

# Patient Safety Benchmark Peer Reporting Program

User Guide

September 11, 2023

# Contents

PROGRAM GENERAL INFORMATION
PROGRAM REGISTRATION INSTRUCTIONS
CUSTOMER PROGRAM REGISTRATION FOR ASCLS NON-MEMBERS
Non-Member Customer Registration Instructions5
PROGRAM DATA SUBMISSION INSTRUCTIONS
DATA COLLECTION AND SUBMISSION INSTRUCTIONS
General Instructions
Data Collection and Submission Instructions11
ATTACHMENT 1: PROGRAM REGISTRATION WORKSHEET
ATTACHMENT 2: DATA SUBMISSION WORKSHEET14
BENCHMARK PEER REPORTING CONNECT COMMUNITY & PROGRAM REPORTING INFORMATION 16
Benchmark Peer Reporting Program - Connect Community16
Connect Community General Content16
Quick Tour: Benchmark Peer Reporting Program Connect Community Content & Tabs17
Benchmark Peer Reporting Program Community – Login Instructions
Program Reporting Information [[UNDER DEVELOPMENT]]24

# PROGRAM GENERAL INFORMATION

The ASCLS Patient Safety Benchmark Peer Reporting Program provides laboratory leaders a forum to:

- Track individual laboratory performance related to critical patient safety indicators
- Compare individual laboratory performance to peer laboratory performance
- Securely communicate ideas, ask questions, and share Best Practice strategies and improvements with other participants

Becoming a program participant is as easy as:

- Reviewing the program information
- Registering as a participating laboratory
- Determining which Patient Safety Indicators are of interest to your laboratory
- Submitting specific data to the program as defined by the standardized Patient Safety Indicator(s)
- Receiving and reviewing program reports (individual or peer)
- Implementing patient safety improvements
- Participating in the Benchmark Peer Reporting Program Connect Community

Participation in the ASCLS Patient Safety Benchmark Peer Reporting Program is confidential. Aggregate data will be shared, but names of participants or specific data identifiers are not shared.

# PROGRAM REGISTRATION INSTRUCTIONS

- 1. Prior to submitting your registration, obtain approval from the appropriate facility leadership to enroll your laboratory in the program and submit your laboratory's data to the Patient Safety Benchmark Peer Reporting Program.
- 2. Only current ASCLS members may register as a participating laboratory for the program. The ASCLS member must be listed as the 'Submitter' in the online form. ASCLS member ID # is required.

Submitters Name (Required) Must be an ASCLS Member.	
First	Last
ASCLS Member ID Number (Required)	

3. Contacts: Contact designation should include 1-2 key leaders that will hold responsibility for fulfilling the program requirements and will be members of the 'Benchmark Peer Reporting Program' connect community. Contacts will receive program communications. A primary contact is required (may be the same as the registration submitter) or another program leader. A secondary contact is optional but is recommended. The contacts designated may be ASCLS members or ASCLS non-members. If a contact is not an ASCLS member, they are required to complete a non-member customer registration (refer to page 4, Non-Member Customer Registration Instructions).

Contacts		
Primary Contact Name (Required)	]	Primary Contact Email (Required)
First	Last	
Secondary Contact Name		Secondary Contact Email
First	Last	

- 4. Prior to filling out the registration form verify that you have all the information required. (Refer to Attachment 1: Registration Worksheet)
- 5. Enter registration information via the online form at: https://ascls.org/patient-safety-benchmark-prp-reg/



6. After the registration is submitted, a pop-up screen will appear showing your registration information. You will also receive a confirmation email that can be printed to confirm your registration. After receipt of the registration confirmation email you are approved to begin submitting the specific Patient Safety Indicator(s) (PSIs) data your laboratory chooses to participate in. You may choose to participate in one or multiple benchmarks. If desired, the laboratory may start data submission for the PSIs at different times.

