

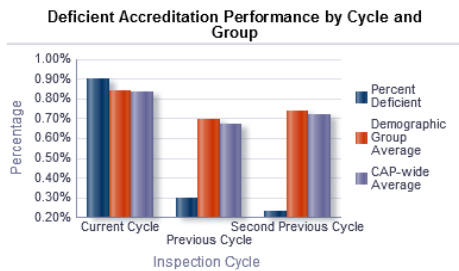


### Accreditation Performance Overview

The Accreditation Performance Overview is a high-level summary of CAP accreditation inspection performance.

#### Accreditation Performance Overview ⓘ

Select View: Graph ▾



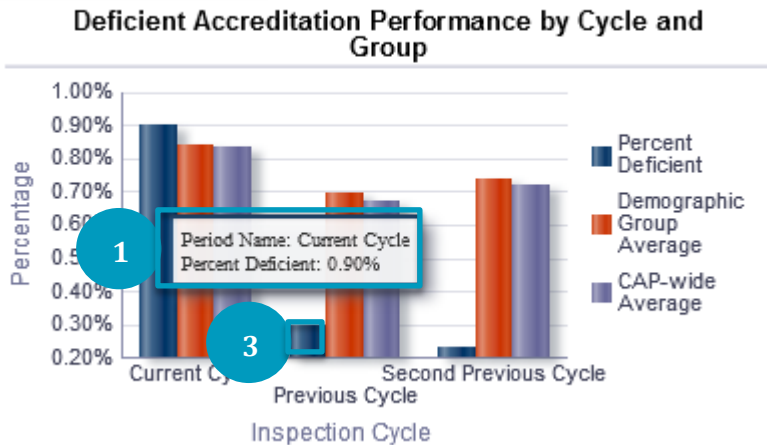
Last Accreditation Decision	Date
Accredited	6/16/2014

Current Cycle Inspection(s)			
Date	Inspection Type	% Deficient	Recurring Deficiencies
3/14/2016	Routine	0.90	0

View Deficient Accreditation Performance by Cycle and Group

- Compare inspection results for three accreditation cycles as a percentage of inspection requirements, compliant or deficient, to CAP-wide averages and demographic group (groups of laboratories that have the same laboratory classification) averages.

2 Select View: Graph ▾



1. Hover your mouse pointer over a column to see the exact percentage.
2. Click the Select View drop-down menu to change the view to a data chart.
3. Click on one of the graph's columns (or one of your laboratory's percentages in the data view) to transfer to the Inspection Summary.



View Current Sanctions

Current Sanctions	Effective Date
Probation	7/14/2015

- View the type of sanction (probation or suspension) and the sanction effective date.  
Note: The chart is only displayed when your laboratory has effective sanctions.

View Last Accreditation Decision

Last Accreditation Dec	Date
Accredited	3/18/2015

- View your laboratory's most recent accreditation decision (accredited or accredited with requirements) and the date the accreditation decision was made.

View Current Cycle Inspections

Current Cycle Inspection(s)			
Date	Inspection Type	% Deficient	Recurring Deficiencies
4/13/2016	Routine	0.80	2



- View inspection date(s), inspection type(s) (routine or nonroutine), and percentage of requirements deficient or compliant
- View the count of deficiencies cited more than once within the last three accreditation cycles for the same section/department (recurrent deficiencies).
  4. Click on an inspection date to transfer to the Laboratory Deficiency Detail for that inspection.
- Note: Multi-day inspections may show on multiple rows (for example, an AABB coordinated inspection of transfusion medicine).

Note: The accreditation performance overview charts and graph are not impacted by the # of Days filter.



## Inspection Summary

### Inspection Summary

CAP #	CLIA #	Name / Address	Demographic Group	Director

Yellow highlight indicates deficiency % higher than demographic group average; Red highlight indicates greater than 2.5% deficiencies; \*\* Indicates Preliminary Data

CAP #	Graph	Percent Deficient			Demographic Group Average			CAP-wide Average		
		Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle
		0.80% **	0.22%	1.12%	0.84%	0.68%	0.72%	0.84%	0.69%	0.71%

The Inspection Summary is the default report viewed on the Accreditation page (tab). View your laboratory's inspection results for three accreditation cycles as a percentage of inspection requirements, deficient or compliant. Use this report to look for trends in your inspection performance.

CAP #	Graph	Percent Deficient			Demographic Group Average		
		Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle
				1.12%	0.84%	0.68%	

5

- Summary by Section/Department
- Summary by Checklist Module
- Summary by Phase

6

- Compare your results to CAP-wide and demographic groups (groups of laboratories that have the same laboratory classification) averages.
  5. Click on the CAP number to display transfer options.
  6. Click on Summary by Section/Department, Summary by Checklist Module, or Summary by Phase to transfer to those reports to view more detailed information.
- Note: In this report results from routine and non-routine inspections for a cycle are combined into a single data point.
- Note: Demographic group and CAP-wide averages do not include preliminary data. They are recalculated every day and will change over time.



