *true goal of QC*.
- Change is good, but only if it is the right change.
- Reduce rework, increase efficiency, spend time on more appropriate aspects.
- Ensure we never forget our responsibility to the “patient in the tube”.

What is QC?

QC Strategy

- Intended to monitor the analytical performance of a measurement procedure and alert analysts to problems that might limit the usefulness of a test result.
 - Tells the analyst if the unknown (patient) results are valid
1. Test and method specific (materials, rules, number, frequency)
 2. Define an “analytical run” or batch
 3. Run QC and have an appropriate response plan

Key Features of Good QC

- Prepped at the same time as patient samples and standards
 - *Any mistakes made with QC were likely made with patients too!*
- Represent the only known values and provide a reality anchor
 - *Like looking up the answers in the back of the book – VALIDITY!*
- Must be done consistently with ALL data collected, good or bad
 - *Allows a timeline of assay performance – PREDICTIVE and PREVENTATIVE*
- Rules identify real failures and are investigated to find a root cause
 - *Just enough QC with the right rules*

Features of Bad QC

- QC prepped independently of patients
 - *QC only validates calibration, can't find non-cognitive errors*
- QC repeated over and over until “it’s in”
 - *5% of the time, good QC is out. 5% of the time, bad QC is in.*
- Reporting in the range of “good QC” and ignoring “bad QC”
 - *Might be fine once, but trends, shifts, and future problems are looming.*
- Running QC before the instrument is ready
 - *Introduces unwanted variability (long term monitoring skewed)*

A Closer Look: Our Current State

Test	N	Set Mean	Obv. Mean	Set SD	Obv. SD *	Z Score	Prev Mont Z	Set CV	Curr Month CV	Prev Month CV	Expected Range
Lead WB Venous	375	1.7	1.72	0.3	0.125643	0.08	0.044199	17.647059	7.287862	5.89	1.100-2.300
Lead WB Venous	320	5.2	5.27	0.5	0.553706	0.144375	0.032298	9.615385	10.502404	4.83	4.200-6.200
Lead WB Venous	292	22.8	22.76	2.2	1.525024	-0.016656	-0.076027	9.649123	6.699468	6.65	18.400-27.200
Lead WB Venous	253	83.1	85.40	8.3	4.290246	0.276585	0.1562	9.987966	5.023963	4.42	66.500-99.700

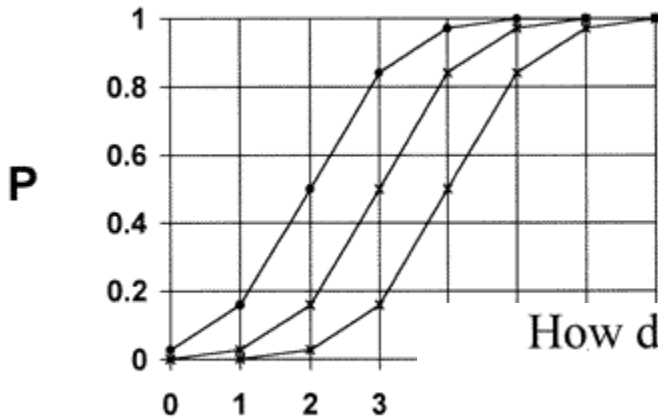
Mang, Serum	20	1	1.01	0.5	0.298946	0.02	0.484211	50	29.598566	30.04	0.000-2.000
Mang, Serum	16	4.6	5.41	1	0.472537	0.80625	0.953333	21.73913	8.740578	9.84	2.600-6.600
Mang, Serum	13	14.7	18.14	2.2	1.08285	1.562937	1.710744	14.965986	5.969911	6.27	10.300-19.100
Mang, Serum	15	27.2	32.26	4.1	2.074608	1.234146	1.314634	15.073529	6.4309	4.56	19.000-35.400

How do we do this?

- Find and identify assay or workflow problems inhibiting best practices for QC
- Establish “appropriate targets” for all QC
- Standardize comments and troubleshooting steps
- Modify rules to ensure appropriate balance of control
 - *Not too much, not too little*
- Adhere to good QC practice at all times
 - *QC prepped with patient samples*
 - *No repeating of “out” QC*
 - *Root cause of failed QC*

Rule performance

Power Function Graph (SE)



Top to bottom

1_{2s} N=1

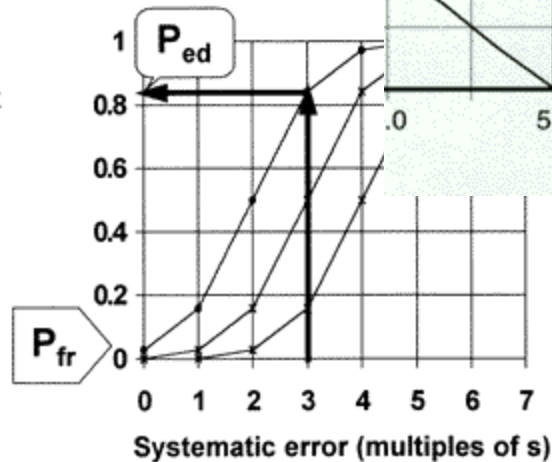
1_{3s} N=1

1_{4s} N=1

How do you determine P_{ed} and

Systematic error

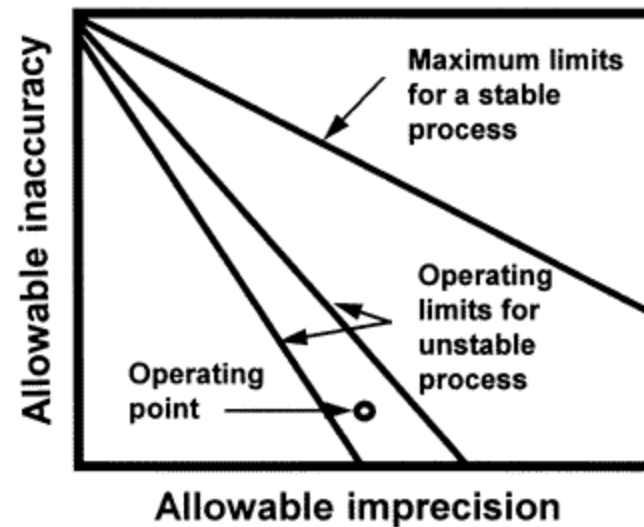
- Read probability for error detection (P_{ed}) at point on power curve corresponding to critical-sized error
- Read probability for false rejection (P_{fr}) from y-intercept



	P_{fr}	N	R
1 _{2s}	0.18	4	1
1 _{3s} /2 _{2s} /R _{4s} /4 _{1s}	0.03	4	1
1 _{2.5s}	0.04	4	1
1 _{3s}	0.01	4	1
1 _{3.5s}	0.00	4	1

QC Goals

- Total allowable error
- Medical decision limits
- Assay bias
- Assay precision

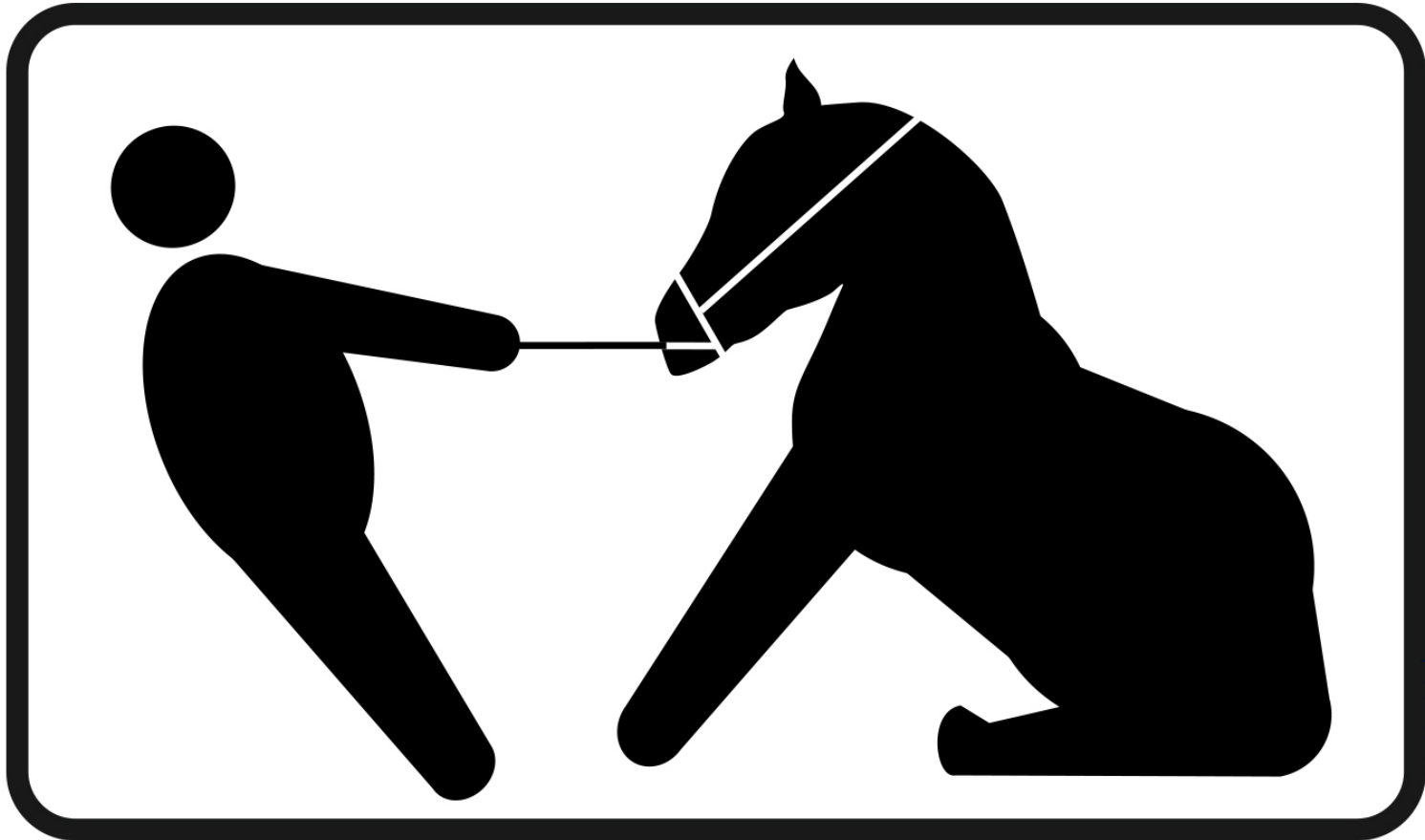


What's next?

