Einstein Medical Center Hospital

Laboratories Mandatory Annual In-service

2018

ALL LABORATORY EMPLOYEES:

Directions for 2018 EINSTEIN MEDICAL CENTER LABORATORIES Hospital Laboratories Annual Mandatory

- ***Remember that you need to submit your results via Medtraining and document completion on your continuing education logs.***
- *(The credits counted for this year's continuing education are from January 1, 2018 to December 31, 2018)*

- ***Log-On to MTS and click onto the "My Assignment" tab***

- ***Submit the first page only of the SDS printout of Glycerol from Fisher Scientific***

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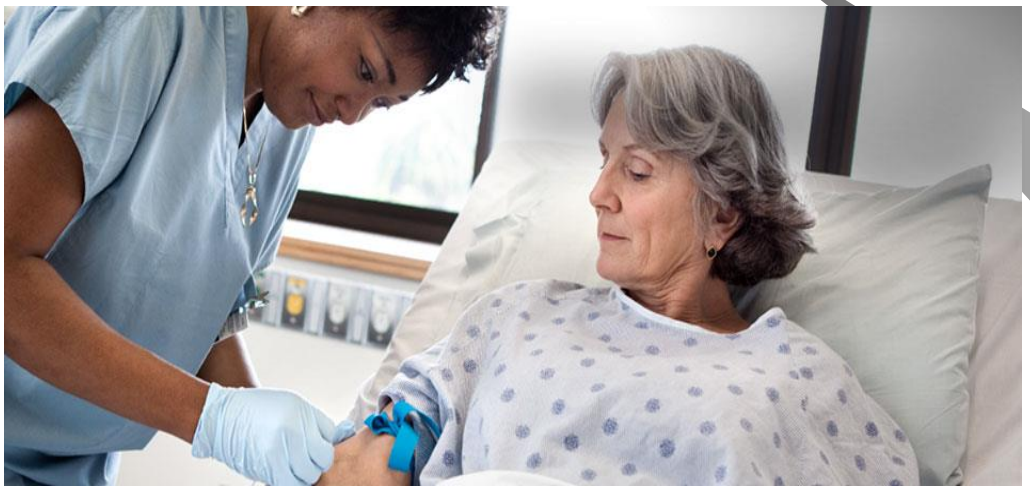
IMPROVING PATIENT CARE



Above the Line • Steps to Accountability

Critical Thinking is Essential to Patient Safety

Our Core Values

- Respect
- Responsibility
- Integrity
- Empathy
- Affinity

EINSTEIN MEDICAL CENTER LABORATORIES Employee

Employee Safety
It is critically important to…

- Pay attention to detail
- Communicate clearly
- Practice with a questioning attitude
- Speak up for safety

Employee Caring
It is critically important to be…

- Committed
- Knowledgeable
- Compassionate
- Accountable
- Respectful/Professional
- Excellence

Focus on Our Customers

One of the vital roles every Laboratory staff member has in our quality management program is to focus on our customers. Our customers are not only our patients, but ANYONE who uses our Laboratory results to care for those patients. In order for our department to excel in the future we need to change our culture. The person on the phone or standing at the door is not just another patient, physician, or nurse – they are customers. The customer's always right… right? The ability to swallow one's pride and accept blame or negative feedback is crucial.

ANSWERING THE PHONE WITHIN 3 RINGS

First Impressions matter *(even on the phone)*

- ALWAYS greet the caller, identify your department / discipline and your name.
- Project a tone that is attentive and respectful.
- Ask, “How may I help you?”
- Ask, “To whom am I speaking?” NOT “Who is this?”

Refer to Central Processing Procedure CP01-004 for complete policy on phone etiquette.

Example: Good morning Hematology, David speaking How may I help you?

DURING THE CONVERSATION:

<u>Focus your entire attention on the caller</u>.

Always speak calmly and at a normal pace. Speaking fast can sometimes indicate you are agitated. Speaking slowly can be misinterpreted as you are bored.

Use ALL of your listening skills.

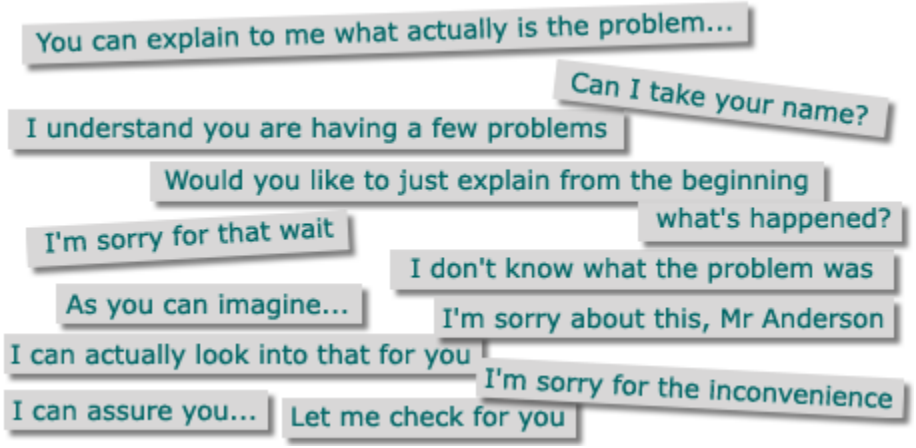
- ***Focus on the conversation***
- ***Listen 'between' the words***
- ***Ask clarifying questions***

Apologize, when appropriate, even if the problem is not your fault, you can say, "I am really sorry this happened" and mean it.

End the conversation with agreement on what is to happen next; if you are to follow-up, do so in a timely fashion.

Here is one simple rule to follow :

<u>ALWAYS GIVE THE CUSTOMER MORE THAN THEY EXPECT.</u>



Avoid the Five Forbidden Phrases:

- **“I don’t know”**

- Better response “That’s a good question, let me find out for you.” or offer to connect the caller with someone who could provide the answer. If a call involves some research, assure the person that you will call back by a specific time. If you do not have an answer by the deadline, call back to say, “I don’t have an answer yet, but I’m still researching it.” There is no excuse for not returning calls.

- **"I/we can't do that."**

- Instead say: "This is what I/we can do."

- **"You'll have to"**

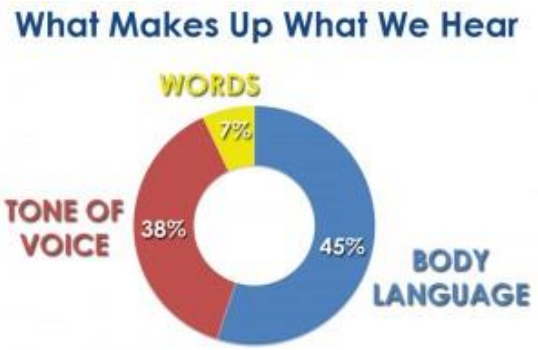
- Instead say: "You will need to" or "I need you to" or “Here’s how we can help you.”

- **"Just a second"**

- Instead: Give a more honest estimate of how long it will take you and/or let them know what you are doing.

- **"No."**

- Instead: Find a way to state the situation positively.



EINSTEIN MEDICAL CENTER LABORATORIES
HOSPITAL LABORATORIES VISION

Customer Service

Customer service is second nature to everyone in the Laboratory.

Our clinical customers are satisfied with our services.

Our patients are treated in a timely manner.

Quality

We produce Laboratory testing of the highest quality.

We are staffed by very well trained and certified Medical Directors, Managers, Supervisors, Technical, and Support employees.

Workflow

We optimize the efficiency of our staff and operations while maintaining a cost effective operation.

We are able to improve our work environment.

Team

We have great communication and display teamwork at all levels in the Laboratory.

Recognition and Respect

We are able to improve our relationships with the Medical Staff to ensure high quality service and care.

Quality goals of EINSTEIN MEDICAL CENTER LABORATORIES Laboratories:

- ***detect, reduce, and eliminate laboratory and medical errors***
- ***reduce process variations that can cause errors,***
- ***improve efficiency and effectiveness of operations (control cost),***
- ***improve the likelihood of meeting our customers' expectations,***
- ***develop and maintain a competent staff,***
- ***comply with all required regulations and accreditation standards,***
- ***comply with all CAP and TJC Patient Safety Goals.***

TJC and CAP LABORATORY PATIENT SAFETY GOALS

The Einstein Medical Center Hospital Laboratories support not only the Einstein Healthcare Network public mission statement but also support other regulatory agencies such as TJC (Joint Commission), CAP, and AABB, in providing comprehensive, quality care in our patient population. This is achieved through our Administrative and Quality Program.

