

TRAINING UPDATE

Lab Location: SGAH
Department: Phlebotomy

Date Distributed: 3/1/2015
Due Date: 3/31/2015
Implementation: 4/1/2015

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Adventist Behavioral Hospital Collection Protocol SGAH.P30 v1 Adventist Behavioral Hospital Units and Bed Codes AG.F321.0
Description of change(s):
<p>Section 4: update new location codes for HIS (Cerner) implementation</p> <p>Section 5: update process to reflect HIS implementation and clarify process, edit STAT/ ASAP process</p> <p>Section 6: remove outdated SOPs, add room codes</p> <p>ABH Unit and Bed Code Chart is new, intended to assist staff to locate patients</p> <p>The revised SOP and form will be implemented on April 1, 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	Adventist Behavioral Hospital Collection Protocol	
Prepared by	Samson Khandagale	Date: 5/2/2012
Owner	Samson Khandagale	Date: 5/2/2012

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

Establish a safe and effective means of collections for specialized units.

2. SCOPE

To facilitate blood collections while protecting personnel and patient.

3. RESPONSIBILITY

Laboratory:

To provide quality care for patients while keeping in accordance with Quest Diagnostics and Shady Grove Medical Center policy and procedure stated below. It is the responsibility of all Phlebotomy Staff to collect blood as assigned by Phlebotomy Manager and to pick up lab specimens during early morning blood draws.

Adventist Behavioral Hospital:

To provide a safe access to patients for Quest Diagnostics phlebotomy personnel. To ensure all patients test orders are accurate and to provide escort and proper patient identification to Quest Diagnostic personnel prior to any specimen collection.

4. DEFINITIONS

ABH – Sunquest Hospital ID (HID) for Adventist Behavioral Hospital

Patient locations in Cerner and Sunquest:

Main Inpatient Units

Code	Full name
CHES	Chesapeake
CYPR	Cypress
INDOF	Indigo Adolescent Female
INDOM	Indigo Adolescent Male

MAGN	Magnolia Adult Acute
MONT	Montgomery
POTO	Potomac
SENE	Seneca
SHEN	Shenandoah
UNK	Inpatient Unknown (check with RN)
UNKO	Unknown Outpatient (check with RN)

5. PROCEDURE

A. General Guidelines for ABH Phlebotomy Services

1. The Phlebotomist must take an adequate amount of blood collections supplies, keys to enter the ABH through the secured/locked doors/gates, and collection list with collection labels.
 - All labs supplies must be strictly controlled and kept in the phlebotomist's possession at all times. Under no circumstances may a phlebotomist hand out any phlebotomy supplies to a patient.
 - All non-sharp phlebotomy supplies used on a patient, along with gloves must be discarded in the bio-hazard red bag bins.
 - Used tourniquet can be rolled in the gloves as gloves are removed to be discarded.
 - Used sharps will be appropriately discarded in-tact in the sharps containers.
 - Staff must use hand sanitizer or wash hands before the next draw is performed.
 - Already collected specimens must be kept in zip-locked biohazard bags and kept concealed at all times.
2. The Phlebotomist must follow proper Quest Diagnostics and Shady Grove Medical Center dress code policy. For ABH, this includes no dangling earrings, no ID badge or Vocera lanyard around the neck and no neck ties. A clean lab coat must be worn at all times and ID badge displayed.
3. ABH charge RN will assign an ABH staff member as an escort assist to the phlebotomist.
 - This person must be present before, during, and after all collections of each patient for patient and phlebotomist safety.
 - The assigned ABH staff member will give the phlebotomist a brief overview of the patient and describe their behavior over the last 24 hours (i.e. whether they have been striking out at others or not within the last twenty-four hours).
 - The phlebotomist **IS NOT** to enter a patient's room unless the patient is in isolation from other patients.
 - **If the patient is isolated from other patients, ABH must assign at least a second escort to accompany the phlebotomist into the area for the draw.**

B. AM Collection Rounds

1. Lab orders are placed in HIS by ABH staff.
2. Orders to be collected by lab must be entered before 0230 to qualify for Next AM collection.
 - Next AM collection labels print daily at 0600 on label printer # 312.
 - Next AM collection lists print daily at 0600 on laser printer # 310.
3. The phlebotomist will arrive at ABH between 0645 - 0700 and check-in with the Charge RN.

Lab does not accept paper requisitions EXCEPT during downtime.

