

TRAINING UPDATE

Lab Location: GEC, SGAH & WAH
Department: All staff

Date Distributed: 8/4/2014
Due Date: 8/31/2014
Implementation: 9/1/2014

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Laboratory Service Expectations GEC.L43, SGAH.L48, WAH.L46v2
Description of change(s):
<p>Section 5: update WAH operation hours, modify TAT for platelets on order Section 9: update test menu for GEC</p> <p>This revised SOP will be implemented on September 1, 2014</p>

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training all sites (version)

Non-Technical SOP

Title	Laboratory Service Expectations	
Prepared by	Leslie Barrett	Date: 11/22/2011
Owner	Robert SanLuis	Date: 3/1/2014

Laboratory Approval		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

Review:		
Print Name	Signature	Date

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1. PURPOSE

This policy describes the service level expectations provided by the Laboratory for specimen collection, testing and results reporting.

2. SCOPE

This policy applies to all Laboratory employees for services and/or testing performed at the hospital sites.

3. RESPONSIBILITY

All Laboratory employees must have knowledge of and comply with this procedure.

4. DEFINITIONS

- OP – Outpatient
- ARHR – Adventist Rehabilitation Hospital, Rockville
- ARHT – Adventist Rehabilitation Hospital, Takoma Park
- GEC – Germantown Emergency Center
- SGAH – Shady Grove Adventist Hospital
- WAH – Washington Adventist Hospital

5. PROCEDURE

A. Hours of Operation

1. Inpatient services for blood collection and testing are provided 24 hours a day, 7 days a week.
2. Outpatient Services at SGAH
 - a. The Laboratory (3rd floor OP) is open for outpatient blood collection and

testing weekdays from 0700-1900 (7 PM). On Saturdays the hours are 0700-1600 (4PM). Laboratory Outpatient Services is closed Sundays and all holidays.

- b. The OP Diagnostics Services Laboratory at 9715 Medical Center Dr, Suite 102 is open weekdays from 0700-1515 (3:15 PM). The Laboratory is closed on weekends and holidays.
 - c. Appointments are required for glucose tolerance testing and sweat tests.
 - d. When Laboratory OP Services is closed, patients presenting with stat orders are directed to ED registration. ED will contact the Laboratory for phlebotomy services as needed.
3. Outpatient Services at WAH
 - a. The Laboratory is open for outpatient blood collection and testing weekdays from 0700-1600 (4PM). On **weekends Saturdays**, Memorial Day, July 4 and Labor Day the hours are 0700-1500 (3PM). The Laboratory is closed for outpatients on **Sundays**, Thanksgiving, Christmas and New Year's Day.
 - b. Appointments are required for glucose tolerance testing.
 - c. Any patient who is registered by Admitting and presents to the Laboratory wearing an armband after hours will not be turned away.
 4. GEC provides testing 24 hours a day, 7 days a week for Emergency Center patients. Refer to addendum A for GEC on-site test menu.
 5. ARHR (SGAH)
 - a. Phlebotomy services are provided for morning blood draws between 6-8am and a 9 pm blood collection round is made. ARHR staff is trained to draw bloods during non lab collection times.
 - b. Blood products for transfusions are not provided.
 6. ARHT (WAH)
 - a. Phlebotomy services are managed along with hospital inpatients.
 - b. Blood products for transfusions are not provided.

B. Routine Blood Collections and Testing

1. Phlebotomy collection rounds are made throughout the day.
2. Phlebotomists prepare collection lists and draw specimens hourly between 0900 and 2100.
3. Tests ordered as routine from 2045 through 0245 are drawn with the morning collections.
4. Routine collection lists are prepared 15 minutes prior to the hour.
5. Specimens ordered as routine and tested on site will be resultd within 2 hours of receipt in the laboratory.
6. Results of routine morning collections will be available by 0800.