- Deeper analysis for all analytes in the lab
- Standardization of comments and troubleshooting steps
- Identify high yield, low false positive rules for each analyte
- Establish more accurate goals for QC ranges (based on performance)
- More fun, less work!

Progress Summary:

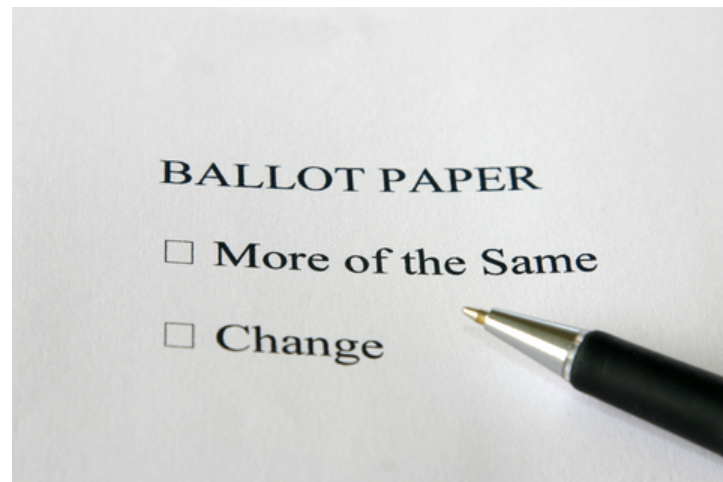
January 2013 to September 2013



ovidian.com

Why was there no progress?

- Staff didn't believe there was a problem.
- Management didn't have the tools in place to change.
- Lots of *MY* ideas, lots of *MY* enthusiasm, no *STAFF* buy-in.



Round 2



Rollenderby/jesus.com

The Beginning of Buy-in

- A few more failed PTs
- A supervisor and a lead “encouraged” to find the causes with a medical director that wouldn’t let up.
- Weekly Quality Assurance & Quality Control meetings
- Monthly QC review as a group
 - ***Viewing the lab from my point of view***
- “Is it possible our QC is not as good as we think?”

The Illusion of Quality

A Discussion of Outdated QC Approaches and Case Studies of Progress

Frederick G. Strathmann

ARUP Nuts and Bolts Series

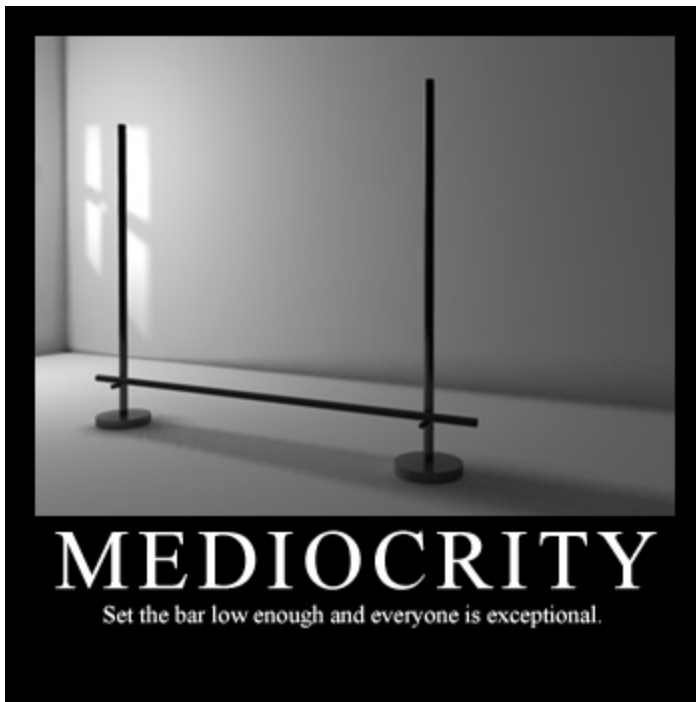
October 15, 2013

Outline

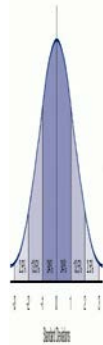
- Common Mistakes
- Necessary components of a QC plan
- Areas for continuous improvement
- Strategies for addressing quality weak points

Necessary Component #1

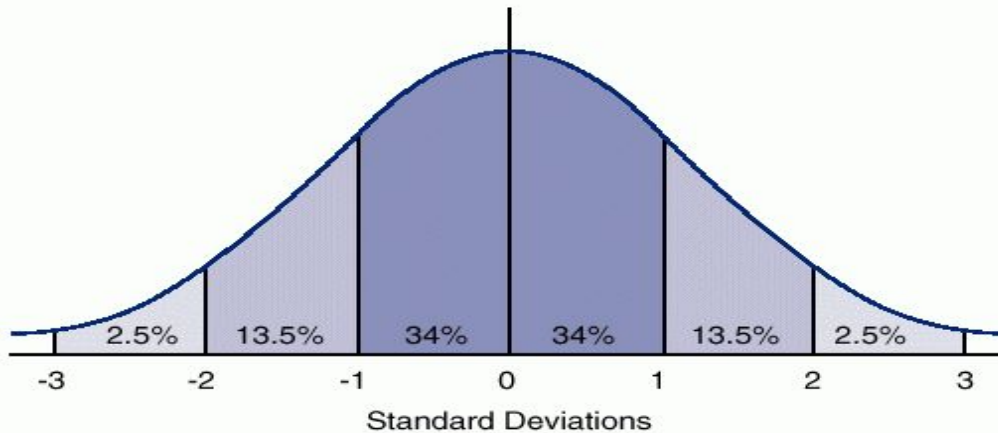
- Appropriate targets and ranges



#3 Unrealistic QC Targets



Instrument performance



Lab expectations

Identifying Weak Points

Test	N	Set Mean	Obv. Mean	Set SD	Obv. SD *	Z Score	Prev Mont Z	Set CV	Curr Month CV	Prev Month CV	Expected Range
Lead WB Venous	375	1.7	1.72	0.3	0.125643	0.08	0.044199	17.647059	7.287862	5.89	1.100-2.300
Lead WB Venous	320	5.2	5.27	0.5	0.553706	0.144375	0.032298	9.615385	10.502404	4.83	4.200-6.200
Lead WB Venous	292	22.8	22.76	2.2	1.525024	-0.016656	-0.076027	9.649123	6.699468	6.65	18.400-27.200
Lead WB Venous	253	83.1	85.40	8.3	4.290246	0.276585	0.1562	9.987966	5.023963	4.42	66.500-99.700

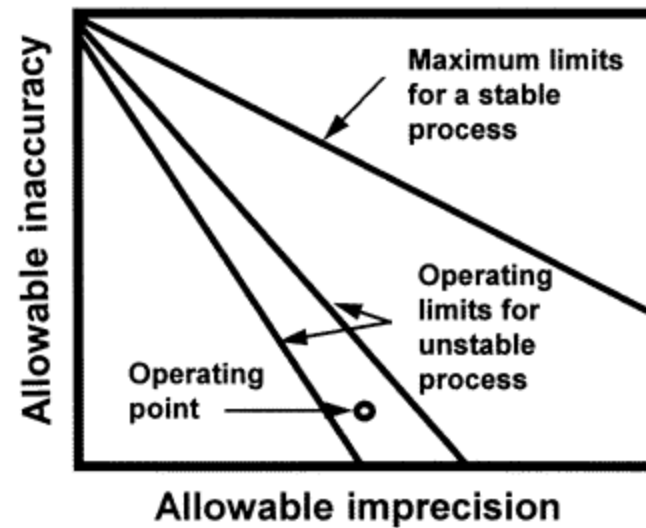
Necessary Component #2

- Rules that fit the assay

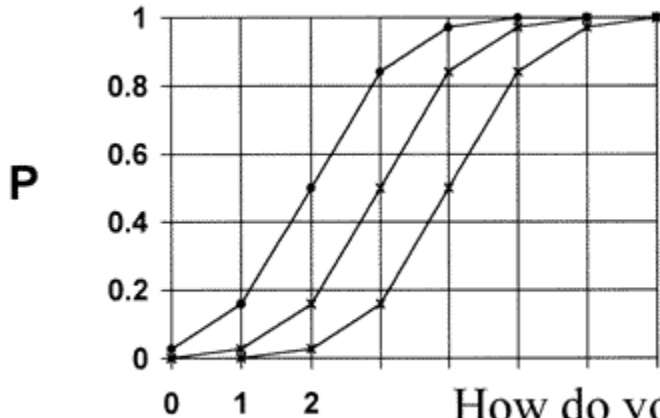


QC Goals

- Total allowable error
- Medical decision limits
- Assay bias
- Assay precision



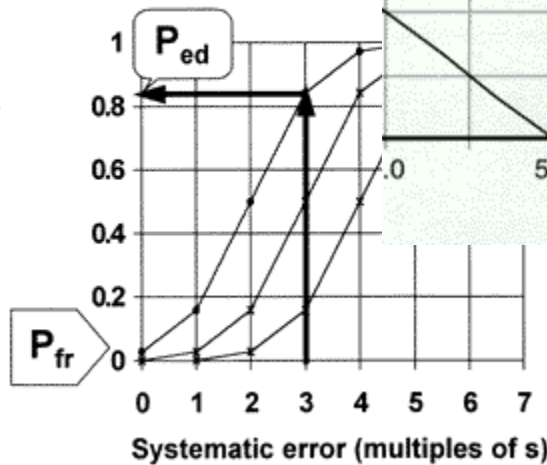
Power Function Graph (SE)



How do you determine P_{ed} and

Systematic error

- Read probability for error detection (P_{ed}) at point on power curve corresponding to critical-sized error
- Read probability for false rejection (P_{fr}) from y-intercept



	P_{fr}	N	R
1_{2s}	0.18	4	1
$1_{3s}/2_{2s}/R_{4s}/4_{1s}$	0.03	4	1
$1_{2.5s}$	0.04	4	1
1_{3s}	0.01	4	1
$1_{3.5s}$	0.00	4	1

