|  |  |  |  |
| --- | --- | --- | --- |
| Saratoga Hospital LaboratoryCorinth Patient Service Center600 Palmer Ave., Corinth, N.Y. 12822 | Saratoga Hospital LaboratorySaratoga Family Health Patient Service Center119 Lawrence St., N.Y. 12866 | Saratoga Hospital LaboratorySchuylerville Patient Service Center200 Broad St., Schuylerville, N.Y. 12871 | Saratoga Hospital LaboratoryMilton Health Center Patient Service Center**510 Guyser Rd., Balston Spa, N.Y. 12020** |

**Patient Service Center Procedure**

**Principle:**

The purpose of this procedure is to standardize maintenance as well as daily processes at the Patient Service Centers (PSC).

**Scope:**

This procedure applies to all phlebotomy staff members working in Saratoga Hospital patient service centers.

**Policy:**

Saratoga Hospital patient service centers maintain, with a few exceptions that are outlined in this procedure, the ability to provide specimen collection, in addition to accepting specimens collected by patients or provider office staff, consistently at all collection sites.

**Specimen:**

*Patient Preparation*

See the following specimen collection procedures for patient preparation guidelines.

* Blood Specimen Collection Procedure
* Blood Culture Collection Procedure
* Syringe Blood Collection Process
* Blood Specimen Collection Process by Skin Puncture

*Specimen Type*

This procedure applies to all specimen types obtained and accepted at the PSC’s including pathology specimens.

*Specimen Handling and Storage Conditions*

See Saratoga Hospital test dictionary located at the following location.

<http://www.saratogahospital.org/resources-for-medical-professionals/search-laboratory-tests>

*Criteria for Specimen Rejection*

See Specimen Rejection Policy

**Materials:**

1. Specimen Requisitions
2. Meditech Terminal
3. Sample Racks & Bins
4. Centrifuge
5. Specimen Collection Supplies
6. Refrigerator & Freezer
7. Thermometer
8. Caviwipes
9. Telephone

PSC

**Quality Control:**

1. Maintenance and temperature log utilized on days of operation.
2. Monthly review of standing orders.

**Maintenance:**

All maintenance and temperature checks are recorded on the Attachment 1: PSC Maintenance Log.

*Daily*

The following checks and maintenance are completed each day of patient service center operation. All outliers and corrective action are recorded on the PSC Maintenance Log

1. Temperature checks on refrigerator and freezer.
2. Disinfection of patient service center utilizing Caviwipes at the end of each day and when contamination occurs.
* Counter
* Sample Racks
* Centrifuge
* Refrigerator
* Phlebotomy Chair
* Expiration dates of inventory.
* Sufficient stock of inventory.

***Note:*** *Supplies are ordered from Main Laboratory as needed.*

*Weekly*

The following checks and maintenance are performed weekly at the PSC.

* Disinfection of the refrigerator and freezer.

*Monthly*

The following checks and maintenance are performed monthly at the PSC.

* Expiration Date of Thermometer
* Standing Order Check

***Note:*** *All standing orders must be reviewed and updated according to the Standing Order Procedure.*

* Safety Inspection

***Note:*** *Safety inspections are recorded by phlebotomy staff on Attachment 2: PSC Safety Inspection Sheet and faxed to the phlebotomy coordinator for review. The original is kept at the patient service center.*

* Attachment 1: PSC Maintenance Log will be faxed to the phlebotomy coordinator for review.

*Annually*

The phlebotomy supervisor will conduct an unannounced inspection of the PSC annually. This inspection will be recorded on Attachment 1: Maintenance Log and include the following.

* Review of procedure manual.

***Note****: The procedure manuals will not be removed from the PSC. All alterations to the procedure manual will be completed at the Main Laboratory and placed into service at the site.*

* Audit of standing orders.
* Safety inspection.
* Procedure manual sign off by PSC phlebotomists.