Patient Safety Benchmark Peer Reporting Program-Reg	gistration Home / Patient Safety Benchmark Peer Reporting
Your Patient Safety Benchmark Peer Reporting Program registration has been submitted.	Example pop up screen that will be displayed after submitting registration information
Your assigned Laboratory Program ID#: 1813 This ID# is a unique identifier for your laboratory. It is required to submit your data to the program data.	n. Keep it secure and available for those that will be submitting your
A confirmation email will be sent and provide additional instructions on your registration and process to	) submit data to the program.
If you do not receive the confirmation email or determine registration error(s) occurred in your submissi	ion, contact us at: (insert email and phone number when available)
Registration Information Submitted:	
Laboratory Name	
ABC Test Clinic	

Patient Safety Benchmark Peer Reporting Program Registration Confirmation								
A ascls@ascls.org To	Example confirmation email that may be kept confirming registration and storing your assigned Laboratory Program ID#	🖒 🥎 Reply 🖔 Reply	All → Forward Sat 3/26/2022 1:					
Welcome to the ASCLS Patient Safety Ben Instructions:	Welcome to the ASCLS Patient Safety Benchmark Peer Reporting Program. Your registration information has been received. Thank you for your commitment to Patient Safety. Registration Confirmation and General Instructions:							
Your facility is now registered for the Benchmark Peer Reporting Program.     Your assigned Laboratory Program IDE: 1813     This IDF is a unique identifier for your laboratory. It is required to submit your data to the program. Keep it secure and available for those that will be submitting your data.     Review your registration information below. If you identify that a registration entry error occurred, contact us immediately at: (insert email and phone number when available)     Instructions to submit your laboratory's Benchmark Peer Reporting data: (insert data submission instructions link when available)     Online data submission form URL: https://asds.org/patient-safety-benchmark-terp-data-submission/								
Registration Information Submitted:								
Laboratory Name								
ABC Test Clinic								
Laboratory Address								
999 51st Street PO Box 999 Anytown, South Dakota 57018 United States								

7. Your Laboratory Program ID # provided in the registration confirmation email is a unique identifier for your facility and it is required to submit PSI data to the Benchmark Peer Reporting Program. Keep it in a safe place and only share this identification number with appropriate laboratory leaders and staff who will be responsible for completing PSI data submissions.

Patient Safety Benchmark Peer Reporting Program Registration Confirmation
A ascls@ascls.org To
Welcome to the ASCLS Patient Safety Benchmark Peer Reporting Program. Your registration information has been received. Thank you for y Instructions:
<ul> <li>_Your facility is now registered for the Benchmark Peer Reporting Program.</li> </ul>
Your assigned Laboratory Program ID#: 1813
<ul> <li>This ID# is a unique identifier for your laboratory. It is required to submit your data to the program. Keep it secure and available for</li> </ul>
Review your registration information below. If you identify that a registration entry error occurred, contact us immediately at: (inse

8. Review the registration information in the confirmation email. If you identify that a registration error has occurred, or have any other questions about the Benchmark Peer Reporting program contact us at: <u>benchmark@ascls.org</u>

# CUSTOMER PROGRAM REGISTRATION FOR ASCLS NON-MEMBERS

During the laboratory registration process, any Benchmark Peer Reporting Program contact/leader who is not an ASCLS member is required to complete a 'non-member customer registration' to be able to receive program communications and have access to the Benchmark Peer Reporting Program connect community. <u>Non-member customer registration should be completed within 1-2 days after the laboratory has submitted its registration to be a participant laboratory.</u>

### Non-Member Customer Registration Instructions

1. Go to: <u>https://ascls.org/</u>  $\rightarrow$  Click 'MEMBER CENTRAL' (button upper right corner)



2. On the MEMBER CENTRAL page  $\rightarrow$  Click 'REGISTER' (lower left under 'forgot your password')

ASCL The American Society Clinical Laboratory Society	$\sim$			Your	Member Account   Connect Community
JOIN OR R	ENEW	MEMBER/CUSTOMER LOGIN	EVENTS	ASCLS STORE	LEADERSHIP ROSTERS
Home	lf y	t an ASCLS Member or don't aired not have a login, click "Register" free "Customer" account from ou are already logged in and you v ccount in the text badw, then click	below to join the <u>drop-dow</u> vant to renew	Customer account" as a Member or to on n list of Member Opp your membership, e ship Renewal on the 2.	create a tions. Slick on <b>My</b>

3. On the REGISTRATION page → Under Membership Type Details: Select 'CUSTOMER' in the dropdown box

	Membership Application							
MEMBERSHIP OPTIONS > MEMBER INFO > USER INFO > PAYMENT								
	Sustaining Membersn., <i>J</i> is a status that can be ac. to ANY prote. sonal andership category. Sustain							
	Usize this category to setup a system login to purchase products at non-member rates. This category includes no member benefits but will allow you to sign into the ASCLS Education site (www.labucate.org) to purchase CE products.							
	Please note: The ASCLS membership year runs from August 1 through July 31. Memberships are non-refundable.							
	Click 'Customer' from drop down box Membership Type Details							
	Aembership Options							