Almost...Not Quite



nickn87.umwblogs.org



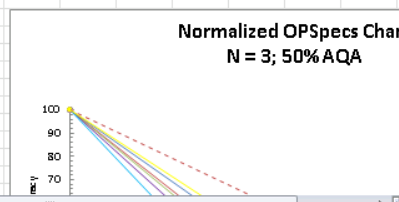
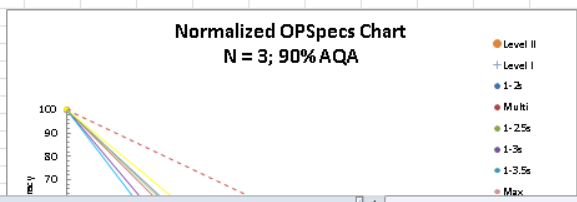
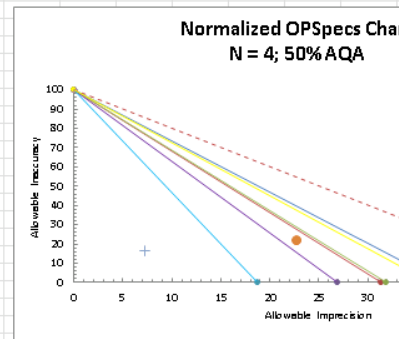
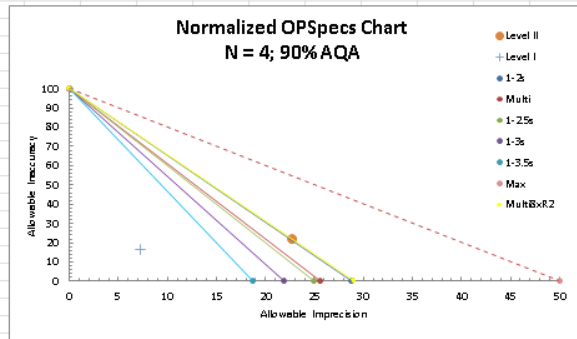
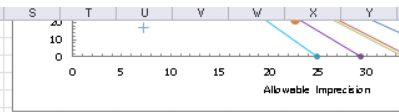
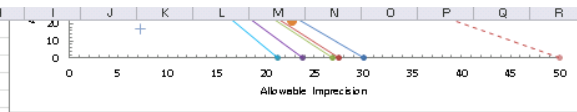
ciymore.net

Current state assessment

Test	Test Site	Control Name	Control Lot	N	Set Mean	Obs. Mean	Set SD	Obs. SD	Z Score	Prev Month Z	Set CV	Curr Month CV	Prev Month CV	Expected Range
AS DMA	TEC Fractionation	861 AS UF LEVEL I	72778.1	20	15	13.33	1.5	0.601375	-1.113333	-0.802381	10	5.186812	6.60	12,000-18,000
AS DMA	TEC Fractionation	861 AS UF LEVEL II	72778.2	20	102	94.49	10.2	4.422419	-0.736275	-0.392157	10	4.680304	6.40	81,600-122,400
AS II	TEC Fractionation	861 AS UF LEVEL I	72778.1	14	21	22.89	2.1	2.472575	0.802721	1.639655	10	10.890259	8.37	16,800-25,200
AS MMA	TEC Fractionation	861 AS UF LEVEL I	72778.1	20	15	14.03	1.5	0.680603	-0.65	-0.385714	10	6.993245	6.87	12,000-18,000
AS MMA	TEC Fractionation	861 AS UF LEVEL II	72778.2	20	103	94.43	10.3	3.895076	-0.832019	-0.449376	10	4.125554	5.24	82,400-123,600
AS Organic	TEC Fractionation	861 AS UF LEVEL I	72778.1	20	52	44.19	5.2	1.71584	-1.501023	-1.120670	10	3.882868	6.19	41,600-62,400
AS Organic	TEC Fractionation	861 AS UF LEVEL II	72778.2	20	394	341.51	39.4	19.552464	-1.332234	-1.065708	10	5.725298	5.64	315,200-472,800
AS V	TEC Fractionation	861 AS UF LEVEL I	72778.1	20	13	12.88	1.3	1.079413	-0.25	0.615385	10	8.519078	7.25	10,400-15,600
AS V	TEC Fractionation	861 AS UF LEVEL II	72778.2	18	98	95.40	9.8	4.631732	-0.265306	0.184767	10	4.855085	6.00	78,400-117,600
Antimony Blood	TEC ICP MS Dig	861 BLD DIG LEVEL I	88819.1	10	1.3	1.10	0.5	0.316228	-0.4	-0.6	38.461538	28.747979	0.00	0.300-2.300
Antimony Blood	TEC ICP MS Dig	861 BLD DIG LEVEL II	88819.2	10	6.4	5.50	1	0.527046	-0.9	-0.9	15.625	9.58266	0.06	4.400-8.400
Bismuth WB	TEC ICP MS Dig	861 BLD DIG LEVEL I	88819.1	8	1.9	1.88	0.5	0.353553	-0.05	-0.05	26.315789	18.856181	18.86	0.900-2.900
Bismuth WB	TEC ICP MS Dig	861 BLD DIG LEVEL II	88819.2	8	5.4	5.38	1	0.517549	-0.025	-0.4	18.518519	9.828822	0.00	3.400-7.400
Copper, Free	TEC ICP MS Dig	861 CU FREE LEVEL I	37635	8	0.58	0.53	0.1	0.136673	-0.35	0.829412	17.857143	26.452003	18.85	0.360-0.780
Copper, Free	TEC ICP MS Dig	861 CU FREE LEVEL II	83459	25	15	14.88	1.4	1.091253	-0.228571	0.069333	9.333333	7.433604	9.85	12,200-17,800
Copper, Free	TEC ICP MS Dig	861 CU FREE LEVEL III	89152	22	3.3	3.37	0.53	0.211979	0.137221	0.410172	16.060606	6.285089	9.53	2,240-4.360
Copper, Free	TEC ICP MS Dig	861 CU FREE NIST	1843E	19	2.28	2.25	0.3	0.102026	-0.108772	-0.220683	13.157895	4.53681	4.88	1.680-2.880
CU Weight	TEC ICP MS Dig	861 TISSUE LEVEL I	1577C	26	2	2.52	2	0.557706	0.259808	0.363409	100	22.134564	23.27	-2,000-8,000
CU Weight	TEC ICP MS Dig	861 TISSUE LEVEL II	TE050410	26	3	2.78	1	0.753833	-0.218077	0.210465	93.333333	27.007549	18.77	1,000-5,000
FE Weight	TEC ICP MS Dig	861 TISSUE LEVEL I	1577C	26	2	2.62	2	0.636045	0.308077	0.398571	100	24.312198	28.78	-2,000-8,000
FE Weight	TEC ICP MS Dig	861 TISSUE LEVEL II	TE050410	26	3	2.77	1.2	0.74372	-0.191026	0.285227	40	26.841642	24.21	0.600-5.400
Hex Copper Cont	TEC ICP MS Dig	861 TISSUE LEVEL I	1577C	26	81.5	81.38	28.2	16.042157	-0.004364	0.37637	34.601227	22.171008	22.63	25,100-137,900
Hex Copper Cont	TEC ICP MS Dig	861 TISSUE LEVEL II	TE050410	26	6.8	6.77	1.7	1.600487	0.006548	1.040107	90.907143	36.000773	31.54	0.300-0.000

Current state assessment

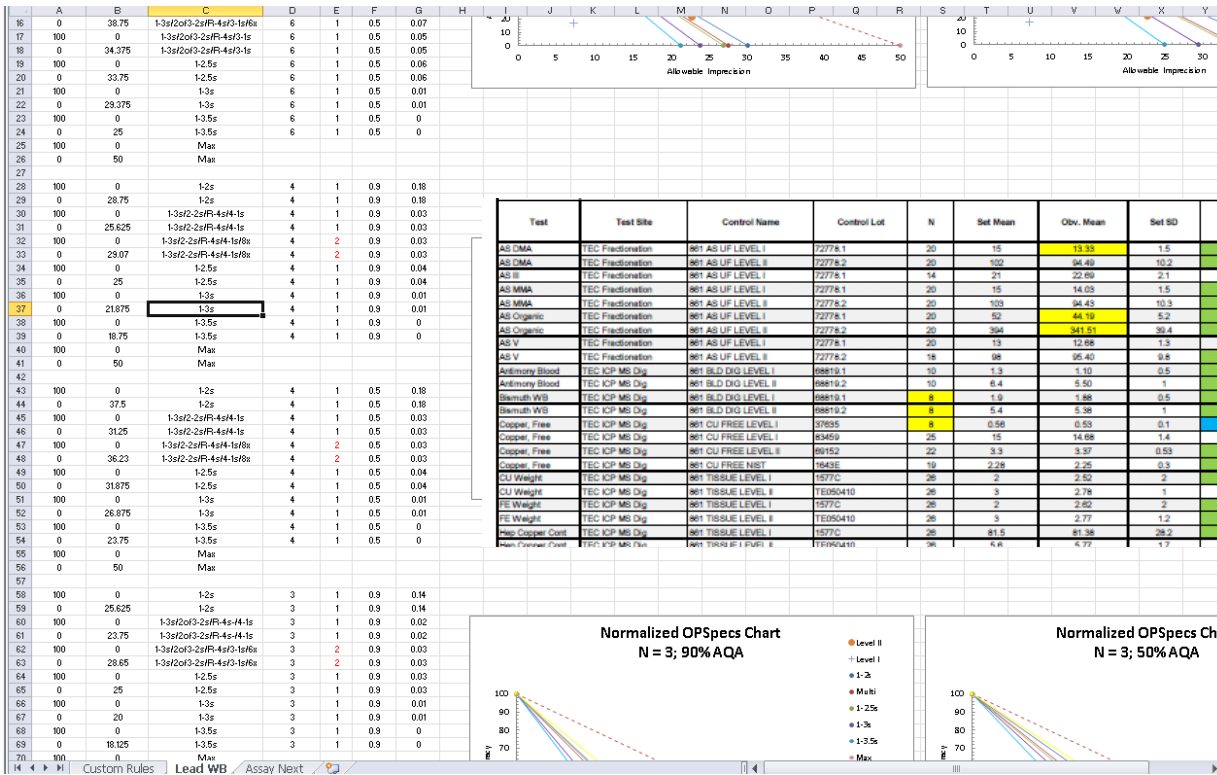
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
16	0	38.75	1-3sf2of3-2sfR-4sf3-1sf16x	6	1	0.5	0.07																		
17	100	0	1-3sf2of3-2sfR-4sf3-1s	6	1	0.5	0.05																		
18	0	34.375	1-3sf2of3-2sfR-4sf3-1s	6	1	0.5	0.05																		
19	100	0	1-2.5s	6	1	0.5	0.06																		
20	0	33.75	1-2.5s	6	1	0.5	0.06																		
21	100	0	1-3s	6	1	0.5	0.01																		
22	0	29.375	1-3s	6	1	0.5	0.01																		
23	100	0	1-3.5s	6	1	0.5	0																		
24	0	25	1-3.5s	6	1	0.5	0																		
25	100	0	Max																						
26	0	50	Max																						
27																									
28	100	0	1-2s	4	1	0.9	0.18																		
29	0	28.75	1-2s	4	1	0.9	0.18																		
30	100	0	1-3sf2-2sfR-4sf4-1s	4	1	0.9	0.03																		
31	0	25.625	1-3sf2-2sfR-4sf4-1s	4	1	0.9	0.03																		
32	100	0	1-3sf2-2sfR-4sf4-1sf8x	4	2	0.9	0.03																		
33	0	29.07	1-3sf2-2sfR-4sf4-1sf8x	4	2	0.9	0.03																		
34	100	0	1-2.5s	4	1	0.9	0.04																		
35	0	25	1-2.5s	4	1	0.9	0.04																		
36	100	0	1-3s	4	1	0.9	0.01																		
37	0	218.75	1-3s	4	1	0.9	0.01																		
38	100	0	1-3.5s	4	1	0.9	0																		
39	0	18.75	1-3.5s	4	1	0.9	0																		
40	100	0	Max																						
41	0	50	Max																						
42																									
43	100	0	1-2s	4	1	0.5	0.18																		
44	0	37.5	1-2s	4	1	0.5	0.18																		
45	100	0	1-3sf2-2sfR-4sf4-1s	4	1	0.5	0.03																		
46	0	31.25	1-3sf2-2sfR-4sf4-1s	4	1	0.5	0.03																		
47	100	0	1-3sf2-2sfR-4sf4-1sf8x	4	2	0.5	0.03																		
48	0	36.23	1-3sf2-2sfR-4sf4-1sf8x	4	2	0.5	0.03																		
49	100	0	1-2.5s	4	1	0.5	0.04																		
50	0	31.875	1-2.5s	4	1	0.5	0.04																		
51	100	0	1-3s	4	1	0.5	0.01																		
52	0	26.875	1-3s	4	1	0.5	0.01																		
53	100	0	1-3.5s	4	1	0.5	0																		
54	0	23.75	1-3.5s	4	1	0.5	0																		
55	100	0	Max																						
56	0	50	Max																						
57																									
58	100	0	1-2s	3	1	0.9	0.14																		
59	0	25.625	1-2s	3	1	0.9	0.14																		
60	100	0	1-3sf2of3-2sfR-4sf4-1s	3	1	0.9	0.02																		
61	0	23.75	1-3sf2of3-2sfR-4sf4-1s	3	1	0.9	0.02																		
62	100	0	1-3sf2of3-2sfR-4sf3-1sf16x	3	2	0.9	0.03																		
63	0	26.65	1-3sf2of3-2sfR-4sf3-1sf16x	3	2	0.9	0.03																		
64	100	0	1-2.5s	3	1	0.9	0.03																		
65	0	25	1-2.5s	3	1	0.9	0.03																		
66	100	0	1-3s	3	1	0.9	0.01																		
67	0	20	1-3s	3	1	0.9	0.01																		
68	100	0	1-3.5s	3	1	0.9	0																		
69	0	18.125	1-3.5s	3	1	0.9	0																		
70	100	0	Max																						
71	0																								