### Inspection Summary by Section/Department

View your laboratory's inspection results by section/department and checklist for three accreditation cycles. Use this report to identify the section/departments of your laboratory cited with inspection deficiencies. Section/departments are those divisions of your laboratory that you identify on your accreditation application.

Section Unit	Checklist Module	Cycle Type	Number Deficient			Number of Requirements			Percent Deficient			
			Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	
Molecular Diagnostics Total	Microbiology	Routine	0	0	0	133	137	168	0.00%	**	0.00%	0.00%
Serology	All Common	Routine	0	0	0	204	184	198	0.00%	**	0.00%	0.00%
	Chemistry and Toxicology	Routine		0	0			83		**	0.00%	0.00%
	Immunology	Routine		0	2			77		**	0.00%	1.80%
Serology Total				0	2			207		**	0.00%	0.78%
Toxicology	All Common	Routine			1			47		**	2.13%	0.00%
	Chemistry and Toxicology	Routine	0			71			0.00%			
			1			86			1.16%	**		
				0	1			120			0.00%	0.57%
Toxicology Total			1	1	1	157	167	205	0.64%	**	0.60%	0.49%
Virology	All Common	Routine	0	0	0	71	47	30	0.00%	**	0.00%	0.00%
	Microbiology	Routine	0	1	0	82	86	118	0.00%	**	1.16%	0.00%
Virology Total			0	1	0	153	133	148	0.00%	**	0.75%	0.00%
<b>Total for Checklist(s)</b>			20	8	6	2,230	2,671	2,609	0.90%	**	0.30%	0.23%

- View number of deficiencies cited, number of requirements inspected, and percentage of inspection requirements, deficient or compliant.
  - Click on the checklist module header to transfer to the Inspection Summary by Checklist Module and view results at the checklist module level across all sections/departments.
  - Click on an individual checklist module header to drill to the Inspection Summary by Checklist Module report and view results for that checklist module across all sections/departments.
  - Scroll to the bottom of the report to view the total number deficiencies cited and requirements inspected; and the percentage of inspection requirements, deficient or compliant, for the laboratory as a whole. This line is labeled Total for Checklist(s).
    - Note: If you filter the report by Section Unit or Checklist Module, the Total for Checklist(s) line displays the totals for only the selected sections/departments and/or checklist modules.
- Note: If you had multiple routine inspections in a cycle, the results of all those inspections will be combined into a single data point. The same rule applies when you have multiple non-routine inspections in a cycle. However, if results from an inspection are preliminary, the results will display in a separate row.
- Note: In this report, deficiency percentages greater than 2.5% (compliance percentages less than 97.5%) are highlighted in red; deficiency percentages greater than (compliance percentages less than) the demographic group average for the relevant checklist module are highlighted in yellow.
- Note: Report cells will be blank when the checklist module was not used on an inspection or when you modify the laboratory's sections/departments (delete/add sections) between inspections.



### Inspection Summary by Phase

View your laboratory's inspection results for three accreditation cycles by requirement Phase 1 or 2 as a percentage, deficient or compliant. Phase 1 deficiencies are those that compromise the quality of the services without endangering the health and safety of patients, clients, or personnel. Phase 2 deficiencies are those that may have a serious impact on the quality of services or may endanger the health and safety of patients, clients, or personnel.

Phase	Graph	Percent Deficient			Demographic Group Average ⓘ			CAP-wide Average		
		Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle
01		1.51% **	0.00%	0.46%	0.72%	0.51%	0.57%	0.72%	0.52%	0.56%
02		0.68% **	0.27%	1.30%	0.86%	0.72%	0.75%	0.86%	0.73%	0.75%
Total for All Phases		0.80% **	0.22%	1.12%						

1. Compare results to CAP-wide averages and demographic group (groups of laboratories that have the same laboratory classification) averages.
2. Note: The last line of the report is the deficiency percentage for deficiencies of both phases. When you filter to show Inspection type, the total row will show the deficiency percentage for deficiencies of both phases for either the routine or non-routine inspections.



### Inspection Summary by Checklist Module

View your laboratory's inspection results by checklist module for three accreditation cycles as a percentage of inspection requirements, deficient or compliant. Use this report to identify the disciplines within your laboratory with inspection deficiencies.