4. On CUSTOMER page  $\rightarrow$  submit your email address to check for previous registration  $\rightarrow$  Click 'Next'

ASCLS The American Society for Clinical Laboratory Science			Your	Member Account   Connect	Community   CE Organizer	
JOIN OR RENE	W MEMBER/CUSTOMER LOGIN	EVENTS	ASCLS STORE	LEADERSHIP ROSTERS		
	Home > Membership Application					
	Membership Applic	ation				
	MEMBERSHIP OPTIONS > INEMBER INFO > USER INFO > GROUP AND COMMITTEE > PAYMENT					
	Personal Information Please enter your name or email to check if you already have a record with us. Please enter your either your last name or email address below.					
		Submit	email below to che registration		* Required Information	
	Last Name:*	OR				
	Email Address:*			$\bigcirc$		
					Next >>	

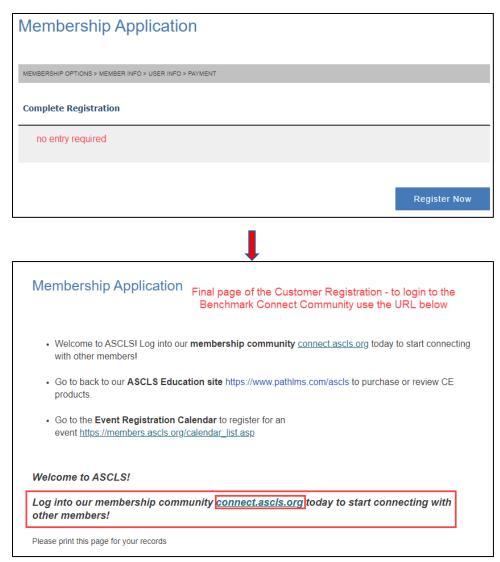
5. On Member Information page  $\rightarrow$  complete all red asterisk information  $\rightarrow$  Click 'Next'

ASCLS The American Society for Clinical Laboratory Science	e		Your	Member Account   Connect Con	nmunity   CE Organizer
JOIN OR RENEY	W MEMBER/CUSTOMER LOGIN	EVENTS	ASCLS STORE	LEADERSHIP ROSTERS	
1	Home > Membership Application				
	Membership Applic	ation			
	MEMBERSHIP OPTIONS > MEMBER INFO > USE	R INFO > GROUP	AND COMMITTEE > PAYM	ENT	
	Member Information				
	Please enter your contact info below.				
	Contact Information C	omplete all r	equired informatic	on marked with red asterisk	* Required Information
	Prefix			~	
	First Name *				
	Middle Name				
	Last Name *				
	Suffix				
	Contact Type	Primary Indivi	dual		
	Address Type	Work Addres	s	~	
	Charles & Address &				

6. On the User Information page → system will assign your username as your email → Select and enter your password and password confirmation → Click 'Next' (file/store your username and password to be used for customer login and community access)

Membership A	pplication				
MEMBERSHIP OPTIONS > MEMBER	INFO > USER INFO > GROUP	AND COMMITTEE > PAYMENT			
User Information       For Login: Your username will be your email address.         Your username is your primary email address.       address					
Username and Passwor	d			* Required Information	
Username *		ogmail.com e is Available For Your Use.	<b>(</b> )	System should indicate that your username is available for	
Password *		Minimum of Six Characters			
Password **	Minimum of Six (			Enter the password that you	
Confirm Password *	•••••			will use for login	
				Next >>	

7. On the Complete Registration page  $\rightarrow$  Click 'Register Now' (lower right)



#### **IMPORTANT NOTES:**

- This manual non-member customer registration may take 1-3 working days for the registration to complete in the system.
- After the registration process is complete, you will be able to access the connect community at the address above or access it directly from the ascls.org website by clicking 'CONNECT COMMUNITY' at the top of the page. Login is required using the customer's name and password selected during the registration process
- Non-member customers will also receive other types of professional ASCLS communications.
- Contact the Benchmark Peer Reporting Program administrator at <u>benchmark@ascls.org</u> if you unable to access the connect community after 3 working days from day of customer registration.
- For additional information on content and logging into ASCLS to access the Benchmark Peer Reporting Program connect community – Refer to 'Benchmark Peer Reporting Program – Connect Community' section of this Users Guide

