TRAINING UPDATE

Lab Location: Department:

SGMC and WAH Processing

Date Implemented: 11.28.2017 **Due Date:**

12.18.2017

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Validation of Outpatient Orders and Outpatient Laboratory Requisition **Audit Form**

Description of change(s):

- 1. Updated form
- 2. Updated format of procedure for clarity
- 3. Added steps for verification of orders

Electronic Document Control System



Document No.: SGAH.CS01[5]

Title: Validation of Outpatient Orders

Owner: LESLIE BARRETT

Status INWORKS

Effective Date: 21-Dec-2017

Next Review Date:

Non-Technical SOP

Title	Validation of Outpatient Orders	
Prepared by	Leslie Barrett	Date: 12/1/2008
Owner	Stephanie Codina	Date: 11/16/2017

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

Review:			
Print Name	Signature	Date	
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	PURPOSE

1. PURPOSE

To define the process for verifying that laboratory orders written on paper requisitions and presented to the outpatient laboratory are entered into the laboratory computer system accurately. This process is intended to improve customer satisfaction since incomplete or inaccurate ordering can lead to recalling the patient and/or re-drawing specimens.

2. SCOPE

This procedure applies to any laboratory order received in the outpatient laboratory on a paper requisition and manually ordered in the laboratory computer system.

3. RESPONSIBILITY

Client services staff members will verify orders were accurately transcribed into the laboratory computer system.

4. **DEFINITIONS**

None

5. PROCEDURE

Step	Action
1	Staff assigned to the outpatient laboratory will perform this audit. Audits are performed as time permits throughout the day and documented on the form daily. Orders must be verified so omissions and errors can be corrected as quickly as possible.
2	An aliquot label from each accession number entered will be placed on the patient's facesheet at the time of order.

Step	Action		
3	The person performing venipuncture on the patient will review the facesheet and orders prior to specimen collection to ensure the following are correct. A. Patient's full name matches on the order, facesheet, and labels. B. Patient's birthdate matches on the order (if present), facesheet, and labels. C. Patient's medical record number matches on the order (if present), facesheet, and labels. D. The tests ordered match the tests requested on the requisition. Correct any issues before drawing the patient.		

Verification Process

Step	Action		
1	Access Sunquest SmarTerm function "I" (Patient Access).		
2	At the "Lookup Mode" prompt, press the up arrow "\" and type "H" then enter to change to the mode to "medical record number."		
	Function: I Patient Access 11/69/2017		
	Lookup Hode : 1		
3	At the "Lookup Mode: Hosp. No.:" prompt, type the patient's medical record number and press "enter."		
4	Identify the intended patient from the popup list. Move the cursor to highligh the intended patient and press "enter" to select the patient.		
	Select Patient Hame Hosp, No. HID Dob Sx Sts Site		
	1. COMPETENCY, ONE TEST-1 SGRH 91/01/1981 F HST 2. TEST, ABH TEST-1 ABH 01/01/1985 F ACT Quit		
5	At the "Date, Days, Events:" prompt, press enter to default the current day.		
6	At the "Test-1" prompt, type "O-" and press the "enter" key to display orders. DATE/DAYS/(E)VENTS: TEST-1 0-		

Step	Action
7	Compare the information displayed on the screen to the facesheet and manual requisition. Ensure the following. A. Patient name must match on the order, facesheet, and computer. B. Patient birthdate must match on the order (if available), facesheet, and computer. C. Patient medical record number must match on the order (if available), facesheet, and computer. D. Ensure all tests on the order were entered into the computer. E. Ensure each test is ordered correctly in the computer.
	CROMO DIFF Press RETURM to continue -
8	Correct any errors or omissions noted as soon as possible. Document issues, corrective actions, and notifications on the back of the Outpatient Laboratory Requisition Audit form. If the patient is recalled, document the issues on a quality variance form and notify a supervisor. Leave the quality variance form at the front desk with the order until the patient returns. When the patient returns, document resolution on the QV form. The supervisor is responsible for ensuring follow up occurs.
9	At the end of the day, document the following information on the appropriate row of the Outpatient Laboratory Requisition Audit form. A. Total number of requisitions reviewed B. Number of requisitions without errors C. Number of requisitions corrected D. Reviewing Tech Verify that the details of any incorrect requisitions are completely documented on the back of the form. Check the appropriate column if the Outpatient Laboratory was closed.
10	The supervisor will review the audit form monthly and follow up with staff as indicated. The form will then be filed in the designated location.

6. RELATED DOCUMENTS

Outpatient Processing, Client Service procedure Outpatient Laboratory Requisition Audit form (AG.F78)

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
000	12/7/2010	Section 5:	S.	S.
		A.7 Add documentation recorded on registration face sheet.	Khandagale	Khandagale
		B. Reassign second review		
		Section 6: delete SOP numbers		
		Section 9: add Audit Sheet		
001	4/2/2012	Section 5:	S.	S.
		C.3.b Change PI form to Quality Variance form C.7 Add weekly review required by Supervisor/designee & documentation.	Khandagale	Khandagale
002	8/14/2013	Section 3: clarify responsibility Section 5: add process if staffed by one person Section 6: move Audit form from Section 9	L. Barrett	S. Khandagale
003	8/28/2015	Section 5: A.4 specify LIS functions Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	L. Barrett	S. Khandagale
4	11/16/17	Updated owner Header: Added WAH Section 5: Added detailed process for audit, added supervisor review. Section 6: Updated form, updated SOP list	SCodina	NCacciabeve

9. ADDENDA AND APPENDICES

None



\subset	Shady Grove Medical Center
\supset	Washington Adventist Hospital

Outpatient Laboratory Requisition Audit

Month: Year:

Wonth: Tear:					
Date	Total Number of Reqs Reviewed	Number of Requisitions Without Error	Number of Requisitions Corrected (document details on back)	Check (V) if Closed	Reviewing Tech
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31					

Reviewed By:	Date:	

Document any errors or issues noted during audit.

					Summary of Issues Noted
Patient MRN	Patient Name	Ordering Tech	Drawing Tech	Auditing Tech	Include Corrective Action and Notifications Made
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