

92164.641 Early Morning Phlebotomy Collections Department Metric

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DEPARTMENT OF PATHOLOGY

DIVISION OF PREANALYTICAL LAB SERVICES STANDARD OPERATING PROCEDURES

PROCEDURE: EARLY MORNING PHLEBOTOMY BLOOD COLLECTIONS METRIC

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1. PURPOSE

To describe the Laboratory Phlebotomy Quality Metric Indicator, *Early Morning Phlebotomy Blood Collections Performance*, and the steps taken by staff members (first and third shift) to provide laboratory reports for timely patient discharges as well pre-surgical/pre-testing requirements, and to enhance on going treatment plans.

2. SCOPE

This document applies to phlebotomy staff members who collect, receive and process laboratory specimens.

3. RESPONSIBILITY

It is the responsibility of first and third shift Phlebotomy staff members to accomplish this metric. Second shift staff for few instances will be required to follow up for un-obtained blood orders which were beyond lab control and as recorded in LIS. The Laboratory Operations Director / Pre- Analytical Department Supervisor/ Laboratory Director/Designee is responsible for the content, review, and approval of this procedure.

4. DEFINITIONS

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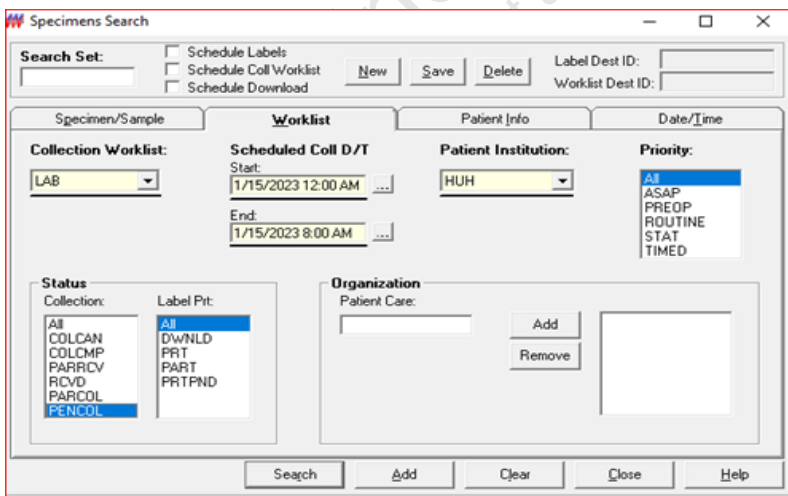
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Early Morning Performance Metric: A measure of Phlebotomists performance to ensure early morning collections are, at minimum of 90% or better, completed by or before 8AM. A daily/ monthly report is given to staff as feedback and also reported to the Department of Pathology. The Quality Assurance manager reviews data, prompts investigations for months where target isn't reached, and generates appropriate Standard Management Approach graph for Monthly QA meetings.

5. PROCEDURE

3rd shift staff pull up Worklist in NOVIUS around 0400 hrs.

Steps	Action
1.	This procedure is to begin each morning between 0400- 0430.
2.	Staffing is assessed- minimum staffing level is a total of four first shift Phlebotomy staff and minimum of two-three night staff and maximum of total eight to nine staff in all.
3.	<ul style="list-style-type: none"> Access NOVIUS Lab System and select Section 'Specimen Search' then select 'Worklist'. At the Collection Worklist prompt use drop down box to select, "LAB". At the patient Location prompt 'HUH' will automatically populate using the Tab key. At the next prompt; Scheduled Coll D/T insert the current date and time, select time from 0000 hrs to end time, current date and cutoff time of 0800 hrs. At the Status prompt select PENCOL and at the Label Prt. Prompt, select "All". Now at the bottom of the screen select the "Search" box.
	
