

SPECIMEN PROCESSING AT SFH

- St. Joseph Medical Center Tacoma, WA
 St. Clare Hospital Lakewood, WA
 St. Elizabeth Hospital Enumclaw, WA
 St. Francis Hospital Federal Way, WA
 St. Anthony Hospital Gig Harbor, WA
 PSC

PURPOSE

To define staff strategies to reduce the specimen turnaround time for all samples and to reduce errors, lost specimens, and decrease sample defects. The policy encourages team work, best standards of practice, and accountability for work performed.

Lab Staff Committed To:

Assigned Duties

1. Take pagers when drawing blood on the floors
2. Lab Assistants: Sign out on White Board when leaving to draw blood
3. Float Techs: Sign in on White Board each day
4. Tech In Charge: Sign in on White Board each day
5. Comply with and hold other accountable on all shifts
6. If all LA's leave, a lab tech is notified, techs will receive ST/TS/AS/AM and monitor specimen processing area
7. Phlebotomy Team
 - Complete white board with #draw/where/time
 - Stock tray when return to lab and end of shift
 - Clear pagers & document issues on communication log

Sample Integrity- Commitment To

8. No Short Samples: Deliver only test ready samples to department – defects will be brought back to lab assistants as needed.
9. Each Accession number needs separate tube or CTS & reorder onto one accession number
10. Check Blue top volumes against chart-observe and visual check for clots
11. Lavender tubes: Blood volumes within guidelines for tube size
12. Questionable sample, integrity issues consult with Tech, MT Coordinator, or TIC (don't pass defects on)

One Piece Flow- Processing & Delivery

13. Lab assistants will SPR all specimens
14. Lab assistants will spin all specimens
15. Attach all labels to the tube - no loose labels delivered to techs
16. Lab Assistant will announce/notify if "Stat" samples delivered to bench. Tech will nod/eye contact/say thanks to acknowledge team member

HEMATOLOGY

17. All ST/AS/TS will be delivered to testing sections- to Stat Heme rocker
18. All AM's will be delivered to testing sections- to Routine Heme rocker
19. Miscellaneous Heme place by Routine Heme rocker
20. Urines and Coag. specimens will be delivered to Heme bench, specimens may be left in bag with label in pouch
21. ST/AS Blood Bank – Hand to Float Tech or Chemistry Tech

CHEMISTRY

22. Bring all specimens and place in appropriate racks: Red (ST/TS/AS) and Blue AM, RT, OP
23. GEM 4000 samples in clear bin (Day Shift only cards L.A & Ionized CA for GEM if cleaning instruments)

SPECIMEN PROCESSING

24. Spin all ST/TS/AS/AM specimens-Place Red Tent on top of centrifuge while spinning as an alert
25. Process and Deliver ST/TS/AS samples: one/two patient at a time keep small batches
 - Process RT/OP/AM samples small batches of <3 specimens, when Priority samples are processed.

Handling Extras

26. Urines:
 - Order XUR for urines if out at RT longer than 20 minutes & place label on hold log
27. Blood samples:
 - XRED- let specimen clot, spin & store
 - XGOLD – invert 8 times, clot for 30 min, spin & store
 - XBLU-spin, place in today's rack
 - XGRN- spin & store
 - XCUL-put in micro bucket

DOCUMENT APPROVAL Purpose of Document / Reason for Change:

11/29/12 – New header/format. Made numbering changes to document. Added steps 4, 9, 13, 19, 20, 23 and XGOLD. Modified steps 1, 2, 5, 6, 7, 8, 10, 12, 21. Slight change in Title.

No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.

Committee Approval Date	<input type="checkbox"/> Date: <input checked="" type="checkbox"/> N/A – revision of department-specific document which is used at only one facility	Medical Director Approval (Electronic Signature)	 11/29/12
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