# PROGRAM DATA SUBMISSION INSTRUCTIONS

Prior to beginning your laboratory's data submission to the Patient Safety Benchmark Peer Reporting Program, the following must be completed:

- Approval obtained from the appropriate facility leadership to enroll your laboratory in the program and submit your facility's laboratory data to the program
- Completion of the online registration as indicated by receipt of email confirmation with your laboratory's unique Laboratory Program ID

(Registration Form URL: https://ascls.org/patient-safety-benchmark-prp-reg/)

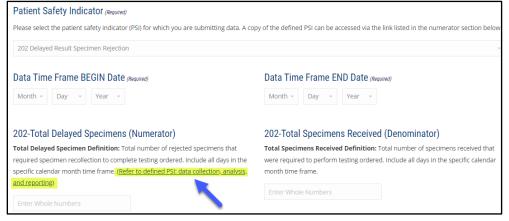
Patient Safety Benchmark Peer Reporting Program Registration Confirmation	
A ascls@ascls.org To	
Welcome to the ASCLS Patient Safety Benchmark Peer Reporting Program. Your registration information has been received. Thank you fo Instructions:	·у
Your facility is now registered for the Benchmark Peer Reporting Program.     Your assigned Laboratory Program ID#: 1813	
Inis ID# is a unique identifier for your laboratory. It is required to submit your data to the program. Keep it secure and available f     Review your registration information below. If you identify that a registration entry error occurred, contact us immediately at: (in	

- Selection of which Patient Safety Indicators (PSI) program(s) your laboratory will participate in (note: you do not need to complete any data entry on the form to access the below information)
  - A list of PSI benchmark programs and links are available in the online data submission form and under the 'Patient Safety Indicator' drop down menu. A copy of the defined PSIs can be downloaded from the website.

(Data Submission Form URL: <u>https://ascls.org/patient-safety-benchmark-prp-data-submission/</u>

	Patient Safety Indicator (Required)		
ļ	Please select the patient safety indicator (PSI) for which you are submitting data. A copy of the defined PSI can be accessed via the link listed in the numerator section below	ι.	
	202 Delayed Result Specimen Rejection	٣	

 To download a printable copy and evaluate the program PSI data submission requirements, click on the 'Refer to defined PSI: data collection, analysis and reporting' link found in the 'numerator section of the form'. Note: PSI definitions can also be found in the program connect community library



# DATA COLLECTION AND SUBMISSION INSTRUCTIONS

#### General Instructions

1. Determine the specific data needed as defined in the Patient Safety Indicator (PSI) under the section titled 'Data Collection, Analysis, and Reporting.' The data collected and submitted must be exactly as defined (i.e., numerator, denominator, collection time period, etc.) in the indicator.

ollectio	on, Analysis, and Reporting:
Scope	of Indicator: Define the indicator specific service area (e.g. ED, ICU, Urgent Care, or combination) to monitor
Nume	arator: Total number of rejected specimens that require recollection
Instru	ictions:
• R	ecord and count each specimen that is rejected for testing and requires recollection
• E: 0 0	Unacceptable specimen type (i.e. wrong matrix, incorrect container/tube, no specimen, quantity not sufficient, inadequate specimen-anticoagulant ratio, etc.)
Denor	minator: Total number of specimens received
Instru	ictions:
	to not count specimens that were submitted as 'extras' (i.e. are not required to complete testing ordered). Sount only the number of specimens (i.e. tubes/collection containers) required to perform testing ordered.
Data (	Collection Time Frame: 1 calendar month (e.g. January 1-31: June 1-30)
Instru	ictions:
• Sr	uggested Baseline Assessment: collect and report three (3) individual consecutive calendar months
	bata collection may be collected more frequently in a way that is manageable for the laboratory (e.g. daily, veekly, monthly)
• Fi	inal data collected must include all days in the calendar month

- 2. Determine the laboratory's sources to obtain the defined data. Data collection must be standardized utilizing the same sources and process each time data is submitted.
  - a. It is recommended to complete a pilot data collection study to ensure that the defined data is available, and data submission can be completed within the required time frame.
- 3. Determine which laboratory professional(s) will be responsible for data collection and submission. Train the responsible staff in the data collection and submission process.
- 4. Establish the dates for data collection and submission for your laboratory. It is recommended that time is allocated for collecting and preparing the data to allow submission, no later than the 20<sup>th</sup> of the month following the period of collection. Example: If collection period is for one month and the month being submitted is January 1-31, then the data submission deadline would be February 20.
- 5. Contact the Benchmark Peer Reporting Program administrator at <u>benchmark@ascls.org</u> if you have any questions about data that is to be collected, required time frames, or online submission process.

