

## TRAINING UPDATE

**Lab Location:** GEC, SGMC & WAH  
**Department:** Cmstaff

**Date Distributed:** 10/6/2016  
**Due Due:** 10/19/2016  
**Implementation:** 10/19/2016

### DESCRIPTION OF PROCEDURE REVISION

<b>Name of procedure:</b>
<b>Laboratory Service Expectations SGAH.L48 v3</b> <b>Note:</b> this has been converted to a system SOP
<b>Description of change(s):</b>
<b>SOP revised to match practice -</b> Section 4: update SGMC facility name & ARH, add ABH  Section 5: delete SG offsite OP location & sweat test, add cortrosyn as scheduled test, add ABH, add lactate to timed tests  Section 9: update test menu (remove occult blood, reducing substances, stool for WBC)  This revised SOP will be implemented on October 19, 2016

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

Non-Technical SOP

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

<b>Laboratory Approval</b>		
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:

<b>Review:</b>		
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

ABH – Behavioral Health & Wellness Services Rockville

ARHR – Physical Health and Rehabilitation, Rockville (PH&R-Rockville)

ARHT – Physical Health and Rehabilitation, Takoma Park (PH&R-Takoma Park)

GEC – Germantown Emergency Center

SGMC – Shady Grove Medical Center

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 SGMC

- a. The Laboratory (~~3<sup>rd</sup> 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 **cortrosyn stimulation 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 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 and **cortrosyn stimulation tests**.
  - 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 (SGMC staff)
- a. Phlebotomy services are provided for morning blood draws during 0600 - 0800. At 8:30 pm, lab staff contact ARHR and report to the facility if **phlebotomy service is required**, ~~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 staff)
- a. Phlebotomy services are managed along with hospital inpatients.
  - b. Blood products for transfusions are not provided.
- 7. ABH (SGMC staff)**
- a. **Phlebotomy services are provided for morning blood draws during 0630-0730.**

## 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 **0200** ~~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 resultd 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 resultd 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**

<b>Hematology &amp; Coag</b>	<b>In Lab TAT</b>	<b>Chemistry</b>	<b>In Lab TAT</b>
BNP	60 min.	Acetone Ketone	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.
		BUN	60 min.
		Calcium	60 min.
<b>Urine &amp; Immunology</b>		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.
<b>Microbiology</b>		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.
		Osmolality (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) <b>Note:</b> 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.	Lactate (sepsis protocol)	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, 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

Form revised 3/31/00

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
2	9/23/16	Header: add other sites Section 4: update SGMC facility name & ARH, add ABH Section 5: delete SG offsite OP location & sweat test, add cortrosyn as scheduled test, add ABH, add lactate to timed tests Section 9: update test menu (remove occult blood, reducing substances, stool for WBC)	L. Barrett	R SanLuis

**9. ADDENDA AND APPENDICES**  
A. GEC On-Site Test Menu



**Appendix A**

**GEC On-Site Test Menu**

<b>Chemistry</b>	<b>Therapeutic Drug Levels</b>
Acetone	Acetaminophen
Albumin	Salicylate
Alcohol	<b>Blood Gas</b>
Alkaline Phosphatase	Arterial Blood Gas
ALT (SGPT)	Venous Blood Gas
Amylase	<b>Hematology &amp; Coagulation</b>
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	<b>Urine</b>
Comprehensive Metabolic Profile	<del>Oc</del> ult Blood
CPK	pH
Creatinine	<del>Reducing Substance</del>
CSF Glucose	Specific Gravity
CSF Total Protein	<del>Stool WBC</del>
Electrolyte Panel	Urinalysis
Glucose	<b>Microbiology &amp; Immunology</b>
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	<b>Blood Bank</b>
Troponin	ABO / Rh
TSH, 3rd Generation	Issuing uncrossmatched O neg RBCs