CAP National Patient Safety Goals

CAP has developed a core set of laboratory patient safety goals for pre- and post-analytic laboratory processes. These goals are:

1. ***Ensure patient and sample identification:***
   a. ***At the time of specimen collection.***
   b. ***At the time of analysis.***
   c. ***At the time of results delivery.***

2. ***Ensure the verification and communication of laboratory results requiring action on the part of treating clinicians:***
   a. ***New malignancies.***
   b. ***Infectious disease diagnosis requiring immediate treatment or patient isolation.***
   c. ***Critical laboratory values.***

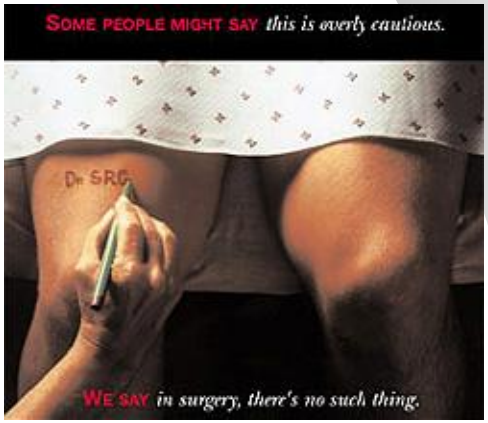
CAP PATIENT SAFETY GOALS

3. Ensure time outs are performed prior to starting procedures:

a. Correct test preparation.

b. Correct patient position .

c. Safety precautions based on patient history or medication use.



4. Ensure the Identification, Communication and Correction of Errors:

a. Timeliness of identification of errors.
b. Revised reports.

1. All inaccuracies in the medical record should be documented and communicated at the time the inaccuracy becomes known. The correct test result or diagnosis should be made clear in an amended or corrected report with the date of correction as soon as possible. The original inaccurate result should be reported as such in the medical record. The reason the original result was reported incorrectly (i.e., due to error or other reason) may not be known and needs not be reported in the medical record.

2. When an incorrect result or diagnosis causes material injury to a patient, the correct result/diagnosis and the fact the result has been changed must also be reported to the patient. For an inaccuracy caused by or directly involving a pathologist, the pathologist involved in the case should discuss the matter with the physician who ordered the pathology consultation. The two physicians should jointly determine how best to communicate the corrected result to the patient.

5. Improve Integration and Coordination of Laboratory Patient Safety Role within Healthcare Organizations and Operations among the following groups:

- ***a. Nursing***
- ***b. Administration***
- ***c. Point of Care testing personnel***
- ***d. Providers***

6. Provide a standardized list of acceptable abbreviations, acronyms, and symbols to the following groups:

- ***a. Physicians***
- ***b. Nurses***
- ***c. Laboratory testing personnel***

7. ***Improve hand-off communication approaches, in high risk clinical situations such as:***

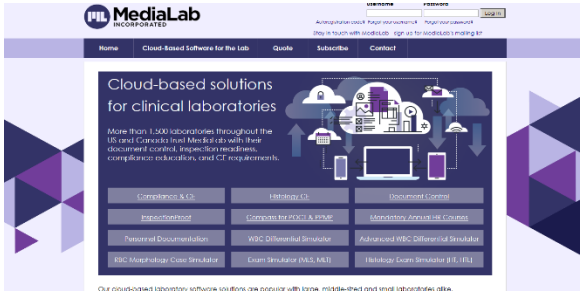
a. Shift changes.
b. Laboratory testing performed during surgical procedure.

8. ***Reduce the risk of health care associated infections by the following activities:***

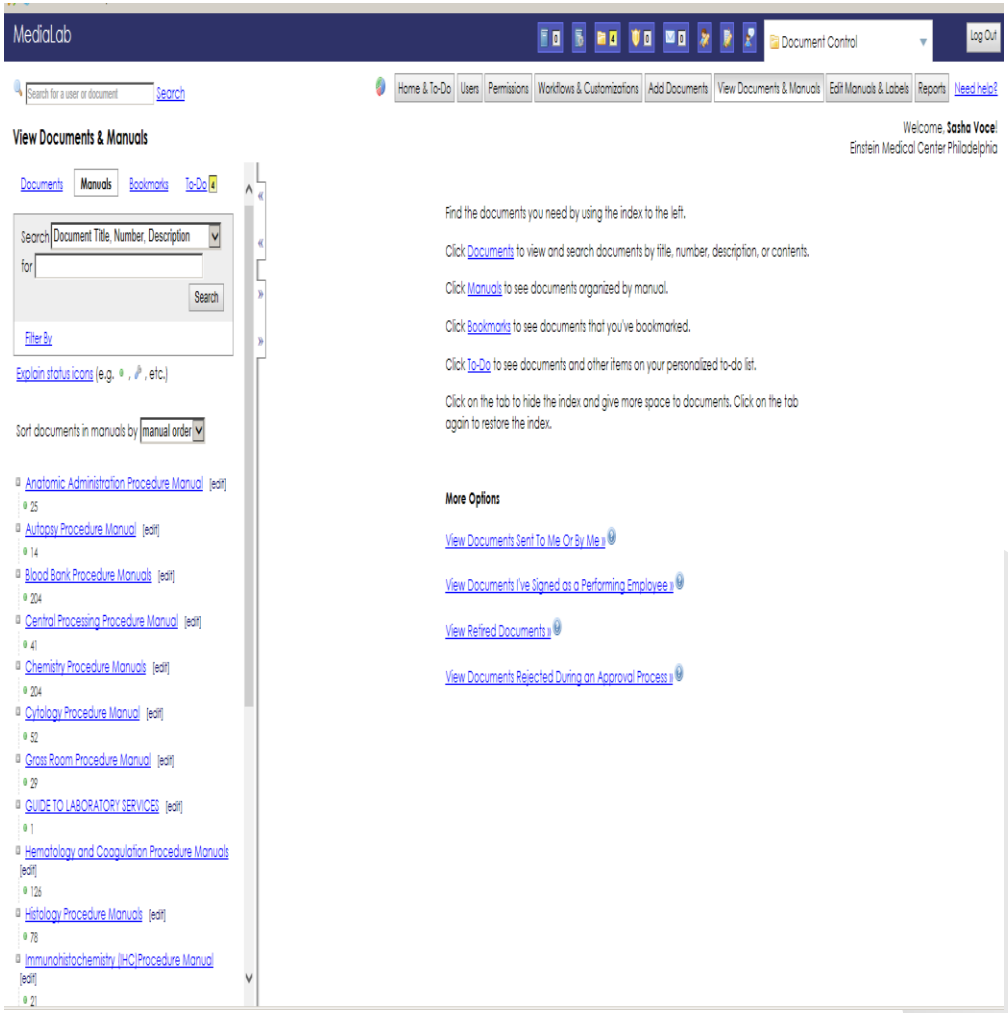
a. Reviewing WHO and CDC Hand hygiene guidelines.
b. Implementing best practices.
c. Conducting periodic risk assessments.
d. Ensuring participation of laboratory staff in infection control activities in health care organization.

LABORATORY POLICY AND PROCEDURE MANUALS

All of our procedure manuals are electronic and may be accessed using Medialab health. Look for the icon on the computer desktop!



- Policies, Procedures, and forms are on MediaLab
- See your Supervisor for training and questions



SPECIMEN LABELING AND RECEIPT

It is the policy of EINSTEIN MEDICAL CENTER Laboratories to ensure all specimens that arrive in the Laboratory are properly and adequately labeled and identified. Specimens must have a firmly attached label bearing enough information to adequately identify the patient.

Refer to Central Processing Procedure CP01-006 for complete policy.

SPECIMEN LABELING AND RECEIPT

Irretrievable Specimens

If part of the required information is missing, every effort should be made to recollect that specimen and properly label it at the patient bedside or in the outpatient collection area/examination room. However, the Laboratory recognizes there are certain situations where recollection is extremely difficult or a danger to the patient.

When a specimen is collected and delivered to the laboratory without any label present on the container, and the specimen cannot be recollected (e.g. CSF, tissue or any other specimen that cannot be recollected due to its intrinsic nature), a special irretrievable specimen form needs to be completed.

- The Physician who collected the specimen states that he/she takes full responsibility for the positive identification of the specimen and must sign the form *(See CP01-007 Form A).* In the event the collecting Physician is not available, a designee who witnessed the collection can sign the form in the Physician's absence.

The Lab Tech will analyze and result the test with a footnote stating that the specimen
was identified by the Physician (or designee).

