
DESCRIPTION OF LABORATORY SERVICES

I. OVERVIEW

The Ochsner St. Anne General Hospital Laboratory is located on the first (ground) floor of the hospital adjacent to the emergency room. We're a JCAHO-accredited, high-complexity laboratory that provides a wide variety of testing services to the patients of this hospital.

The laboratory is directed by Dr. Andrew Hoffmann, III, M.D., a pathologist who is board-certified in anatomical and clinical pathology. The laboratory administrative director is Bonnie Bourgeois, MT(ASCP).

II. LABORATORY MISSION

To deliver high quality laboratory services in a cost efficient manner.

III. LABORATORY VISION

To position Ochsner St. Anne General Hospital laboratory to meet the challenges of the ever-changing healthcare environment while serving our customers' needs.

IV. STAFFING

The laboratory is staffed 24 hours per day; below is the listing for all employees and their work shifts:

TECH (WEEKDAY)		
5:00 AM – 1:30 PM	Monday through Friday	1 tech
6:00 AM – 2:30 PM	Monday through Friday	1 tech
7:30 AM – 4:00 PM	Monday through Friday	1 tech
10:30 AM – 7:00 PM	Monday through Wednesday	1 tech
11:30 AM - 8:00 PM	Monday through Friday	1 tech
8:30 AM – 5:00 PM	Thursday through Friday	1 tech
7:00 PM – 5:30 AM	Monday through Thursday	1 tech
4:00 PM – 5:30 AM	Friday	1 tech

TECH (WEEKEND)		
5:30 AM – 4:00 PM	Saturday through Sunday	1 tech
4:00 PM – 5:30 AM	Saturday through Sunday	1 tech

PHLEBOTOMIST (WEEKDAY)		
5:00 AM – 1:30 PM	Monday through Friday	1 phlebotomist
5:30 AM – 2:00 PM	Monday through Friday	1 phlebotomist
7:00 AM – 3:30 PM	Monday through Friday	1 phlebotomist
8:00 AM – 4:30 PM	Monday through Friday	1 phlebotomist
10:30 AM – 7:00 PM	Monday through Wednesday	1 phlebotomist
11:30 PM – 8:00 PM	Monday through Friday	1 phlebotomist
7:45 PM – 5:15 AM	Monday through Wednesday	1 phlebotomist
4:30 PM – 6:00 AM	Thursday through Friday	1 phlebotomist

PHLEBOTOMIST (WEEKEND)		
5:30 AM – 4:00 PM	Saturday through Sunday	1 phlebotomist
4:00 PM – 5:30 AM	Saturday through Sunday	1 phlebotomist

GROSS ROOM TECH		
8:00 AM – 4:30 PM	Monday through Friday	1 histotech (no weekend work)

PATHOLOGIST		
On duty	Monday through Friday	1 pathologist
On call	Monday through Sunday	1 pathologist

CALL: One tech and one phlebotomist will be on call each weekend beginning at 5:00 PM on Friday through 5:00 AM on Monday (see "Laboratory Call Policy").

V. CALLING IN ABSENT / LATE

1. Calling in close to one's scheduled work shift for an unexpected crisis or illness may happen on occasion; however, adequate coverage is a serious obligation and personnel are expected to meet it.
 2. Any unscheduled time off due to illness or unexpected situations will be recorded as an Unscheduled General Purpose Time.
 3. **Unscheduled Absence:** An unscheduled absence for reasons of personal or family illness or personal emergency that was not scheduled and approved by management prior to the end of the last working shift. Employee will be given UGPT (Unscheduled General Purpose Time).
 4. **Tardy:** An absence when an employee fails to report to his/her work station/department at the scheduled starting time of a scheduled shift or when returning from meals/breaks and such time is less than 4 hours during a scheduled work shift. Time will be given as UGPT (Unscheduled General Purpose Time).
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5. **Leave Early:** An unscheduled absence when an employee must leave his/her work station/department prior to the end of a scheduled shift and such time is a period of less than 4 hours. Employee will receive UGPT (Unscheduled General Purpose Time).
 6. All call-ins for absence or lateness on weekends are to be reported as soon as possible to the tech working.

VI. PERSONAL APPOINTMENTS

Unless an emergency occurs, all personal appointments are to be scheduled on your day off, and/or before or after your working day. Please allow enough time when scheduling an appointment on the same day prior to your shift that you will not be late.

For GPT time off, see "GPT/Personal Holiday Scheduling" policy.

VII. SWITCHING SHIFTS

1. Switching of shift is permissible upon the agreement of the two (2) employees involved as long as it is in the same pay period to avoid overtime.
2. A written request to switch shifts must be submitted to the Lab Manager or tech in charge (in absence of Lab Manager) and approved.
3. Both parties will be held responsible for honoring the agreement until the shift is worked.
4. The completed signed request to switch shifts must be turned into the Lab Manager three (3) days prior to the date involving the switch. Once approved, the Lab Manager will notify the two employees and post the change on the schedule, along with the Lab Manager's initials.

