

# 2nd KIMMS workshop

## Where to now?

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### Introduction

The second KIMMS workshop was held at the RCPAQAP office in St Leonards on 3rd March, 2018. The same format was used as in the first workshop – formal presentations followed by round table discussions. The heading “where to now” is a reflection not only of the future considerations proposed by Tony Badrick, but also how to follow up the surveys that have been performed since the last workshop.

### Topics

- Why should KIMMS expand to cover more one off “audit surveys” that look at single specific problems in depth?
- How can we use the results we have already generated?
- Should the current KIMMS program be changed?

### Results

- Pursuit of economic value shapes the present and will drive the future of clinical laboratory testing as efforts to increase performance quality, measured by Quality Indicators (QI), contributed to shaping the period 1990–2010.

In this current and future economic context however, rather than competing with economic value, the triple strategy below will contribute to economic value:

- (i) Clinical laboratory Stewardship (taking ownership and responsibility for improvement)
  - (ii) Concentration on a suite of relatively few quality indicators, and
  - (iii) Integration of risk calculations
- The one-off “audit surveys” that have been run by RCPAQAP under the KIMMS banner have been well received, and the round tables suggested new surveys that could be run.
    - (i) Follow up high risk results – formulate a National high-risk result guideline
    - (ii) Follow up on completeness of clinical notes – develop procedure for deciding which tests need clinical notes, what form they should take and how to monitor the results of such action.
    - (iii) Participants feedback regarding current KIMMS definitions
    - (iv) What differences are there between private and public laboratories that affect risk.
    - (v) TAT survey
    - (vi) Collectors – what data is used to claim collector competence
    - (vii) Patient survey – what information are they given regarding collection and results
    - (viii) Referrer survey – TAT expectations, high risk results expectations, unable to perform test expectations
    - (ix) Lost reports – reasons why.
    - (x) Differences in KIMMS data for children or neonatal wards vs adult wards

### Key Points

- KIMMS has been helpful in raising the profile of pre- and post- analytical incidents.
- NPAAC and NATA are changing the way they look at accreditation, such that they concentrate on risk, rather than compliance.
- Risk is associated with the total testing process, antecedent to test ordering and subsequent to result reporting.
- Pathology needs to take “Stewardship” of problems, initiating discussion between ourselves and other arms of the health system for better patient outcomes.
- To do this, we need data. We need to be able to prove that initiatives lead to improvement, by measuring the situation now, and then again once improvements have been made.
- We do not need to constantly measure everything. Measuring fewer key, high risk indicators has been suggested.
- Data collected on a constant basis needs to be presented to show individual laboratories their trends and it needs to be collected in a constant way so that benchmarking can be achieved.
- To ensure quality data is collected, prior notice of the surveys should be given.

### Key findings from the High risk (HR) results survey

- All departments surveyed have HR results – Chemical Pathology 50%, Haematology 25% and Microbiology 25%.
- 97% of HR results are completed within specified TAT.
- The person who validates the result also phones the result in 70% of cases studied.
- 33 out of 39 laboratories have an escalation policy, but 20% do not include a pathologist.
- HR results are flagged by the LIS system 75% of the time, however, 25% rely on staff recognizing them.
- 7% of Laboratories record information about communicating HR results as a hand record.
- Approximately 10% of HR results are not communicated to the referrer or their agent.



### Review of current KIMMS

- The aim of this survey was to find out what KIMMS participants actually report to KIMMS, why they report what they do, and whether there are points of similarity that could be used to “clean” the data so it is more useful for benchmarking.
- The process was a phone survey, speaking to each primary contact individually. Each call lasted about 60 mins.
- In summary, each Quality Indicator does have unique points of similarity. To move forward, KIMMS will need to be able to gather set information from participants about each QI, which should then allow benchmarking, rather like Chemical Pathology use different methods and equipment to compare like data.
- The results of the survey will be discussed at the next KIMMS workshop to be held on 25<sup>th</sup> October 2018.

### How do you measure competency?

- One of the ways to ensure a quality service is to have quality staff.
- Accreditation guidelines require that staff have their competency checked.
- How is this achieved, who is responsible for checking the competency of which staff and how often is it done?
- The latest KIMMS audit survey is looking at this with the aim of supplying data for a “best practice” document to be produced.
- Results of this survey will also be discussed at the next KIMMS workshop held on the 25<sup>th</sup> October 2018.

### Conclusion

- We need to review what data is collected by KIMMS.
- Continue to run “audit surveys”, with follow up workshops.
- Ensure data collected is put to use to improve patient care.