After an inadequately labeled specimen or a mislabeled, irretrievable specimen has been identified and the floor has entered the order, the Central Processing or technical staff will:

- Call the source (office, floor, unit)
- Explain the reason for rejection and request resubmission
- Complete a DDR (AD02-025 Form A4) and email the word document to your Supervisor
- For a specimen that is impossible to recollect (CSF, pericardial fluid etc.) assist the person who collected the sample to complete the Irretrievable Specimen Form (CP01.007 Form A). Attach any original paperwork or labels to the form and give form to CP Supervisor.

All ‘problem specimens’ must be documented in the LIS and called to the primary care nurse or physician.

Refer to Administrative Policies and Procedures, Ensuring Identity and Integrity of Specimens, AD02-007, for complete policy.

GUIDE TO LABORATORY SERVICES (GLS)

It is the policy of Einstein Medical Center Hospital Laboratories to provide complete collection and handling instructions of all laboratory specimens to specimen-collecting areas within the hospitals (i.e. nursing stations, operating room, emergency room, out-patient areas, etc.) and to areas outside the main laboratory (i.e. physicians' offices, etc.).

Refer to Administrative Procedure, *AD02-021*, for directions on accessing the Guide to Laboratory Services on the Einstein Healthcare Network Intranet.

INFORMATION MANAGEMENT

CRITICAL AND URGENT VALUE REPORTING POLICY

It is the policy of the Einstein Healthcare Network Hospital Laboratories to notify the physician or other clinical personnel responsible for patient care when results of certain tests fall within established "Critical" ranges in the clinical laboratory or are non-numerical immediately life threatening results in the clinical laboratory or urgent results in Anatomic Pathology. In addition, criteria and a communication policy is established for courtesy communication in the Anatomic and Clinical Pathology laboratories for the unexpected clinically significant findings that are not immediately life- threatening.

Refer to Critical Values/ Diagnoses under Administrative Policies and Procedures, AD02-004, for complete policy.

Critical Value Reporting System

Inpatients

Call the nursing unit for critical clinical laboratory results. The result is given to a licensed caregiver. The individual receiving the result is asked to read back the result to ensure correctness. The first initial and last name of the individual receiving the result and the time of receipt and read-back are documented in the Laboratory Information System (LIS). If nursing cannot be readily contacted, the laboratorian will invoke the Hospital Escalation Policy. ***All critical values are called 24 / 7 on inpatients***. Report the patient's full name and identifier (DOB or medical record number) with the result.

Critical Value Reporting System

Outpatients

During normal business hours:

Call the ordering physician's office. The licensed caregiver receiving laboratory results are asked to read back the result to ensure correctness. The first initial and last name of the individual receiving the result, along with the time of receipt and read-back, is documented in the LIS. If the physician cannot be readily contacted, the laboratorian will invoke the Hospital Escalation Policy.

Specimens requested by Gift of Life

- See Hospital Policy A0047.0 Anatomical Donations
  - Organ procurement organizations (OPO) such as “Gift of Life” may request laboratory samples in order to determine a patient’s suitability for anatomical donation.
  - Samples should be placed in a specimen bag and stored in Central Processing

Reference lab Specimens

STAT and Critical test results will be called and faxed to either EMCP or EMC EP lab by the reporting reference lab. Lab personnel receiving the test results will immediately call the unit or ordering physician. Leave all paperwork with the name of the person contacted for the person working the send out bench.

EMPLOYEE REPORTING OF QUALITY AND SAFETY ISSUES

It is the policy of Einstein Healthcare Network Hospital Laboratories to encourage employees to communicate any concerns or complaints with respect to the quality of patient testing and safety, directly to management.

Should employees feel the Laboratory Management has not addressed their concerns, information is made available so employees may directly contact the College of American Pathologists, the American Association of Blood Banks, Joint Commission, Centers for Medicare and Medicaid Services Division of Laboratory Services.

Phone numbers and contact information are located in the hallway between the Administrative and Chemistry Lab and also in Blood Bank.

EMERGENCY SUSPENSION OF AUTOVERIFICATION

It is the responsibility of the Technologists, and Managers to notify the LIS Manager or designee of a problem with a test method, analytic instrument, or Auto verification program when the quality control has been confirmed within acceptable limits, but rapid suspension of the Auto verification process is required.

For Full Policy refer to AD03-01 Appendix A Suspend Auto verification

DOWNTIME PROCESS

- Report unexpected downtime immediately to the Help Desk 68033. A ticket number is issued. Unscheduled downtime is reported ASAP by the LIS Manager.
- Scheduled downtime includes those events that must be coordinated as part project, hardware upgrade, software upgrade, anti-virus software upgrade/pa application upgrade or server relocation.

GENERATING DOWNTIME LABELS

Generating downtime labels is a function for the core lab, microbiology, and blood bank sections

- Access PathNet Collections Label Pre-Print by clicking the Label PrePrint icon on the App Bar or access labelpreprint.exe from the support folder.
- Enter the Number of Accession Label sets to print in the Number of Accessions field.
- Enter the accession number of the first label to print in the Starting Accession Number field.

NOTE: A log needs to be maintained to track the accession numbers that have been printed. Care must be taken to avoid re-using the same accession number in AeCIS

- Enter 8 in the number of labels to print per accession field. This prints 8 labels for each accession number.
- Enter a Free text comment in the Free text comment field if applicable.
- Select the printer to be used by selecting the printer from the drop down menu in the Label Printer field.

Refer to Administrative Policy and Procedure, **AD02-036**, for complete procedure.

Promoting Employee and Facility Safety

HAZARDOUS MATERIAL/ LOCATION OF SDS

The identification of hazards and the posting of warning signs are an important part of safety.

It is the policy of the Einstein Medical Center Hospital Laboratories to expect employees to recognize and use the appropriate hazard identification labels and signs.

Refer to Policies and Procedures, Safety SA01-015, and SA01-004 for complete policy.

Globally Harmonized System (GHS) of Classification and Labeling of Chemicals

GHS stands for the Globally Harmonized System of Classification and Labeling of Chemicals. GHS is a system that defines and classifies the hazards of chemical products, and communicates health and safety information on labels and material safety data sheets (called Safety Data Sheets, or SDSs, in GHS). The goal is that the same set of rules for classifying hazards, and the same format and content for labels and safety data sheets (SDS) will be adopted and used around the world. An international team of hazard communication experts developed GHS.

HCS Pictograms and Hazards

Health Hazard	Flame	Exclamation Mark
		
• Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	• Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides	• Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non Mandatory)
Gas Cylinder	**Corrosion**	**Exploding Bomb**
		
• **Gases under Pressure**	• **Skin Corrosion/ burns** • **Eye Damage** • **Corrosive to Metals**	• **Explosives** • **Self-Reactives** • **Organic Peroxides**
Flame over Circle	**Environment (Non Mandatory)**	**Skull and Crossbones**
		
Oxidizers	**Aquatic Toxicity**	**Acute Toxicity (fatal or toxic)**

A sample HCS label, identifying the required label elements, is shown BELOW. Supplemental information can also be provided on the label as needed.

SAMPLE LABEL

PRODUCT IDENTIFIER

CODE _____
Product Name _____

SUPPLIER IDENTIFICATION

Company Name_____
Street Address _____
City _____ State _____
Postal Code _____ Country _____
Emergency Phone Number _____

PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.
Keep away from heat/sparks/open flame. No smoking.
Only use non-sparking tools.
Use explosion-proof electrical equipment.
Take precautionary measure against static discharge.
Ground and bond container and receiving equipment.
Do not breathe vapors.
Wear Protective gloves.
Do not eat, drink or smoke when using this product.
Wash hands thoroughly after handling.
Dispoae of in accordance with local, regional, national, international regulations as specified.

In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO_2) fire extinguisher to extinguish.

First Aid
If exposed call Poison Center.
If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.

HAZARD PICTOGRAMS

SIGNAL WORD

Danger

HAZARD STATEMENT

Highly flammable liquid and vapor.
May cause liver and kidney damage.

SUPPLEMENTAL INFORMATION

Directions for use

_____
_____
_____

Fill weight: _____ Lot Number _____
Gross weight: _____ Fill Date: _____
Expiration Date: _____

SDS Sheets…
Know How To Access Them

- SDS must be available at all times
- Accessible without intervention from a supervisor
- *It is your responsibility* to know where they are stored in your dept. If you have questions ask your manager
- SDS's can be accessed on-line via your desktop from any network computer. (Contact the Help Desk at 215-456-8033 **if you don't** have the icon on your desktop).
- Fax back service 24/7 @ 1-888-362-7416
- Your department manager may also have paper versions available if you do not have access to a computer.

