

TRAINING UPDATE

Lab Location: SGAH & WAH
Department: Client Service

Date Distributed: 2/13/2015
Due Date: 3/16/2015
Implementation: 3/17/2015

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:	
Outpatient Processing	SGAH.CS07, WAH.CS07 v1
Description of change(s):	
<p>Section 4: reference policy for hours of operation Section 5: clarify process, add token system and OP armband, update LIS function Section 6: update SOP titles</p> <p>This revised SOP will be implemented on March 17, 2015</p>	

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

Approved draft for training (version 1)

Non-Technical SOP

Title	Outpatient Processing	
Prepared by	Leslie Barrett	Date: 8/10/2009
Owner	Samson Khandagale	Date: 8/10/2009

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

To ensure the outpatients are provided quality service in a professional and timely manner.

2. SCOPE

This procedure applies to all outpatients and outpatient specimens.

3. RESPONSIBILITY

Client Service staff and phlebotomists are responsible for ensuring the outpatient is processed in a timely manner. Other laboratory staff may be involved when a patient arrives after the regular business hours.

4. DEFINITIONS

Outpatient – a patient treated in a hospital or clinic without being hospitalized.

OE – Order Entry function of Sunquest 7.1 system

LIS – Laboratory Information System

Hours of Operation –

- [Refer to lab policy Laboratory Service Expectations for hours](#)
- Appointments are not required, except for Glucose Tolerance testing and Sweat Test (SGAH only)
- Although the hours of operation are defined, patients will not be turned away if they arrive after regular business hours AND have been registered by the Hospital Registration Department.

5. PROCEDURE

1. Patient registration
 - a. All patients must register in the Admitting department prior to any laboratory testing. **An armband is placed on the patient.**
 - b. The patient presents Lab with a copy of the registration face sheet and the written physician order.
 - c. A recurring outpatient will have a standing order and a card indicating with his/her name demographic information, medical record number, etc.
 - 1) Recurring outpatients must register at the beginning of each month.
 - 2) Standing Orders that are faxed to the Laboratory may be requested by Hospital Registration staff for scanning into the hospital system for proper billing, or to obtain diagnosis/ ICD codes.
2. **After signing in at the front desk, patient is given a token number. Record this number in the back of the requisition face sheet. Patients must be addressed by this token number when called to have their blood drawn.**
3. Physician order(s)
 - a. All patients must have a written order for test(s) to be performed:
 - 1) Written prescription
 - 2) Faxed prescription
 - 3) A completed laboratory requisition
 - 4) Standing order on file (valid for 6 months)
 - b. Tests **cannot be performed at the patient's request.** Only orders prescribed by a licensed physician can be honored.
 - c. Verbal orders are not accepted. Refer to the Verbal Orders on Outpatients procedure.
4. LIS ordering
 - a. Match the patient name on the written order with the name on the face sheet. Verify that the patient name, **medical record number, date of birth, etc.** on the LIS screen matches the patient demographics on the face sheet BEFORE placing any orders.
 - b. Verify that the medical record (hospital) and account (**event, billing or FIN**) numbers match the face sheet.
 - c. ***Read the orders thoroughly.*** If clarification is needed on the ordered tests, contact a supervisor, a manager, a pathologist or the ordering physician.
 - d. Order the appropriate test(s) using function **Order Entry**.
 - e. If the order includes a specific request for results:
 - 1) To be faxed - append the code 'FAX' to the order in modifier.
 - 2) To be called - append the code 'CALL' to the order in modifier.
 - 3) If the order is STAT, append the code "STAT" to the order in modifier.
 - f. Staple the order to the face sheet.
 - g. Labels will print after the orders are accepted in LIS.
 - h. Affix one aliquot label to the face sheet.
 - i. Ensure the tests listed on the LIS labels match the requisition before phlebotomy is performed. **Document the review as described in the procedure Validation of Outpatient Orders.**

5. Specimen Collection
 - a. Give the patient appropriate specimen collection containers along with appropriate verbal instructions / written instructions sheets.
 - b. A heel stick will be performed on Pediatric patients (children) who weigh less than 20 lbs.
 - 1) Neonatal Bilirubin, CBC and Newborn Metabolic Screens are commonly ordered pediatric tests, but other tests may be requested as well.
 - 2) The parents are given a heel warmer with instructions to place on the infant's heel to aid in specimen collection.
 - 3) A parent/ guardian must accompany the child when phlebotomy is performed.
 - 4) It is the responsibility of the parent/guardian to help collect urine/stool specimens from the child, including placement of the U-bag on the child's genitals for urine collection.
 - c. If the patient must return with a specimen (for example, 24-hour urine collection, occult blood, stool for Ova and Parasites, or culture) give the patient a copy of the face sheet and the prescription/order. Highlight the test that requires the special collection. Instruct the patient that he/she does not need to return to the Admitting Department to re-register (unless the calendar month has changed).
6. [File the physician order and registration face sheet in the daily requisition folder after specimen collection is completed.](#)

Notes:

1. Waiting period should not exceed 10 minutes for a phlebotomy procedure. If more than two patients present at the desk and labels are ready for drawing the patients, request help from fellow co-workers immediately.
2. If patient must wait due to workload, tests being researched or test order clarification pending, it is important to keep the patient informed about the status and reason for the delay.
3. If English is not the patient's first language and the patient has difficulty understanding, [use the Phone Interpreter service.](#)
4. If the patient is elderly / incoherent, staff must make sure that the patient heard and understood directions/instructions. Always use a calm and professional manner. If the situation warrants, staff may provide instructions in writing to make sure that the patient understands.

6. RELATED DOCUMENTS

[Order Entry, LIS procedure](#)

Client Service procedures

- [Verbal Orders on Outpatients](#)
- [Validation of Outpatient Orders](#)
- [Urine Collection](#)

- **Stool Specimen Requirements**

Patient Identification, Phlebotomy procedure
 Laboratory Service Expectations, Laboratory policy

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP CS002.001		
000	1/27/2015	Section 4: reference policy for hours of operation Section 5: clarify process, add token system and OP armband, update LIS function Section 6: update SOP titles Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	N Maskare	S Khandagale

9. ADDENDA AND APPENDICES

None