



**UnityPoint Health**

METHODIST PROCTOR PEKIN

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Section: UPPIA LA

Policy #: 03.025

LAB ADMINISTRATION  
PATIENT SERVICES  
LABORATORY

Approved by: see signature block at end of document

Date: 3/7/18

Review by: 3/7/18

Supersedes: 8/21/13, 9/1/13,4/27/15, 3/7/18

Date Revised: 3/7/18

Primary Responsible Parties: Dana Spears

Secondary Responsible Parties: Lab Managers

CAP Standard:

SUBJECT: **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 at all campuses.

**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 at METHODIST/PROCTOR/PEKIN include: Hemogram , BMP Protrome and Troponin 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 patient arrival to result report. Additionally, failure to meet these standards may compromise the organization’s Stroke Center Designation by The Joint Commission.

**V. PROCEDURE**

**A. ALERT/NOTIFICATION: Lab is made aware of stroke team activation as described:**

1. Overhead announcement: “Stroke Team to (location). Activate Stroke Protocol” repeated twice.
2. Switchboard will activate automated phone call to processing area at Methodist

**B. BLOOD COLLECTION- METHODIST**

1. PHLEBOTOMY will immediately report to all locations for blood collection and transport. Stroke form (Attachment 1) must be completed at time of collection/transport. Apply stroke labels to specimen containers and transport bag.
2. Emergency Department will perform blood collections from stroke teams in the event a Phlebotomist is unavailable to respond to the Stroke Call.

**C. SPECIMEN TRANSPORT METHODIST**

1. All specimens will be transported back to lab by the phlebotomist who performed the collection.
  2. Emergency Department specimens will be transported to lab by lab staffs who respond to the Stroke Team Alert. The stroke assigned technical staff will act as back up to respond for transport of specimens for lab processing staff. This process change will need to be clearly communicated to the stroke assigned tech in chemistry by processing/phlebotomy staff in advance.
  3. Lab staff responding to these locations to transport specimens are to check for appropriate specimen labeling, that stroke form is completed, remind stroke team on site to have lab orders placed, and to expedite transport to lab.
- D. Blood Collection and Specimen Transport –PROCTOR
1. The Phlebotomist or Technologist will immediately report to the Stroke location with a draw tray, stroke form and collection handheld and printer.
  2. If the patient has been drawn, check for appropriate labeling and transport to lab.
  3. If the patient has not been drawn, obtain the samples. You may be asked to wait until the CT is done. The patient should be drawn in CT, before transfer back to the ED room.
- E. Blood Collection and Specimen Transport- PEKIN
1. Blood will be drawn and labelled by the ED staff.
  2. Blood and the stroke form will be immediately placed in the specimen transport bullet.
- F. Processing Response:
1. PHLEBOTOMY/PROCESSING
    - a. Receive specimens hand-delivered to laboratory.
    - b. Phlebotomy will deliver or the Stroke tech will get the samples before they are logged in and begin spinning the samples in the centrifuge while the processing department is receiving the sample in the LIS.
    - c. Complete accompanying Stroke Form section for receipt time
    - d. Check for orders in Laboratory Information System (LIS). If not entered order in the LIS or , phone ED/floor to have them placed and document on Stroke Form who was contacted and time. *Never hold up processing specimens/testing while waiting for orders.*
    - e. Receive specimens into the LIS.
    - f. Label tubes with LIS accession label (if needed), attach stroke labels if not previously done or deliver the labels to the chemistry department for the staff to label once sample is done centrifuging.
    - g. 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 instrument for testing.
      - 3) Coagulation tests (blue top) will be handed to technical staff in hematology, or placed directly into stat centrifuge in hematology.
      - 4) Chemistry tests (gold/green/red top) will be centrifuging while being received in LIS. Bring labels to chemistry department for staff to label. Hand off the stroke form to the chemistry stroke tech.
  2. STROKE ASSIGNED TECHNICAL STAFF METHODIST ONLY
    - a. Daily, a member of technical staff will be assigned specifically as the stroke tech.
    - b. In the chemistry department, a tech is assigned as STROKE on the engagement board. In the Hematology department the coag tech will be responsible for the stroke specimens.
    - 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 transport/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. The Chemistry tech assigned to stroke timer located in Chemistry on dry erase board. The tech will begin timer at 25 minutes to count backwards once stroke blood has been received in lab. They will monitor timer during testing to make sure it is completed within the appropriate turnaround time.
- G. Testing/Reporting:
- 1. Technical Staff:
    - a. Centrifuge chemistry and coag specimens immediately while the phlebotomist, processing department or receiving tech is receiving the samples in the LIS
    - b. Start timer next to centrifuge to alert you when centrifuging is complete.
    - c. Do not use Aptio centrifuge at Methodist, it will increase the turnaround times.
    - d. Monitor testing closely to insure rapid results. Use order and result monitors to confirm results verified.
    - e. During instrument downtime, utilize back-up analyzer without delay.
    - f. Document any delays or concerns on the Stroke Form.
    - g. File Stroke Form in the paper file at benchtop in chemistry. PROCTOR/PEKIN: Return to lab manager
  - 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. REFERENCES  
Lab Stroke Form (03.025.A1) - Pekin Campus  
Lab Stroke Form (03.025.001) - Methodist Campus  
Lab Stroke Form (03.025.002) - Proctor Campus