4.	Using the Edit Key deselect the units that are attended/collected by Nursing Staff: <ol style="list-style-type: none"> ER- Emergency Room

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	<p>b. BS- BSICU- Basement Surgical Intensive Care Unit</p> <p>c. Recovery Room</p> <p>d. 3South- NICU- Nursery</p> <p>e. 4West- (GC/RC)</p> <p>f. 6South- MICU</p> <p>Note: If there are orders from the Phlebotomy backed units LDS/ 3B, 6South, that qualify as ‘lab to collect’ and labels that will be generated via LIS then inform nursing staff to follow up with the blood collections orders and note name of nurse, time informed and phone number in LIS comments section and follow up until samples have been drawn and sent to the lab. Lab will be responsible for un-obtained/ hard-stick draws on these units.</p>
5.	<p>Phlebotomy staff report to the following units to provide blood collection services:</p> <ul style="list-style-type: none">• 3EAST• 3WEST• 4EAST• 4NORTH• 5EAST• 5WEST• 5NORTH• 5SOUTH• 6EAST• 6WEST <p>Select these units and generate all Early morning collections labels that may have various timings and collection priorities: Routine, STAT, Timed, and ASAP. Remove orders that are in the process of collections by night staff and if they have comments in the system. Night staff to follow up and follow through during shift hand over time. See Appendix D “HUH Hospital Units for Providing Phlebotomy Services”.</p>
6.	<p>In Charge Third Shift Technicians/ Morning Coordinator/s or Designee will:</p> <ul style="list-style-type: none">• Hand over Ascom phone # 5-1246 and pass on any messages that need follow up by first shift in charge technician.• Pull up Worklist in LIS and give over to in coming in charge technician. Completed and Pending work will be resolved/ followed up by both in charge technicians.• Shift handed over after Daily Duties Checklist is completed and signed off by both in charge technicians.• Gather the following forms:<ul style="list-style-type: none">- Form B_ Phlebotomy AM Collections Work Distribution log- Form C_ Phlebotomy_ Patient assignment Log- Form D_ Phlebotomy_ Daily Workload Log• Count the total number of patients that need to be drawn.

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- In Charge staff/ Morning Coordinators will do the following:
- 1. Fill out Form B_ ***Phlebotomy AM Collections Work Distribution log (Appendix A)*** (Display it on the board)
- 2. Fill out Form C_ ***Phlebotomy AM Collections patient assignment log (Appendix B)*** (Keep aside for records)
- 3. Count, Test and Assign working Ascom phones to staff.
- 4. Provide a new Form D_ ***Phlebotomy_ Daily Workload Log (Appendix C)*** (Staff to maintain till end of shift)
- 5. Provide winged set needles/ provide an update on status of supply if any.
- 6. Hold working Ascom Phone # 5-1246 from 0500-1330 and answer calls directed to this number.

If staff is absent/ labels are on the counter...	Then do this...
Follow log sheet to determine location of technicians and go on the units to assign draws	Assign them patients on their units to be drawn. Help by taking few of the labels as well.
Hand over labels to the technicians	Keep a record of the assigned patients to technicians along with the time of assignment.

- Assign a minimum of five and maximum of seven Unit 5 West/ and or other units patients per third shift technicians. (Night shift staff can begin their draws earlier around 0400)
- Distribute patient's draws, regardless of the units equally among all first technicians. Attach assigned draws to Form C)
- Write the name on the sorted patient labels for staff to pick up their assigned draws.
- Hand over Patient labels, Ascom phones, Workload Log and needles to staff.
- Highlight ***Timed & Stat*** collection priority labels and hand over to Technician to draw first. Inform staff to draw these orders first and bring over the lab first.
- Note when the run started and monitor the run.