**Patient Management Procedure:**

1. Patient presents at the PSC.
	* *Corinth PSC*: Patients present directly with the phlebotomist staffing the location. If the phlebotomist already has a patient, the new patient is asked to have a seat in the waiting area.
	* *Schuylerville & Saratoga PSCs:* Patients present to family health center staff. The family health center staff announce the patient’s arrival to the phlebotomist and asks the patient to have a seat in the waiting area.
	* *Milton PSC:* Patient presents to registration area in the lobby. Registration staff announce the patient’s arrival to the phlebotomist and asks the patient to have a seat in the waiting area.
2. The phlebotomist greets the patient and brings them to the drawing room.
3. The phlebotomist asks for a requisition.

***Note:*** *The requisition must meet all requirements outlined in Admin Policy I-85 Requirements for Outpatient Orders.*

1. Verify insurance information with the patient.

***Note:*** *Saratoga Hospital PSC accept all insurances.*

1. Phlebotomist proceeds with specimen collection according to the following procedures.
	* Blood Specimen Collection Procedure
	* Blood Culture Collection Procedure
	* Syringe Blood Collection Process
	* Blood Specimen Collection Process by Skin Puncture

***Note:*** *See the following link for specific test requirements.*

[*http://www.saratogahospital.org/services/diagnostictesting/laboratory-services*](http://www.saratogahospital.org/services/diagnostictesting/laboratory-services)

1. Close contact with the patient by thanking them for choosing Saratoga Hospital.
2. Process specimens according to the test dictionary. See Attachment 3: Process for Aliquotting Specimens, for instructions on aliquotting.
3. Log all collection information on Attachment 4: PSC Specimen Log.
4. Place specimens in specimen bag with the requisition. Store according to specimen requirements.

**Procedural Notes:**

* If specimens are collected after the courier has been to the PSC, call the courier at 2516.
* It is very important that the PSC remains open for the duration of the posted hours. These hours are part of the PSC application and are registered with New York State.

***Note:*** *At times it may be necessary for the phlebotomist staffing the PSC to leave the PSC to perform an offsite specimen collection procedure. The phlebotomist will avoid leaving the PSC for any reason before 10:00 am. Prior to leaving the PSC, the phlebotomist will post Attachment 5: Expected Return Notice with the time their estimated return time filled in on the announcement.*

**Related Procedures:**

* Requirements for Outpatient Orders
* Specimen Rejection Protocol
* Patient Identification Policy
* Specimen Labeling Policy
* Dispensing Specimen Containers Policy
* Standing Order Procedure

**Attachments:**

* **Attachment 1:** PSC Maintenance Log
* **Attachment 2:** PSC Safety Inspection Sheet
* **Attachment 3:** Process for Aliquotting Specimens
* **Attachment 4:** PSC Specimen Log
* **Attachment 5:** Expected Return Notice

|  |  |  |
| --- | --- | --- |
|   |  |  |
| Date of Origin: | 06/11/09 |  | Prepared By: | Roger Brodeur |
| Revised: | 06/19/13 |  | By: | Teri Baldwin |
| Revised: | 03/12/14 |  | By: | Teri Baldwin |
|  |  |  |  |  |
| **Date Placed in Service:** |  |  |
| **Approved by:**  |  |  |  |  |  |  |  |
|  | Phlebotomy SupervisorTeri Baldwin |  | Date |  | Laboratory Medical DirectorWilliam E. Field II, MD |  | Date |
|  |  |  |  |  |  |  |  |
|  | Laboratory Administrative DirectorRichard Vandell |  | Date |  |  |  |  |

