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	SECTION: QUALITY ASSURANCE
TITLE/DESCRIPTION: Policy on Turnaround Time	

PURPOSE

To ensure compliance to Turn Around Time (TAT)

LEVEL

All Divisions, Internal Quality Analyst-Non Patient Care, Quality Assurance Supervisor

DEFINITION OF TERM

Turn-Around-Time (TAT) – operationally the term refers to the acceptable time given by a department, or division for an examination (laboratory, imaging, Non-Invasive Cardiovascular Imaging Sciences, etc.) or a service to be completed. However, turnaround time (TAT) can also be taken from other unit or department that provides care and non-care services that are not listed on this policy.

POLICY


1. Turnaround time (TAT) is one of the most noticeable signs of laboratory service and is often used as a key performance indicator of laboratory performance¹ Every laboratory examinations, imaging services, and or other patient care and non-patient care services shall have a Turnaround Time (TAT).
2. The Turn Around Time shall be based on but not limited to JCI, Philhealth, DOH, ACI, CDC, NICE or other international standards or as the area deemed it specific, measurable, attainable, reliable, and time-bounded. Provided further that the said turnaround time shall be evidence-based.
3. The Total Quality Division shall be informed of any changes in the Turn-Around-Time of a department or division. Any changes in TAT shall also be reflected in the policy.
4. All Department or Divisions shall be given feedback for their non-compliance or compliance to Turn Around Time.
5. All non-compliance to TAT shall be included in the Quality Assurance Program of every department or Division.

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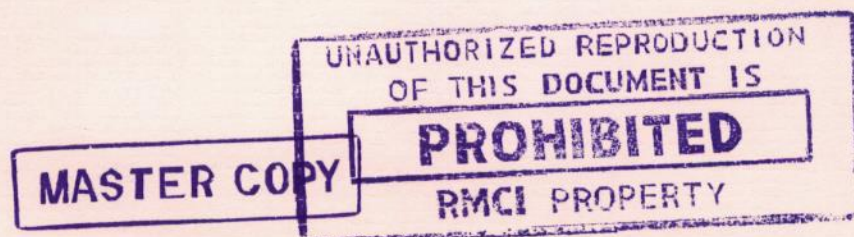



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PRINCIPLES¹:

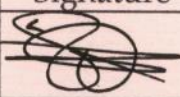

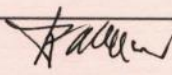

1. Quality can be defined as the ability of a product or service to satisfy the needs and expectations of the customer. Laboratories have traditionally restricted discussion of quality to technical or analytical quality, focusing on imprecision and inaccuracy goals.
2. TAT is one of the most noticeable signs of a laboratory service and is used by many clinicians to judge the quality of the laboratory.
3. Unsatisfactory TAT is a major source of complaints to the laboratory regarding poor service and consumes much time and effort from laboratory staff in complaint resolution and service improvement.
4. With the increasing interest in the extra-laboratory phases of the testing process, more laboratories are including TAT as a key performance indicator of their service.
5. Faster TAT is universally seen as desirable.
6. TAT continues to be a cause of customer dissatisfaction with the laboratory service.
7. If laboratory results provide essential data for patient management, it follows that more timely results will improve patient care and that, despite the lack of evidence, it is reasonable to assume that timeliness of laboratory results affects physician efficiency and hospital LOS.
8. All common laboratory tests shall ideally be reported as fast as possible by methods yielding high quality results, suggesting 60 minutes or less from sample registration to reporting under optimal conditions.
9. Regular review of performance goals whenever systems, workflow or equipment change and on an annual basis.

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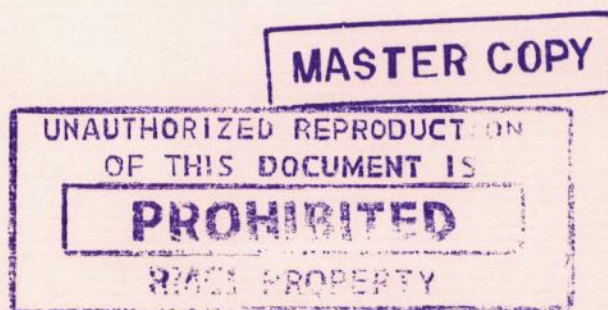



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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	BERNIE B. SIASON Internal Quality Auditor -Non Patient Care		02/17/2020
Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		02/17/2020
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID Total Quality Division Officer		2/18/2020
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		2/18/2020

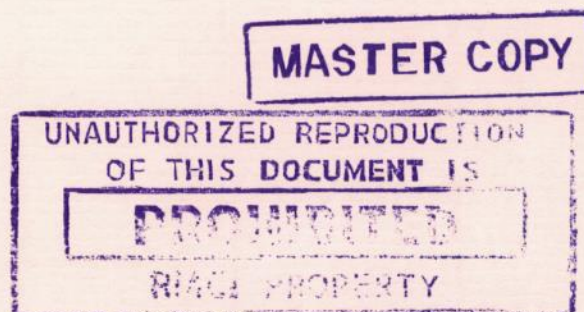
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PROCEDURES:

1. The department or division involved in patient and non-patient care shall provide the Total Quality Division with the Turnaround Time (TAT) of their procedures and processes or during the Tracer Methodology study.
2. The Internal Quality Analyst shall conduct an announced and or announced audit of the division or departments' TAT or perform an audit on TAT during the tracer methodology study.
3. A compliance or non-compliance report of Turnaround Time shall be given to the division or department after the audit is completed.
4. The division and or department shall act or take corrective measures on any non-compliance on their Turnaround Time.





