Laboratory Operations Standard
TITLE: Laboratory Operations Standard
EFFECTIVE DATE:
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I. Scope

This operational standard applies to Ochsner Health, Ochsner Clinic Foundation, and/or all facilities and entities wholly owned and/or leased or managed by Ochsner Clinic Foundation and/or Ochsner Health ("Ochsner").

II. Purpose

This operational standard provides guidance on the various categories of laboratory specimens, turnaround time expectations, testing availability, specimen handling, and regulatory restrictions.

III. Definitions

Order of Priority Draw: STAT, Timed, ASAP/Urgent, Routine

IV. Standard

CAP GEN.40050, GEN.41345

V. Procedure

Ochsner Health Laboratories utilize an online electronic Specimen Collection Manual. This manual is available to all locations where specimens are collected, and to all customers and clients. The Specimen Collection Manual contains detailed information regarding not only the collection, but preparation and transport of samples as well as availability at various sites.

Each Laboratory Location has a Scope of Service which details many unique and specific operational details particular to that location. Refer to your Laboratory's Scope of Service for additional details.

1. **CATEGORIES OF SPECIMEN PROCESSING**:

A. **ROUTINE**:

Routine priority encompasses collection and processing of specimens that do not require timed or immediate priorities. Collection may be designated for the same day or during AM rounds for hospital patients. The Laboratory makes every effort to combine draws and minimize multiple sticks for the comfort of the patient.

The general expected collection time for a ROUTINE order, for a hospital patient, is within 60 minutes of the time requested. Collection may begin approximately 30 minutes prior to the top of the hour.

For maximum efficiency and best patient experience, some sites may choose different schedules or protocols for their ROUTINE orders. Some examples of options are:

- A site may choose that Routine draws are collected w/in 2 hours of time request is received
- A site may choose that Morning rounds start about 330am. After AM rounds, routines are collected at 10am, 2pm, and 6pm
- A site may choose that after 3:00 am all routine orders will be collected every hour beginning with 7:00 and ending at 11:15 pm. Acceptable turn-around-time for collection and processing of Routine orders is three (3) hours.
- A site may choose that orders placed between 2am and 6 am will be drawn for the morning rounds. If placed in afternoon, will attempt to draw same day. Will attempt to bundle with any timed orders for best patient experience
- ALWAYS check with your local laboratory to learn the schedules that best serve your unique patient population.

For Inpatients, the routine high-volume Chemistry / Hematology tests are reported within 4-8 hours of receipt (verification) into the Laboratory Information System based on the size and volume demands of the laboratory. Smaller community sites may have a different TAT than a larger regional hub. Check with your local laboratory to learn the expected TAT for your location.
For outpatients, the routine turnaround time is, in general, 24 hours.
Automated profiles or constituents of profiles may be drawn on a 24-hour basis, but whenever possible, should be drawn in the AM or with the AM collection for hospital patients. Every effort should be made to consolidate orders to avoid multiple venipunctures and to minimize patient discomfort.

Batch tests are less common procedures that are performed only at certain intervals. To ensure earliest run, specimen should be drawn in the AM or with the AM collection for hospital patients. Some batch testing is not performed on a daily basis, or at all sites. Check with your local laboratory to learn the schedule and tests performed in-house at your location.
You can also refer to the Laboratory Collection Manual for specific information.

Send Out Tests – turnaround time varies depending on the test ordered. Refer to the Laboratory Collection Manual for specific information.

B. **ASAP / URGENT:**
AS SOON AS POSSIBLE or URGENT indicates that a test requires faster than routine collection and processing.
This category should not be used for convenience as this will delay those collections with true urgency.

The ASAP/URGENT priority should be used only for areas such as:

- Critical care units, since it is not possible to order a STAT for future collection (This priority may be used for tests that are ordered in the future (i.e. a critical care unit H&H or coagulation testing and electrolytes Q4H).
- In advance of discharge to expedite patient clearance for departure and reduce unnecessary length of stay

At most sites, the expected collection response time for an ASAP order, for a hospital patient, is within 10-30 minutes, but can be up to 1 hour of the order time providing there are no pending STAT orders awaiting collection.

STAT collections will have priority over the ASAP/URGENT order.
The expected delivery response time, for a hospital patient at most sites, from collection to receipt in the Laboratory is 15 minutes. Locations with no tube system or with small phlebotomy teams may experience longer transport times. Check with your local laboratory to learn the expected response and transport.
The result turn-around time for an ASAP/URGENT test is usually within 2-3 hours after receipt (verification) into the Laboratory Information System for hospital patients.
For Ochsner Clinic patients and other outpatients, the result turnaround time is 4 hours after receipt (verification) into the Laboratory Information System. Check with your local laboratory to learn the expected TAT for your location.

C. **TIMED**:
Timed priority is exclusively and automatically used for those tests in which the time of collection is absolutely critical for analytical reasons (i.e. peak and trough drug levels). The collectors must receive notification of a timed blood request at least 30 minutes prior to the collection time needed.

The most common expected collection time for a TIMED order, for a hospital patient, is within +/- 15 , but at some sites can be up to +/- 30 minutes of the time needed. Check with your local laboratory to learn the expected response time for your location. The specimen should be delivered to the Laboratory with other ROUTINE samples.
TIMED samples will be processed as a ROUTINE test with a result turn-around time of approximately 4 hours after receipt (verification) into the Laboratory Information System.
Some locations may have an exception for drug levels for peak/through monitoring. Those may be drawn (+/-) 5 min of specified time). These samples should be received in lab within 30 min of ordered time. Acceptable turn-around-time for collection and processing of Timed drug testing orders is 1 ½ hours. Check with your local laboratory to learn the expected response time and any exceptions for your location.