**Attachment 1: Maintenance Log**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Note: Fax maintenance log on the last day of the month to the Phlebotomy Coordinator for review.*** | Supervisor Inspection : ❒Review of Procedure Manual ❒Audit of Standing Orders ❒Safety Inspection ❒Procedure Sign off by PSC Phlebotomists | **Annual** | ✓Exp. Date of Thermometers | **Monthly** | Disinfect Refrigerator & Freezer | **Weekly** | **Comments:** | ✓ Sufficient Stock | ✓ Inventory Exp. Dates | Disinfect Surface Areas | Freezer Temperature(-20°--30°) | Refrigerator Temperature(2°-8°) |  | **Daily** | **PSC Location:** | **Attachment 1: Maintenance Log** | Saratoga Hospital LaboratoryCorinth Patient Service Center600 Palmer Ave., Corinth, N.Y. 12822 |
|  |  |  |  |  |  |  |  | **1** |  |
|  |  |  |  |  |  |  |  | **2** |  |
|  |  |  |  |  |  |  |  | **3** |  |  |
|  | Date: | Performed by: |  | Date: | Performed by: |  |  |  |  |  |  | **4** |  |
|  |  |  |  |  |  |  |  | **5** |  |
|  |  |  |  |  |  |  |  | **6** |  |
|  |  |  |  |  |  |  |  | **7** |  |
|  | ✓ Standing Orders |  |  |  |  |  |  |  | **8** |  |  | Saratoga Hospital LaboratorySaratoga Family Health Patient Service Center119 Lawrence St., N.Y. 12866 |
|  |  |  |  |  |  |  |  | **9** |  |
|  |  |  |  |  |  |  |  | **10** |  |
|  |  | Date: | Performed by: |  |  |  |  |  |  | **11** |  |
|  |  |  |  |  |  |  |  | **12** |  |
|  |  Date: |  Performed by: |  |  |  |  |  |  |  | **13** |  |
|  |  |  |  |  |  |  |  | **14** |  |
|  |  |  |  |  |  |  |  | **15** |  |
|  |  |  |  |  |  |  |  | **16** |  | **Month/Year:** | Saratoga Hospital LaboratorySchuylerville Patient Service Center200 Broad St., Schuylerville, N.Y. 12871 |
|  | Safety Inspection |  |  |  |  |  |  |  | **17** |  |
|  |  | Date: | Performed by: |  |  |  |  |  |  | **18** |  |
|  |  |  |  |  |  |  |  | **19** |  |
|  |  |  |  |  |  |  |  | **20** |  |  |
|  |  |  |  |  |  |  |  | **21** |  |
|  |  Date: |  Performed by: |  |  |  |  |  |  |  | **22** |  |
|  |  |  |  |  |  |  |  | **23** |  |
|  |  |  |  |  |  |  |  | **24** |  | Saratoga Hospital LaboratoryMilton Health Center Patient Service Center200 Broad St., Schuylerville, N.Y. 12871 |
|  |  | Date: | Performed by: |  |  |  |  |  |  | **25** |  |
| Performed By: |  |  |  |  |  |  |  |  |  |  | **26** |  |
|  |  |  |  |  |  |  |  |  |  | **27** |  |  |
|  |  |  |  |  |  |  |  |  |  | **28** |  |  |
|  |  |  |  |  |  |  |  |  |  | **29** |  |  |
| Date: |  |  |  |  |  |  |  |  |  |  | **30** |  |  |
|  |  |  |  |  |  |  |  |  |  | **31** |  |  |

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| Saratoga Hospital LaboratoryCorinth Patient Service Center600 Palmer Ave., Corinth, N.Y. 12822 | Saratoga Hospital LaboratorySaratoga Family Health Patient Service Center119 Lawrence St., N.Y. 12866 | Saratoga Hospital LaboratorySchuylerville Patient Service Center200 Broad St., Schuylerville, N.Y. 12871 | Saratoga Hospital LaboratoryMilton Health Center Patient Service Center**510 Guyser Rd., Balston Spa, N.Y. 12020** |