Ask the staff

Poor performing assays Assays not working well
too busy Solving problems individually
Lack of staffing procedural inflexibility short on time
pulling long hours short term solutions
Instruments not functioning properly very rushed
limited amount of automation Personal opinion
always very rushed

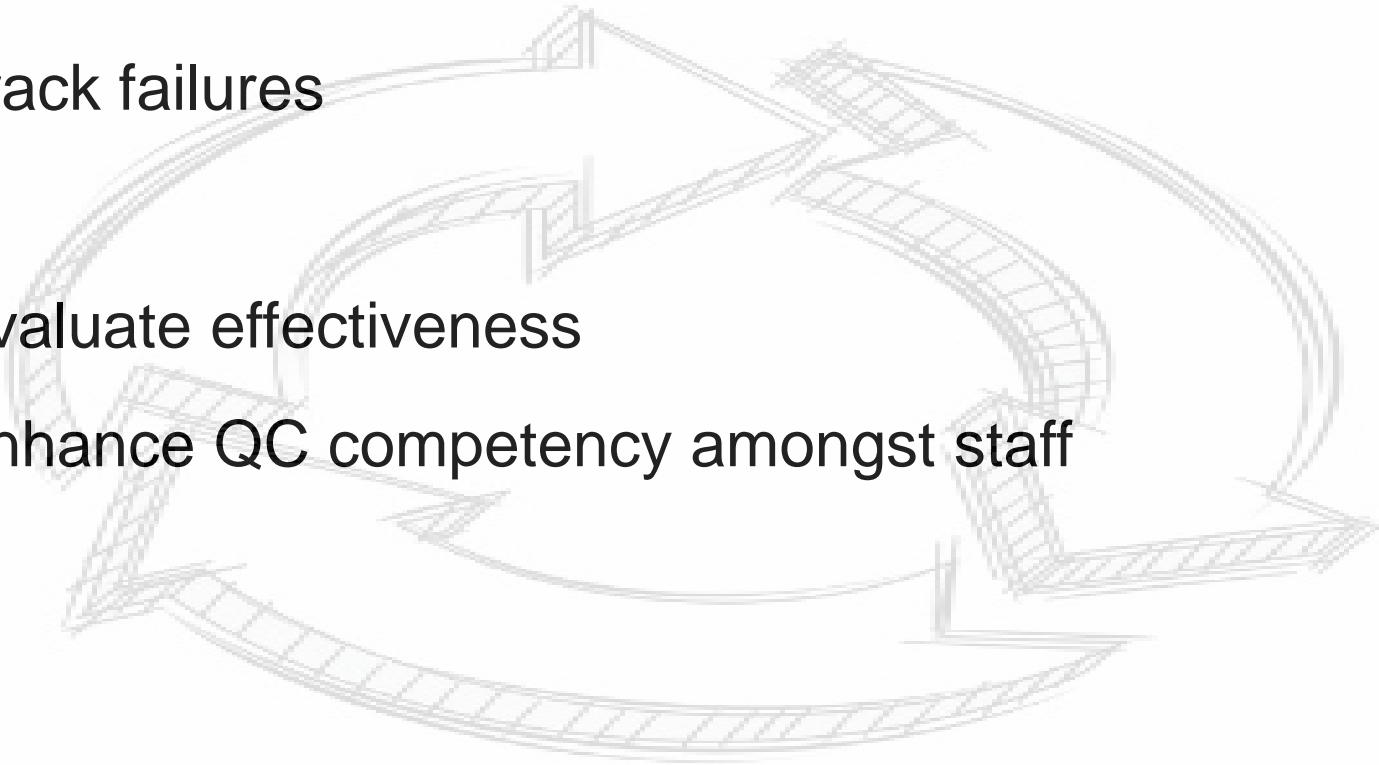
QC rules evaluated on a continuous basis



Test	Test Site	Control Name	Control Lot	N	Set Mean	Obs. Mean	Set SD	Obs. SD	Z Score	Prev Month Z	Set CV	Cur Month CV	Prev Month CV	Expected Range	
AS DMA	TEC Fractionation	961 AS UF LEVEL I	72778.1	20	15	13.25	1.5	0.691375	-1.13333	-0.402681	10	5.186612	6.60	12,000-18,000	
AS DMA	TEC Fractionation	961 AS UF LEVEL II	72778.2	20	102	64.48	10.2	4.422418	-0.79075	-0.391167	10	4.68324	6.40	81,800-122,400	
AS B	TEC Fractionation	961 AS UF LEVEL I	72778.1	34	21	22.89	2.1	2.472575	0.60721	1.039865	10	10.89259	8.37	18,800-25,200	
AS MMA	TEC Fractionation	961 AS UF LEVEL I	72778.1	20	15	14.03	1.5	0.690803	-0.65	-0.985714	10	6.99245	6.87	12,000-18,000	
AS MMA	TEC Fractionation	961 AS UF LEVEL II	72778.2	20	103	94.43	10.3	3.69576	-0.810039	-0.449378	10	4.12554	5.34	80,400-123,600	
AS Organic	TEC Fractionation	961 AS UF LEVEL I	72778.1	20	52	44.19	5.2	1.71584	-1.50193	-1.120879	10	3.88268	6.19	41,800-62,400	
AS Organic	TEC Fractionation	961 AS UF LEVEL II	72778.2	20	304	341.01	39.4	16.552664	-0.522234	-1.095708	10	5.72526	5.64	315,200-472,800	
AS V	TEC Fractionation	961 AS UF LEVEL I	72778.1	20	13	12.88	1.3	0.704713	-0.25	0.113885	10	8.518078	7.25	18,400-19,800	
AS V	TEC Fractionation	961 AS UF LEVEL II	72778.2	18	98	95.40	9.8	4.837132	-0.285308	0.184767	10	4.85505	6.00	78,400-117,600	
Antimony Blood	TEC ICP-MS Dig	961 BLD DIG LEVEL I	98819.1	10	1.3	1.10	0.5	0.316228	-0.4	-0.8	10	38.481538	0.00	0.300-2.300	
Antimony Blood	TEC ICP-MS Dig	961 BLD DIG LEVEL II	98819.2	10	6.4	5.50	1	0.527046	-0.9	-0.8	10	15.625	0.5836	4.400-8.400	
Bismuth WB	TEC ICP-MS Dig	961 BLD DIG LEVEL I	98819.1	8	1.9	1.88	0.5	0.333553	-0.05	-0.05	10	26.315789	18.88	0.900-2.900	
Bismuth WB	TEC ICP-MS Dig	961 BLD DIG LEVEL II	98819.2	8	5.4	5.38	1	0.517540	-0.025	-0.4	10	18.518519	9.628622	0.00	3.400-7.400
Copper Free	TEC ICP-MS Dig	961 CU FREE LEVEL I	91955	8	0.58	0.53	0.1	0.19873	-0.35	0.029472	10	17.897143	16.85	0.360-0.780	
Copper Free	TEC ICP-MS Dig	961 CU FREE LEVEL II	91955	25	15	14.88	1.4	1.012553	-0.226571	0.062533	10	9.333333	1.43854	12,200-17,800	
Copper Free	TEC ICP-MS Dig	961 CU FREE LEVEL III	91955	22	3.3	3.37	0.53	0.211978	0.137221	0.410172	10	16.060606	6.285889	0.93	2,240-4.360
Copper Free	TEC ICP-MS Dig	961 CU FREE NIST	1943E	19	2.28	2.25	0.3	0.100208	-0.108772	-0.22963	10	13.157895	4.53881	4.88	1.680-2.880
CU Weight	TEC ICP-MS Dig	961 TISSUE LEVEL I	1577C	26	2	2.52	2	0.557706	0.25808	0.363409	100	22.13464	23.27	-2,000-6,000	
CU Weight	TEC ICP-MS Dig	961 TISSUE LEVEL II	11950410	26	3	2.78	1	0.753833	-0.218077	0.210455	100	27.007549	18.77	1,000-5,000	
FE Weight	TEC ICP-MS Dig	961 TISSUE LEVEL I	1577C	26	2	2.62	2	0.636449	0.308077	0.389571	100	24.312198	26.78	-2,000-6,000	
FE Weight	TEC ICP-MS Dig	961 TISSUE LEVEL II	11950410	26	3	2.77	1.2	0.74897	-0.181028	0.285227	40	26.841942	24.21	0.600-5.400	
Heavy Metals Cont	TEC ICP-MS Dig	961 TISSUE LEVEL I	1577C	26	81.5	81.58	28.2	16.042517	-0.043664	0.37637	100	34.601227	22.171098	22.63	25,100-137,900
Heavy Metals Cont	TEC ICP-MS Dig	961 TISSUE LEVEL II	11950410	26	4.8	4.73	1.7	1.400247	-0.06044	1.441107	100	93.907143	96.603775	91.94	0.300-0.600