Dispose of broken glass or hard plastic in a sharps container.

DO NOT GO PAST THE FILL LINE !!!

NO TUBES!

ALL SPECIMEN TUBES (EVEN PLASTIC TUBES) ARE CONSIDERED <u>SHARPS!</u>

<u>DO NOT PUT ANY TUBES INTO REGULAR RED BAG TRASH!</u>

ALL SPECIMEN TUBES MUST BE PUT INTO SHARPS CONTAINERS.

THANK YOU FOR YOUR COOPERATION!

If there is a Chemical Spill in your area:

Remove all persons exposed during the spill and send them to the Emergency Department or Live Well Health Services for evaluation and/or treatment.

Immediately contact your immediate supervisor. If the spill is causing fumes, contact the Maintenance Department so they can control the HVAC.

Formaldehyde

Formaldehyde, a known toxin, is an eye, skin, and respiratory irritant. There is no present evidence formaldehyde is stored by the body. In small concentrations, it is detoxified by the liver. However, formaldehyde is a known mutagen and should be regarded as a potential carcinogen.

OSHA requires employees who work near formaldehyde be monitored periodically for their levels of exposure.

The current standard of 0.75 ppm with an 8-hour TWA has been established for formaldehyde. In addition, an action level has been set at 0.5 ppm. The STEL limit is 2 ppm.

Action Level = 0.5 ppm / 8 hr

Permissible Exposure Limit = 0.75 ppm / 8 hr

Short-term Exposure Limit = 2.0 ppm / 15 min

Formaldehyde Spill Clean-Up:

Respiratory protection is required for clean-up.

Wear a full face piece with a self-contained breathing apparatus for containment and clean-up.

Notify the CHECK PROCEDURE

In the event of a small spill under a hood, use a formaldehyde spill kit (located in Pathology). Follow the directions provided with the kit for disposal.

Use formaldehyde only in a ventilated area that draws fumes away from the operator's face.

Eye protection is recommended and eye wash stations are located in the Pathology labs at all sites.

In case of accidental ingestion of formalin, seek immediate medical attention. Promptly notify the Laboratory Medical Director and take the victim to the Emergency Department for treatment.

Spills that demand resources greater than departmental available resources contact Protective Services Command Center 6-6918 and report the location and nature of the spill and contact our licensed vendor for cleanup at PSC at 1-877-577-2669.

Equipment /Instrument Failure Procedures

Any equipment/instrument failure or malfunction resulting in a patient or employee safety hazard must be reported immediately (i.e. technical support, Biomed, Facilities, and Lab Leadership). The equipment must be labeled to keep it from being used.

EMERGENCY PREPAREDNESS

EHN Hospital Laboratories participate in both internal and external disasters that may occur in any of the hospitals in the system. The Laboratory has a specific role in the broader Hospital plan for handling such emergencies.

Refer to Administrative Policies and Procedures, AD02-014, for complete laboratory policy.

External Disasters

Definition of Disaster: The Hospital Administrator on-call or designee has the authority to put a Emergency Operations Plan into effect when an event occurs in which the number or potential number of casualties would overwhelm available resources.

The Administrator –on-call, as Incident Commander, is responsible for the activation, direction, and termination of the Emergency Operations Plan.

The Incident Commander will contact the Section Chiefs. He/she will in turn contact Laboratory Administrative Director and insure adequate numbers of personnel are available in the Laboratory. The Laboratory Administrative Director will determine the level of emergency operations plan and contact the appropriate personnel.

The Blood Bank will take inventory of the blood supply and restock as needed. The Laboratory will provide testing for victims as ordered.

Implementation of the plan will begin with the following announcement by telecommunications: **CODE YELLOW EMERGENCY DEPARTMENT (3 times).**

Internal Disaster

Definition of Disaster: The Hospital Administrator on-call or designee has the authority to put a Emergency Operations Plan into effect when an event occurs in which the number or potential number of casualties would overwhelm available resources.

The Incident Commander can assign someone to contact the Departments that do not have access to the overhead paging system.

All personnel, visitors, and patients must remain on their unit until the "All Clear Code Yellow" is announced or they receive other instructions from the Emergency Operations Center (EOC). Staff may leave their unit only if they are requested by the EOC.

Unless a member of the Emergency Response Team, the employee stays away from the disaster area and maintains his/her own area and is prepared to assume responsibilities as assigned by the Incident Commander.

Implementation of the plan will begin with the following announcement by telecommunications: **CODE YELLOW + DEPARTMENT LOCATION (3 times).**

Emergency Codes

Code Red -Fire

Code Yellow + Location – Internal/External Disaster

Code Blue – Cardiac Arrest

Code Black - Bomb Threat

Code Pink - Child / Infant Abduction Code Campus Lockdown- Shelter-In-Place Situation

Histology Alarm

If the histology processor alarms anytime after 5pm, it is the responsibility of the a technologist in the Chemistry department to first check back in the AP department to see if staff is still here. If no staff is available, the technologist is to notify the AP Supervisor *(refer to the telephone directory on the H drive).*

HANDLING CREUTZFELDT-JAKOB (CJD) SPECIMENS

The Attending Surgeon or Physician with knowledge or suspicion of CJD must notify Infection control and/or the laboratory administration or supervisor before collecting high risk specimens (brain or spinal cord tissue) or when requesting an autopsy so that the department can notify the laboratory in advance for appropriate handling as per the network control policy*.

In the event that the laboratory becomes aware of an unsuspected exposure to CJD from a high risk specimen, the Quality Manager of the Laboratory and Infection control department must be notified as per the network infection control*.

***Note: See Network Infection Control Policy A40-656.0 --Reducing Risk of Transmission of Creutzfeldt-Jakob Disease**

Refer to Policies and Procedures-Safety,SA01-040, for complete policy.

DEPARTMENT OF *GENTLE* REMINDERS

Don’t Forget

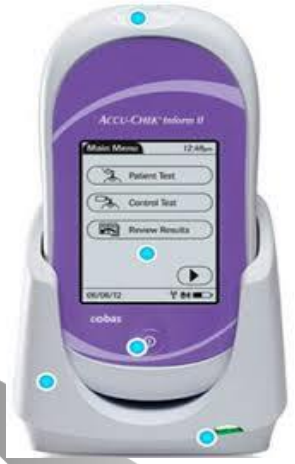
- It is mandatory to initial and document on the maintenance and checklists daily
- Competency due dates must be followed. It is your responsibility to collect documentation prior to the end of the month. **Failing a competency quiz will result in mandatory retraining.**
- Check your email daily at beginning of your shift.
- Respond to Medtraining and Medialab notifications **within 30 days of notification or disciplinary action ensue.**
- The time limit for add ons from the ED is 4 hours.

PUT DATES ON REAGENTS AND CONTROLS!

- ***Open and Expiration Dates must be written on reagents and controls as soon as they are taken out of boxes.***

This is a requirement of our Regulatory and Accrediting Organizations

A Message from POC…



RETURNING BROKEN METERS

- REPLACEMENT METERS ARE LOCATED ON THE POINT OF CARE COUNTER
- PLACE THE BROKEN METER IN THE BLUE BIN MARKED “BROKEN METERS”
- FILL OUT THE REPLACEMENT FORM ON THE CLIPBOARD COMPLETELY
- **IT IS IMPORTANT TO FILL IN THE REASON WHY YOU ARE RETURNING THE METER**

Remember-

- ***ALWAYS USE MILITARY TIME***
- when inputting the time of specimen collection and receipt time!!!

Use the time on PC

Example-

- A STAT Specimen is received at 22:00, the person receiving the specimen puts in 10:00. This error not only affects the result time in AeCIS it also affects the TAT report. It creates a very time consuming process for our team.
- The time has to be corrected and incorrect timed results removed.

Method of footnoting Critical Value documentation

To footnote a message in ARE:

1. After the result is entered, type CALL (click F9) (translates to CALLED TO AND READ BACK BY at) then (click F5 for time and date).

“LOST SPECIMENS”

SPECIMENS THAT COME DOWN WITH THE INCORRECT DATE AND TIME FROM THE TIME DRAWN, MUST BE CHANGED IN THE SYSTEM UPON ARRIVAL!

IF THE TIME/DATE ARE INCORRECT, THIS CAN LEAD TO “LOST SPECIMENS.”