4. The phlebotomist will follow the subsequent order of units, starting from the Lower Units and working their way upwards (see below). This allows an efficient process and the collection of all samples in a timely manner. Each unit has an assigned drawing room/exam room.

a. Downstairs/ Lower Units

- i. Chesapeake Unit [CHES] (*Exam Room w/Phlebotomy Chair*)
- ii. Indigo Unit [INDOF, INDOM] (*RM 136/Day Room*)
- iii. Potomac Unit [POTO] (*Small Day Room w/Phlebotomy Chair*)
- iv. Seneca Unit [SENE] (*Exam Room*)

b. Upstairs/ Upper Units

- i. Shenandoah Unit [SHEN] (*Day Room w/Phlebotomy Chair*)
- ii. Magnolia Unit [MAGN] (*Exam Room*)
- iii. Cypress Unit [CYPR] (*Exam Room*)
- iv. Montgomery Unit [MONT] (*Day Room*)

Notes:

- Blood draws on patients located in **Potomac** and **Seneca Units** can be the most challenging. Phlebotomist must be alert at all times. Request assistance from the escort before blood draw (may need assistance to hold a patient's arm or the patient him/her self). Phlebotomist must follow FOCUS concepts (see Addendum) and maintain needle safety at all times.
- Collection begins around 0700 on all days of the week. The specimens are to be collected and returned to the laboratory by 0900. However, this time frame may fluctuate occasionally due to patient availability or delay in escort by Nurse or Tech.
- The phlebotomist may contact the Lead Phlebotomist to request assistance to transport specimens to the lab. The Lead will dispatch another staff member to pick up specimens.

5. The assigned ABH staff member will escort the patient to the designated Day Room or Exam Room. The phlebotomist will collect blood specimens from patients with the ABH staff member present at all times. **The phlebotomist may not approach the patient until the patient is seated in the designated chair for blood draws** by the assigned ABH staff member.
6. The phlebotomist will positively identify all patients using two unique identifiers; **full name and medical record (MR) number**. Compare the full name and MR number from the patient's hospital ID wrist band to the information on the LIS label for an identical match. Refer to the Phlebotomy procedure Patient Identification for detailed instructions.

If **NO** identification band is present do not draw blood. The ABH staff member will be responsible for placing an Identification band on the patient before blood is collected.

7. If the patient is in an isolation room, the blood draw may be performed in their room. In this instance the escorting ABH staff member must obtain assistance of a second ABH staff member to escort the Phlebotomist. (*See section A.3*)
8. The phlebotomist will collect the specimen, activate the safety shield on the sharps used and discard it in the Sharps container located in the medicine room/ exam room. Label all tubes with patient's LIS labels. Write Tech code, date and the time of collection on each label. Place specimens in Biohazard zip-lock bag for delivery to the lab. Sanitize hands and proceed to the next draw.
9. The phlebotomist must notify the Charge RN/ patient's nurse if the patient refuses to be drawn. The phlebotomist will reschedule the test for the future time as specified by Nurse. Document this information on the workload form, enter in LIS and inform the next shift staff. Phlebotomist must print labels, place them on the job sorting desk in Phlebotomy and inform the Group Lead/in charge staff/ supervisor present.
 - If tests must be cancelled as authorized by a Physician or Nurse, use the appropriate cancellation code and document name of the Physician/Nurse in LIS who authorized the cancellation.
 - The Charge Nurse /Patient's Nurse must re-order any cancelled test(s).
 - Patients have the right to refuse to be drawn. Under no circumstances may a phlebotomist approach a patient who has refused to be drawn. Under no circumstance should a phlebotomist attempt to convince the patient to have the blood drawn.
10. Prior to leaving ABH, the Phlebotomist will collect properly labeled urine/stool/swabs or any other Lab samples from the designated specimen refrigerators as directed.
 - Verify each specimen is labeled with an LIS / HIS label and includes date, time and initials of the collector clearly written on the labels.
 - For any specimen without an LIS label, ask ABH staff to review orders in Cerner to determine if task was marked as completed.

- Deliver samples to Specimen Processing.

11. Phlebotomist will pull the un-received log for Hospital HID **ABH** to check that there are no pending orders. If there are pending orders, investigate for duplication and cancel duplicate orders. Refer to the Phlebotomy procedure Un-Received Specimen List for Phlebotomist Collections for detailed instructions.

C. STAT and ASAP Collections

1. Notification of a STAT or ASAP collection is provided when the STAT/ASAP collection label prints. The Group Lead may be notified via phone or Vocera.
 - Lab is authorized to collect at ABH for a.m. collections ONLY.
 - Misuse of STAT/ASAP priority code or need to train ABH staff to draw STATs/ASAP must be determined by the Manager.
 - A phlebotomist will be alerted with Manager’s approval.
2. After reaching ABH for an authorized STAT, the Phlebotomist will request the ABH escort bring the patient to the appropriate drawing station (*see step B.4*).
3. If no ABH personnel are available for escort for the STAT collection, the Phlebotomist will contact ABH charge RN and Phlebotomy Manager and will wait **NO MORE THAN A FEW MINUTES** for an escort.