C. ASAP Blood Collections and Testing for Hospitals

1. ASAP is a collection priority, orders will be drawn within 30 minutes of order for hospital patients.

2. ASAP tests will be resultated within 1 hour of receipt in the lab for testing that appears on the STAT Test List. Exceptions: see STAT Test List.
3. Turn around time (TAT) is measured from receipt in lab to result.

D. STAT Blood Collections and Testing

1. A list of on-site tests the laboratory performs STAT appears below. Refer to appendix A for GEC on-site test listing.
2. STAT orders will be drawn within 15 minutes of order.
3. STAT tests will be resultated within 1 hour of receipt in the lab. Exceptions: see STAT Test List.
4. Turn around time (TAT) is measured from receipt in lab to result.

STAT TEST LIST

Hematology & Coag	In Lab TAT		Chemistry	In Lab TAT
BNP	60 min.		Acetone	60 min.
CBC	45 min.		Albumin	60 min.
Cell count - fluid	60 min.		Alcohol, blood	60 min.
D-Dimer	60 min.		Alkaline Phosphatase	60 min.
ESR (sed rate)	90 min.		Ammonia	60 min.
Fibrinogen	60 min.		Amylase	60 min.
Kleihauer Betke	6 hours		Basic Metabolic Screen	60 min.
Platelet Count	60 min.		Beta HcG, qualitative	60 min.
PT with INR	60 min.		Beta HcG, quantitative	60 min.
PTT	60 min.		Bilirubin, Neonatal	60 min.
Retic Count	60 min.		Bilirubin, total and direct	60 min.
Sickle Cell Prep	60 min.		BUN	60 min.
			Calcium	60 min.
Urine & Immuno			CKMB	60 min.
Monospot	60 min.		Comprehensive Metabolic Panel	60 min.
Occult Blood	60 min.		CPK	60 min.
Rapid HIV	60 min.		Creatinine	60 min.
Urinalysis	60 min.		CSF, protein and glucose	60 min.
			Electrolytes (Na, K, Cl, CO2)	60 min.
Microbiology			Gamma GT (GGT)	60 min.
Gram Stain	60 min.		Glucose	60 min.
Influenza virus antigen	60 min.		LDH	60 min.
Malaria Smear	120 min.		Lipase	60 min.
Quick strep	60 min.		Liver Panel	60 min.
RSV	60 min.		Magnesium	60 min.
			Osmolarity (serum, urine)	60 min.
			Phosphorous	60 min.
			Protein, total	60 min.
			SGOT (AST)	60 min.
			SGPT (APT)	60 min.
			Troponin	60 min.
			Uric Acid	60 min.

Therapeutic Drug Levels	TAT	Therapeutic Drug Levels	TAT
Acetaminophen (Tylenol)	60 min.	Phenobarbital	60 min.
Carbamazapine (Tegretol)	60 min.	Salicylate (aspirin, ASA)	60 min.
Digoxin	60 min.	Theophylline	60 min.
Dilantin (Phenytoin)	60 min.	Tobramycin	60 min.
Gentamicin	60 min.	Urine drugs of abuse	60 min.
Lithium	60 min.	Valproic Acid	60 min.
		Vancomycin	60 min.

Blood Bank	TAT
Issuing uncrossmatched O neg RBCs	5-10 min.
Type, Screen & Crossmatch for transfusion, patient with negative antibody screen	90 min.
Type & Screen	90 min.
Issuing blood after an immediate spin X match (for patient with a current negative antibody screen) Note: Type specific blood products will not be issued if the patient requires an ABO confirmation specimen.	10 min.
Plasma thaw time	30 min.
Platelets (if in-house)	30 min.
Platelets (on order)	≥ 4 hours
Cryoprecipitate	30 min.

E. TIMED Blood Collections and Testing

1. Tests that are appropriate to be ordered as a timed priority are listed below.
2. Timed orders will be drawn within 15 minutes of requested collection time.
3. Timed tests will be resultated according to the times listed after receipt in the laboratory.

