# SUBJECT: PHLEBOTOMY PROCESSES

**SCOPE:**

1. This policy applies to all phlebotomy processes.

**POLICY:**

1. To ensure accurate and timely services and to continuously meet or exceed the stated or implied expectations of our clients through day-to-day interactions.
2. Excellence in the workplace is promoted by providing all employees with the knowledge, training, and tools necessary to allow for the completion of accurate and timely work.

**PROCEDURE:**

**AM Rounds (1st shift) guidelines:**

1.1 The first phlebotomist is scheduled to start shift at **0430** am

* + 1. Help the 3rd shift tech however possible
		2. Check the specimen status (pending) reports for any canceled tests prior to morning rounds so that patients are not drawn unnecessarily
		3. Go through any printouts on LABP1 printer and sort accordingly
		4. Ensure fasting tests are drawn early on rounds
		5. Check area on dry erase board for blood bank vouchers for OB or Surgery
		6. Assign AM rounds to other phlebotomists on the draw board (including Blood Bank, Surgery etc.)
		7. Print OP schedule & place on processing top for 545 phlebotomists
			1. Log into Allscripts

1.1.10.2 Select **Enterprise Scheduling on the Side Bar list**

1.1.10.2.1 If you have a patient open, click on find patient icon(F2) or under Patient open find patient, cancel the find patient.

