Methodist Health Services Corporation		Page # 1 of 1	Section: Patient Services	Policy #: C-25	
	Laboratory 7000	Approved by:		Date: 8/21/13	
	Administrative	Date Revised/Reviewed: Supersedes			
		Policy/Revision Submitted by: Theresa King			
		JCAHO Standard:			
POLICY ON:					
LABORATORY RESPONSE TO STROKE TEAM					

I. POLICY STATEMENT:

The laboratory shall respond to Stroke Team calls with urgency as delineated in this policy.

II. PURPOSE:

Provide guidelines on lab response to activated Stroke Team protocols, including roles and responsibilities of lab personnel.

III. POLICY SCOPE:

Laboratory phlebotomists, processing personnel, and technical staff.

IV. GENERAL INFORMATION:

Laboratory personnel must respond with urgency to Stroke Team calls, and must be prepared on how to respond. Stroke Team test order sets include Hemogram or CBC, CMP, Protime, and APTT testing. Any delays may have significant impact on the care of the patient in these clinical cases. These may be activated 24 hours a day, 7 days a week. The laboratory expected turnaround time for all stroke testing is 45 minutes from order to result report. Additionally, failure to meet these standards may compromise the organization's Stroke Center Designation by Joint Commission.

V. PROCEDURE

- A. <u>ALERT/NOTIFICATION</u>: Lab is made aware of stroke team activation as described:
 - 1. Overhead announcement: "Stroke Team to (location). Activate Stroke Protocol" repeated twice.
- B. Switchboard will activate automated phonecall to processing area.

C. BLOOD COLLECTION

- 1. PHLEBOTOMY will immediately report to all NON-ED locations for blood collection and transport. Stroke form must be completed at time of collection/transport. Apply stroke labels to specimen containers and transport bag.
- 2. Emergency Department will collect and deliver specimens through pneumatic tube system. If unable to obtain they will directly request phlebotomy for collection.

D. PROCESSING RESPONSE:

1. PHLEBOTOMY/PROCESSING

- a. Receive specimens from pneumatic tube system or specimens hand-delivered to laboratory.
- b. Complete accompanying Stroke Form; if not received initiate stroke form.
- c. Check for orders in Laboratory Information System (LIS). If not entered, phone ED/floor to have them placed and document on Stroke Form who was contacted and time.
- d. Receive specimens into the LIS.
- e. Label tubes (if needed), attach stroke labels if not previously done.
- f. Immediately distribute directly to testing staff.
 - 1) VOCALIZE as Stroke Specimens directly to technical staff.
 - 2) Hematology (purple top) should be placed directly onto hematology line for testing.
 - 3) Coagulation tests (blue top) will be handed to technical staff in hematology, or place directly into stat centrifuge in hematology.
 - 4) Chemistry tests (gold/green/red top) will be placed into stat centrifuge in chemistry if it is open, otherwise place in Stat basket with Stroke Form.

2. STROKE ASSIGNED TECHNICAL STAFF

- a. Daily, a member of technical staff will be assigned specifically as the stroke tech.
- b. First shift will be marked on Schedule as "S", Second shift will be the pour-off person "P", and third shift will be the tech assigned to chemistry.

- c. This tech is responsible for reporting to processing area at the time of stroke notification.
- d. They will insure processing is staffed to cover receipt immediately and that they are aware of stroke team specimens, if not they will remain in the area until the specimen(s) arrive and will receive and deliver to testing areas.
- e. Any uncertainties, such as patient identification, specimen integrity, or other concerns will be handled by this individual.
- f. They will check order monitors to insure testing is completed in a timely fashion.

E. TESTING/REPORTING:

1. TECHNICAL STAFF:

- a. Centrifuge chemistry and coag specimens immediately.
- b. Do not use StreamLab centrifuge, it will increase the turnaround times.
- Monitor testing closely to insure rapid results. Use order and result monitors to confirm results verified.
- d. During instrument downtime, utilize back-up analyzer without delay.
- e. Document any delays or concerns on the Stroke Form.
- f. File Stroke Form in the paper file at benchtop in chemistry.
- 2. Process Audit lead techs, coordinators, managers
 - a. Monthly Stroke Forms are reviewed and turnaround time statistics are evaluated.
 - b. Random Audits will be performed to document any process failures.
 - c. Tracers may be performed to prepare for inspections or randomly as needed for process improvement.
 - d. Results are documented on laboratory quality dashboard.

VI. RELATED POLICIES

Care Coordination, H-10 Stroke Team

VII. MAINTENANCE AND STORAGE:

- A. All policies and procedures are reviewed every two years by Laboratory Administration and or the Medical Director of the Laboratory or designee.
- B. The Laboratory Administration and Medical Director review policies and procedures when there are changes in practice standards, or requirements.
- C. All policies and procedures are reviewed every two years by staff or at the time new or revised ones are put in effect.
- D. All policies are retained 8 years after being discontinued or revised.
- E. All procedures are retained 2 years after being discontinued or revised.

MMCI Laboratory is a CAP accredited facility, as of 7/1/11 the responsibility of new and/or substantially revised policies and procedures will be restricted the Laboratory Director whose name appears on the CLIA certificate, whose signature appears below. The biennial review will be completed by the Administrative Director.

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REVISION HISTORY						
Rev	Description of Change	Author	Effective Date			
1	Initial Release	T King	9/1/2013			