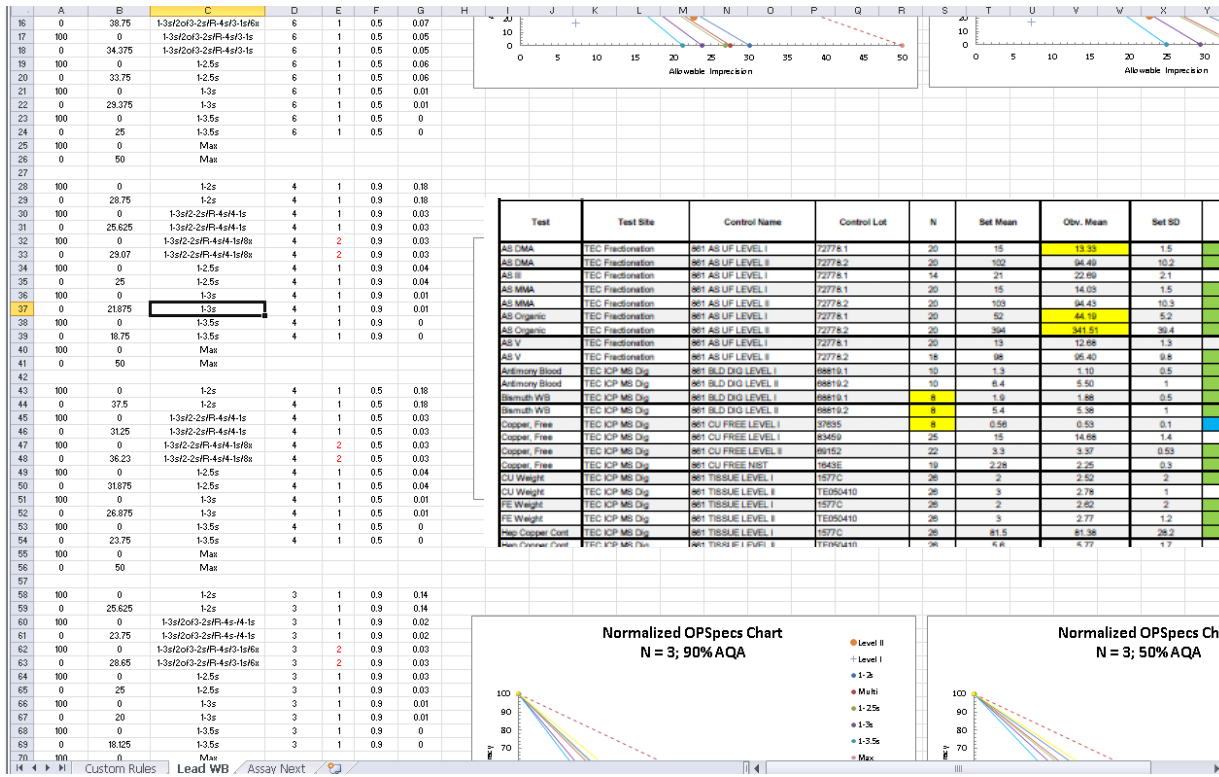
QC troubleshooting plan optimization

- Track success
- Track failures
- Evaluate effectiveness
- Enhance QC competency amongst staff