# Data Collection and Submission Instructions

- 1. Collect the required data for the defined time period. (Refer to Attachment 2: PSI Data Collection worksheet)
- 2. Submit the data online. URL: <u>https://ascls.org/patient-safety-benchmark-prp-data-submission/</u>
  - a. Ensure the Laboratory Program ID # entered, is the unique program ID number assigned to your laboratory at the time of registration.

Patient Safety Benchmark Peer Reporting Program Registration Confirmation
A ascls@ascls.org To
Welcome to the ASCLS Patient Safety Benchmark Peer Reporting Program. Your registration information has been received. Thank you for y Instructions:
<ul> <li>Your facility is now registered for the Benchmark Peer Reporting Program.</li> </ul>
Your assigned Laboratory Program ID#: 1813
<ul> <li>This ID# is a unique identifier for your laboratory. It is required to submit your data to the program. Keep it secure and available for</li> </ul>
<ul> <li>Review your registration information below. If you identify that a registration entry error occurred, contact us immediately at: (inse</li> </ul>

- b. Prior to clicking the 'submit' button, verify all data entry fields are complete and entry errors have not occurred.
- c. Data Submission Deadline: <u>submit data by the 20<sup>th</sup> of the month</u> after the defined data collection time period

Example:

Data collection time period 01/01/22 – 01/31/22 Data Submission Deadline: 02/20/22

- d. If you will be submitting data for more than one PSI, separate data submissions <u>must</u> be completed for each.
- 3. Data submission confirmation: You will receive an immediate pop-up data table upon submitting your data (this allows you to immediately review the data you submitted for entry errors). In addition, a confirmation email will be sent to you. Review the confirmation email for any errors, print and retain for your records.

Patient Safety Benchmark Peer Report Submission	ing Program-Indicator Data		
Your Patient Safety Indicator (PSI) data has been submitted.	Example pop up screen that will be displayed after submitting your data		
Review the data table below to assess if any data entry errors occurred.			
A confirmation email will be sent to you confirming your submission and $\boldsymbol{\mathfrak{p}}$	provide you a copy that may be retained for your records.		
If you do not receive the confirmation email or if you determine data entry error(s) occurred in your submission, contact us at: (insert email a available)			
PSI Data Submitted:			
Laboratory Program ID			
99999			
Laboratory Name			

ABC Clinic - Patient Safety Indicator Data Submission Confirmation			
A ascls@ascls.org To lezleek@sio.midco.net	Example data submission confirmation email		
Your Patient Safety Indicator (PSI) data submission has been received.			
Review the data table below to assess if any submission errors occurred.			
Retain a copy of this communication for your records.			
If you determine data submission error(s) occurred or if you have additional questions on the Patient Safety Benchmark Peer Reporting Program, contact us at:			
PSI Data Received:			
Laboratory Program ID			
99999			
Laboratory Name			
ABC Clinic			

4. Contact the Benchmark Peer Reporting Program administrator at <u>benchmark@ascls.org</u> if you do not receive a data submission confirmation email, have any questions or if you determine that data entry errors occurred.

# ATTACHMENT 1: PROGRAM REGISTRATION WORKSHEET

Note: It is helpful to have a copy of your laboratory's submitted CLIA CMS-116 form and CLIA Certificate available for reference if your laboratory is certified by CLIA (CMS). If your laboratory certification is through a CLIA exempt entity (e.g., New York State, Washington State, Department of Defense, Department of Veterans Administration) it is helpful to have that certification information available.