EXAMPLE: A specimen for H&H arrived in the lab at 2143 labeled with an 0800 barcode. The specimen had not been updated using a Care Mobile device. A nurse called looking for results after midnight. Technologist saw that a 2000 specimen was cancelled by the MD, but could not find that specimen. The RN followed up with technologist and said that generally, she would just draw a new specimen, but she knew that one had been sent. After much searching, the technologist found the specimen, he added an order comment to note the time of collection.

COMPLETE A DDR AND A PSN WILL BE FILED IF THERE IS A SIGNIFICANT TIME AND/OR DATE DIFFERENCE.

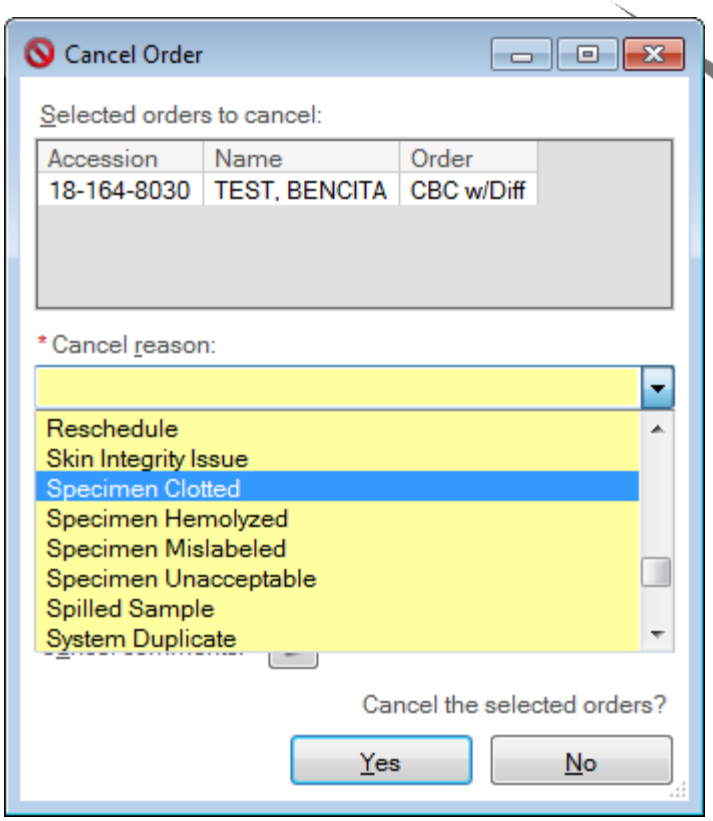
Cancellation and Reorder of Specimens

Specimens that are cancelled for quality issues in Central Processing, Hematology, and Chemistry must be cancelled and reordered by the lab personnel.

Specimen quality issues are as follows:

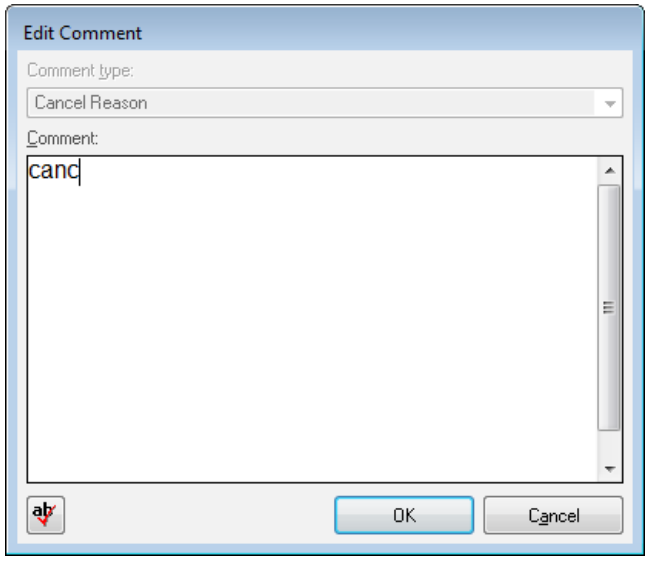
- **Clotted**
- **Hemolyzed**
- **Questionable integrity**
- **Mislabeled Specimens**

When calling the cancellation it is important to state the reason for cancellation and that the lab will be reordering the test. You must also note the persons name and the time the message was relayed. In the Cancel order screen select the appropriate cancellation reason as shown below

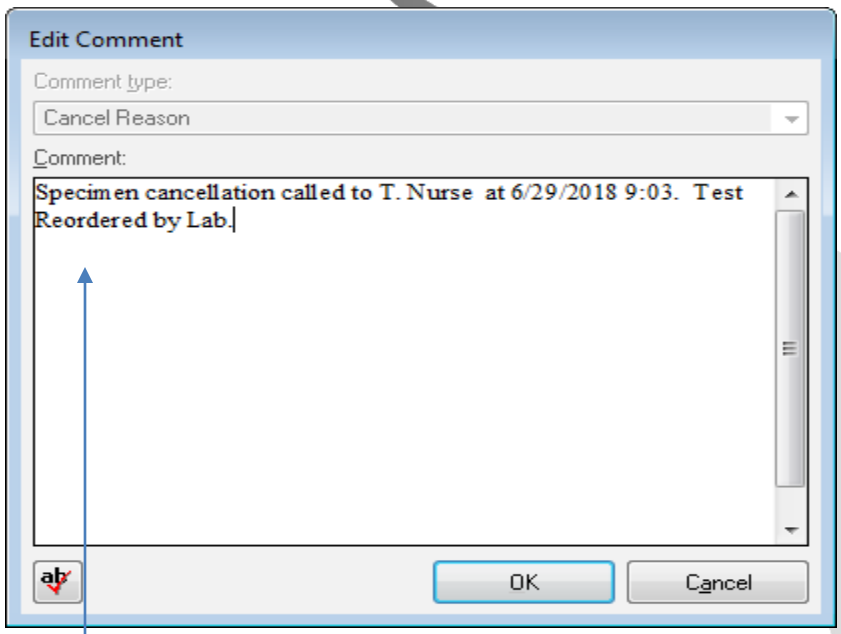


Cancellation Comment

Upon opening the Cancel comments: box type CANC and hit F9 to explode the coded comment