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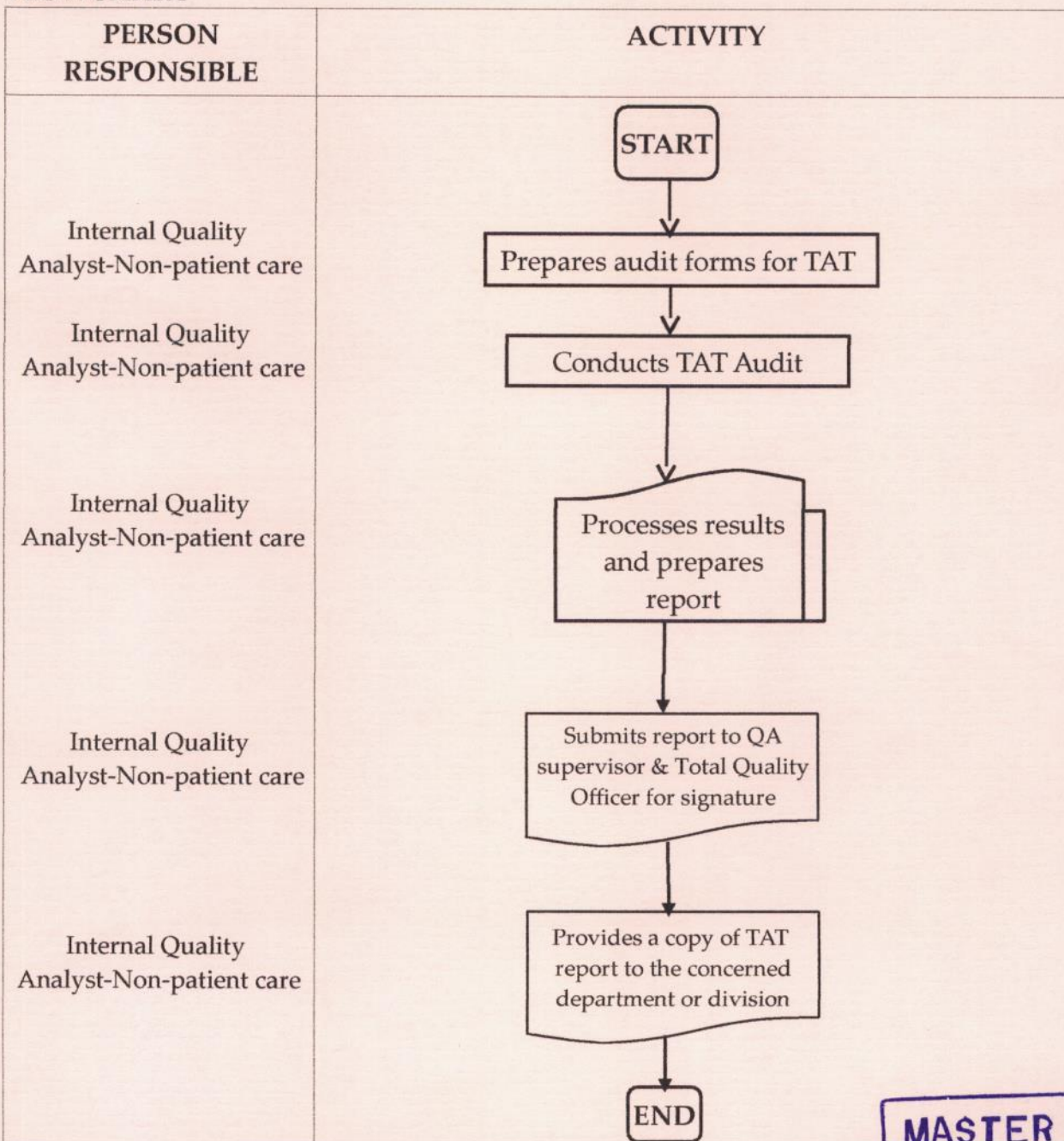
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DOCUMENTATION

1. Policy and Procedure Manual

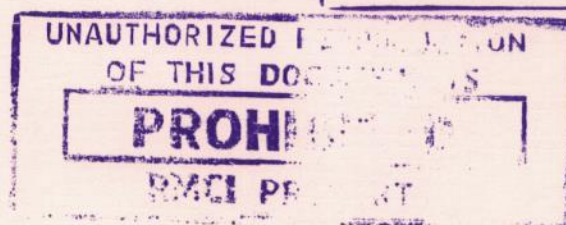
DISSEMINATION

1. Division Meeting
2. RMCi Communicator

REFERENCE:

¹Hawkins, Robert C., Laboratory Turnaround Time. Clin Biochem Rev. 2007 Nov; 28(4): 179-194 2007 Nov; 28 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2282400/>. Retrieved: February 11, 2019

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