Registration Entry Item	Comments		
Laboratory Name			
Laboratory Address	Street Address (physical address)		
	Address Line 2 (mailing address, if different from physical address)		
	City		
	State Zip		
Submitter's Name	First Last		
(must be a current ASCLS member)	(Will receive all communications and reports from the program)		
ASCLS Member ID			
Submitter's Email			
Primary Contact Name (Required – may be ASCLS member or non-member	First Last (May be the same as the submitter or another primary laboratory contact; will receive copy of all communications and reports from the program)		
Primary Contact Email (Required)			
Secondary Contact Name (Optional, not required – may be ASCLS member or non-member)	First Last		
Secondary Contact Email (Optional, not required)			
Laboratory Certification	Select your laboratory's certification agency		
<b>Status</b> (Required)	(Choices: CMS, Department of Defense, Veterans Administration, New York State, Washington State)		
CLIA Certificate Type	Select the level of certification your laboratory holds		
(Required)	(Choices: Certificate of Waiver, Certificate for Provider Performed Microscopy, Certificate of Compliance or Certificate of Accreditation)		
Testing Complexity	Indicate all complexity levels of testing that are performed in your		
Levels (Required)	laboratory (Choices: waived, PPM, moderate, high)		
Testing Specialties	Indicate all testing specialties performed in your laboratory		
(Required)	(Choices: Chemistry, Hematology, Microbiology, Immunology, Immunohematology, Histocompatibility, Genetic Testing, Pathology – refer to online form for additional testing type examples)		
Type of Laboratory (Required)         Select the one description that best describes your fat (Examples: hospital, physician office, independent laboratory, communit health, etc.)			
Multiple Sites (Required)	Mark YES <u>only if</u> your CLIA certification has approved multiple testing sites under your single laboratory CLIA ID number		
	(Information is available on your CLIA certificate and your submitted CMS 116 form).		
	If you mark yes, you must briefly describe other testing locations that are defined as the multiple site locations (i.e., ED, ICU, 2 <sup>nd</sup> floor, etc.)		
Annual Test Volume (Required)	Select the volume range for your laboratory; volume must be calculated as outlined in the 'Instructions for Counting Tests'		

# ATTACHMENT 2: DATA SUBMISSION WORKSHEET

Laboratory Program ID #: \_\_\_\_\_\_ Laboratory Name: \_\_\_\_\_

PSI #: Indicator			licator Name	me:				
Data Time Frame Begin Date	Data Time Frame End Date	Numerator # (Refer to PSI definition)	Denominator # (Refer to PSI definition)	Rate % (enter online form calculated rate)	Data or Submission Comments/ Concerns (If yes, record on page 2)	Indicator Improvement Actions (If yes, record on page 2)	Date Data Submitted	Submitted By
					□ Yes □ No	□ Yes □ No		
					🗆 Yes 🗆 No	□ Yes □ No		
					□ Yes □ No	□ Yes □ No		
					□ Yes □ No	□ Yes □ No		
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					□ Yes □ No	□ Yes □ No		
					□ Yes □ No	□ Yes □ No		

# ASCLS Patient Safety Benchmark Peer Reporting Program - User Guide

_aboratory Program ID #:	Laboratory Name:
--------------------------	------------------

PSI #:

Indicator Name:

Data Submission Date	Document Any Data or Submission Comments/Concerns or Indicator Improvement Actions Reported				

# BENCHMARK PEER REPORTING CONNECT COMMUNITY & PROGRAM REPORTING INFORMATION

#### Benchmark Peer Reporting Program - Connect Community

The Benchmark Peer Reporting Program Connect Community is a private online platform for best practice sharing, program communication, member-to-member communication and a document repository of materials related to the program. All primary and secondary contacts identified via the participant laboratory program registration become members of this Connect Community with access to all information within the community.

#### Best Practice Sharing and the Benefits

Benchmarking is a critical activity whereby processes are evaluated against standards set by a facility for patient safety improvement initiatives. Data shared by participants of this peer comparison benchmarking program permits comparisons to laboratories similar in size and scope, as well as all laboratories in the program. Benefits and opportunities of peer comparison and best practice sharing include:

- Sharing best practices, resources, and references to improve patient safety
- Asking questions and discussing improvement ideas with colleagues in other laboratories
- Assessing the importance and potential impact of what is being measured
- Determining steps that may be taken to improve or maintain a high standard of patient safety

#### Connect Community General Content

#### **Communication**

Types of Communication:

- Program Administration to Participants: program updates, recommendations, instructional materials, polls, program Q&A
- Participants: questions to the group, questions, or communication with individual members, communicating best practice information (participant specific experiences/studies, patient safety products, references, resources, educational materials, etc.)

#### Library (Document Repository)

Types of documents in the library:

- Patient safety benchmark reference and resource materials
- Program resource and educational materials
- Program Peer Comparison reports
- Best practice sharing topics

# Quick Tour: Benchmark Peer Reporting Program Connect Community Content & Tabs

Community Home:

- The first tab (Home Page) displays when the Benchmark Peer Reporting Program community is accessed from 'My Communities.' This tab provides an overview of the newest items posted in the community (e.g., discussions, library entries, announcements).
- The "Settings" button located to the right of the tabs (on all pages) reflects preference selections for receipt of your email notifications (real time, daily digest).
  - Note: It is unacceptable for representatives of a laboratory participating in this program to select 'no mail.'