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- Stay in touch with staff via Ascom phones for accountability and reassign draws as deemed necessary. In the middle of the AM Collections call Central Processing to check if all staff have picked up their labels and no patient labels are on the counters.
- Reassign seasoned technicians to backup other units to achieve metric goal in case of hard sticks and unobtainable
- Night In charge staff will hand over in charge technician Ascom phone (5-1246, subject to change- always check email for a functional Ascom Phone Number) to the morning shift coordinator/ in charge staff.
- In charge staff/ designee will start a new Daily Unit/ Floor Assignment Log, Form C_ ***Phlebotomy AM Collections patient assignment log (Appendix B)***, after AM staff have picked up their labels, and set it up on the job board in Central (Make a copy for records and for submission to the supervisor)

Related Topics to Step # 6:

- **Handling a Call Out:** The night shift technician/ in charge technician will note callers name and time of call and will write that information on the Daily Shift Log and the board. The morning shift coordinator/In charge tech will also be notified about the call out for planning purposes.
- **Handling multiple calls outs:** Notify Night Nursing Supervisor, **Phone # 5- 1105** of the staffing shortage and write on the Daily Shift Log the person's name you informed about the shortage, and anticipated delays in resulting. Provide your name, department phone number and Ascom phone number. Inform Phlebotomy Supervisor of the multiple call outs. Distribute labels among the staff present and fill out all Phlebotomy Forms accordingly, and proceed to the units for perform blood collections. Stay in touch with Central Workstation.

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7.	<p>Technicians will:</p> <ul style="list-style-type: none">• Arrive on time at the Central Processing Workstation Station.• Review their assigned draws- plan their route to the units. Assist in Charge Techs, as necessary, to distribute patient labels.• Pick up assigned patient labels and log in to LIS and insert their names/ initials for their assigned patients.• Inspect carts and supplies, pick Ascom phones, and note their work partners and their phone number.• Begin their run no later than 0515-0520 hrs. Draw Stat/ Timed specimens first and process them in Central, then return for the AM collections.• Write actual time of collection and write their initials on each tube collected.• In case help is needed, technicians will call their work partners to help out with hard sticks/ combative patients and during other situations.• Hand carry the specimens in sealed bio- hazard bags and in concealed bags/ carts to be collected in LIS, no later than 0750. (Cut off is 0800)• Anticipate to help other staff members and accept more of reassigned draws which may include stat draws/ timed draws/ hand over of charge slips/ down time slips in case of low staffing/ other issues beyond the control of in charge staff/ morning coordinators (applies to first shift staff)• Fill out the Phlebotomy Workload Sheet in between patients/ after run.• Answer Ascom phone calls within a reasonable time frame (within 5-7 minutes)• Adhere, according to assigned draws, the Hospitals required Hand Hygiene protocols throughout the AM collections and throughout the remainder of the shift work. Report malfunctioning hand hygiene sensors to supervisor/ designee by email. <p>Related Topics:</p> <ul style="list-style-type: none">• In case work ID badge is missing inform in charge technician and login into UKG Time keeper system online system right away and submit your time/in punch. And at the end of your shift do that same to submit an out punch.
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- **After the AM Collections is fully completed:** staff will review Worklist in LIS for completion of the assigned draws. If completed 15 minute breaks begin if not staff will reach out to technicians up on the units to help and complete the Daily Floor Division Log, and begin their 15 minute breaks in rotation. (As a work rule a 15 minute is permitted after four hours of continuous work- and technically it's to begin at 0900) Staff members are not combine their 15 minutes and lunch time together. Staff members will remain on the hospital premises during the 15 minute break.
- **Calling out:** In case a staff member has to call out, it has to be done three hours prior to beginning of work shift by calling Central Laboratory on 202-865-1385/1386/1387 and in case someone cannot be reached call must be made to the in charge Techs phone 202-865-1246. In charge tech will note the name of the technician, time of the call out and notify in coming in charge staff about the call out, and write it on the communication board as well.

