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| 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.

**Patient’s with Adverse Reactions:**

Timely attention by specimen collection personnel to adverse reactions relating to blood collection is imporatant to reduce compromises to a patient’s health.

* For any major injuries including vomiting, and seizures at a Patient Service Center, call emergency services.
* When a patient displays a vasovagal reaction, verbally call for assistance from the practice staff. In locations where practice staff are not easily accessable, use the Caregiver Pager to alert practice staff.
* Utilize the Phlebotomy Adverse Reaction Procedure as a guideline for dealing with adverse reactions. All adverse reactions must be documented as a patient variance.

**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 for specimen requirements and storage conditions.

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

* For Urine for Cytology specimen handeling instructions, refer to Attachment 6:Urine for Cytology Specimens.

*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

**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. Min and Max Temperature checks on refrigerator.

***Note:*** *No specimens requiring storage in the freezer will be stored at the patient service centers.*

*No specimens requiring refrigerator storage will be collected if temperature is out of the range specified on the Maintenance Log.*

*Refrigerator temperatures are monitored using traceable thermometers. Temperatures which read outside the acceptable range, produces an alarm. The alarm indicates to PSC staff that the specimens being stored at the time of alarm must be recollected.*

1. 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.
* If applicable, check the eye wash solution for particulate, and verifythe solution is within its expiration date.

*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:*** *Patient Service Center inspections are performed monthly by the Phlebotomy Cordinator or a designated Laboratory Support Specialist II. These inspections are recorded on Attachment 2: PSC Safety Inspection Sheet. The original is kept at the patient service center and a copy sent to the Phlebotomy Cordinator.*

*Annually*

The Laboratory Support Services Manager 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.
	* *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.
2. If the patient has not gone through the registeration process, verify photo identification at this time. Stamp the requisition with the “Photo ID Verified” Stamp.
3. If Meditech and a Meditech label printer are available at the site, the phlebotomist orders the labs in the LIS using one of the following procedures.
	* Outreach Procedure
	* Accessioning Procedure
4. 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.

**Specimen Tracking and Transport**

Specimens are tracked either by using the Meditech Site Batch process, or Attachment 5: PSC Specimen Log. When using the Meditech Site Batch process, the Saratoga Hospital Courier will fill out Attachment 4: PSC Courier Log (Use only with Meditech Batch process).

**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 | Dispensing Specimen Containers Policy |
| Specimen Rejection Protocol | Standing Order Procedure |
| Patient Identification Policy | Accessioning Procedure |
| Specimen Labeling Policy | Outreach Procedure |
| Site Batch Procedure | Adverse Reactions Procedure |

**Attachments:**

**Attachment 1:** PSC Maintenance Log

**Attachment 2:** PSC Inspection Sheet

**Attachment 3:** Process for Aliquotting Specimens

**Attachment 4:** PSC Courier Log (Use only with Meditech Batch process)

**Attachment 5:** PSC Specimen Log

**Attachment 6:** Urine for Cytology Specimens

**Attachment 7:** 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 |
| Revised: | 05/02/14 |  | By: | Teri Baldwin |
| Rvised: | 03/28/16 |  | By: | Teri Baldwin |
|  |  |  |  |  |
| **Date Placed in Service:** |  |  |

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| **Approved by:**  |  |  |  |  |  |  |  |
|  | Laboratory Support Services ManagerTeri Baldwin |  | Date |  | Laboratory Medical DirectorWilliam E. Field II, MD |  | Date |
|  |  |  |  |  |  |  |  |
|  | Laboratory Administrative DirectorRichard Vandell |  | Date |  |  |  |  |

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| **Attachment 1: Maintenance Logs** |
| **PSC Location:** | **🞎 Milton Health Center** | **🞎 Saratoga Family Health Ctr.** | **🞎** | **Schuylerville Family Health Ctr.** |  | **Month/Year:** |  |
| **Daily** |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| **Refrigerator****Temperature****(2°-8°C)** | Min Max | MinMax | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max |
| **Room Temperature****(4°-25°C)** | Min Max | MinMax | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max | Min Max |
| **Disinfect Surface Areas** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **✓Inventory Exp. Dates** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **✓Stock Levels** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Comments:** |
| **Weekly** |
| **Disinfect Refrigerator** | **Performed by:** | **Performed by:** | **Performed by:** | **Performed by:** |
| **✓Eye Wash Solution** | **Date:** | **Date:** | **Date:** | **Date:** |
| **Monthly** |
| **✓Exp Dates of Thermometers** | **Performed By:** | **✓Standing Orders** | **Performed By:** | **Safety Inspection:** | **Performed By:** |
| **Date:** | **Date:** | **Date:** |
| **Annual** |
| **Manager Inspection:** 🞎Review of Procedure Manual 🞎Audit of Standing Orders 🞎PSC Inspection 🞎Procedure Sign off by Phlebotomists | **Performed by:** |  | **Date:** |  |