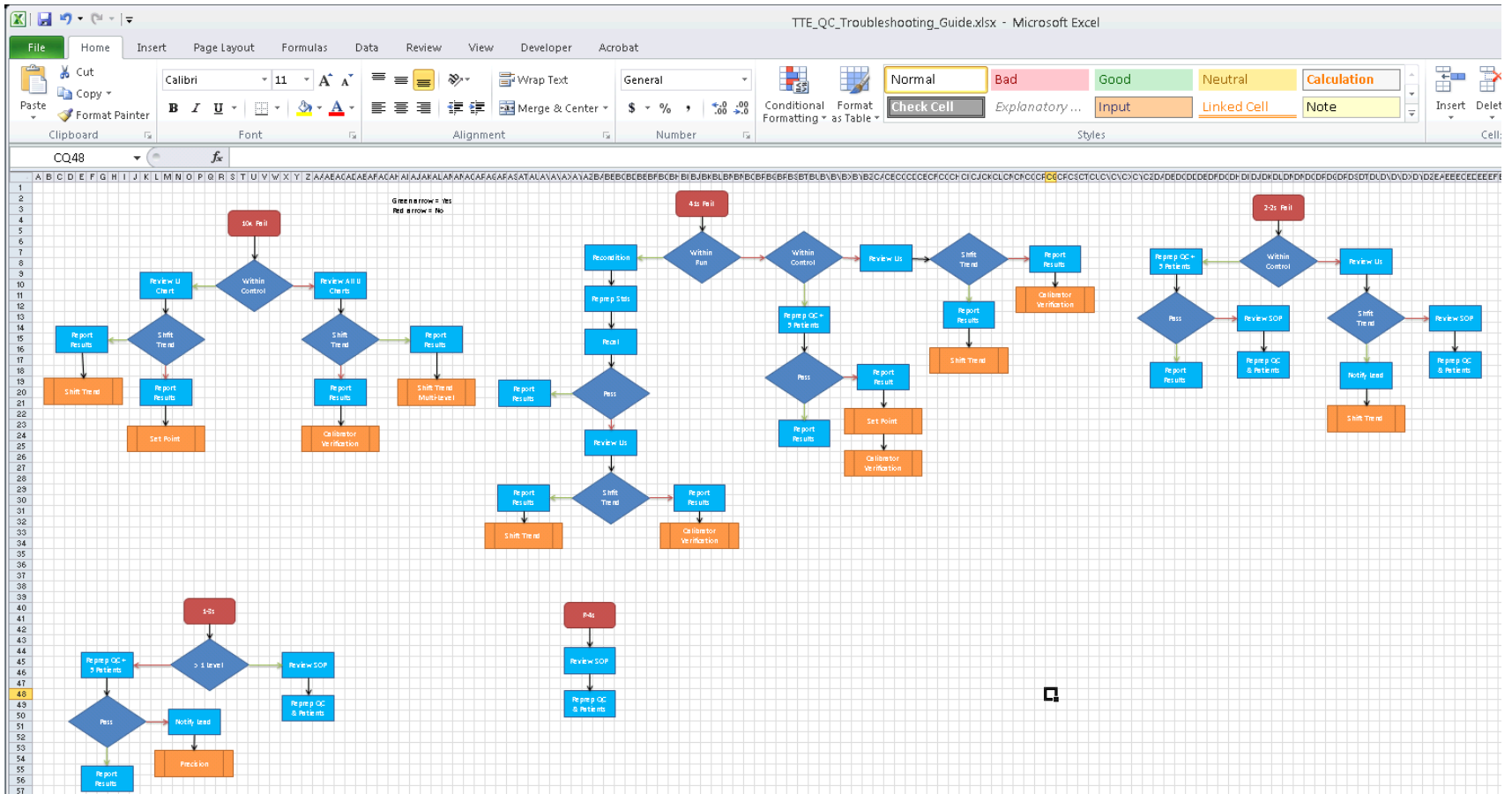
And Then it Happened

Current State Assessment Completed

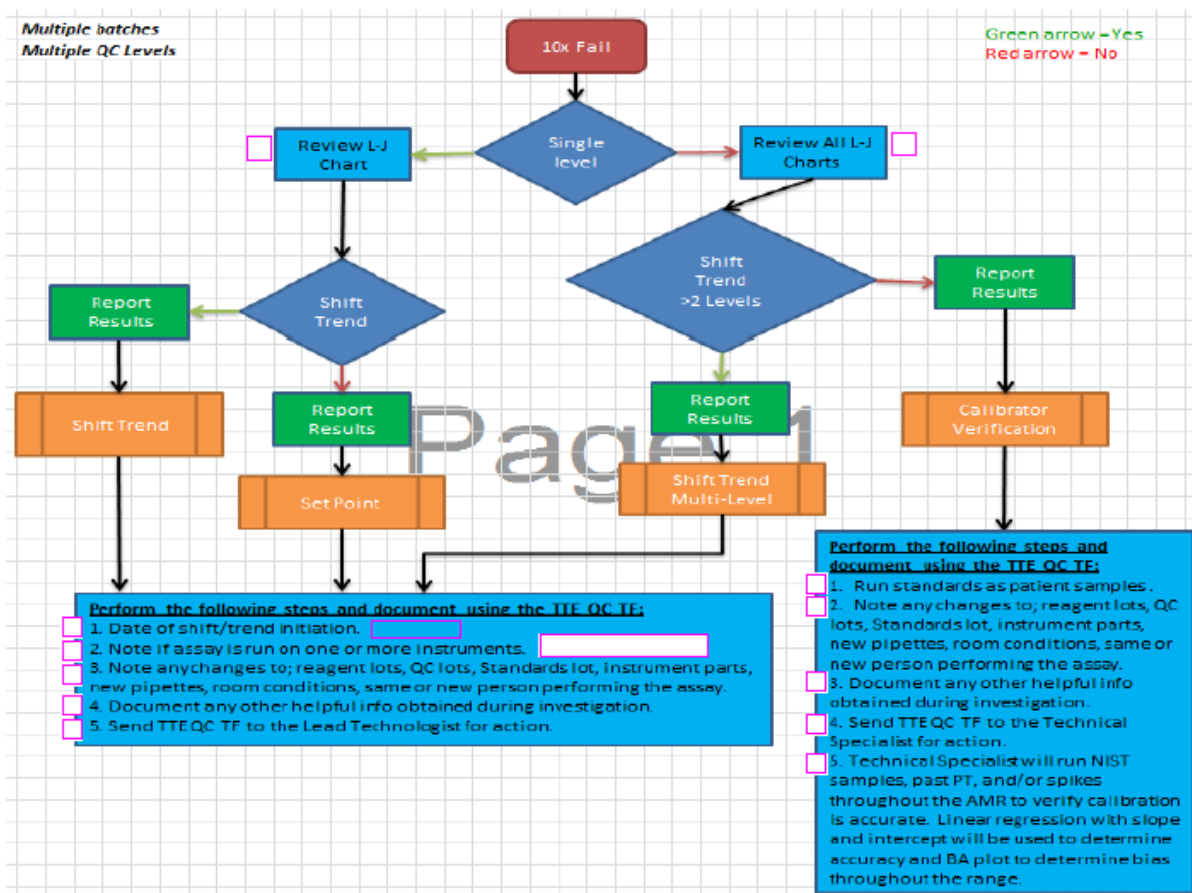


Test	Test Site	Control Name	Control Lot	N	Set Mean	Obs. Mean	Set SD	Obs. SD	Z Score	Prev Month Z	Std CV	Cur Month CV	Prev Month CV	Expected Range	
AS DMA	TEC Fractionation	961 AS UF LEVEL I	72776.1	20	15	13.33	1.5	0.691375	-1.13333	-0.402261	10	5.186612	6.60	12,000-18,000	
AS DMA	TEC Fractionation	961 AS UF LEVEL II	72776.2	20	102	64.49	10.2	4.422419	-0.79075	-0.391157	10	4.681324	6.40	81,800-122,400	
AS II	TEC Fractionation	961 AS UF LEVEL I	72776.1	34	21	22.89	2.1	2.472575	0.602721	1.339665	10	10.899259	8.37	18,800-25,200	
AS MMA	TEC Fractionation	961 AS UF LEVEL I	72776.1	20	15	14.03	1.5	0.690603	-0.65	-0.385714	10	6.992455	6.87	12,000-18,000	
AS MMA	TEC Fractionation	961 AS UF LEVEL II	72776.2	20	103	64.43	10.3	3.69576	-0.830339	-0.449378	10	4.125554	5.34	80,400-123,600	
AS Organic	TEC Fractionation	961 AS UF LEVEL I	72776.1	20	52	44.19	5.2	1.71584	-1.501923	-1.126879	10	3.882868	6.19	41,800-62,400	
AS Organic	TEC Fractionation	961 AS UF LEVEL II	72776.2	20	394	341.51	39.4	18.552664	-0.522234	-1.065708	10	5.725268	5.64	315,200-472,800	
AS V	TEC Fractionation	961 AS UF LEVEL I	72776.1	20	13	12.88	1.3	0.704713	-0.25	0.811385	10	8.518078	7.25	18,400-18,800	
AS V	TEC Fractionation	961 AS UF LEVEL II	72776.2	18	98	65.40	9.8	4.937132	-0.285308	0.184767	10	4.850565	6.00	78,400-117,800	
Antimony Blood	TEC ICP-MS Dig	961 BLD DIG LEVEL I	98819.1	10	1.3	1.10	0.5	0.19228	-0.4	-0.4	10	38.481538	28.747079	0.00	0.300-2.300
Antimony Blood	TEC ICP-MS Dig	961 BLD DIG LEVEL II	98819.2	10	6.4	5.50	1	0.527046	-0.9	-0.9	10	15.625	9.96	4,400-8,400	
Bismuth WB	TEC ICP-MS Dig	961 BLD DIG LEVEL I	98819.1	8	1.9	1.88	0.5	0.353553	-0.05	-0.05	10	28.315789	18.88	0.800-2.900	
Bismuth WB	TEC ICP-MS Dig	961 BLD DIG LEVEL II	98819.2	8	5.4	5.38	1	0.517549	-0.025	-0.4	10	18.518519	9.628622	0.00	3,400-7,400
Copper Free	TEC ICP-MS Dig	961 CU FREE LEVEL I	17695	8	0.58	0.53	0.1	0.38673	-0.35	0.024472	17	17.497143	26.452003	16.85	0.360-0.780
Copper Free	TEC ICP-MS Dig	961 CU FREE LEVEL II	17695	25	15	14.88	1.4	1.012553	-0.226571	0.062533	9	33.333333	17.42864	9.65	12,200-17,800
Copper Free	TEC ICP-MS Dig	961 CU FREE LEVEL II	18952	22	3.3	3.37	0.53	0.211678	0.13221	0.410172	16	16.060606	6.286989	9.53	2,240-4,360
Copper Free	TEC ICP-MS Dig	961 CU FREE NIST	1843E	19	2.28	2.25	0.3	0.102028	-0.106772	-0.22063	13	15.157895	4.5381	4.88	1,680-2,880
CU Weight	TEC ICP-MS Dig	961 TISSUE LEVEL I	1577C	26	2	2.52	2	0.557706	0.258068	0.363409	100	22.134564	23.27	-2,000-6,000	
CU Weight	TEC ICP-MS Dig	961 TISSUE LEVEL II	11690410	26	3	2.78	1	0.753833	-0.218077	0.210465	33	33.333333	22.007549	18.77	1,000-5,000
FE Weight	TEC ICP-MS Dig	961 TISSUE LEVEL I	1577C	26	2	2.62	2	0.636445	0.30877	0.389571	100	24.312198	26.78	-2,000-6,000	
FE Weight	TEC ICP-MS Dig	961 TISSUE LEVEL II	11690410	26	3	2.77	1.2	0.74877	-0.181028	0.285227	40	28.841942	24.21	0.600-5,400	
Heavy Metals Cont	TEC ICP-MS Dig	961 TISSUE LEVEL I	1577C	26	81.5	81.58	26.2	16.042157	-0.304364	0.37657	34	34.601227	22.173268	22.63	25,100-137,000
Heavy Metals Cont	TEC ICP-MS Dig	961 TISSUE LEVEL II	11690410	26	6.8	6.77	1.7	1.603467	-0.066248	1.041107	93	93.92714	56.630775	51.64	0.300-0.900

Troubleshooting Workflow Developed – *By Me*



Troubleshooting Tools Developed – *With Staff*



Organizational Support

- QC Subcommittee formed from LIS SuperUsers
- SOP written based upon TTE Lab process
- Presentations to Group Managers
- Presentations to Supervisors
- Workshops organized for interested labs
 - Hands on with lab data

Organizational Current State

- Five full workshops with requests for more
 - Current State Assessment: Part I and Part II
- Follow-up workshops in preparation
 - Designing a QC Troubleshooting Plan: Part I and Part II
 - Pulling the trigger on your first change: Part I
 - Follow up post go-live: Part II

Where are we now?

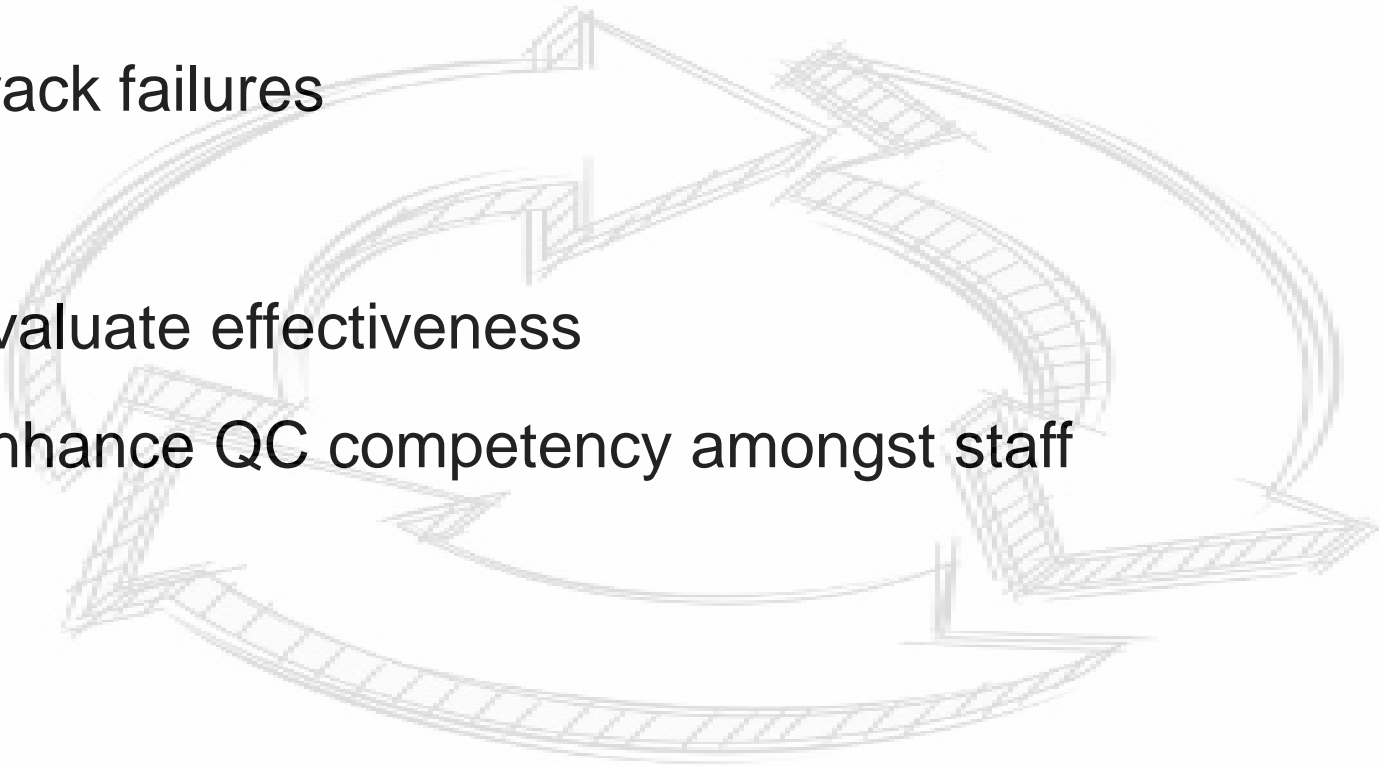
TTE Lab: Current State Assessment

1.5 yrs. post “go-live”