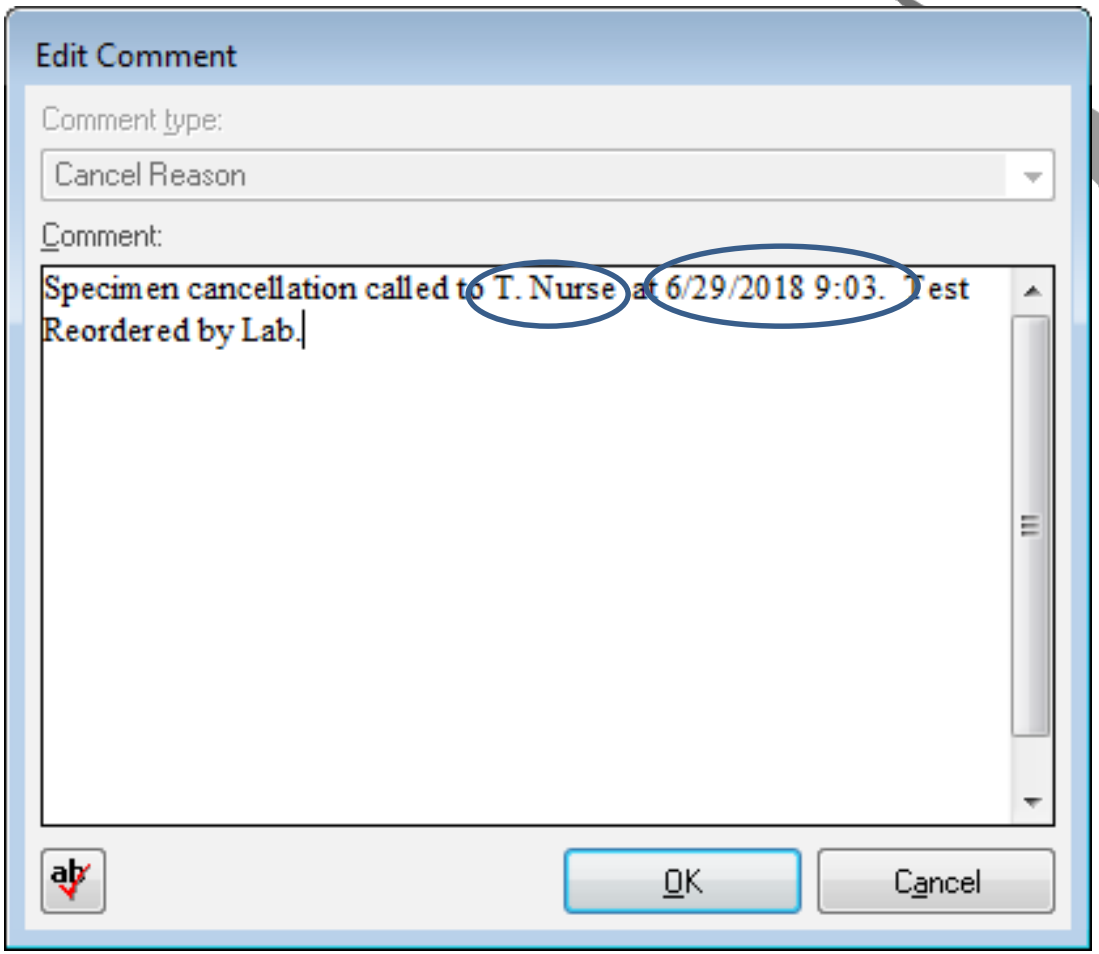
Coded comment



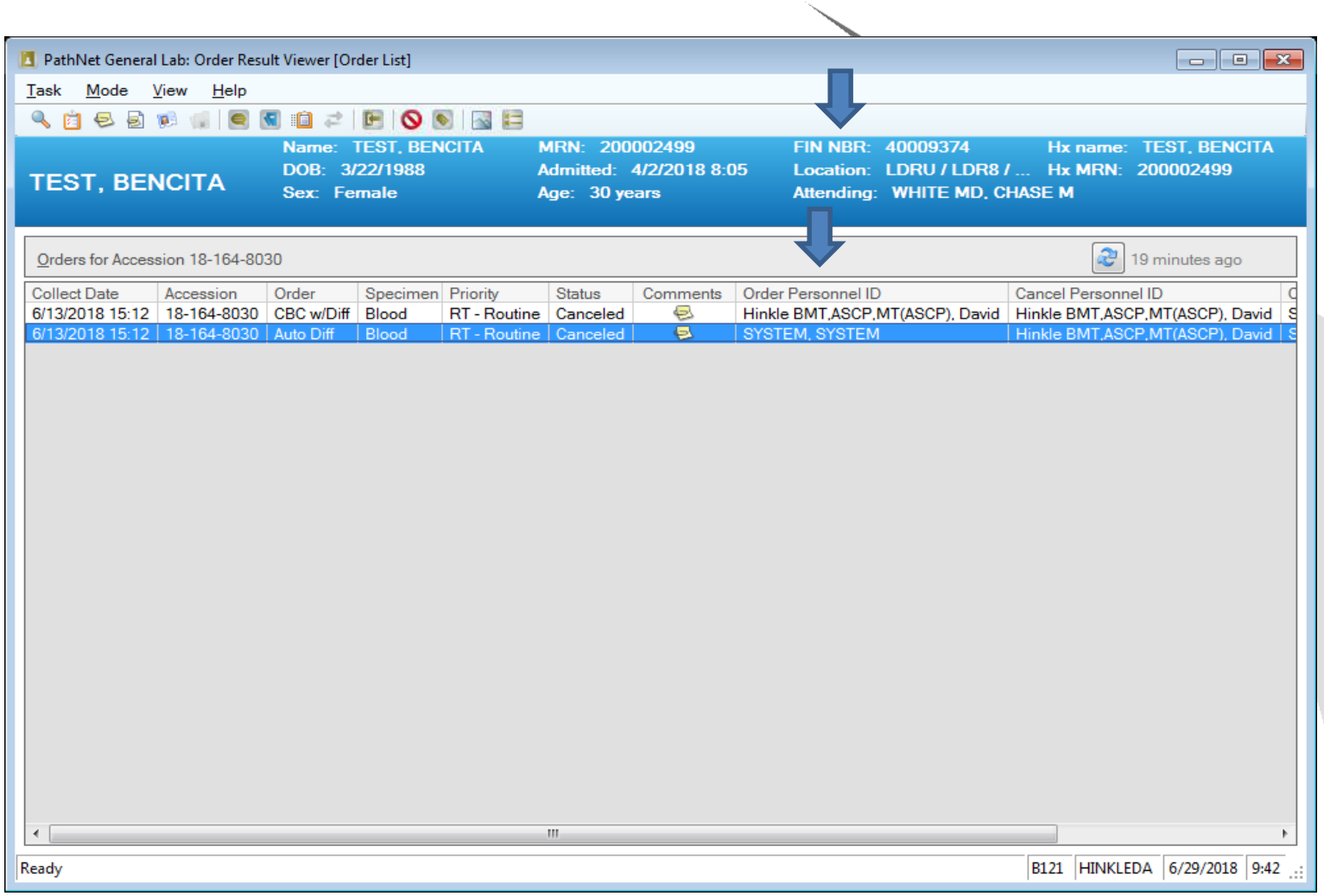
Comment exploded after F9

Proper Documentation of cancellation

It is required that you document the **name of the nurse** taking the cancellation and the **date and time** the message was given



ORV showing proper documentation occurred as well as the order personnel and FIN number to be used when reordering