VIII. MAINTENANCE AND STORAGE

- A. All policies and procedures are reviewed every two years, (except for Safety procedures which are yearly) by Laboratory Administration and or the Medical Director of the Laboratory or designee. There are changes in practice standards, or requirements.
- B. All policies and procedures are reviewed every two years (except for Safety procedures which are yearly) by staff or at the time new or revised ones are put in effect.
- C. All policies are retained 8 years after being discontinued or revised.
- D. All procedures are retained 2 years after being discontinued or revised

UnityPoint Health - Methodist 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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**POLICY CREATION :**

<b>Author:</b>	<i>Theresa R. King</i>	<i>August 21, 2013</i>
<b>Medical Director:</b>	<i>Devendra Trivedi, MD</i> <i>Devendra V. Trivedi</i>	<i>August 21, 2013</i>

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<b>MEDICAL DIRECTOR</b>		
DATE	NAME	SIGNATURE
February 11, 2017	Elizabeth A. Bauer-Marsh, M.D.	<i>Elizabeth A. Bauer-Marsh, MD</i>
<b>SECTION ADMINISTRATIVE DIRECTOR</b>		
October 1, 2017	Dana A. Spears, BS, HTL (ASCP)	<i>Dana A. Spears</i>

<b>REVISION HISTORY</b>			
Rev	Description of Change	Author	Effective Date
1	Initial Release	T King	9/1/2013
2	Updated expected TAT to 45 minute arrival to final per TJC standard. Revised transport process from ED to reflect lab response. Attached Form.	T King	4/7/15
3	Updated with new tech process w/timer at Methodist campus. Added information to include Proctor campus.	R. Borge	2/14/16
4	Updated Methodist stroke panel of tests, updated the department centrifuges the blood while processing is receiving in LIS	A. Gibbs	09/05/17
5	Updated Methodist stroke collection for Phlebotomy and ED., added Pekin Campus process	S. Burton/ C. Schroeder	1/15/18

**REVIEWED BY**

Methodist Manager	Date	Proctor Manager	Date	Pekin Manager	Date	Administrative Director	Date
T. King	4/27/15	NA	NA	NA	NA	<i>Richard J. Borge</i>	4/27/15
				NA	NA	<i>Richard J. Borge</i>	3/1/16
Amy Gibbs, Coord	9/5/17	NA	NA	NA	NA	<i>Dana A. Spears</i>	9/12/17
<i>Stephanie Burton</i>	1/15/18	<i>Ronald P. Fitzgerald</i>	1/25/18	<i>Cindy Schroeder (HTL/ASCP)</i>	1/25/18	<i>Dana A. Spears</i>	3/7/18