TIMED TEST LISTING

TEST	TAT	TEST	TAT
Cardiac Profile	60 min.	Gentamicin	60 min.
H&H	60 min.	Tobramycin	60 min.
PT	60 min.	Vancomycin	60 min.
PTT	60 min.		

F. Telephoning of Results

1. The Laboratory WILL NOT call STAT results.
2. The Laboratory WILL CALL critical results
3. The Laboratory MUST verbally report critical results to a NURSE.
4. Releasing critical laboratory results, as well as subsequent results, is dependent upon prompt response from nursing staff in accepting the critical lab value.
5. For regulatory purposes the first and last name of the nurse taking and reading back the result is required for documentation purposes.

G. Testing Delays

1. The Laboratory WILL notify the Emergency Department, ICUs and Nursing Supervisor when **unexpected** delays occur due to instrument malfunctions, technical problems, IT issues, or other events.
 - Delays greater than 30 minutes beyond established criteria are to be reported to the ED Charge Nurse and the Hospital Nursing Supervisor. (*Start documentation of the event and include all notification steps with names and times of each*).
 - If the delay is expected to affect BMP or TROP testing, the ED Charge Nurse will be given the appropriate information to determine the appropriate utilization of the iSTAT for backup support.
 - The ED Charge Nurse, Nursing Supervisor, and Group Lead/Lab Tech-In-Charge (TIC) will communicate hourly until the situation is resolved.
 - The Group Lead/TIC will inform the Nursing Supervisor if the testing delay is expected to be extended. If so, the TIC will ask the Nursing Supervisor to send a hospital wide update.
 - Once the problem is resolved, estimate the appropriate service recovery period and repeat notification process described above.
2. All scheduled computer downtime will be coordinated through the IT department and communicated throughout the hospital according to policy.

6. RELATED DOCUMENTS

Laboratory Service Level Expectations, Laboratory Policy for Nursing L2-1, Adventist Healthcare Intranet
 Group Lead and Tech in Charge Duties, Laboratory policy

7. REFERENCES

N/A

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
000	3/1/2014	Update owner Section 4: add definitions for facilities Section 5: update operation hours, add ARH, update stat test list, modify TAT for Type&Screen, remove SGAH superstat Section 9: added appendix A Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L. Barrett	R SanLuis L Loffredo
1	7/23/2014	Section 5: update WAH operation hours, modify TAT for platelets on order Section 9: update test menu	L. Barrett	R SanLuis L Loffredo

9. ADDENDA AND APPENDICES

A. GEC On-Site Test Menu

Form revised 3/31/00

Appendix A

GEC On-Site Test Menu

Chemistry	Therapeutic Drug Levels
Acetone	Acetaminophen
Albumin	Salicylate
Alcohol	Blood Gas
Alkaline Phosphatase	Arterial Blood Gas
ALT (SGPT)	Venous Blood Gas
Amylase	Hematology & Coagulation
AST (SGOT)	B-Natriuretic peptide
Basic Metabolic Profile	CBC with differential
Bilirubin, Direct	CBC, no differential
Bilirubin, Neonatal	Cell Count and Differential, CSF
Bilirubin, Total	Cell Count and Differential, Fluid (except synovial)
BUN	ESR
C Reactive Protein	D Dimer
Calcium	PT with INR
Chloride	PTT
CKMB	Retic Count
CO2	Urine
Comprehensive Metabolic Profile	Occult Blood
CPK	pH
Creatinine	Reducing Substance
CSF Glucose	Specific Gravity
CSF Total Protein	Stool WBC
Electrolyte Panel	Urinalysis
Glucose	Microbiology & Immuno
HCG, Qual, urine or serum	Gram Stain
HCG, Quant.	Influenza Virus Anti
Lactic Acid	Mono Spot
Lipase	Respiratory virus panel
Liver Panel	RSV Antigen
Magnesium	Strep Group A Antigen
Potassium	Wet Prep
Protein, total	
Sodium	Blood Bank
Troponin	ABO / Rh
TSH, 3rd Generation	Issuing uncrossmatched O neg RBCs