Checklist Module	Graph	Percent Deficient			Demographic Group Average			CAP-wide Average		
		Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle
Hematology and Coagulation		0.39%	0.62%	3.19%	0.46%	0.45%	0.61%	0.46%	0.46%	0.61%
Immunology		0.00%	0.00%	0.00%	0.23%	0.19%	0.29%	0.24%	0.21%	0.31%
Laboratory General		0.00%	0.73%	1.82%	1.11%	0.82%	0.78%	1.06%	0.81%	0.77%
Microbiology		0.32%	0.52%	0.73%	0.40%	0.36%	0.50%	0.39%	0.36%	0.49%
Point-of-Care-Testing		0.00%	0.72%	3.95%	1.27%	1.03%	1.43%	1.23%	1.01%	1.39%
Team Leader Assessment of Director & Quality		0.00%	0.00%	0.00%	0.95%	0.62%	0.53%	0.96%	0.65%	0.57%
Transfusion Medicine		0.27%	0.00%	0.00%	0.54%	0.56%	0.67%	0.53%	0.56%	0.67%
Urinalysis		0.00%	0.00%	2.56%	0.45%	0.38%	0.55%	0.44%	0.39%	0.55%
<b>Total</b>		<b>0.18%</b>	<b>0.31%</b>	<b>1.17%</b>						

- Compare results to CAP-wide and demographic group (groups of laboratories that have the same laboratory classification) averages.
  3. Click on the Checklist Module Header to transfer to the Inspection Detail by Checklist Module.
  4. Click on a checklist module name to drill to the Inspection Detail by Checklist Module for the selected checklist module.
- Note: When a checklist module is used in more than one of the sections/departments in your laboratory, the data from all those sections/departments will be combined.
- Note: If you had multiple inspections in a cycle, the results of all those inspections will be combined into a single data point. However, if results from an inspection are preliminary, the results will display in a separate row.
- Note: The last line of the report is the deficient/compliant percentage for all the checklists presented on the report. When you filter to show one or more specific checklists, the total will show the deficient/compliant percentage for the selected checklists.
- Note: In this report deficiency percentages greater than 2.5% (compliance percentages less than 97.5%) are highlighted in red; deficiency percentages greater than (compliance percentages less than) the demographic group average for the relevant checklist module are highlighted in yellow.
- Note: Report cells will be blank when the checklist module was not used on an inspection.



### Inspection Detail by Checklist Module

View your laboratory's inspection results for three accreditation cycles for each checklist module. Use this report to examine the disciplines within your laboratory with inspection deficiencies.

Checklist Module	Number Deficient			Number of Requirements			Percent Deficient			Demographic Group Average			CAP-wide Average		
	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle
All Common	1	1		470	330		0.21%	0.30%		1.43%	1.38%	1.41%	1.42%	1.39%	1.36%
Anatomic Pathology	0	0	0	127	172	153	0.00%	0.00%	0.00%	0.81%	0.59%	0.72%	0.84%	0.60%	0.72%
Chemistry and Toxicology	0	0	3	175	237	229	0.00%	0.00%	1.31%	0.52%	0.55%	0.85%	0.49%	0.53%	0.81%
Cytopathology	0	0	0	83	102	103	0.00%	0.00%	0.00%	0.56%	0.54%	0.58%	0.58%	0.56%	0.60%
Hematology and Coagulation	1	2	10	257	321	313	0.39%	0.62%	3.19%	0.46%	0.45%	0.61%	0.46%	0.46%	0.61%
Immunology	0	0	0	71	103	102	0.00%	0.00%	0.00%	0.23%	0.19%	0.29%	0.24%	0.21%	0.31%
Laboratory General	0	2	5	187	273	275	0.00%	0.73%	1.82%	1.11%	0.82%	0.78%	1.06%	0.81%	0.77%
Microbiology	1	2	4	317	386	550	0.32%	0.52%	0.73%	0.40%	0.36%	0.50%	0.39%	0.36%	0.49%
Point-of-Care-Testing	0	1	3	111	139	76	0.00%	0.72%	3.95%	1.27%	1.03%	1.43%	1.23%	1.01%	1.39%
Team Leader Assessment of Director & Quality	0	0	0	18	22	23	0.00%	0.00%	0.00%	0.95%	0.62%	0.53%	0.96%	0.65%	0.57%
Transfusion Medicine	1	0	0	369	414	412	0.27%	0.00%	0.00%	0.54%	0.56%	0.67%	0.53%	0.56%	0.67%
Urinalysis	0	0	2	49	77	78	0.00%	0.00%	2.56%	0.45%	0.38%	0.55%	0.44%	0.39%	0.55%
<b>Total for Checklist(s)</b>	<b>4</b>	<b>8</b>	<b>27</b>	<b>2,234</b>	<b>2,576</b>	<b>2,314</b>	<b>0.18%</b>	<b>0.31%</b>	<b>1.17%</b>						

- Compare your results to CAP-wide and demographic group (groups of laboratories that have the same laboratory classification) averages.
- Review the actual counts of deficiencies and the number of requirements included in your customized checklist for the individual inspections that are used to calculate the deficient or compliant percentages.

