

28. **What information should be included on the paper or electronic requisition?**

- Identification of patient
- Name and address of physician or legally authorized person ordering the test
- Tests requested
- Time and date of specimen collection
- Source of specimen, when appropriate
- Clinical information, when appropriate

29. **For analytes where graded proficiency testing is not available, what other procedures may be used to validate performance?**

Participation in ungraded proficiency survey programs, split-sample analysis with reference or other laboratories, split-samples with an established in-house method, assayed material, regional pools, clinical validation by chart review, or other suitable and documented means. Validation should take place at least semi-annually.

30. **What does CAP require in terms of measures of client satisfaction?**

Evidence of some measure of physician and patient satisfaction within the past 2 years.

31. **What are key indicators?**

Key indicators are issues critical to patient outcomes that are monitored regularly and evaluated for opportunities to improve patient care. Examples of key indicators include specimen identification, stat turnaround time, and reporting of critical values.

32. **What are sentinel events?**

Events that result in unanticipated death or permanent loss of function, not related to the natural course of a patient's illness or underlying condition. The Joint Commission requires all health care facilities to establish formal policies and procedures to investigate such events in order to prevent future medical errors.

33. **What is root cause analysis?**

A process for identifying the underlying causes of an unfavorable outcome. Root cause analysis focuses on identifying changes that can be made to systems and processes to reduce the risk of such events occurring again. Research shows that unwanted situations within an organization are about 95% related to process problems and only 5% related to personnel problems.

34. **Why did The Joint Commission and CAP begin making unannounced inspections in 2006?**

To reassure the public about the objectivity of the inspection process and ensure that labs are providing quality patient testing at all times.

35. **What is the best way for the laboratory to prepare for unannounced inspections?**

No special preparation should be necessary. Policies and procedures should be updated and quality monitored on a continuous basis. Policies, procedures and records should be stored in a central location for ease of location at the time of inspection. Each key employee who would normally provide information during an inspection should have a back-up who could provide the needed information if the inspection were to take place on a day when the key employee is off. Periodic self-inspections can be helpful in identifying and correcting deficiencies.

36. **What is tracer methodology?**

A method used by the Joint Commission and CAP to evaluate the quality of patient care by tracing a specimen through the preanalytic, analytic, and postanalytic phases of testing.