

OptimiZed Q.C. Process								
Sigma From	Sigma To	QC Strategy #	QC Rule	Sample Frequency	Front Line Chart Review	Supervisor Chart Review	Investigation and Quality Improvement Action	
6.01	999.0	1	1-3.5s	Routine	1x / Week	1x / 4 Weeks	None	
5.51	6.00	2	1-3.5s	Routine	1x / Week	1x / 4 Weeks	None	
5.01	5.50	3	1-3.0s	Routine	1x / Week	1x / 4 Weeks	None	
4.50	5.00	4	1-2.5s	Routine	1x / Week	1x / 4 Weeks	None	
4.01	4.50	5	1-2.0s	Incr Freq 1	1x / Week	1x / 2Weeks	If Margin for Error is lower/worse than peers	
3.51	4.00	6	1-2.0s	Incr Freq 2	2x / Week	1x / Week		
3.01	3.50	7	1-2.0s	Incr Freq 3	2x / Week	1x / Week		
2.51	3.00	8	1-2.0s	Incr Freq 4	1x / Day	2x / Week	Yes! Make it better.	
2.00	2.50	X	Stop! NO NOT report any results until acceptable quality is verified (Total Error < TEa) Investigate, take action and repeat prior patients as stated in Process # Q-111					

This is ONE possible QC strategy plan. Approve or modify this before implementing!

Process to select Q.C. Strategy

1. Define the true value for each sample as per lab policy/hierarchy
2. Set the TEa limit for each sample as per lab policy/hierarchy
3. Gather recent mean & SD of all Q.C. Samples
4. Calculate Sigma for each sample
5. Select Q.C. Strategy for each sample based on Sigma Value

Why use separate strategies at each level?

Change can occur at one level and not the other

Check the graph. Sigma of Lev 2 is seldom the same as Lev 1

No single strategy works for a test where Lev 1 Sigma is 2.1 and Lev 2 is 6.9

How can you implement separate strategies at each level?

It's not difficult. See details in FAQs at www.awesome-numbers.org

30 Lev1:Lev2 Combinations - 8 Tests in 6 Labs