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**Attachment 2: PSC Inspection Sheet**

|  |
| --- |
| **Patient Service Center Laboratory Quality Checklist** |
| **Date:** |  | **Location:** |  |
|  |  |  |  |
| **Inspection Performed by:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Specific Inspection Items** | **“X”** | **Comments** |
| **Eyewash** | * *Verify Eye Wash maintenance is performed according to procedure.*
* *Indicate expiration date of eyewash bottle in comments.*
 |  |  |
| **Fire Extinguisher** | * *Ask staff to show where the nearest fire estinguisher is.*
 |  |  |
| **Chemical Inventory** | * *Verify that the manual is on site.*
* *Ask staff where the Chemical Inventory is located.*
 |  |  |
| **SDS Manual** | * *Verify that the manual is on site.*
* *Ask staff where the SDS Manual is located.*
 |  |  |
| **Biohazard Assessment** | * *Verify a biohazard assessment has been completed annually.*
 |  |  |
| **Sharps Container <¾ Full** | * Ask the staff for the policy for Waste Disposal.
 |  |  |
| **Work Station Disinfected** | * *Disinfected according to VI Houskeeping/Spill Cleanup in Biosafety Plan.*
 |  |  |
| **Collection Supplies** | * *Verify all supplies are within their expiration date.*
 |  |  |
| **Manuals (Phlebotomy, Safety, Courier)** | * *All procedures have been signed by the Medical Director.*
* *All procedures are approved by phlebotomy supervisor biannually.*
* *All staff working in the PSC have reviewed all procedures.*
 |  |  |
| **Spill Kits / Signage** | * *Is spill kit available.*
 |  |  |
| **PPE (Gloves, Lab Coat & Face Shield)** | * *Verify all PPE is available.*
 |  |  |
| **Sink Available** | * Verify sink availability.
* Verify that nothing is stored under sink.
 |  |  |
| **Refrigerator** | * *Refrigerator maintanes appropriate temperature range.*
* *Outliers and corrective action are noted on maintenance log.*
 |  |  |
| **Freezer** | * *Freezer maintanes appropriate temperature range.*
* *Outliers and corrective action are noted on maintenance log.*
 |  |  |
| **Thermometers** | * *Indicate expiration date of thermometers.*
 |  |  |
| **Food / Drink** | * *There is no food or drink in the PSC.*
 |  |  |
| **Bloodborne Pathogen Exposure Kit** | * *Ask staff to show where they can access the Bloodborne Pathogen Exposure Kit.*
 |  |  |
| **Maintenance Log** | * *Review all sections of the logs are properly filled out.*
* *Sign off on the maintance logs indicating it has been reviewed.*
 |  |  |
| **Accessioning Courier Logs** | * *Verify all sections of the Specimen Log are being filled out.*
* *Verify courier is signing and timing the Specimen Log.*
 |  |  |
| **Centrifuge**  | * *Verify maintenance is up to date on the centrifuge.*
* *Verify the centrifuge is in proper operating condition, and lid latches.*
 |  |  |
| **Biohazard Sign** | * *Verify fascility has a biohazard sign posted on the door of the area where biohazard material is stored.*
* *Verify the PSC has a biohazard sign posted in the area where specimens are being processed.*
 |  |  |

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**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.

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**Attachment 4: PSC Courier Log (Use only with Meditech Batch process)**

|  |  |  |
| --- | --- | --- |
| **Date** | **Time** | **Courier Initials** |
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**Attachment 5: PSC Specimen Log**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Patient’s Name / DOB** | **Ordering Provider****& Phone Number** | **Time****Specimen****Collected** | **Test Ordered** | **Indicate the number of specimen tubes sent to Main Lab** | **ML Verified by** |
| **SST** | **RT** | **BLU** | **LAV** | **GRN****LITHIUM** | **STCUP** | **OTHER**  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **# of Specimens:** |  |  | **Date/Time Batch Sent to Lab:** |  |  | **Courier Initials:** |  |
|  |  |  |  |

***A copy of this log must accompany the specimens to the Main Laboratory.***

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**Attachment 6: Urine for Cytology Specimens**

**.**

**Attachment 7:** Expected Return Notice

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