

TRAINING UPDATE

Lab Location: GEC, SGMC & WOMC
Department: All staff

Date Distributed: 2/19/2021
Due Date: 3/19/2021

DESCRIPTION OF REVISION

Name of procedure:

Laboratory Service Expectations SGAH.L48 v9

Description of change(s):

Section 4: add FWMC & HUH

Section 5: delete neonatal bili details & referenced SOP,
update critical testing process during delayed
situations

Addendum B: add SARS CoV-2 and Flu PCR

This revised SOP will be implemented March 1, 2021

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

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:

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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 HealthCare Rehabilitation, Rockville

ARHT – Adventist HealthCare Rehabilitation, Takoma Park
GEC – Germantown Emergency Center
SGMC – Shady Grove Medical Center
WAH – Washington Adventist Hospital
WOMC – White Oak Medical Center
FWMC – Fort Washington Medical Center
HUH – Howard University Hospital

5. PROCEDURE

A. Hours of Operation

1. Inpatient Hospital phlebotomy services for blood collection and testing are provided 24 hours a day, 7 days a week.
2. Outpatient Laboratory Services at SGMC and WAH
 - a. SGMC OP Lab hours of operation:
 - Open for blood collection and testing weekdays from 0700-1600 (4 PM).
 - On Saturdays the hours are 0700-1300 (1 PM).
 - OP Lab is closed Sundays and all holidays.
 - b. WAH OP Lab is open for blood collection Wednesdays 0700-1330 (1:30 PM). It is closed on all other weekdays, weekends and holidays.
 - c. Appointments are required for glucose tolerance testing and cortrosyn stimulation tests.
 - d. The Outpatient Laboratory will not accept patients outside of normal operating hours.
 - e. Neonatal bilirubin collections will be performed as specified in the procedure *Neonatal Bilirubin Process*.
3. GEC provides testing 24 hours a day, 7 days a week for Emergency Center patients. Refer to addendum B for GEC on-site test menu.
4. ARHR and ARHT
 - a. Phlebotomy staff members will collect blood from the rehabilitation hospital twice daily.
 - 1) In the morning between 0700 and 0900 for orders placed before 0230.
 - 2) In the evening between 1800 and 2000 for orders placed before 1700. Evening draws should be limited to those that cannot wait until the next morning for collection.
 - 3) Laboratory personnel do not perform STAT or ASAP collections on patients assigned to the Rehabilitation hospitals.
 - 4) Laboratory personnel will collect exposure labs from patients within 1 hour of notification at both sites.
 - b. Nursing staff will collect blood from patients at the Takoma Park Rehabilitation site. Outpatient Laboratory employees will help to collect blood from difficult draws during morning run.
 - c. The phlebotomist will pick up properly labeled specimens from each unit and transport them to the laboratory. Phlebotomists will not travel to the

rehabilitation hospitals to pick up non-blood specimens if there are no blood collections being performed.

- d. Blood products for transfusions are provided by SGMC Blood Bank during business hours when an authorized provider is on site.
 - 1) ARH will place orders and the day prior to the desired transfusion date.
 - 2) At ARHR, the lab will collect T&S samples during routine rounds.
 - 3) At ARHT, T&S samples will be collected by nursing staff.
5. Behavioral Health
 - a. Phlebotomy services are provided in the morning between 0700 and 0900 for orders placed before 0230.
 - b. Evening draws are performed between 1800 and 2000 for orders that cannot wait for the next morning. The in-charge phlebotomist confirms draws daily at 1800.
 - c. The lab does not provide STAT or ASAP collections.
 - d. Laboratory personnel will travel to behavioral health to collect exposure labs from patients within 1 hour of notification. Behavioral health employees must present to the hospital for collection.

B. Routine Blood Collections and Testing for SGMC and WOMC

1. Phlebotomy collection rounds are made throughout the day.
2. Phlebotomists prepare collection lists and draw specimens during rounds between 0900 and 2100.
3. Tests ordered as routine from 2045 through 0200 are drawn with the morning collections.
4. Specimens ordered as routine and tested on site will be resultated within 3 hours of receipt in the laboratory.
5. Results of routine morning collections will be available by 0800.

C. ASAP Blood Collections and Testing for SGMC and WOMC

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 for SGMC and WOMC

1. A list of on-site tests the laboratory performs STAT appears in addendum A. Refer to addendum B for GEC on-site test listing.
2. STAT orders will be drawn within 20 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.

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 30 minutes of requested collection time.
3. Timed tests will be resultated according to the times listed (after receipt in the laboratory).

TIMED TEST LISTING (Receipt at testing site)

TEST	TAT	TEST	TAT
Cardiac Profile	45 min.	Gentamicin	45 min.
H&H	30 min.	Tobramycin (SGMC)	45 min.
PT	30 min.	Vancomycin	45 min.
PTT	45 min.	Amikacin	2 hrs.
Lactate (sepsis protocol)	45 min.		

F. Telephoning of Results

1. The Laboratory WILL NOT call STAT results.
2. The Laboratory WILL CALL critical results per policy.
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 and Downtimes.