* + - 1. Lab draw room 1 and lab draw room 2 calendar view is defaulted. Change to worksheet view if desired
			2. Choose forms and reports, scheduling reports, resource daily schedule
			3. Click on “…” next to Resources
			4. Search for LAB
			5. Highlight all 3 lab line under search result and click Select
			6. Lab resources are now in the Resources box
			7. Select Appointment only
			8. Report will print to LABP1
		1. Fill Printer
		2. Check LIS printer status
		3. Head upstairs to start rounds by *0445 (goal)*
			1. Collect ICU specimens first & take directly to the lab (goal 0530)
			2. Inform a tech that ICU specimens have arrived in lab
			3. Return to the nursing units to complete the assigned collections
	1. The second phlebotomist is scheduled to start shift at **0500** am
		1. Head to floors as assigned by 0430 am phlebotomist
	2. After am rounds are completed, phlebotomists will return immediately to the lab to receive specimens and distribute to appropriate work areas
		1. If unable to collect any specimens, reschedule in the handheld and notify another phlebotomists to draw
	3. Do NOT start the Lab Clerk’s work unless no outpatients and at least one phlebotomist in the OP draw area if Outpatients arrive
	4. The third phlebotomist is scheduled to start shift at **0545** am
		1. Take the OP scheduled patients list from the processing countertop and OP cell phone
		2. Go directly to the Outpatient Draw area
		3. Start all outpatient devices for the day
		4. Start working on “Outpatient Draw room Phlebotomy Daily Checklist”
	5. Breaks & lunches occur in order of arrival
	6. The 4thphlebotomist is scheduled to start shift at **700 or 800** am depending on coverage needs
		1. This phlebotomist is responsible to collect patients accessing the JTDMH COVID Clinic
		2. Helps in Processing, Outpatients, or where ever needed according to workload
1. **Duties AFTER AM Rounds Completed**:
	1. Check discharged patients – give names to Tech for TNP
	2. Interface monitoring messages – prior to next rounds
	3. Service recovery counting and documenting
2. **Lead Phlebotomist:**
	1. The Team Lead Phlebotomists are identified by “LEAD” on their name magnets on the dry erase board
	2. Direct staffing traffic – breaks, lunches, coverage where needed
	3. Phlebotomy Cart – daily checks for cleanliness
	4. Initiate problem solving & addressing issues – if needed see Lab Manager or Support Services Team Lead for input
	5. Initiate troubleshooting – don’t go to a tech until you have tried to “fix” or “investigate”
	6. Informs Support Services Team Lead or Lab manager or when staff is greater than workload requires
	7. Helping with Schedule creation when needed
	8. Assigning O & P on schedule
	9. Review Specimen Processing daily checklist
	10. Lab Occurrences – initial contact with staff
	11. Positive Blood Cultures – initiating training with staff
	12. Specimens/Order w Issues – weekly reviewing
	13. Initiate coverage for call offs / short staff
	14. Transplant forms – implementing new orders as received
	15. Monthly Hand Hygiene
	16. Monthly Shining Star program
	17. Competency Check offs – checking off staff/grading end of year quizzes
	18. Supervise New Staff –
	19. Interview potential phlebotomists when needed
	20. Performing Quarterly Check ins with phlebotomy staff
3. **Outpatient “O” assignment**
	1. The designated “O” phlebotomists will stay in the Outpatient area to draw patients as they arrive
	2. Complete the “Outpatient Draw room Phlebotomy Daily Checklist”
	3. Count Service Recovery gifts & document
	4. Fill printer
	5. Stock rooms (do not overstock)
	6. Keep all draw rooms picked up (pick up trash on floor, blood spills, etc)
	7. Change sharps if needed
	8. Check restroom & pass-through compartment (call housekeeping if cleaning is needed)
	9. Phone - obtain from the main lab
	10. Restart all computers
	11. Check for expired items and stock OP Phlebotomy Tray
	12. Fill refrigerator with Glucola per Par
	13. Check refrigerator for Nutritional supplies - Write up Nutritional order if indicated - Give to Lab Clerk
	14. Check QBACKS in black bin - send to Processing if >7 days
	15. Disinfect - all Counters, Walls, Racks, Chairs, Bed, & Bathroom Metal Shelf - Look for blood splattering
4. **Outpatient process: (non-scheduled)**
	1. Outpatients are registered and sent to the Lab waiting room by Registration Staff
	2. An OP phlebotomist will call the patient from the waiting area. If there is more than one patient waiting, ask “I can help whoever is next?” and take that patient.
	3. Educate patients on scheduled patient options
5. **Outpatient process: (scheduled)**
	1. The patient will call Scheduling (419-394-9599) to obtain a lab appointment prior to arriving
	2. Registration will call Pre-op patients, up to a week prior to their appointment if blood work is needed
	3. Registration Staff will send the patient to the Lab waiting room with a RED folder
	4. Prior to or at the scheduled appointment time, lab staff will call the patient by saying “Scheduled patient, *John Doe*?” This will indicate to any other patients waiting that this person has a scheduled draw time and it’s not first come/first served.
6. **Outpatient process: (all)**