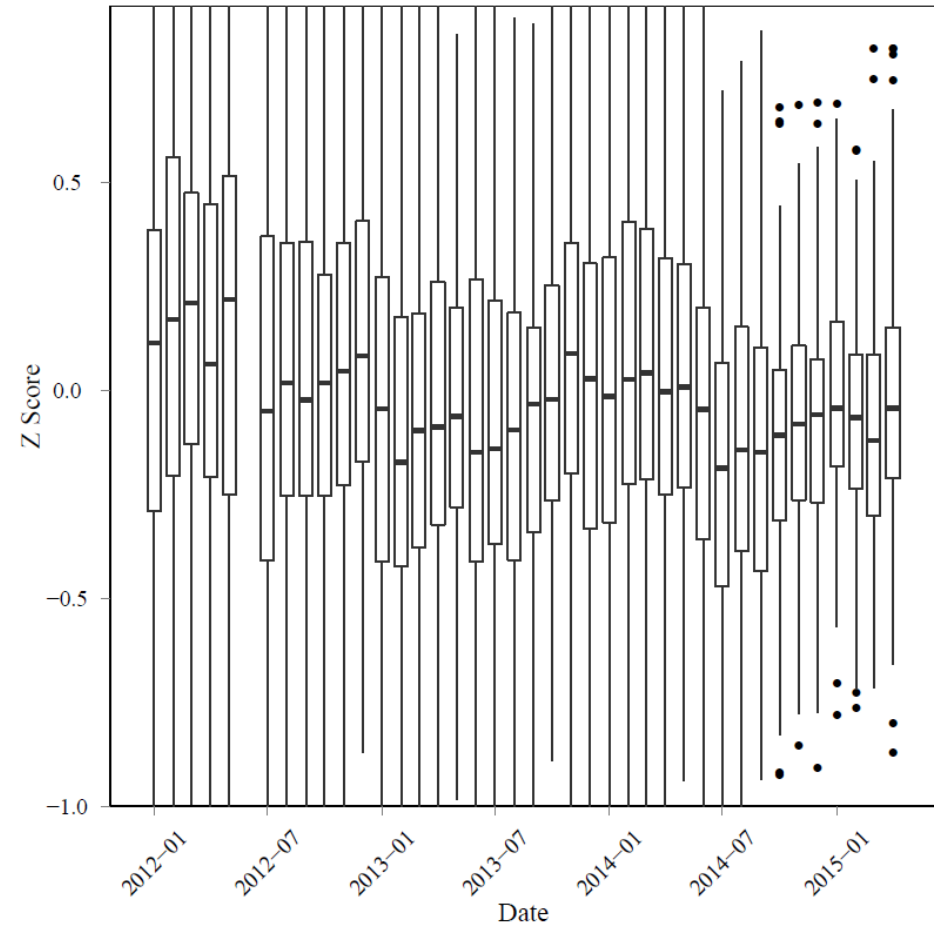
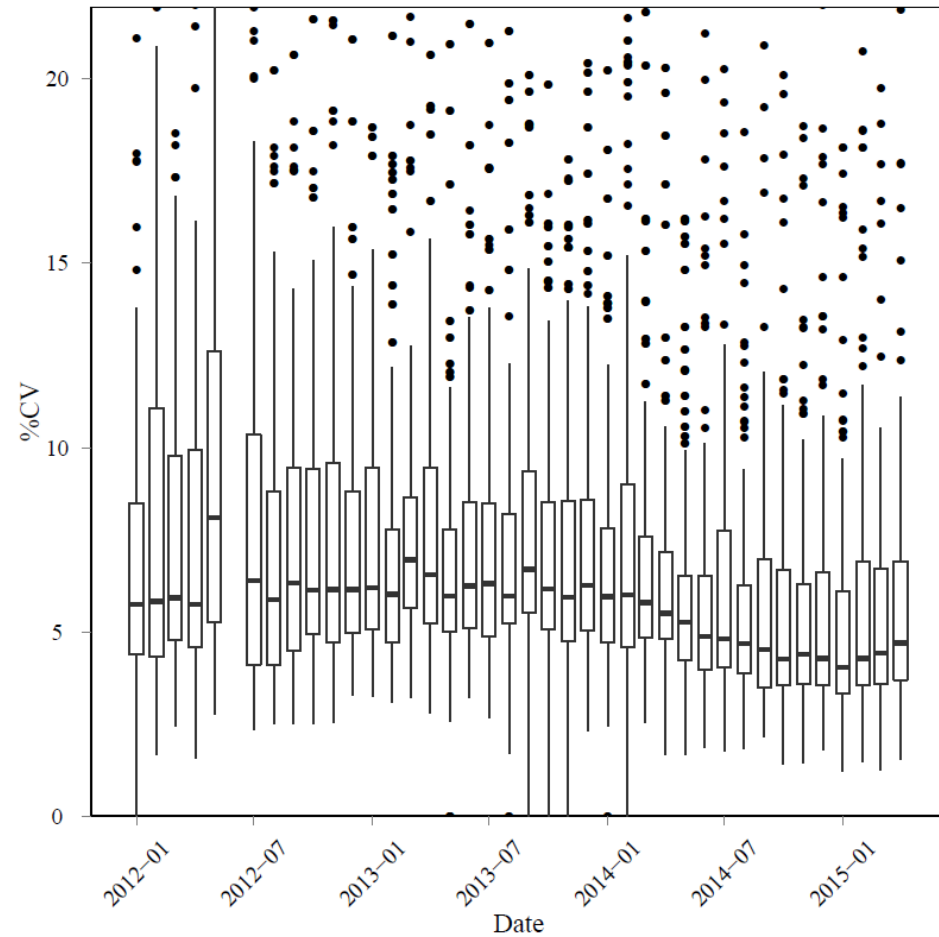
- External PT failures to nearly 0
 - Several assays identified for R&D rework
- Monthly QC review < 15 minutes
- Laboratory staff engaged in quality
 - Looking at LJ charts “because they’re interesting”
 - Amazing ideas about QC failures and what to do
 - Appreciation for what and why – “Patient in the tube”
- A nearly complete culture change

QC Strategy – Continuous Evaluation

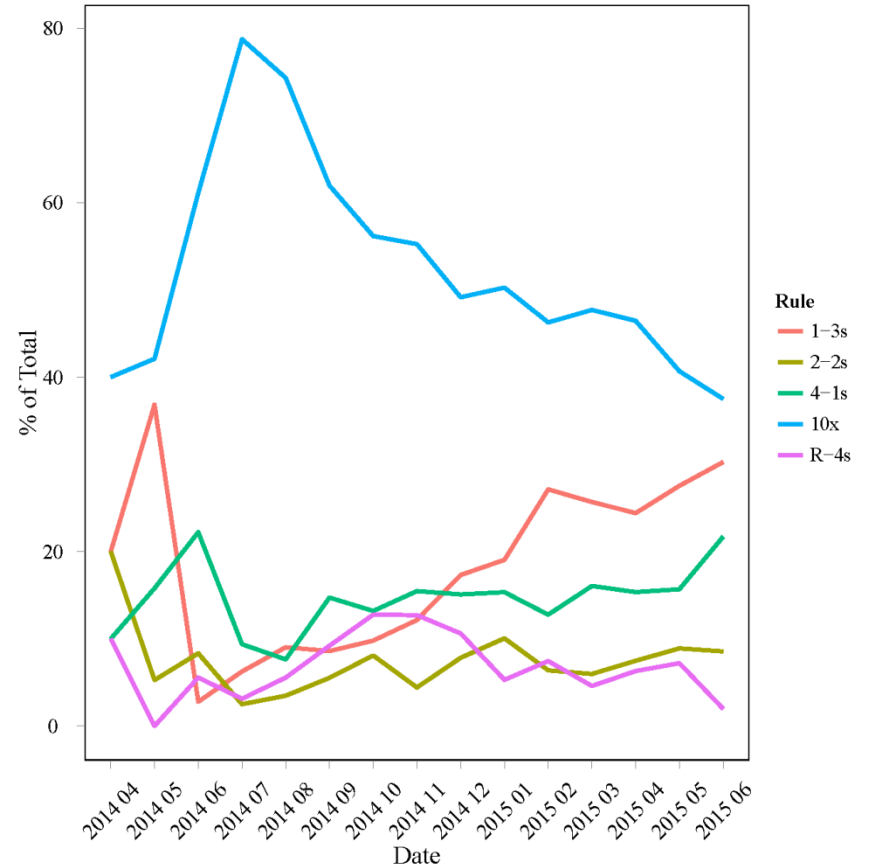
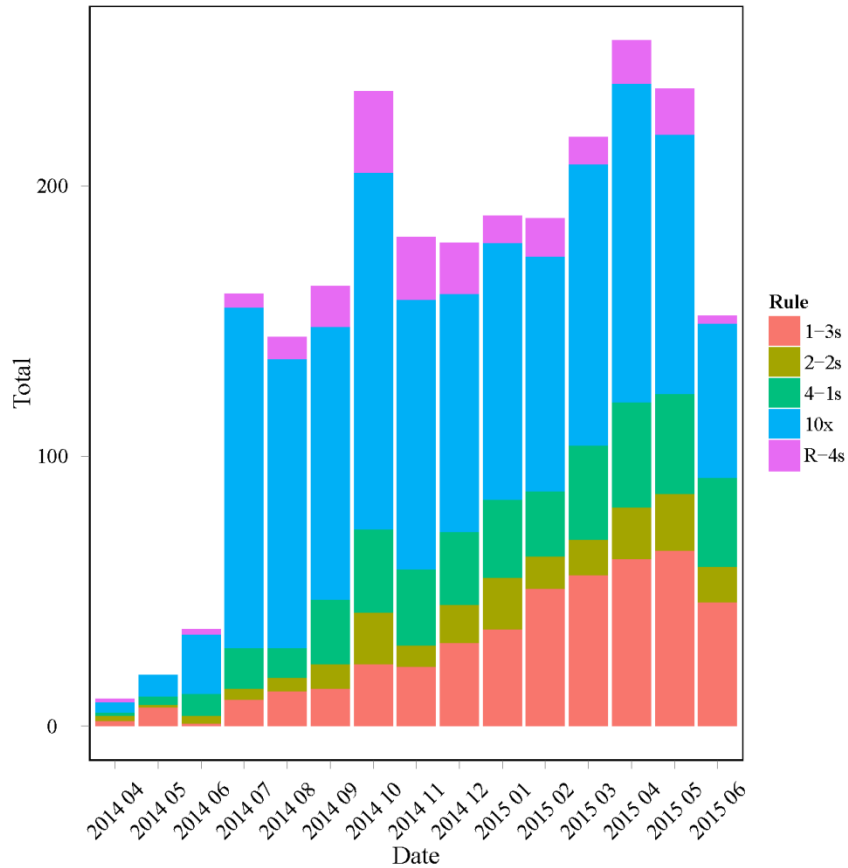
- Track success
- Track failures
- Evaluate effectiveness
- Enhance QC competency amongst staff



Quantifying Improvements in Quality



A Glimpse of What it Takes...



The Rewards: Then...