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).***
 - The ED Charge Nurse, Nursing Supervisor, and Group Lead/Lab Tech-In-Charge (TIC) will communicate hourly (or as determined) 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.
 - **If the lab is unable to perform mission critical testing (STAT CBC, COAG, BMP, TROP) for greater than 1 hour a STAT Runners Courier will be activated to make continuous runs to another AHC laboratory (GEC, SGMC, or WOMC) until the situation is resolved. In addition, FWMC or HUH can be utilized to provide emergency assistance if the situation requires it.**
 - 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
Neonatal Bilirubin Process, Phlebotomy procedure
Adventist Healthcare Rehabilitation Hospital Collection Protocol, Phlebotomy procedure
Behavioral Health Collection Protocol, Phlebotomy procedure

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
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
3	3/15/18	Section 5: update OP hours and after hours service; add transfusion service for ARH; update Stat TAT for CBC, Plt, PT, BMP, Glucose Section 9: remove resp virus panel	L Barrett S Codina	R SanLuis
4	8/6/18	Section 5: update OP hours; add neonatal bili process; add C diff & PCT to stat tests Section 6: add client service SOP	L Barrett	R SanLuis
5	10/18/18	Section 4: update acronym for BHWS Section 5: combine OP services; add detail for neonatal bili process; move Stat list to addendum A Section 9: add Stat list	L Barrett S Codina	R SanLuis

Version	Date	Reason for Revision	Revised By	Approved By
6	6/26/20	Header: change WAH to WOMC Section 4: update AHC facility names Section 5: update WAH OPL hours, neonatal bili process, rehab and behavioral health services; add timed amikacin TAT Section 6: add phleb SOPs	L Barrett	R SanLuis
7	10/6/20	Add. B: add ketone test	L Barrett	R SanLuis
8	2/15/21	Section 4: add FWMC & HUH Section 5: delete neonatal bili details & reference SOP, update critical testing process during delayed situations Add. B: add SARS CoV-2 and Flu PCR	R San Luis	R San LUIS

9. ADDENDA AND APPENDICES

- A. Stat Test List
- B. GEC On-Site Test Menu

Addendum A

STAT TEST LIST

Hematology & Coag	In Lab TAT	Chemistry	In Lab TAT
BNP	60 min.	Ammonia	60 min.
CBC	30 min.	Amylase	60 min.
Cell count - fluid	60 min.	Basic Metabolic Screen	30 min.
D-Dimer	60 min.	Beta HcG, qualitative	60 min.
ESR (sed rate)	90 min.	Beta HcG, quantitative	60 min.
Fibrinogen	60 min.	Bilirubin, Neonatal	60 min.
Kleihauer Betke	6 hours	Bilirubin, total and direct	60 min.
Platelet Count	30 min.	BUN	60 min.
PT with INR	30 min.	Calcium	60 min.
PTT	60 min.	CKMB	60 min.
Retic Count	60 min.	Comprehensive Metabolic Panel	30 min.
		CPK	60 min.
Urine & Immunology		Creatinine	60 min.
Monospot	60 min.	CSF, protein and glucose	60 min.
Occult Blood	60 min.	Electrolytes (Na, K, Cl, CO2)	60 min.
Rapid HIV	60 min.	Gamma GT (GGT)	60 min.
Urinalysis	60 min.	Glucose	30 min.
		Ketone	60 min.
Microbiology		LDH	60 min.
C. difficile	90 min.	Lipase	60 min.
Gram Stain	120 min.	Liver Panel	60 min.
Influenza virus antigen	60 min.	Magnesium	60 min.
Malaria Smear	120 min.	Osmolality (serum, urine)	60 min.
Quick strep	60 min.	Phosphorous	60 min.
RSV	60 min.	Procalcitonin (PCT)	60 min.
		Protein, total	60 min.
Chemistry		SGOT (AST)	60 min.
Albumin	60 min.	SGPT (APT)	60 min.
Alcohol, blood	60 min.	Troponin	30 min.
Alkaline Phosphatase	60 min.	Uric Acid	60 min.

Therapeutic Drug Levels	TAT	Therapeutic Drug Levels	TAT
Acetaminophen (Tylenol)	60 min.	Phenobarbital	60 min.
Carbamazepine (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.

Addendum A continued

Blood Bank	TAT
Issuing uncrossmatched O neg RBCs	5-10 min.
Type & 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.

Addendum B

GEC On-Site Test Menu

Chemistry	Therapeutic Drug Levels
Acetone	Acetaminophen
Albumin	Salicylate
Alcohol	
Alkaline Phosphatase	Blood Gas
ALT (SGPT)	Arterial Blood Gas
Amylase	Venous Blood Gas
AST (SGOT)	
Basic Metabolic Profile	Hematology & Coagulation
Bilirubin, Direct	B-Natriuretic peptide
Bilirubin, Neonatal	CBC with differential
Bilirubin, Total	CBC, no differential
BUN	Cell Count and Differential, CSF
C Reactive Protein	Cell Count and Differential, Fluid (except synovial)
Calcium	ESR
Chloride	D Dimer
CKMB	PT with INR
CO2	PTT
Comprehensive Metabolic Profile	Retic Count
CPK	Urine
Creatinine	pH
CSF Glucose	Specific Gravity
CSF Total Protein	Urinalysis
Electrolyte Panel	
Glucose	Microbiology & Immunology
HCG, Qual, urine or serum	Gram Stain
HCG, Quant.	Influenza Virus Antigen
Ketone Test, blood	Mono Spot
Lactic Acid	RSV Antigen
Lipase	Strep Group A Antigen
Liver Panel	Wet Prep
Magnesium	SARS CoV-2 (COVID-19) PCR
Potassium	Flu A&B PCR
Protein, total	
Sodium	Blood Bank
Troponin	ABO / Rh
TSH, 3rd Generation	Issuing uncrossmatched O neg RBCs