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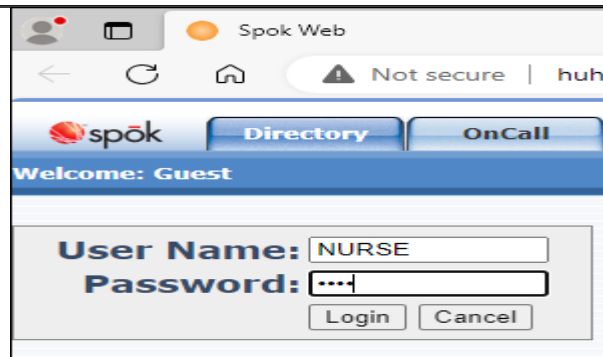
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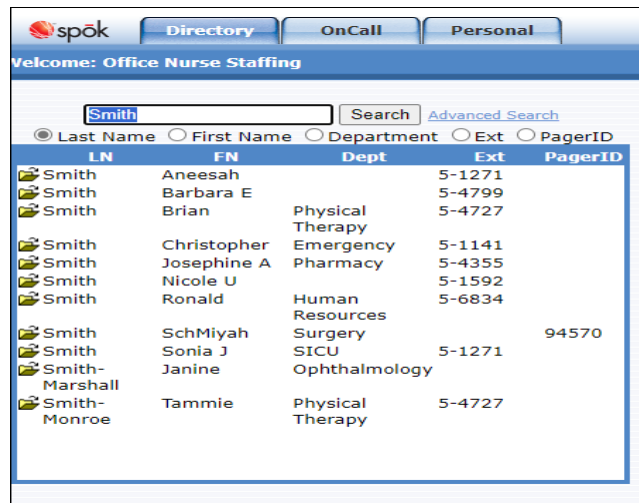
8.	Unit 5 West/ designated unit/ is a designated third shift primary draw unit for the early morning metric.	
	If....	Then do this...
	5 West/ or designated unit has lesser draws per Technician	Technicians will be assigned more from other units for equal work distribution
9.	Third shift staff will complete the assigned blood draws between 0400 and 0530. First shift staff will complete their assigned draws between 0500- 0745 or earlier depending up on the number of draws.	
10.	Handling various situations/ Phlebotomy job aid...	
	If ...	Then do this...
	You have a difficult stick	Notify work partner before run is over to help draw. Insert comment in LIS after run. If help was not readily available- notify patients RN, insert name and time in LIS. Notify In Charge Staff who will assign another staff to draw.
	Patient Refuses Blood Draw- 1 st attempt	Notify RN, note name and time and insert in LIS. Save portion of the patients label on the Phlebotomy Workload sheet. Prepare to do second attempt within 2-3 hours of the morning run.
	Patient Refuses Blood Draw- 2 nd attempt to draw blood after first refusal	Second attempt: Speak with patients nurse first and find out patients status if they will permit blood draw. If nurse permits you to go to the patient's room- inform patient that you are there and obtain consent before attempting. If successful then all is well if not inform Nurse of the failed attempt.
	Use of SPOK Web	SPOK web is used to communicate with the patients ordering physicians/ Residents of the circumstances that are beyond your control and to state the actual reason as to why the blood was not dawn. Steps: 1. Double click on the SPOK Web Icon.

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2. Using upper case for user name type in NURSE
3. Use password 1234 at the password prompt.
4. From the LIS label find out ordering physicians name.
5. Insert last name of the physician and click on the Search option. Choose the correct physician.
- 6.



LN	FN	Dept	Ext	PagerID
Smith	Aneesah		5-1271	
Smith	Barbara E		5-4799	
Smith	Brian	Physical Therapy	5-4727	
Smith	Christopher	Emergency	5-1141	
Smith	Josephine A	Pharmacy	5-4355	
Smith	Nicole U		5-1592	
Smith	Ronald	Human Resources	5-6834	
Smith	SchMiyah	Surgery		94570
Smith	Sonia J	SICU	5-1271	
Smith-Marshall	Janine	Ophthalmology		
Smith-Monroe	Tammie	Physical Therapy	5-4727	

7. Bring up the correct physician, choose their Alpha Pager by clicking on it and then type in information type in the information without providing any PHI (Protected Health Information) Keep it general, keep it simple as suggested below:

