

Beaumont

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 Area **Laboratory-
 Chemistry**
 Applicability **Royal Oak**

Automated Chemistry Minimum Staffing and Limited Services Plan - Royal Oak

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

- A. The Department of Clinical Pathology's Automated Chemistry Laboratory has an established staffing plan that is actively reviewed to provide sufficient numbers of qualified staff are available to meet patient care needs. The Staffing Plan addresses scheduling policies, defines 'critical' staffing levels and outlines actions to be taken during times of unplanned staffing shortages. The Automated Chemistry Laboratory's staffing plan applies to employees in the Stat Laboratory, Urinalysis Laboratory, and Core Laboratory Automated Chemistry sections. **The minimum staffing levels are NOT appropriate for daily operations, but reflect the critical threshold for minimal essential operations.**
- B. Additionally, an established **limited services plan** has been defined to specifically address what types of testing will be performed based on medical necessity. In the event of catastrophic events this plan will be implemented to provide our critical care to the Emergency Center (EC) and inpatients.

II. PROCEDURE:

A. Scheduling Policies

- Supervisory staff are responsible for pre-scheduling Automated Chemistry Laboratory staff.
- Changes to completed schedules must be requested in writing by the employee, approved by the Manager or scheduling Lead Technologist and signed by both parties.
- A minimum number of Medical Technologists (MT), Medical Laboratory Technicians

(MLT) and Laboratory Assistants authorized to work in Automated Chemistry Labs, must be scheduled seven days a week, 24 hours a day. Shift and workload may require additional staff to be scheduled.

4. During staffing shortages, working staff must stay until coverage arrives or workload is manageable.
5. There must be one (1) Manager, Lead Technologist or designated Technologist in Charge, scheduled in the Automated Chemistry Lab on each shift.

B. **Minimum Staffing Plan:** The following defines minimum staffing levels, below which, immediate actions must be taken to secure additional staffing support. **These staffing levels are NOT appropriate for daily operations but reflect the critical threshold for minimal essential operations.**

Section	Availability	Days	Afternoons (PMs)	Midnights (MNs)
Stat Lab	24x7	MT (3) (1) Lab Assistant	MT (2) (1) Lab Assistant	MT (2) (1) Lab Assistant
Urinalysis	24x7	MT (1)	MT (1)	MT (1)
Core Laboratory Automation	Days 24x7 PM/MN 24x5 (week days only)	2 Technologists (MT or MLT)	2 Technologists (MT or MLT)	2 Technologists (MT or MLT) Lab Assistant (1) Processing
Total Number of Technologists		6	5	5
Total Number of Lab Assistants		1	1	2

C. **Corrective Action for unplanned 'critical' staffing shortage**

1. If available, contact on-site Manager or Lead Technologist. They will arrange additional staffing coverage.
2. When necessary, contact unscheduled shift employees to arrange coverage.
3. If staffing shortage still exists, contact other Automated Chemistry Staff (see employee phone list).
4. If staffing problems continue, contact Automated Chemistry Laboratory management staff.

D. **Limited Services Plan**

The following possible workflow variations may be utilized with administration approval. The consequences of using the Limited Services Plan will require an option that we may be unable to recover the workload and Send-outs may be the only alternative solution. The use of Send-outs is a last resort as this will impose significant delays to the clinician and significant workflow issues in the Send-out department. This must be approved by a pathologist and Administration. Staff must be reminded to work at a pace that is safe for patient care.

1. Immediately page Nursing Administration and Clinical Pathology administration to

notify of the imminent delay.

2. Work with Technical Directors and/or Pathologist to determine extent of the limited services plan usage based on staff levels that are available.

- a. Only tests that are defined on the [Stat Laboratory Test List](#) will be available.
 - i. Stat Lab will prioritize testing for EC and stat inpatient testing, including the Intensive Care Unit (ICU), Pre-Operative, and Operating Room (OR).
 - ii. Core Lab routine work can be held up to 48 hours.
 - a. Notify all clients for major Turn around time (TAT) delays. Additionally, notify that there will be difficulty and delays in recovery to normal operations.
 - b. In the event of non-recovery, contact other Beaumont laboratories for assistance or utilize send-out options.
- b. Refer to section specific testing chart that defines which workstations/ tests will be offered/held.
 - i. Option for send-out testing in the event of excessive delay.
- c. Temporary closing of routine workstations
 - i. Abbott Immunoassay: Routine work can be held up to 48 hours, with exceptions of those with stability issues or patient necessity.
- d. If staffing is not expected to resolve within 1-2 days then move to the >48 hours plan immediately. This may involve send outs and planning.

AUTOMATED - STAT LAB	0-24	24-48	>48	Additional Notes
Abbott Integrated Analyzers	X	X	X	
Fetal Fibronectin (FFN)	X	X	X	
Monospot	X	X	X	
Qualitative Human Chorionic Gonadotropin (HCG)	X	X	X	
Osmometer	X	X	X	
XN3100 (CBCs)	X	X	X	
IL TOP (Coagulation)	X	X	X	Option to send work to core lab coagulation.
ABL 825 (Blood Gases)	X	X	X	
URINALYSIS	0-24	24-48	>48	Additional Notes
APT (fetal hemoglobin)	X	X	X	
Urinalysis (UA)	X	X	X	
Myoglobin (Urine)	Send out	Send out	Send out	Store refrigerated up to 72 hours.

24 Hour Urines	Hold	Hold	Send out	May be stored up to 7 days refrigerated.			
AUTOMATED - CORE LAB	0-24	24-48	>48	Additional Notes			
Abbott Architect Chemistry Analyzers	Hold	Hold	X	Iron/Transferrin must be performed in suspected poisoning. Routine core testing may be held up to 48 hours. Additional requirements for recovery may be necessary.			
Abbott Architect Immunoassay Analyzers	Hold	Hold	Send out	BNP send to Stat Lab. HBsAg on delivering females with no history must be performed on a Stat basis. Stat Fertility must be available on day shift.			
Therapeutic Drug Monitoring/ Urine Drugs of Abuse							
Analyte	0-24	24-48	>48	Analyte	0-24	24-48	>48
Acetaminophen	X	X	X	Drugs of Abuse	X	X	X
Amikacin	X	X	X	Amphetamine Screen	X	X	X
Carbamazepine	X	X	X	Barbiturate Screen	X	X	X
Digoxin	X	X	X	Cannabinoid Screen	X	X	X
Gentamicin	X	X	X	Cocaine Screen	X	X	X
Lithium	X	X	X	Methadone Screen	X	X	X
Methotrexate	X	X	X	Opiate Screen	X	X	X
Phenobarbital	X	X	X	Phencyclidine Screen	X	X	X
Phenytoin	X	X	X	Fentanyl Screen	X	X	X
Salicylate	X	X	X	Oxycodone Screen	X	X	X
Theophylline	X	X	X	Benzodiazepine Screen	X	X	X
Tobramycin	X	X	X	Comprehensive Drug Screen	X	X	X
Valproic Acid	X	X	X				
Vancomycin	X	X	X				

Approval Signatures

Step Description

Approver

Date

Medical Director

Ann Marie Blenc: System Med
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11/29/2022

Policy and Forms Steering Committee Approval (if needed)	Colette Kessler: Mgr, Division Laboratory	11/29/2022
Policy and Forms Steering Committee Approval (if needed)	Gail Juleff: Project Mgr Policy	11/28/2022
Lab Chemistry Best Practice Committee	Caitlin Schein: Staff Physician	11/23/2022
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