Benchmark Peer Reporting Program	
Community Home Threads 9 Library 3 Blogs 1 Events 0 Members 23	* Settings
Latest Discussions	Announcements
Start a Discussion This Discussion has no recent posts. Gain insight by starting a conversation with your fellow community members.	Add Announcement Create a new announcement for display here.
	Latest Library Entries Peer Comparative Reports - Document Repository

<u>Threads:</u>

- The second tab (Threads) is used to post best practice information or discussions that allow other members to respond to postings. This tab may also be referred to as 'Discussions'. There are two types of threads:
  - <u>Open-ended discussion</u> (e.g., best practice sharing references, resources, experiences, studies that a member wants to share with the community members)
  - <u>Question to be answered</u> (Q&A) (e.g., member can use to request input from other community members related to the program, patient safety topics, experiences others have had, performance criteria on other types of patient safety monitors)
- When this tab is opened, you will see a listing of Thread by Subject. Each subject will identify the author of the post and how many replies have been posted. Clicking on a thread subject will open the topic being discussed
- All community members are highly encouraged to respond to requests in thread/discussion postings

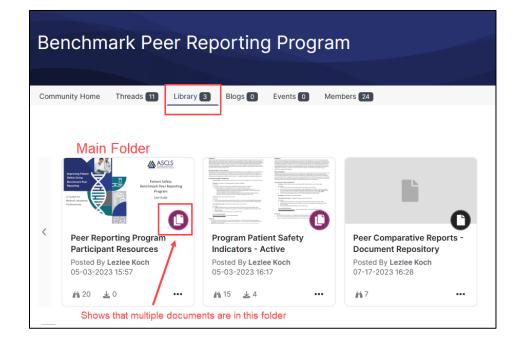
Benchmark Peer Reporting Program				
Community Home Threads 9 Library 3 Blogs 1 Events	0 Members 23		Settings	
	All Thread Types 🗸	Most Recently Update( ~	50 per page V Start New Thread	
Thread Subject	All Thread Types Questions	Replies	Last Post	
2nd Request (ACTION REQUIRED) on 4th Test on Communication via Thread/Discussion	Discussions	0	2 hours ago by Lezlee Koch	
Benchmark Connect Community - 4th Test of Communication vi Thread/Discussion [[Reply Action Required]]	a	3	<u>4 days ago by Catherine Otto</u> Original post by <u>Lezlee Koch</u>	
Thread/Discussion Trial - Action Required: Verify if you receive this email		4	<u>7 days ago by Wendy Parpart</u> Original post by <u>Lezlee Koch</u>	
Showing 1 to 3 of 3 threads (9 total approved posts)				

Start New Thread					
Start New Thread					
Post to community					
Benchmark Peer Reporting Program					
Focus your thread	3 Question to be answered				

Library:

- The third tab (Library) is organized into main topic folders. Each folder contains documents filed in the folder
- Clicking on the main folder shows all documents available in the folder for review or download

Benchmark Peer Reporting Program									
	Benchmark Feer Reporting Frogram								
		_							
Comm	nunity Home Threads 9 Library	3 Blogs 1 Events 0 Mer	nbers 23		Setting	s			
					Create Entry				
	ASCLS								
<	Image: Window Structure       Image: Window Structure         Image: Window Structure       Image: Window Structure </td <td>And the second s</td> <td>C Peer Comparative Reports - Document Repository Posted By Lezlee Koch 07-17-2023 16:28</td> <td></td> <td>MAIN FOLDERS listed in this section and in the section below</td> <td>&gt;</td>	And the second s	C Peer Comparative Reports - Document Repository Posted By Lezlee Koch 07-17-2023 16:28		MAIN FOLDERS listed in this section and in the section below	>			
	No folder selected: Showing all entr	ies			View: 📰 🖩 🏖	]			
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	Posted By Lezlee Koch 05-03-2023 16:17		44 1 F	2 Files	Shows individual files in fold	er
	Peer Reporting Program Participant Resource Posted By Lezlee Koch	± 4 ces	<b>#1</b> 5	Safety Using Receives Party A Table for Model Lakonsky Protected	Improving Patient Safety Using Benchmark 579 KB This toolkit was developed by	
The second secon	05-03-2023 15:57	<u>m</u> 22	Patient Safety Benchmark Reporting	ASCLS Patient Safety Benchmark Peer 1.24 MB This resource user guide was		