VIII. SCOPE OF SERVICES

Many types of patients are treated in our facility. Planning for care, treatment and services includes: the needs and expectations of patients and their families, staff's needs, resources (financial and human) for providing care and support services, recruitment, retention, development and continuing education needs of staff, and data for measuring the performance of processes and outcomes of care. Medical staff specialties include family practice, internal medicine, urology, general surgery, orthopedics, ENT, cardiology, radiology, psychiatry, pediatrics, and pathology. Consulting specialties include nephrology, gastroenterology, neurology, and dermatology. The laboratory offers services to support all these services. We provide services, including venipuncture and laboratory testing, to support testing of the following patient populations: infants, pediatrics, adolescents, adults, and geriatrics. Laboratory personnel are allowed to perform veni-punctures on all age groups, from infant to geriatric. About one-half of

Ochsner St. Anne Hospital's patient population is over 62 years of age (inpatients). The hospital also offers ambulatory services and an active home health program. The laboratory provides testing for all these services and age groups. When unable to provide laboratory services in-house, samples are sent to our medical-staff approved reference laboratory.

Our laboratory provides services in the following areas:

- Hematology
- Clinical chemistry
- Clinical microscopy (urinalysis)
- Blood bank (transfusion service)
- Histopathology (Gross only and pathologist read of slides)
- cytology (pathologist read of slides)
- Bacteriology (STAT gram stain only)
- Immunology / Serology

IX. COMMUNITY SERVED

The parish of Lafourche, and in particular the Raceland and Lockport areas, are the primary geographic areas served, with a small percentage coming from other parishes. This service area represents a diverse patient population. Geographically, it includes a predominantly rural area with cultural and social differences.

X. IMPORTANT ASPECTS OF CARE

The laboratory tries to look at those aspects of care that have the greatest impact on our patients. High-volume, high risk, and/or problem prone aspects of care have the highest priority for monitoring and evaluation. Turnaround time is also considered extremely important in our efforts to grant quality laboratory services to our patients. Patients with comparable needs receive the same standard of laboratory services throughout the laboratory and is consistent with the lab's mission, vision and goals.

The most common tests performed in this laboratory are:

- CBC's
- Urinalysis
- Chemistry panels (BMP, CMP and liver function)

The highest risk procedures include:

- Crossmatches
- Anatomical pathology
- Cytology
- Frozen sections

The most problem prone areas include:

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- Phlebotomy
 - Manual cell counts

Indicators are used to monitor the important aspects of care or the quality and appropriateness of care. The indicator is a measurable, well-defined variable relating to the structure, process, or outcome of care. An indicator can be a resource, process, clinical event, complication or outcome about which data should be collected through performance improvement activities.

In the clinical laboratory, developing indicators may involve identifying:

- Clinical situations in which it is appropriate or inappropriate to use a given test
- Clinical situations in which inappropriate tests are often used
- Correct sequencing of tests in a given clinical situation
- Turn-around time and correct reporting of panic values
- Technologist and/or phlebotomists' competence
- National patient safety goals

The quality and frequency of established indicators is monitored by the lab manager and/or assistant lab supervisor and submitted monthly to the performance improvement director.

XI. PERFORMANCE IMPROVEMENT INDICATORS TO BE MONITORED FOR THE UPCOMING YEAR, JANUARY 1, 2017 THROUGH DECEMBER 31, 2017, INCLUDE:

- Out-Patient Wait Time
- ER Lab draw Turnaround Time---order to collect
- Rhogam Ordered Correctly

Internal laboratory monitors include:

- Surgical Specimen Turnaround Time (small and large cases)
 - Patient/Employee Satisfaction
 - Non-GYN turnaround time
 - Gram stain turnaround time
 - RSV turnaround time
 - Throat Screen turnaround time
 - Physician complaints
 - Lab patient safety and quality concerns
 - Handwashing
 - Frozen section turnaround time
 - Tissue Discrepancy Report
 - Surgical Pathology Case Review
 - Frozen section vs. Final Diagnosis
 - Cytology (non-GYN) Case Review
 - Blood utilization
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- STAT (critical test) turnaround time (reporting)
 - Labeling patient samples
 - Blood culture contamination rate
 - Press Ganey Out-Patient satisfaction
 - C:T transfusion ratio
 - Stat ER turnaround time
 - Stat CBC turnaround time
 - Stat BMP turnaround time
 - ER Troponin Turnaround Time
 - Flu test turnaround Time
 - Patient Safety Errors
 - AIDET

XII. PROBLEM RESOLUTION

When problems are identified through the monitoring and evaluation of the plan-do-check-act process, the laboratory must design a plan of corrective action to address the identified problem(s) in an attempt to improve care or services. The plan of action usually includes things like who or what needs to change, what action is appropriate, who is responsible for ensuring that the change is implemented and when is the change expected to occur.

We then evaluate our actions for effectiveness. How effective was the action? If improvement is shown we still want to continue with our plan-do-check-act process for a while, a minimum of one more quarter after improvement. We need to make sure the improvements are not just temporary, avoid recidivism. If there was no improvement, we need to reassess and find out what we can do differently. Further action may be indicated.

XIII. COMMUNICATION OF RESULTS

Information from our monitoring and evaluation activities is communicated to:

- Laboratory Performance Improvement Committee
- The department's employees
- The medical director of the department
- Facility Quality Performance
- The executive committee of the medical staff
- The administrative staff of the hospital, and finally
- To the Board of Directors

In addition, this information is available for regulatory agencies.

XIV. EMERGENCY LAB SERVICES

Emergency lab services are available 24 hours a day, seven (7) days a week, with all testing performed in-house. All emergency room results should be completed within one

(1) hour from time of order to result. All testing that is not performed in our laboratory is sent to our reference laboratory or a neighboring hospital for testing via courier. Results are sent to the emergency room as soon as they are received from the testing facility.