**Attachment 2: PSC Safety Inspection Sheet**

|  |
| --- |
| **Patient Service Center Laboratory Safety and Quality Checklist** |
|  |
| **Date:** |  |  |
| **Location:** |  |  |
|  |
| **Eyewash** |  |
| **Fire Extinguisher** |  |
| **Chemical Inventory** |  |
| **MSDS Manual** |  |
| **Sharps Container <¾ Full** |  |
| **Work Station Disinfected** |  |
| **Safer Sharps** |  |
| **Hubs** |  |
| **Manuals (Phlebotomy, Safety, Courier)** |  |
| **Spill Kits / Signage** |  |
| **PPE (Gloves, Lab Coat & Face Shield)** |  |
| **Sink Available** |  |
| **Refrigerator** |  |
| **Food / Drink** |  |
| **Bloodborne Pathogen Exposure Kit** |  |
| **Maintenance Log** |  |
| **Accessioning Courier Logs** |  |

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| Saratoga Hospital LaboratoryCorinth Patient Service Center600 Palmer Ave., Corinth, N.Y. 12822 | Saratoga Hospital LaboratorySaratoga Family Health Patient Service Center119 Lawrence St., N.Y. 12866 | Saratoga Hospital LaboratorySchuylerville Patient Service Center200 Broad St., Schuylerville, N.Y. 12871 | Saratoga Hospital LaboratoryMilton Health Center Patient Service Center**510 Guyser Rd., Balston Spa, N.Y. 12020** |

Attachment 3: Process for Aliquotting Specimens

*Blood Specimens*

Blood, in the form of whole blood, plasma or serum, is the most common specimen submitted for testing. In order to obtain serum or plasma, the whole blood specimen must be centrifuged. Some tests require the serum or plasma to be poured off into a separate tube.

1. Centrifuge specimens requiring serum or plasma. Centrifuging causes the heavier cellular components to sink to the bottom of the tube leaving the serum or plasma on the top.

|  |  |
| --- | --- |
| http://medtraining.org/ltac3/account/media/sproc/centrifugedTube.jpg | Serum or Plasma |
| Red Cells |

1. Label aliquot tube with patient’s full name, and date of birth, according to Admin Policy II-68 *Specimen Labeling*.

*Note: The aliquot containers must not contain any additive.*

1. Group source specimens with their aliquot tube.



1. Match the source specimen **Name** and **Date of Birth** on both the specimen and the aliquot tube.
2. Carefully remove the cap off of the source specimen.
3. Draw the serum or plasma from the source specimen with a pipette, and transfer it into the aliquot tube.
4. Cap both tubes.
5. The person who aliquotted must put their initials on the aliquot tube.
6. Label the aliquot tube as plasma or serum.
7. Place aliquot tube in specimen bag with the requisition. Store according to specimen requirements.

**Attachment 4: PSC Specimen Log**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | **Date** | **Patient Service Center Specimen Log** | Saratoga Hospital LaboratoryCorinth Patient Service Center600 Palmer Ave., Corinth, N.Y. 12822 |
|  |  |  |  |  |  |  |  |  |  |  |  | **Patient’s Name/DOB** |
|  |  |  |  |  |  |  |  |  |  |  |  | **Ordering Provider****& Phone Number** | Saratoga Hospital LaboratorySaratoga Family Health Patient Service Center119 Lawrence St., N.Y. 12866 |
|  |  |  |  |  |  |  |  |  |  |  |  | **Time** **Specimen Collected** |
|  |  |  |  |  |  |  |  |  |  |  |  | **Test Ordered** |  | Saratoga Hospital LaboratorySchuylerville Patient Service Center200 Broad St., Schuylerville, N.Y. 12871 |
|  |  |  |  |  |  |  |  |  |  |  |  | **Comments** | **Location:** | Saratoga Hospital LaboratoryMilton Health Center Patient Service Center**510 Guyser Rd., Balston Spa, N.Y. 12020** |
|  |  |  |  |  |  |  |  |  |  |  |  | **Time** **Sent to Lab** |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **Couriers Initials** |
|  |

**Attachment 5:** Expected Return Notice

|  |
| --- |
| **Sorry for the inconvenience. I am offsite performing a draw. My expected return is \_\_\_\_\_\_\_\_\_\_.** |