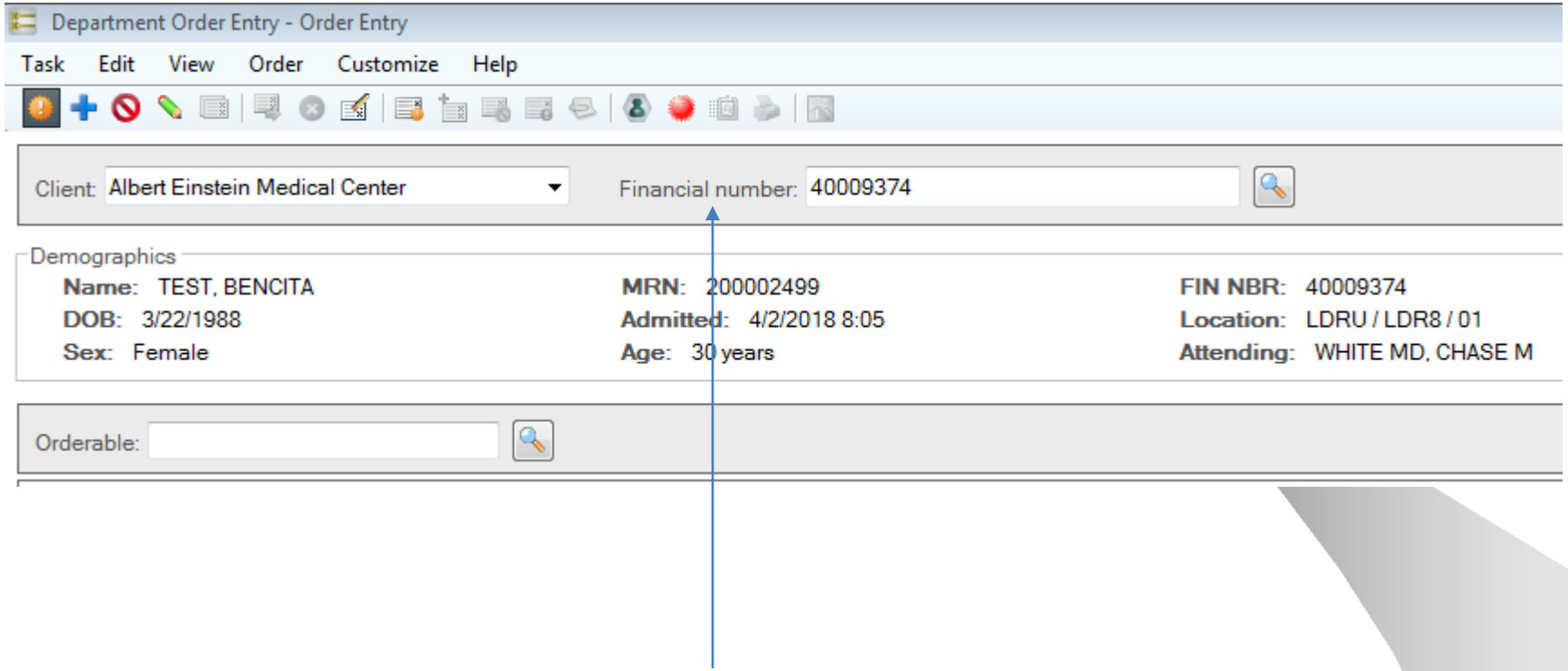


Reordering the specimen following cancellation

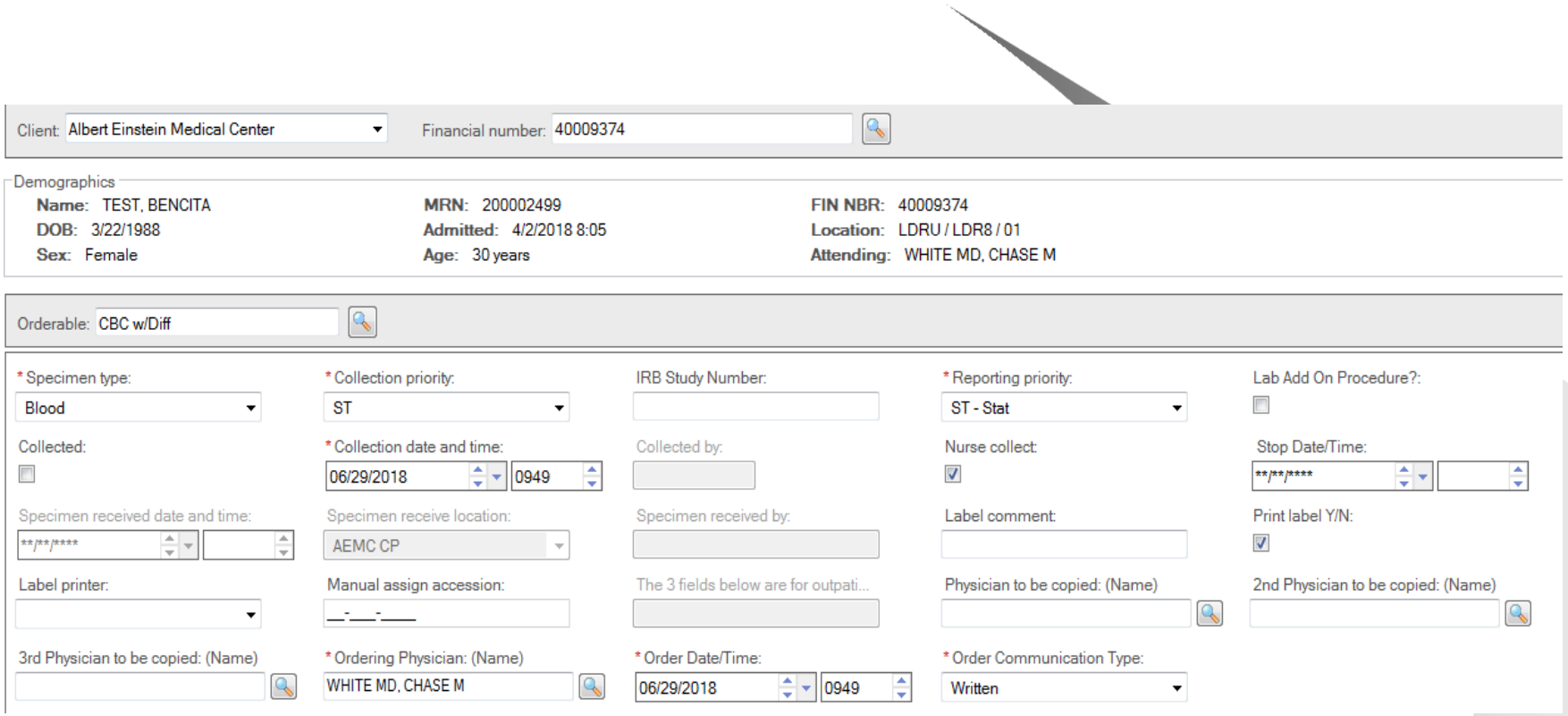
You MUST always reorder the test that you are cancelling even if the nurse states the test is not needed. It is the floors decision to recollect, an uncollected order will not harm the patient, however the lab policy states we will place the order which indicates to the clinicians there is an outstanding order for recollection that is needed if they require the originally requested testing.

Department Order Entry

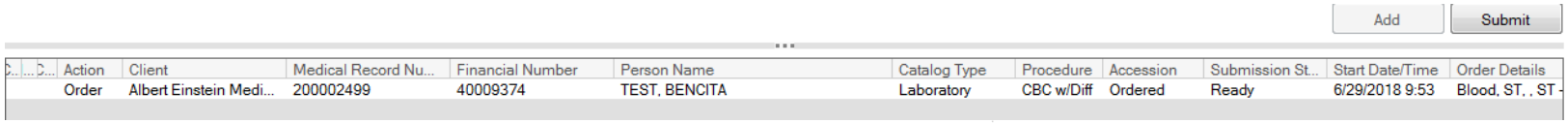
- Utilize department order entry to reorder the test.
- Use the financial number to assure the testing is reordered under the current admission.
- Use the ordering personnel from the cancelled order as the requester of the new order.
- If you are unable to use the ordering personnel's name for any circumstance the attending physician should be used.
- Orders must be placed as the Stat priority
- Leave the collected box unchecked this will assure the order shows as pending collection to the person assigned to perform phlebotomy in that department.



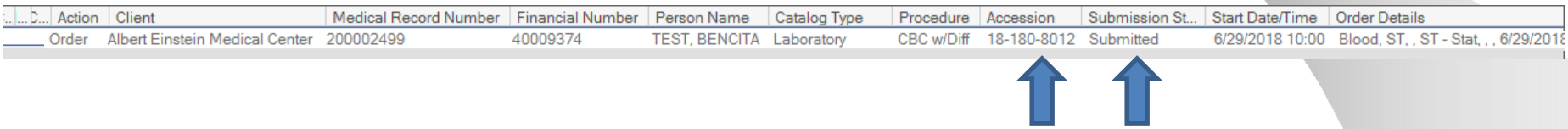
Look up patient to reorder via the FIN number


Client: Albert Einstein Medical Center
Financial number: 40009374
Demographics
Name: TEST, BENCITA
DOB: 3/22/1988
Sex: Female
MRN: 200002499
Admitted: 4/2/2018 8:05
Age: 30 years
FIN NBR: 40009374
Location: LDRU / LDR8 / 01
Attending: WHITE MD, CHASE M
Orderable: CBC w/Diff
* Specimen type:
Blood
* Collection priority:
ST
IRB Study Number:
* Reporting priority:
ST - Stat
Lab Add On Procedure?:
Collected:
* Collection date and time:
06/29/2018
0949
Collected by:
Nurse collect:
Stop Date/Time:
//****
Specimen received date and time:
//****
Specimen receive location:
AEMC CP
Specimen received by:
Label comment:
Print label Y/N:
Label printer:
Manual assign accession:
__-___-____
The 3 fields below are for outpati...
Physician to be copied: (Name)
2nd Physician to be copied: (Name)
3rd Physician to be copied: (Name)
* Ordering Physician: (Name)
WHITE MD, CHASE M
* Order Date/Time:
06/29/2018
0949
* Order Communication Type:
Written