If	Then
Patients become agitated or aggressive.	ABH staff member will provide a safe environment by remaining in close proximity to the phlebotomist and patient while the procedure is being conducted. If the ABH staff member is unable to be present then <u>no collection will be performed</u> in that Unit and the phlebotomist will move on to the next Unit.
No proper identification of the patient.	All patients must be properly identified prior to the procedure. If the patient is not wearing an arm band, the phlebotomist is NOT authorized to collect samples. The ABH staff member must provide patient armband within a few minutes or the phlebotomist will move on to the next Unit.
Injury Reporting	<ul style="list-style-type: none"> • Report incident to ABH nursing supervisor of the unit and request an incident report be initiated. • Report immediately to your supervisor/manager. You will report to the Emergency department for evaluation if injured. • Proper documentation must be initiated and completed in detail of the entire occurrence. • Supervisor/Manager will conduct an investigation and report all findings via Injury Report and in person to Lab Director. • Reports are submitted to Quest Occupational Health Dept. at Diagnostics, Employee Health Services. • All findings will be shared between ABH and Quest Diagnostics management in order to prevent any further altercations.

Form revised 3/31/00

6. RELATED DOCUMENTS

Patient Identification, Phlebotomy procedure
 Un-Received Specimen List for Phlebotomist Collections
 FOCUS Concept Training
 Adventist Behavioral Hospital Units and Bed Codes (AG.F321)

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SGAH.P01.000		
000	2/18/2015	Section 4: update new location codes for HIS (Cerner) implementation Section 5: update process to reflect HIS implementation and clarify process, edit STAT/ASAP process Section 6: remove outdated SOPs, add room codes Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	M Sabonis S Khandagale L Barrett	S Khandagale

9. ADDENDA AND APPENDICES

FOCUS Concepts for Phlebotomy Safety

FOCUS Concepts for Phlebotomy Safety

FOCUS concepts are utilized for annual phlebotomy safety training. The topics are related to the draw of the specimen from the patient. The topics are:

- Greet the patient, see the patient, know the patient
- Sharps container ready
- Put on the PPE
- Prepare the patient
- Do the stick
- Movement? Drop it! Step Back!
- Remove and click.
- Drop it in the bucket

Adventist Behavioral Hospital Units and Bed Numbers

Unit: CHES Rooms start with 12	
1200	private
1220D	door
1220W	window
1221D	door
1221W	window
1222D	door
1222W	window
1224D	door
1224W	window
1225D	door
1225W	window
1235D	door
1235W	window
1236D	door
1236W	window
1237D	door
1237W	window
1238D	door
1238W	window
1239D	door
1239W	window
1240D	door
1240W	window

Unit: INDOF Rooms start with 25	
0342O	private
2506D	door
2506W	window
2507D	door
2507W	window
2508D	door
2508W	window
2509D	door
2509W	window
2511D	door
2511W	window
2512D	door
2512W	window
2513D	door
2513W	window
2514D	door
2514W	window
2516D	door
2516W	window
2517D	door
2517W	window

Unit: SHEN Rooms start with 24	
2405D	door
2405W	window
2406D	door
2406W	window
2407D	door
2407W	window
2409L	
2409R	
2410L	
2410R	
2411L	
2411R	

Unit: MAGN Rooms start with 22	
22210	private
22220	private
22230	private
22240	private
22250	private
22260	private
22270	private
22280	private
22310	private
22320	private
217GO	
218GO	
220GO	

Unit: MONT Rooms start with 21	
2111D	door
2111W	window
2112L	
2112O	
2112R	
2113D	door
2113W	window
2114O	private
2115D	door
2115W	window
2116D	door
2116W	window
2118D	door
2118W	window
2119D	door
2119W	window
2120DO	door
2120WO	window
2121DO	door
2121WO	window

Unit: POTO Rooms start with 14	
0312O	private
1404D	door
1404W	window
1405D	door
1405W	window
1406D	door
1406W	window
1407D	door
1407W	window
1408D	door
1408W	window
1409D	door
1409W	window
1410D	door
1410W	window
1415D	door
1415W	window
1417D	door
1417W	window
1418D	door
1418W	window
1419D	door
1419W	window
1420D	door
1420W	window

Unit: SENE Rooms start with 15	
1501D	door
1501W	window
1502D	door
1502W	window
1503D	door
1503W	window
1504D	door
1504W	window
1506D	door
1506W	window
1507D	door
1507W	window
1508D	door
1508W	window
1509D	door
1509W	window
1511D	door
1511W	window
1512D	door
1512W	window
1514D	door
1514W	window
1515D	door
1515W	window
1516D	door
1516DD	
1516W	window
1517D	door
1517W	window
1518O	private
1519DO	door
1519WO	window
1520DO	door
1520WO	window

Unit: INDOM Rooms start with 13	
13030	private
1306D	door
1306W	window
1307D	door
1307W	window
1308D	door
1308W	window
1309D	door
1309W	window
1310D	door
1310W	window
1311D	door
1311W	window
1312D	door
1312W	window
1313D	door
1313W	window
1316D	door
1316W	window

Unit: CYPR Rooms start with 13	
0394O	private
1323D	door
1323W	window
1324D	door
1324W	window
1325D	door
1325W	window
1326D	door
1326W	window
1327D	door
1327W	window
1328D	door
1328W	window
1329D	door
1329W	window
1330D	door
1330W	window
1331D	door
1331W	window

Legend:

Room # ending in D indicates bed nearest the door
 Room # ending in W indicates bed nearest the window

If unable to locate a room, ask ABH staff for assistance or directions.