Checklist Module	Number Deficient			Number of Requirements			Percent Deficient			Demographic Group Average			CAP-wide Average		
	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle	Current Cycle	Previous Cycle	Second Previous Cycle
Hematology and Coagulation	1	2	10	257	321	313	0.39%	0.62%	3.19%	0.46%	0.45%	0.61%	0.46%	0.46%	0.61%
<b>Total for Checklist(s)</b>	<b>1</b>	<b>2</b>	<b>10</b>	<b>257</b>	<b>321</b>	<b>313</b>	<b>0.39%</b>	<b>0.62%</b>	<b>3.19%</b>						

- Filter the results to focus on a particular checklist module. If you transferred to the Inspection Detail by Checklist Module report by clicking a checklist module on the Inspection Summary by Checklist report, the data will be filtered to show that checklist module.
- Note: The last line of the report is the total for all the checklists presented on the report. When you filter to show one or more specific checklists, the total will show the sums of the data for the selected checklists.
  - Note: When a checklist module is used in more than one of the sections/departments in your laboratory, the data from all those sections/departments will be combined.
  - Note: If you had multiple inspections in a cycle, the results of all those inspections will be combined into a single data point. However, if results from an inspection are preliminary, the results will display in a separate row.
  - Note: In this report deficiency percentages greater than 2.5% (compliance percentages less than 97.5%) are highlighted in red; deficiency percentages greater than (compliance percentages less than) the demographic group average for the relevant checklist module are highlighted in yellow.
  - Note: Report cells will be blank when the checklist module was not used during a cycle.



### Laboratory Deficiency Detail

View your laboratory's deficiencies for the last three accreditation cycles, one accreditation cycle at a time. Use this report to examine your inspection results as well as your responses to the cited deficiencies.



Requirement Number	Phase	Requirement Description	Section / Department	Recurring Deficiency	Inspection Date	Inspector Comments	Lab Deficiency Response	Status
COM.04200	02	There is documentation of monthly evaluation of instrument maintenance and function, including temperatures of refrigerators/freezers in which reagents or patient specimens are kept.	Blood Donor Center	Not Recurring	7/15/2014	No evidence of 3 months maintenance required by operators manual for cytotherm (thaws FFP for cryo production) to verify alarm when temp goes out of range. Biomed does check this at 12 months.	No original response received. 12/9/14 additional documentation received includes the following response: Standard Operating Procedure 9.208., Cryoprecipitated AHF Preparation, Labeling and Release, was revised to include quarterly over-temperature alarm tests as part of the routine maintenance of the CytoTherm 4T.6C per the manufacturer's recommendations. Form QC-362, Component Processing Waterbath Temperature Record, was revised to include documentation of quarterly over-temperature alarm tests. Previously, biomedical repair conducted over-temperature checks of the CytoTherm 4T.6C annually. J.G.	Final
HEM.37991	02	When plasma-mixing studies are performed, an appropriate pooled plasma is utilized.	Core Lab	Not Recurring	9/24/2014	Mixing studies procedures did not meet current practice. CORRECTED ON SITE.*	*CORRECTED ON SITE.*	Final
MIC.63252	01	When appropriate, appropriate statistics (e.g. percentage of results that are positive for	Molecular Pathology	Not Recurring	9/24/2014	There is no written procedure for calculation of Neissering gonorrhoea/Chlamydia	Current SOP has been revised to include detailed procedure on how to calculate monthly CT /GC	Final

1. View the requirement description for deficiencies cited. This description does not include requirement notes and references.
2. View additional information about the requirement:
  - o Phases
    - Phase 1—those deficiencies that compromise the quality of the services without endangering the health and safety of patients, clients, or personnel.
    - Phase 2—those deficiencies that may have a serious impact on the quality of services or may endanger the health and safety of patients, clients, or personnel.
  - o Section/Department—the unit of your laboratory cited with the deficiency
  - o Recurring Deficiency
    - Recurring, Last Inspection—the deficiency was also cited at the previous routine inspection for the section /department
    - Recurring, Inspection Before Last—the deficiency was also cited at the routine inspection prior to the previous routine inspection for the section/department
    - Recurring, Last Two Inspections—the deficiency was also cited at both of the previous routine inspections for the section/department
  - o Inspection Date
  - o Status—deficiencies are in preliminary status from the time the inspector findings are entered into the CAP information system until the accreditation decision is finalized.
3. View the comment to explain the deficiency entered on the inspector's report by your inspector.
4. View the response provided by your laboratory in reply to the cited deficiency. The report does not include the supporting documentation provided.



- Note: You may see characters in the inspectors' comments or your responses that are an artifact of translation from CAP information systems. You may also see comments in the Lab Deficiency Response fields that relate to CAP's post-inspection review process.