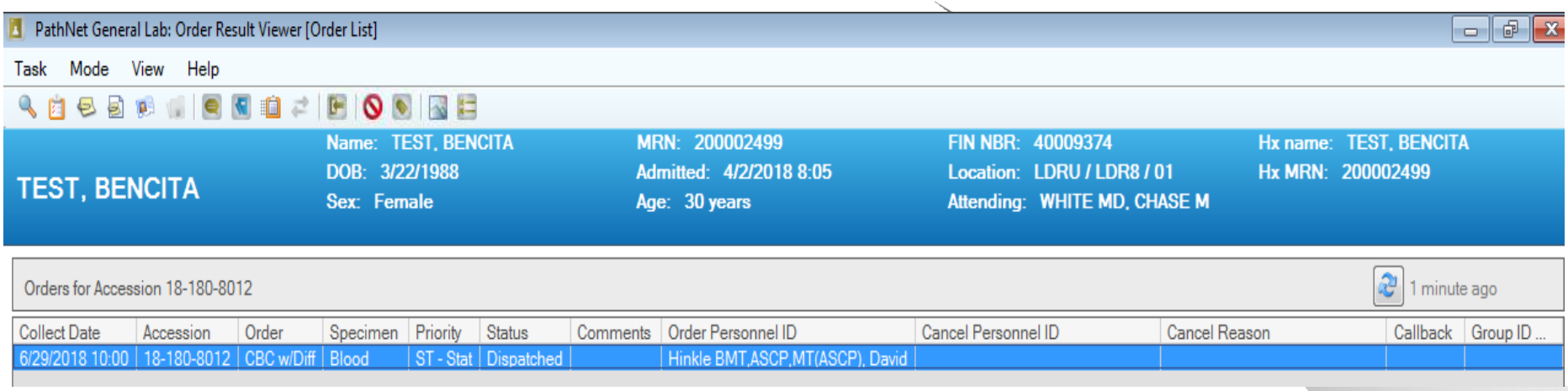
Add each order to the scratchpad



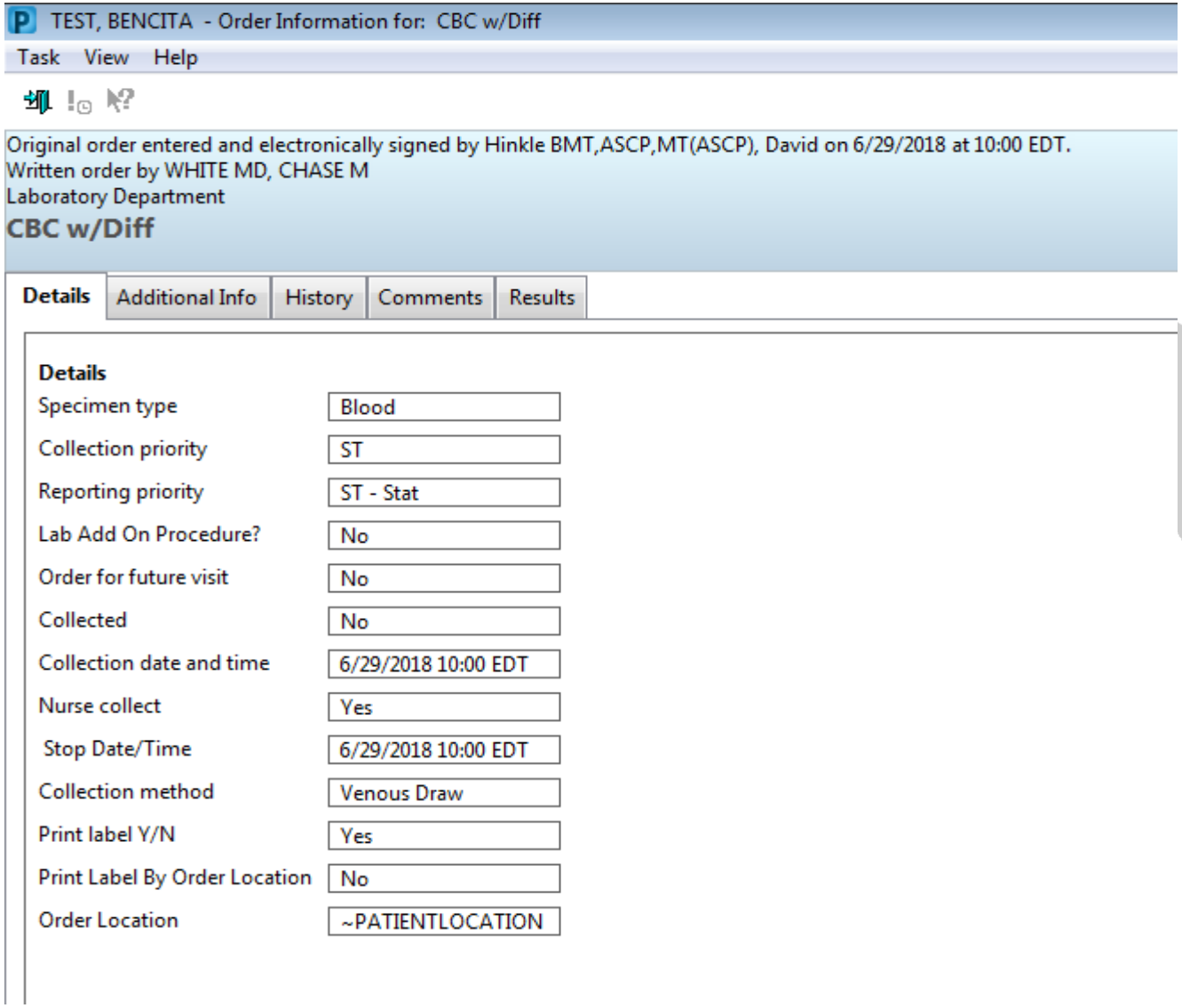
When all the orders are on the scratchpad submit the order to complete the task. This will assign the new accession to be drawn.



Order is pending collection and in dispatch status



This screen shot shows how the system tracks the order and that the order is pending collection.



Hand off Communication

- Each Laboratory or laboratory section has a Communication/Problem Log Book. Any information regarding patient issues and/or instrumentation issues is recorded with the date, time and initials of the staff person working the department or the shift. It is the responsibility of each shift to check the Communication Book at the beginning of each shift.

Refer to Administrative Policy and Procedure, **AD02-023**, for complete procedure.

Fulminant Liver (LF)Specimens

- Acute liver failure

- The Physician orders the test as FLF priority and notifies Central Processing of the need for Fulminant Liver failure tests since special arrangements by the laboratory staff need to be made. Central Processing staff MUST notify their supervisor or designee (lead techs). The Supervisor or designee will notify each department (don't forget Micro).
- **FLF (Fulminant Liver Failure):** *FLF patients have a battery of tests ordered.*

Transportation of Specimens Between Network Facilities

- Specimens must be packed and transported properly for accurate testing, which helps ensure patients receive optimal treatment. A specimen may not be viable for testing if it becomes too cold or too hot. It may be necessary to collect another specimen from the patient, which may delay treatment.
- Einstein Hospital Laboratories' goal is to ensure all medical specimens arrive at the testing facility:
  - Intact in the container, without breakage or leakage.
  - In the shortest possible time.
  - In compliance with all applicable regulations.

Refer to Administrative Policy and Procedure, **AD02-033**, for complete procedure.

Autopsy Suite Temperature Checks

- Temperatures are taken on Saturday and Sunday by the Blood Bank day shift staff
- The temperature is hanging on the door to the refrigerator
- If a temperature is out of range, the morgue attendant on call is notified

Anatomic Pathology Hall Temperature Checks

- Temperatures are taken on Saturday and Sunday by the Chemistry day shift staff
- The temperature is hanging on the door to the freezer
- If a temperature is out of range, then Aramark on call is notified

TIME & ATTENDANCE

PHILADELPHIA SICK LEAVE ("PSL")

●Employees who accrue time in the Sick Plan PSL bank and use this time for an unscheduled absence, partial day absence or lateness will not have such incidents subjected to the Standards of Attendance.

●Einstein affords employees who work full-time or part-time >40 hours and work in the City of Philadelphia (excluding those covered by a collective bargaining agreement) the required amount of protected absence under Philadelphia's Ordinance, Chapter 9-4100, of The Philadelphia Code. These employees do not accrue time in a Sick Plan PSL bank. However, these employees accrue protection in the Sick Plan PSL – Tracking Only bank and are paid from their Sick or PTO banks for their absences per applicable policy.

SCHEDULED HOURS

●Each employee is expected to arrive and start with their badge to work by their scheduled starting time and to depart no earlier than the end of his/her scheduled shift.

●An employee is considered late if they are not available and ready to work at the start of their shift.

- Example Staff scheduled at 7:15 am at 7:16 it is considered late.

●For pay purposes, a non-exempt employee shall not punch or sign in more than six (6) minutes before his/her scheduled shift nor later than six (6) minutes after the end of his/her shift.

Refer to Einstein Hospital Policy, Attendance and Punctuality Policy (HR25.2), for the complete procedure.

ATTENDANCE GUIDELINES

Each supervisor/QA manager will be closely and consistently monitor all employees adherence to time and attendance policies.

1.Four (4) or more unscheduled episodes of absence in any six (6) month period.

2.Three (3) or more unscheduled episodes of absence in a six (6) month period occurring before or after scheduled days off, or on weekends.

3.Two (2) further unscheduled episodes of absence within the three(3) months immediately following the issuance of a performance accountability document related to attendance.

4.Lateness or early departure four (4) or more times in one month, or seven (7) or more times during any six (6) month period.

5.Two (2) or more unscheduled episodes of absence before, after and/or on a legal holiday in any twelve (12) month period

REMEMBER ! TO SWIPE IN TO KRONOS-

No more then 6 minutes

before or after

scheduled start time but after one minute you are considered late

Lateness cannot be "made up" @ the end of the shift Without prior supervisory approval and vice versa.

Clocking in early and therefore clocking out early Without prior supervisory Approval is not permitted.