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The screenshot shows the Spok Web Paging interface. At the top, there are tabs for 'Directory', 'OnCall', and 'Personal'. Below the tabs, a search bar contains the name 'Smith'. To the right of the search bar are buttons for 'Search' and 'Advanced Search'. Below the search bar, there are radio buttons for 'Last Name', 'First Name', 'Department', 'Ext', and 'PagerID'. A table lists search results for 'Smith' with columns for LN, FN, Dept, Ext, and PagerID. The results include: Aneesah (5-1271), Barbara E (5-4799), Brian (5-4727), Christopher (5-1141), Josephine A (5-4355), Nicole U (5-1592), Ronald (5-6834), SchMiyah (94570), Sonia J (5-1271), Janine (Ophthalmology), and Tammie (5-4727). To the right of the table, the profile for SchMiyah Smith is displayed, showing Last Name: Smith, First Name: SchMiyah, Dept: Surgery, Title: PGY 1, Ext: , Alt Pager#: 301-953-0550-94570, Status: , Email: , Pager: Alpha Pager, PagerID: 94570, and Address: .

Patient on Bed# 6W4701 is combative/ refused blood work two times, RN John Doe was informed, time. And your phone # 5-1387. Lab. And click on the Send button. If the Physician/ Resident does not have an Alpha Pager listed- call the extension that is provided to convey the information to the Healthcare provider.

The screenshot shows the 'Spok Web Paging - SchMiyah Smith' window. It has a title bar with a close button. Inside, there are two main sections: 'Device' and 'Alpha Pager'. The 'Device' section shows 'Pager1'. The 'Alpha Pager' section shows 'Patient Refused blood work 3 times. RN John Doe Informed. Bed # 6W4701. Lab. Phone 5-1387. Sam'. Below these sections, there is a 'Device Information' box with fields for Provider (USAMOBINET), Status (Up), Type (Alpha Pager), Message Max (240), and Address (94570). At the bottom, there is a red 'STOP' icon and a warning: 'Don't forget to include your name and 10 digit number in the page message. Please do not include any PHI.' There are 'Send' and 'Cancel' buttons at the bottom right.

8. In NOVIUS insert the same comment, and do not cancel the order.
9. The NOVIUS system allows only three comments per one patient Order. Make the best use. If space is not enough write information on your workload sheet.
10. Inform In Charge Technician. Print label and save until you hear from the unit/ nurse/ physician with the next steps.

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		11. If no communication is received from unit/ nurse/ physician a SI (Safety Intelligence Report) will be filed by In Charge Technician/ Supervisor/ Designee/ Staff member as assigned/ as designated to do so before the close of shift work.
	Other reasons not covered in this SOP for unobtainable specimens	Insert comments in LIS ASAP. Use SPOK web (Steps enlisted) Notify Residents/RN's on phone Follow up with each draw until completion within your shift. If you are requested to draw the orders after your shift timings- convey this information and deliver labels to the in charge staff and the next shift staff member.
	Blood Transfusion is going on	Speak with RN and find new timing when blood can be drawn. Insert comments in LIS.
	Elevators are not in operation	Leave carts in the Laboratory and use hand held blood draw caddies to perform the draws.
	Lights do not function a in patients room	Speak with RN to open a ticket with HUH's Facilities department. Insert comment, date, time and name of RN in LIS. Follow up with the draw when there is light available. Notify In Charge staff.
	Need help	Request In Charge staff to find/ send more help
	Additional patients	Accept additional patients that need to be drawn while the AM collections are going on.
	Call Out Occurs after Lab Labels were assigned	In Charge staff/ Staff members will redistribute labels among themselves and follow instructions to insert comments/ initials in LIS then proceed to the units.
	If labels do not print	Call Help Desk at 5-4444 follow instructions. Write that information and helpdesk ticket # on the Daily Shift Log. View orders in LIS- make screen shots for staff to go to the units and find/ request Form Fast Labels from the units and resume draws.

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	If the LIS System is completely down	<p>Call Help Desk at 5-4444 and follow instructions.</p> <p>Follow Downtime Standard Operating Procedure (SOP)</p> <p>Write that information and helpdesk ticket # on the Daily Shift Log.</p> <p>Call Nursing Supervisor to notify Nursing Phone 5- 1105.</p> <p>Call Supervisor and Lab Director to notify of the situation.</p> <p>Document on the Daily Shift Log.</p> <p>Attend draws if requests come in via Downtime slips.</p>
	Your run is interrupted by another technician/ trainee	Bring your collected specimens to the lab and process them first; then go back on the unit to help that staff member.
	New Charge slip is handed while you are on the unit	<p>If you know the correct tube types- collect form fast labels from the unit and match with the label on the charge slip to fully match.</p> <p>If you do not know tube types- call Central to look up the tube types for you.</p> <p>Draw the specimens and label them- initials the tubes and time of draw as well.</p> <p>Insert the charge slip into the pocket sleeve and bring specimen to the lab.</p> <p>Order the tests- place correct LIS labels and deliver for testing.</p> <p>Time stamp charge slip, attach LIS labels to the back of the charge slip and file in the daily requisitions folder in central.</p>
	Verbal Order to draw is requested	<p><u>Gently</u> remind the Resident/ RN/ Physician that per policy we do not accept verbal orders and to write the order on charge slip ad hand over to you.</p> <p>If they indicate that the order is in HIS/ LIS then let them know that you will draw as soon as you retrieve the orders from the lab so that you can proceed without any Identification errors.</p>
	Draw Requested from an unit that is only a backup unit for our the lab services	<p>Inform caller/ informer that you will perform the draw as soon as possible.</p> <p>Obtain orders- perform positive identification, draw specimens, label and receive in LIS.</p>

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	Request is made to attempt over the two attempts we already made attempts and documented in NOVIUS.	Print new set of patients labels and make the attempt to draw. Cancellations may only be done by the Healthcare Providers. If new orders are inserted by the Healthcare providers- only then can we cancel the previous orders as DUPLICATE orders providing the reason in NOVIUS.
	Add on Requests	Technicians will check with the patient's healthcare provider and receive their permission before add-on testing is done.
11	All Patient orders originating from Unit 5 South (Psychiatry Unit) for early morning collections will be assigned during the morning assignments by in charge staff to the technicians. These draws will be completed by assigned technicians before 0900 and will not be counted towards calculating the AM collections Metric goal. However, all other unit draws and specimen receipt must be accomplished according the SOP to meet the AM collections Metric goal.	
12	All blood draw orders will be collected and received in NOVIUS no later than 0800 each morning. Orders that fail to meet this criteria will be investigated with the technician and in charge technician. And appropriate corrective actions employed by the supervisor for scores/ remedial training to achieve better performance metric goals.	
13	Staff will accept patient's draws between 0730 and 0800 and until new Daily Floor Division Log sheet is posted for workload distribution, accountability and Turn Around Time (TAT) achievements.	
14	Turn in the Morning Collections Assignment Log sheet and floor division log to the Manager/ Supervisor. Staff will continue to keep their Workload Sheets until the close of shift and then turn them in.	
15	An In Charge staff member is permitted to call staff members designated phone number (as displayed in the Central Lab) if a staff member is not present to work on time to inquire due to safety, and to estimate staffing levels to get the metric accomplished. Time of the call made will be recorded by the in charge staff on the Daily Duties Log.	

Related Guidelines:

- It is an expectation that all staff members work as a team to accomplish the **EARLY MORNING PHLEBOTOMY BLOOD COLLECTIONS METRIC. No breaks will be permitted until all early morning collections have been collected/ accounted for in LIS. (A 15 minute break is generally**

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permitted right after minimum of four hours of continuous work which is around 0900 hrs. taking into account work began at 0500 hrs.)