**Blogs and Events:** 

• The fourth tab (Blogs) and fifth tab (Events) will not be actively used at the current time

Benchmark Peer Reporting Program								
Community Home Threads 11 Library 3	Blooks 0 Evoxts 0 Members 24	Settings						
Latest Discussions	Will not be actively used at the current time	Announcements						
Start a Discussion This Discussion has no conversation with your fellow community m Start a Discussion		Add Announcement Create a new announcement for display here. Add Announcement						
		Latest Library Entries						

Members:

- The sixth tab (Members) provides a directory of all members in the Benchmark Peer Reporting Program Connect Community
- This tab allows the user to search for individual community members, and provides a line list of all members sorted by last name
- Members can 'send messages' to individual members through this tab

Benchmark Pe	er Reporting	Program			
Community Home Threads 11	Library 3 Blogs 0 E	Events 0 Members 24	Lists member	rs in community	Settings
First Name		Allows searching fo	r a member		
Last Name		Anows searching to			
Company Name					
Email Address					
Find	Members Clear All				Export
Showing 1 to 20 of 24 AI	so lists all members sorted by last name	Ł		Name A-Z V	0 per page \vee
Jean Bauer		Milwaukee, WI United States	Send Message Add	communi	ows cation with members
Deborah Blec	Lab I	ital Health Manager - Microbiology & ecular Diagnostics	Send Message Add	as Contact	

# Benchmark Peer Reporting Program Community – Login Instructions

#### Login Instructions:

- Go to ASCLS website <u>https://ascls.org</u>
- Click 'CONNECT COMMUNITY'

D Search	https://a	iscls.org	CONNECT COMMUNITY	CE ORGANIZER	LABUCATE VIRTUAL LEARNING	MEMBER CENTRAL	f У 🖸 in D
The Am Clinical	SCLS erican Society for Laboratory Science	MEMBERSHIP   EDUC	ATION COMMUNICA	ATION   PAP	RTICIPATE ADVOCACY-I	SSUES CAREERS	P.A.C.E. ABOUT US
					202	2 Jaho	aton
	• No	te: alternate dire	ect URL to the (	Connect	Community page	e https://co	nnect.ascls.org

- Login using the email and password you use as an ASCLS member or for nonmembers the email and password you provided when you completed customer registration
- If you have forgotten your password, click 'Forgot your Password'

Connect Home Communities - Directory	Events Browse Volunteer V Mentor Match V	Log in
Two options to Login(both function the same)		
Welcome to ASCLS Connect! Log in to participate in Bocussions with colleagues who work in all different areas of medical laboratory Science. Connect with people who speak your language! Login Nov Become a Member		

Member	.ogin
Not an ASCLS Member or don't already h	ave a Customer account? If you do
not have a login, click "Register" below	to join as a <b>Member</b> or to create a
free "Customer" account from the dro	p-down list of Member Options.
If you are already logged in and you want to Account in the text below, then click on Me	mbership Renewal on the left hand
, , , , ,	mbership Renewal on the left hand
Account in the text below, then click on Me side of the nex	mbership Renewal on the left hand t page.
Account in the text below, then click on Me side of the new lezleek@: mlsgirl.com	mbership Renewal on the left hand t page.

• After logging in you should be on the general community homepage, select the 'Benchmark Peer Reporting Program' community

• May be found in a couple of areas:



My Communities Quick List is found on the left side of the page

--OR USE THE QUICK LINKS ON THE RIGHT SIDE OF THE PAGE--

Quick Links          My Communities         Open Forum         My Profile							
My Communities							
6 total		All Communit	y Types				
Benchmarl	< Peer Reporting	Program					

Right side of the page  $\rightarrow$  click My Communities  $\rightarrow$  select Benchmark Peer Reporting Program to access this community

# Program Reporting Information [[UNDER DEVELOPMENT]]

Report Types:

- Individual Laboratory Dashboard Report: Shows the laboratory's Patient Safety Indicator (PSI) rates and statistical analysis.
- Peer Comparative Report: Will include comparative reporting with the participant's group and the overall group report of all participants

Report Frequency:

Reports Will Be Sent To: