HealthPartners/GHI

Workflow Guidelines	Attachments ☐ Yes ☒ No
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Workflow Guidelines
Guidelines & Scripting (page 1-3)
Situational Scripting (page 5-7)

PURPOSE

To define the process to maximize customer service and experience while maintaining laboratory productivity. Some of these guidelines may be seen as contributing to a delay in customer service; however it is important to remember that customer service consists of much more than moving the patients in and out of the laboratory quickly. It is making certain that we are correctly identifying our patients, ordering the correct tests, drawing the right specimens, sending them to the right place for testing, following through on all paperwork, and providing a positive experience.

Rushing one aspect of the sequence allows for a greater possibility of errors which can have serious repercussions as well as delays in service of a greater magnitude. Resolving these mistakes will often take much more time and create much more difficulty than the extra time spent following the proper protocol in the first place.

PROCEDURES

1) Scripting:
When interacting with patients it is important to provide a consistent message of patient service. To that end we are requiring certain verbiage be used by all staff as part of the patient experience.

2) Professionalism and Confidentiality:
The open window access as part of our lab design is important to facilitate patient service. Along with that design is the need to keep in mind that our patients can hear all of the conversations that take place in the lab. Remember to be professional and **keep personal conversations appropriate and quiet.** Be

sure to keep discussion at the lab window quiet to preserve patient confidentiality. Cell phones should not be on your person. Personal phone calls should be made or taken only on your breaks.

3) <u>Safety:</u>
OSHA requires the lab coats be worn at all times when in the laboratory. They must also be buttoned. It is also a violation to have food or drink *anywhere* in the lab (the back counter is not a clean area!) Remember to put gloves on in sight of the patient whenever possible so they are reassured that clean gloves are being used.

4) <u>Work Processes:</u>

Touch Point #1: Patient is greeted at the lab window
1A) Be eager to help and greet each person presenting at the window by smiling and saying:

> **"Good Morning (afternoon, evening), Welcome to HealthPartners Laboratories. How can I help you"?**

> **" My name is_____. How may I help you"?**

1B) Make eye contact and acknowledge the patient in a pleasant manner. If you are able to attend to the patient(s) immediately, do so. Otherwise, give them an indication of when you will be able to help them using the appropriate scripting:

> **"There is no waiting at this time so please have a seat in the draw area. It will take a few minutes for the computer to process your orders."**

> **"Please have a seat in the waiting area. You will be called within approximately 15 minutes".**

> **"I apologize but there is a wait time greater than 15 minutes. Thank you for your patience. We will call you as soon as possible. Please have a seat in the waiting area."**

Please note also that if you are in another area of the lab (not at the window) but see a patient standing there, you should acknowledge their presence by saying:

> **"Good Morning (afternoon, evening), someone (I) will be with you in just a moment."**

There is a balance between testing and serving the patients at the window. Your priority should be to care for the patient at the window. Refer to HealthPartners "Service Competencies Commitment Statement."

1C) Patients will use numbered log-in slips or face sheets from the check-in area to indicate the order in which they present to lab. Verify the name, ID# and birth date against the computer screen before accepting. Be sure to check the computer for standing or future orders as well. This will prevent patient identification errors.

Keep in mind that only one patient per staff member should be called to the draw area as we do not want unattended patients to overhear conversations with other patients. More than one patient may be served at a time if they are all being attended to individually.

If the patient has paper orders, verify the demographic information as above.

1D) Order Review: All patients presenting to the lab should have their "Open orders" file in EPIC checked for Future or Standing orders that may be necessary at the time of their lab visit.

1E) Releasing orders/Order entry **MUST** be done **BEFORE** drawing the patient. Urines are an exception in that you may pass out a urine cup with a handwritten name and chart number on it to be entered in the computer when time allows. Before accepting in order entry, verify name, chart number and date of birth on the computer screen. Since the name and DOB was previously verified from the sign-in slips, the name appearing on the screen should be correct. This will eliminate orders being placed on the wrong patient. For paper orders, be sure to place a small patient label on the order form and initial in the "entered by" area.

1F) With labels in hand, call the patient into the draw area using their first name and first initial of the last name whenever possible. If there are multiple patients in the waiting area it may be appropriate to use both first and last name to avoid confusion.

   If the wait has been long, apologize for the delay and thank for the patient for waiting.

Touch Point #2: I am welcomed by the lab tech/lab assistant
2A) Once the patient is seated, introduce yourself and what you are going to do by saying the following:

   "Hi <u>\<patient's first name\></u>.   I'm ____, it is nice to meet you."

2B) The labels should now be used to further confirm patient identity. Ask the patient to verbally state their full name and date of birth. Compare this to the labels you have in hand. DO NOT state the name and date of birth FOR the patient. (This replaces showing the patient the labels)

   Note: put on gloves <u>in view of the patient</u>.

   "**For your safety, can I please get your name and date of birth to verify that the labels are correct?"**

2C) Use the situational scripting for situations such as fasting, butterfly usage, colorectal screening, as appropriate.

Touch Point #3: Patient has test/procedure performed:
3A) Assess patient's comfort level, explain process.

Touch Point #4: Patient visit comes to an end:
4A) Inform the patient of when to expect their results by stating the following:

   "Your provider (Dr._____) will review your lab results and follow up with you in the way you requested. If you are active for on-line services, most of your test results will be available by the end of the day. If not, you will receive a letter within 1-2 weeks."

4B) Close the patient encounter by asking:

   "Is there anything else I can do for you today"?

   (Be sincere and seek to leave the patient with a positive experience.)

   "Thank you for choosing HealthPartners"

4C) Once you have drawn the patient, you must ORM (receive) the tubes/specimens immediately. You should not leave these to be done later and you MUST receive your own specimens with your tech I.D.

4D) Workflow suggestions:
   <u>One Person:</u> Try to balance both patient and testing demands by alternating between the two.

Inform the patient if you can anticipate a 15 minute or more wait time.

Two People: If the drawing demands heavily outweigh the testing needs, one staff person should be at the window greeting patients and processing the sign-in forms. The second person should be taking the labels and drawing the patient after verifying the name on the labels with the patient. When the patients at the window have been serviced, one person should continue to draw and the other should either assist with drawing or proceed to waiting testing if needed.

*It is not efficient for one staff person **to release orders**, draw and then test unless there is only one patient at the window or one lab staff in the lab. This will result in longer patient waits and is not acceptable.*

Three or more People: The process will be the same as with two people except the additional staff will rotate through drawing or testing as needed.

4E) It is expected that all staff, techs and lab assistants, rotate into the draw area when patient volumes are high. Techs should not wait for the lab assistants to be overwhelmed. Good teamwork dictates that all lab staff are mindful of the patient volumes and step in before the patients have excessive wait times and before the drawing staff has to ask.

4F) If absolutely necessary, the packing of reroute boxes may be skipped, however, priority specimens and cultures MUST be sent. And, if at all possible, at clinics with two or more staff, one should attempt to pack the boxes. Call Central lab if boxes are not being sent.

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DEFINITIONS
"RE"   Requisition Entry
"DOB" Date of Birth
"OER" Order entry result interface

COMPLIANCE
Failure to comply with this policy or the procedures may result in disciplinary action, up to and including termination.

ATTACHMENTS
Situational Scripting

OTHER RESOURCES
None

APPROVAL
Manager, Laboratory Business & Clinic Operations

ENDORSEMENT
Laboratory Administration

SITUATIONAL SCRIPTING GUIDELINES

A: Each Patient Encounter must include the following:

1. Personalized greeting.

2. Wait time estimation (if no wait, remind the patient that it will take a few minutes for the computer to process their orders).

3. Introduction, procedure explanation, patient identification & verification.

4. When to expect results.

5. Closure of the encounter.

   ** *Always remember to smile, be positive and friendly. Smile*

B: Scripting for Each Encounter - Listed are some Suggestions:

1. Personalized Greeting:
"Good Morning (afternoon, evening)! Welcome to HealthPartners Laboratories. How can I help you?"
(Make eye contact, smile, and acknowledge the patient in a pleasant manner, be eager to help).

2. Wait Time Estimation:
- **If there is no waiting:**
  "There is no waiting at this time so please have a seat in the drawing area. It will take a few minutes for the computer to process your orders."

- **If the waiting is estimated to be less than 15 minutes:**
  "Please have a seat in the waiting area. You will be called within 15 minutes."