- All Technicians to follow Hand Hygiene Protocols 100% of the time.
- All Technicians to respond to calls made on the Ascom Phone within a reasonable time frame, generally 5-7 minutes from the call time.
- Phlebotomy carts and only an adequate amount needed supplies must be in place before getting off shift for the next day. Carts must be wiped down before and after shift work, and as needed/ required at any point in time if the cart is soiled. No food and drinks are permitted on the carts.
- Technicians will keep their carts on the outside of Isolation Rooms taking only needed supplies into those rooms and follow donning, doffing, and hand hygiene protocols.
- Staff in training/ orientation/staff experiencing hard sticks, and other collections issues will be required to accompany trainers/ senior staff back to those patient's rooms once again to gather additional knowledge and to accomplish a successful draw.
- Double checking completed and pending work load in NOVIUS is the responsibility of technicians.
- AM Collections metric feedback will be posted in the department/ sent by email, it is expected that staff review the posted sheets and provide feedback as well as make plans to improve scores where needed. Group discussions will be held as needed because it is a team metric.
- All Phlebotomy Technicians will follow the guidelines of the Core Lab Technicians in case of newly developed workflow guidelines issued, such as when the Power Processor fails/ does not work/ Centrifuge fails/ does not work. Phlebotomy Technicians will centrifuge specimens in stat spin centrifuges and load the Pre-Spun racks.
- There will be times when the 1st shift staff scheduled in specimen processing will be required to join the blood draw team at a moment's notice from a manager/supervisor. In charge pay will not be affected.
- At all times all staff will follow all specimens handling and processing safety guidelines.
- Anticipate to be observed performing phlebotomy procedures/hand hygiene etc., by unit in charge staff/ lab supervisor/ managers/ designee during hospital rounding or during an audit. And discuss report submitted due to the observation/ audit.

7. RELATED DOCUMENTS

Not applicable

8. REFERENCES

Not applicable

9. ADDENDA AND APPENDICES

From B_ Phlebotomy AM Collections Work Distribution log, Appendix A
Form C_ Phlebotomy_ Patient assignment Log, Appendix B

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Form D_Phlebotomy_Daily Workload Log, Appendix C
Phlebotomy_ Units Services log, Appendix D

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APPENDIX A: FORM B_PHLEBOTOMY AM COLLECTIONS WORK DISTRIBUTION LOG



Form B. Phlebotomy AM Collections Work Distribution Log

Date: _____

Staff	No. of Patients Assigned	Ascom Phone #	Help Partner for workload/ CNO's/ Combative patients
1			
2			
3			
4			
5			
6			
7			
8			
9			

Total # of staff _____

Total # of draws: _____

Issues/Safety/Comments: _____

Goal: Collect and Receive > 90% specimens in LIS by 0800 on a daily basis.

Instructions: All staff to insert their initials in NOVIUS before going on the units. Submit Work distribution sheet to Supervisor on a daily basis.

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APPENDIX B: FORM C_PHLEBOTOMY PATIENT ASSIGNMENT LOG



Form C_Phlebotomy_Patient Assignment Log

Date: _____



Staff:	Staff:	Staff:	Staff:	Staff:	Staff:	Staff:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Grand Total: _____

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APPENDIX C: FORM D_PHLEBOTOMY DAILY WORKLOAD LOG

Form D_ PHLEBOTOMY DAILY WORKLOAD LOG

Technician Name: _____ Date: _____

Shift: (CIRCLE ONE) 0500-1330 1300-2200 2100-0530

		Total Patient Visits:

First Shift Total AM Collections Assigned/Completed from 0500-0800: _____

Grand Total Collections/ Visits: _____

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APPENDIX D: HUH HOSPITAL UNITS FOR PROVIDING PHLEBOTOMY SERVICES



HUH Hospital Units for Providing Phlebotomy Services

Phlebotomy Draw Units	Phlebotomy Backed Units	Nurse/Tech Draw Units
3 East	6 th Floor -CCU	ER
3 West- OB/ Mother-Baby	6 South- MICU	BS- SICU- Basement
4 East- Surgery/ Telemetry	Labor & Delivery- LDS Unit	Recovery Room
4 North- Ortho Unit		3 South- NICU- Nursery
5 East		4 West- (GC-RC)
5 West- Med/Surgical		
5 North- Medical Unit		
5 South- Psychiatry		
6 East- Telemetry		
6 West- Med/Surgical		
6 North (Closed)		
6P- Pavilion (Closed)		

Version 1. (updated 6/30/2023- subject to change)

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