	1. Take the patient to a private draw room, close the door, and communicate with the patient that you are closing the door for their privacy. Leave door open slightly only if patient indicates they would like it to be.
	2. Avoid having more than one phlebotomist in a single draw room when possible unless there are no patients waiting, needed for workflow, patient needs special care - such as an arm holder.
	3. Call the lab for additional help if:
		1. If there are more than 2 patients waiting for each phlebotomist in the OP area
		2. If there are patients waiting and a phlebotomist will be with a patient or handling an issue and will be delayed for an extended period of time.
		3. Respiratory patient is waiting in Room 3 for collection and other patients in OP waiting room
	4. If there are no patients waiting and none at registration, only 1 phlebotomist will remain in OP area
		1. If phlebotomist unavailable to remain in OP due to coverage, notify Registration no staff in the draw room and they will need to call the lab when they a patient arrives
7. **Occ Health patients**:
	1. Occ Health department will bring their patients to the Lab draw room waiting room once Occ Health has completed their work
	2. Occ Health will send the patient with a laminated card to communicate to lab staff what testing needs completed by lab
8. **Processing “P” assignment**:
	1. Designated by a **“**P**”** on the schedule after your starting time. This phlebotomist will stay mostly in the lab unless necessary to help in the draw room.
	2. This assignment will be rotated through all phlebotomy staff
	3. Perform In-house and Emergency Center STATs requested draws
	4. Respond IMMEDIATELY to Stroke Alerts
	5. Receive Nursing collected specimens
	6. This phlebotomist will help in processing, drawing where needed, and floating in to the lab clerk’s office when processing workload permits
	7. Answer phone calls
	8. Review Specimen status (pending) reports
	9. Review and resolve Interface Monitoring Messages (such as OE Rejects, fax failure, etc)
	10. Review and resolve Customer Service pending log / Specimens or Orders with Issues Logbook (QBACK/QCLARS, etc)
	11. Process add-on tests (ADDON) requests
	12. Unpack and process Off Site and Courier specimens
		1. If not registered - send order to ER for registration
		2. If registered - receive the specimen in the LIS & deliver to technical areas
	13. Unpack and put away Supplies
	14. Countertop cleaning
9. **The 545 phlebotomists – prior to leaving for the day (complete by 1400)**:
	1. Restock OP draw room draw stations in all rooms
10. **The 700 or 800 phlebotomists – prior to leaving for the day (complete by 1530):**
	1. Refresh order status monitor
	2. Complete all “processing assignments” (see section 5 above)
	3. Communicate and handoff to 2nd shift phlebotomist any items or issues verbally or by hand written note with date, time, and initials on it
11. **Second shift phlebotomist - after OP closes (complete by 1815):**
	1. Restock OP draw room draw stations in all rooms
	2. Shut down all OP draw area computers
	3. Refill paper in printers
	4. Check OP waiting room area for cleanliness
	5. Disinfection - all Counters, Walls, Racks, Chairs, Bed, & Urine Cubby - Look for blood splattering
	6. Change paper on bed / Remove dirty blankets, pillows, towels
	7. Stock Phlebotomy Tray if needed
	8. Turn off OP phone and place on charging docks if not using as individual lab phone for the day
	9. Check LABP1 and LABP4 printer for displays errors
	10. Place Handheld & Printer on charger
	11. Close doors and turn off lights at end of the day
12. **1500 phlebotomists - prior to end of shift (complete by 2300):**
	* 1. Access on-line duty schedule and list scheduled staff for the shift, on dry erase board
		2. List “P”, “P”, “O”, “O”, “CL”, “Lflt”, and “TR” assignments on the dry erase board for the shift according to the schedule if assignment has occurred otherwise assign based on arrival times generally
			1. 430 – “P” / 500 – “O” / 545 – “O” / 700 or 800 – “P”
			2. P = Processing / O = Outpatient draw room / CL – Lab Clerk / Lflt = Lead Float / TR = Trainer
	1. Restock individual phlebotomy trays and dispose of trash
	2. Dock handhelds and recharging handheld printers
	3. Dispose of any trash, dishes, etc. in break room
	4. Complete the phlebotomy task check-off
13. **As Time Permits Workload activities:**
	1. Blood culture kits - construct if needed
	2. ARUP send out boxes constructed
	3. Storeroom - restock/clean up Phlebotomy areas
	4. Stocking (Pipettes/Aliquots/etc.) - Core lab/Blood bank/Micro
	5. Cut parafilm
	6. Review orders - lab clerk office
	7. Specimen disposal - throw away NEXT day
	8. Refrigerator/Freezer Cleaning, if due - see techs for instructions if needed
	9. Clean work areas, restock & throw away trash
	10. Receive and put away supplies
	11. Clean / Stock your own Phlebotomy tray
	12. Ask Pathology Secretary, Safety officer, Lab Manager or LIS Coordinator for projects
	13. Clean Microwave, refrigerator, etc.
	14. Wash dishes
	15. Check for expired tubes

**Policy Review:** Michele R. Homan MLT/ASCP

 Support Services Team Lead

**Date:** 3/5/24

**Policy Approval:** Dr. Patrick Feasel, MD

 Laboratory Medial Director

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