D. **STAT:** (Please **utilize only in a Medical Emergency**)
The STAT option is strictly limited to a select menu of tests used for clinical situations requiring immediate laboratory results (i.e. medical emergency, surgery in

progress, etc.). STAT requests cannot be ordered for future dates/times. Check with your local laboratory to learn what tests are available as STAT for your location

The expected collection response time to a STAT order, for a hospital patient, is 10-15 minutes from the time of notification. The expected delivery response time, for a hospital patient, from collection to receipt in the Laboratory is also 10 minutes. The result turn-around time for a STAT test for both hospital and clinic patients is 1 hour from receipt into the Laboratory Information System to reporting.

Some procedures, however, require more than 1 hour to perform, which will delay the standard TAT.

STATS are available on a 24-hour basis and are processed sequentially.

Check with your local laboratory to learn which tests are available to be run STAT at your location.

2. **RESULT AVAILABILITY:**

A. Laboratory results are available from EPIC, the Ochsner Electronic Medical Record system or via printed laboratory reports for our clients who are not using EPIC. Patients who are enrolled in EPIC MYCHART will have access to view the majority of their results as soon as they are reported. Some tests results may require a conversation with the physician before they are available to the patient.

B. If EPIC is not available, results may be obtained directly from the laboratory following downtime procedure. Check with your local laboratory to learn the downtime protocols for your location Please have the patient's medical record number and date of birth available when calling.

C. If a patient is being admitted from the Clinic, check the EMR for tests that may have already been ordered and drawn to prevent duplication of testing.

D. Critical Values – all critical values are called to the area of **specimen origination.**
The time and name of the person contacted will be included in the permanent laboratory report or documented by secure electronic message. See separate listing of critical values.
Calling critical results for outpatients is a challenging task for our laboratory staff, particularly when the outpatient clinic from which the sample originated is closed for the day.

- Some sites utilize a physician Hospitalist to review the results and contact the patient.

- Some sites may utilize the ED charge nurse in this role.
- Some sites may use secure electronic notification. Refer to the Critical Value policy for more details and check with your local laboratory to learn the protocol for your location.

3. **SPECIMEN HANDLING GUIDELINES:**

All specimens accepted for laboratory testing must be correctly identified, collected and delivered to the Laboratory to ensure that test results are accurate and are recorded for the correct patient.

A. Identification

All patients must be positively identified by using 2 patient identifiers: name and date of birth, before the specimen is collected to avoid mislabeled specimens.

B. Mislabeled / Unlabeled Specimens

a. All specimens must be properly labeled with the patient's full name (first and last), the medical record number (unique identification number) and the date of collection.
b. If a mislabeled / unlabeled specimen collected by a non-laboratory personnel is sent to the laboratory for processing, the specimen will be rejected and the patient's nurse, Charge Nurse, Care Team or provider will be notified via telephone. The laboratory may document the rejection in the applicable LIS and a SOS or other incident report may be completed. Check with your local laboratory to learn the protocol for your location.

C. Collection and Delivery of Specimens to Laboratory

a. All specimens must be collected in appropriate container type. Please refer to the online Laboratory Specimen Collection Manual (via Ochweb) for specific instructions including patient preparation, type and amount of specimen to be collected, need for special timing for collection and need for special handling between time of collection and time received by the laboratory (i.e. refrigeration, immediate delivery, etc.). Tops must be secure and exterior of container must not be soiled with container contents. Specimen containers must be placed in a sealed zip type plastic bag along with any extra labels.
Depending on which Laboratory Computer System is used at your location, there may also be a paper requisition. If so, the request slip/requisition attached to the outside of the bag or in outer pocket.
Some sites may have color coded bags or stickers for STAT, ED, STROKE, or TRAUMA.
Check with your local laboratory to learn the protocol for your location.

b. Specimens should not be submitted in syringes, with or without needles attached, and will only be processed in certain situations where limited specimen volume restricts

transfer to the appropriate container. Pathologist approval will be required to process specimens received in this manner.

c. Fluids for routine analysis should be placed in the appropriate tube type and not submitted in the collection bag unless specifically required by collection protocol (i.e. Cytology examination).

d. Depending on which Laboratory Computer System is used at your location, specimens may be required to be accompanied by an adequate requisition. Requisitions should be complete, including:

* Name and medical record number, patient date of birth, and patient sex
* Complete patient demographics and billing information
* Name and location/address of ordering physician
* Date and Time of specimen collection
* Test(s) requested
* Appropriate ICD-10 Diagnostic Code for outpatient orders
* Source of specimen when appropriate
* Clinical information when appropriate

4. *Delay in Result Reporting*
In the event testing or reporting of results is delayed, the laboratory will notify the requesting provider. Specific workflows for each facility or region provide details as to how inpatient, outpatient and other clients are managed in this process.

VIII. References

[All operational standards should list any relevant authoritative references, including federal law, state law, regulation, or accreditation requirements.

Please cross-reference and list any applicable policies or other internal references that would assist the reader.]

IX. History

[Former Title : Lab Operations Policies]