- **If the wait time is more than 15 minutes:**
  "I apologize, but there is a wait time of more then 15 minutes. Thank you for your patience. We will call you as soon as possible. Please have a seat in the waiting area."

3. Introduction, explanation of procedure, identification and verification of patient:

"Hello <patient first name>, I'm _____, it's nice to meet you."

   "**For your safety, can I please get your name and date of birth to verify that the labels are correct?**"

- Have the patient state their correct name and birth date. **DO NOT** state the patient's name and birth date for them. They must provide this information themselves. Lab personnel verify what patient's name and birth date with the information on the labels.

  Assess patient's comfort level, explain process.
  Ask the patient: **"Have you ever had this procedure done before?"**
  If no, make sure that each step is carefully explained.

4. When to Expect Results:

> **"Your provider (Dr._____) will review your lab results and follow up with you in the way you requested. If you are active for on-line services, most of your test results will be available by the end of the day. If not, you will receive a letter within 1-2 weeks."**

5. Closure of Encounter:

> **"Thank you for coming. Is there anything else I can do for you today?"**

> Be sincere and seek to leave the patient with a positive experience.

C: Situational Scripting Summary Points – These must be included in each Situation:

1. <u>Non-Fasting Patient who needed to be Fasting:</u>
- Let the patient know that the test their provider ordered requires them to be fasting
- Is the patient planning on coming back when they are fasting?
- If YES, remind them to make a lab appointment.
- If NO, remind the patient that while the testing will be done, there is a possibility that their provider will request they come back fasting and repeat the test.
    - For sendout or special testing that require a fasting specimen, check with the provider first before drawing the test if the patient is not fasting.

2. <u>Urine Collection:</u>
- Instructions are on the wall in the bathroom
- Place cup in pass thru box.

3. <u>Butterfly Needles:</u>
- See possible scripting below
- Be positive and encouraging

4. <u>FIT Kits:</u>
- Verify patient identity before handing the kit to the patient
- Hand out instructions and remind the patient to read them carefully.
- Self addressed stamped envelope in the kit.
- Return the samples within 2 weeks.

D: Situation Scripting Suggestions:

1. <u>Fasting:</u>
- If 12 hours or more, no comment is needed.
- If 8 hours or more, for Fasting Blood Glucose, no comment is needed.

If patient is non-fasting and needed to be fasting:
"Your provider has requested/I have checked with your provider and they have requested that you be fasting XX hours. I am sorry for the inconvenience, but it would be best if you could return when you have fasted. Please call the appointment center or go on-line to reschedule." (Hand the patient a card with the appointment center number on it). "Thank you for being so understanding. Is there any way I can be of further assistance?" (Use service recovery, if needed.)

Non-fasting patient who doesn't plan to reschedule:
"We can process your lab tests and your provider will review the results. There is a possibility that the provider will request that you have this/these tests repeated when you are fasting."

2. <u>Urine Collection:</u>
The instructions for the collection are on the wall in the bathroom. When you are finished, please put the urine cup in the pass thru box.

3. <u>Butterfly Needles:</u>
The question comes as to how to respond to patients who insist that we use them but the patient has good veins and butterfly needles are not required. Here are some suggestions:

- Butterfly needles do have some advantages. Let me see if they would be right for you today. Each day, there can be differences in your body that might require the use of the butterfly, but we do not routinely use them."

- "I see that you have a very nice vein here on you (left arm, right arm, etc.)"

- "Generally we find that we get a more free-flowing blood sample and there is less chance that the sample will be clotted or the blood cells damaged that could affect your test results."

- "I would definitely use a butterfly if I thought you needed one, but I think we'll have very good luck with this vein."

- "Maybe you had a bad experience at one time and needed us to use a butterfly, but I think that we will get a better sample if we use the usual technique."

4. <u>FIT Testing:</u>
(After verifying the patient's identity with the kit labels) "I am finished preparing your Colorectal Cancer Screening test kit for home collection. Included in the kit are the collection instructions, so please read this information sheet carefully prior to collecting your samples. There is a self-addressed stamped envelope in the kit for you to use to send your samples to the lab. It would be best if you could collect and return your samples within the next two weeks."

"Thank you for stopping in the lab to collect your kit. Is there anything I can do for you before you go?"

Note: If the patient has questions about the clinical implications of the procedure, refer them back to their provider.