Test	Test Site	Control Name	Control Lot	N	Set Mean	Obs. Mean	Set SD	Obs. SD	Z Score	Prev Month Z	Set CV	Cur Month CV	Prev Month CV	Expected Range
AS DMA	TTE Fractionation	861 AS UF LEVEL I	72778.1	31	15	12.80	1.5	0.962267	-1.404903	-0.992308	10	7.483183	7.32	12,000-18,000
AS DMA	TTE Fractionation	861 AS UF LEVEL II	72778.2	31	102	93.12	10.2	7.021211	-0.870988	-0.279412	10	7.540273	7.62	81,600-122,400
AS II	TTE Fractionation	861 AS UF LEVEL I	72778.1	30	21	22.50	2.1	1.520364	0.712898	0.507326	10	6.70818	9.81	16,800-25,200
AS MMA	TTE Fractionation	861 AS UF LEVEL I	72778.1	30	15	14.15	1.5	1.560043	-0.566667	-0.425641	10	11.088944	9.10	12,000-18,000
AS MMA	TTE Fractionation	861 AS UF LEVEL II	72778.2	31	103	94.85	10.3	4.212115	-0.791106	-0.444984	10	4.440742	6.40	82,400-123,600
AS Organic	TTE Fractionation	861 AS UF LEVEL I	72778.1	31	52	44.54	5.2	1.074466	-1.434343	-1.299907	10	4.432825	4.10	41,600-62,400
AS Organic	TTE Fractionation	861 AS UF LEVEL II	72778.2	31	394	339.18	39.4	12.381584	-1.393354	-1.096656	10	3.650439	5.13	315,200-472,800
AS V	TTE Fractionation	861 AS UF LEVEL I	72778.1	31	13	13.01	1.3	1.113176	0.009026	0.328402	10	8.55403	7.95	10,400-15,600
AS V	TTE Fractionation	861 AS UF LEVEL II	72778.2	31	98	92.32	9.8	5.884077	-0.579687	-0.040816	10	6.157187	5.42	78,400-117,600
Copper, Free	TTE ICP MS Dig	861 CU FREE LEVEL I	83459	24	15	16.09	1.4	1.088644	0.779782	0.190478	9.333333	8.765263	10.31	12,200-17,800
Copper, Free	TTE ICP MS Dig	861 CU FREE LEVEL II	89152	22	3.3	3.71	0.53	0.165929	0.77187	0.098832	16.090608	4.473579	13.39	2,240-4,360
Copper, Free	TTE ICP MS Dig	861 CU FREE NIST	1643E	22	2.28	2.25	0.3	0.074001	-0.1	-0.382609	13.157895	3.288946	4.94	1,680-2,880
CU Weight	TTE ICP MS Dig	861 TISSUE LEVEL I	1577C	22	2	2.89	2	0.898546	0.344773	0.288591	100	25.97264	25.98	-2,000-6,000
CU Weight	TTE ICP MS Dig	861 TISSUE LEVEL II	TE050410	22	3	3.00	1	0.570284	0.003636	-0.206714	33.333333	18.988485	16.99	1,000-5,000
FE Weight	TTE ICP MS Dig	861 TISSUE LEVEL I	1577C	22	2	2.54	2	0.628929	0.271138	0.202308	100	24.73885	23.75	-2,000-6,000
FE Weight	TTE ICP MS Dig	861 TISSUE LEVEL II	TE050410	22	3	2.82	1.2	0.671118	-0.151515	-0.327895	40	23.81379	18.72	0,600-5,400
Hep Copper Cont	TTE ICP MS Dig	861 TISSUE LEVEL I	1577C	22	81.5	84.73	28.2	25.790188	0.489213	0.067859	34.601227	27.224418	23.98	25,100-137,900
Hep Copper Cont	TTE ICP MS Dig	861 TISSUE LEVEL II	TE050410	22	5.6	7.12	1.7	1.300158	0.895722	0.2493	30.357143	18.253856	19.77	2,200-9,000
Hep Fe Content	TTE ICP MS Dig	861 TISSUE LEVEL I	1577C	22	11.8	11.54	5	2.083417	-0.011818	0.019231	43.103448	18.052454	22.93	1,600-21,600
Hep Fe Content	TTE ICP MS Dig	861 TISSUE LEVEL II	TE050410	22	93	83.48	35	24.89328	-0.272078	-0.622088	37.834409	29.580818	24.03	23,000-183,000
QC Cu Liver	TTE ICP MS Dig	861 TISSUE LEVEL I	1577C	22	317	381.31	31.8	17.058591	1.092204	0.282652	9.988454	4.852966	5.98	253,800-380,200
QC Cu Liver	TTE ICP MS Dig	861 TISSUE LEVEL II	TE050410	22	19	23.74	3	1.120229	-1.580303	1.080052	15.789474	4.718561	8.70	13,000-25,000
QC Fe Liver	TTE ICP MS Dig	861 TISSUE LEVEL I	1577C	22	226.3	232.18	42.4	34.049515	0.138815	-0.077025	18.736191	14.665309	12.71	141,500-311,100
QC Fe Liver	TTE ICP MS Dig	861 TISSUE LEVEL II	TE050410	22	1538	1470.20	250	129.118834	-0.2632	-0.695138	16.278042	8.782300	11.78	1038,000-2038,000
Aluminum, Serum	TTE ICP MS Ser	861 SERUM LEVEL I	59409.1	35	5.9	5.71	2.5	2.395724	-0.074286	0.875294	42.372881	41.925178	46.48	0,900-10,900
Aluminum, Serum	TTE ICP MS Ser	861 SERUM LEVEL II	59409.2	34	19.9	18.71	2.5	2.834811	-0.477847	-0.101035	12.582814	14.0844	11.04	14,900-34,900
Aluminum, Serum	TTE ICP MS Ser	861 SERUM LEVEL III	59409.3	34	40.3	38.18	4	3.72925	-0.539882	-0.408333	9.925558	9.788452	9.71	32,300-48,300
Aluminum, Serum	TTE ICP MS Ser	861 SERUM LEVEL IV	59409.4	25	110	104.12	11	6.718398	-0.534545	-0.226249	10	6.450632	9.15	88,000-132,000
Chromium, Serum	TTE ICP MS Ser	861 SERUM LEVEL I	59409.1	30	3	3.06	0.8	0.407417	0.070833	0.407258	26.686667	13.326798	19.14	1,400-4,600
Chromium, Serum	TTE ICP MS Ser	861 SERUM LEVEL II	59409.2	33	9.8	9.78	1	0.820869	0.184848	0.346429	10.418687	8.389184	8.41	7,600-11,800
Chromium, Serum	TTE ICP MS Ser	861 SERUM LEVEL III	59409.3	28	17.3	17.37	1.5	1.218942	0.047819	0.095238	8.67052	7.016937	6.18	14,300-30,300
Chromium, Serum	TTE ICP MS Ser	861 SERUM LEVEL IV	59409.4	27	30.2	29.94	2.8	1.934138	-0.10114	0.254808	8.690272	6.48088	8.92	25,000-35,400
Cobalt, Serum	TTE ICP MS Ser	861 SERUM LEVEL I	59409.1	165	0.7	0.37	0.3	0.226314	-1.107071	-1.185692	42.857143	61.518637	64.53	0,100-1,300
Cobalt, Serum	TTE ICP MS Ser	861 SERUM LEVEL II	59409.2	152	4.3	4.15	0.5	0.382956	-0.289053	-0.262745	11.627907	8.734541	8.11	3,300-5,300
Cobalt, Serum	TTE ICP MS Ser	861 SERUM LEVEL III	59409.3	138	13.9	13.77	1.4	0.908854	-0.095238	0.016907	10.071942	6.601919	7.82	11,100-16,700
Cobalt, Serum	TTE ICP MS Ser	861 SERUM LEVEL IV	59409.4	103	28.8	26.55	2.8	1.83204	-0.019417	0.144444	9.774438	8.893886	7.41	21,400-31,800
Copper, Serum	TTE ICP MS Ser	861 SERUM LEVEL I	59409.1	181	68.1	72.98	5.1	3.975585	0.957534	0.705987	7.488987	5.447244	5.54	57,900-78,300
Copper, Serum	TTE ICP MS Ser	861 SERUM LEVEL II	59409.2	169	138.2	143.91	10.4	8.312952	0.549158	0.531627	7.525326	5.776444	5.39	117,400-159,000
Copper, Serum	TTE ICP MS Ser	861 SERUM LEVEL III	59409.3	151	190.8	198.28	14.3	10.379785	0.535544	0.345861	7.502823	5.235476	4.99	162,000-219,200
Copper, Serum	TTE ICP MS Ser	861 SERUM LEVEL IV	59409.4	107	332.1	345.17	24.9	19.801447	0.504828	0.381857	7.497742	5.67881	5.19	282,300-381,900

What I learned from all of this.

- It is not enough to state the obvious.
- It is not enough to provide tools for change.
- Even though staff “should know this stuff” they don’t always know how to apply it.
- Someone has to drive – preferably someone with a backbone.
- Everyone has to be involved somehow.
- Never give up – Never surrender



Roadblocks to Quality

- Roadblocks to Quality
 - ✓ 1. Lab culture & bench disconnect
 - ✓ 2. One-size-fits-all QC rules
 - ✓ 3. Unclear troubleshooting processes
 - ✓ 4. Lack of QC life-cycle and metrics to track improvements



filmedge.net

Contact Information

Frederick G. Strathmann, PhD, DABCC (CC, TC)

Medical Director of Toxicology

Associate Scientific Director of Mass Spectrometry

ARUP Laboratories

Assistant Professor

Department of Pathology

University of Utah

500 Chipeta Way, mail code 115

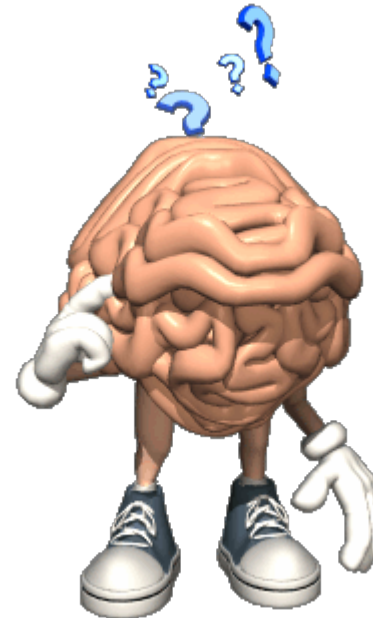
Salt Lake City, Utah 84108-1221

ph: (801) 583-2787 x2874

toll free: (800) 242-2787

fax: (801) 584-5207

frederick.g.strathmann@aruplab.com



occonline.occ.ccd.edu