



## CHAH.LabAdmin.POL.206 Quality Guidelines for Laboratory Service

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### Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	10/26/2021	4.0	<i>Ronnie Self II M.D. M.S.</i> Ronnie Self II, M.D.	
Approval	Laboratory Manager	10/26/2021	4.0	<i>Belinda Ourso, MT(ASCP)</i> BELINDA G OURSO	
Approval	Lab Director	11/4/2019	3.0	<i>Ronnie Self II M.D. M.S.</i> Ronnie Self II, M.D.	
Approval	Laboratory Manager	11/1/2019	3.0	<i>Belinda Ourso, MT(ASCP)</i> BELINDA G OURSO	
Periodic review Captured outside MediaLab	Designated Reviewer	10/31/2017	2.0	Ronnie Self II, M.D.	Recorded on 4/5/2018 by BELINDA G OURSO when document added to MediaLab
Approval Captured outside MediaLab	Lab Director	3/30/2016	2.0	Jane Dry, M.D.	Recorded on 4/5/2018 by BELINDA G OURSO when document added to MediaLab

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4.0	Approved and Current	Major revision	10/26/2021	11/9/2021	Indefinite



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# Quality Guidelines for Laboratory Service

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## I. Purpose

The purpose of this policy is to define the services and ensure the quality of patient testing in the laboratory at Chabert Medical Center.

## II. Policy Statements

- A. Customers served by Chabert laboratory include but are not limited to the following: inpatients, outpatient, physicians, all hospital departments requiring laboratory support, Terrebonne Parish Criminal Justice System, Houma Dialysis
- B. The laboratory operates 24 hours per day/7 days per week.
- C. Laboratory services can only be provided upon receipt of physician orders for laboratory tests.
- D. The laboratory will provide comprehensive testing, blood banking, cytology and surgical pathology services for all patients utilizing the hospital and clinics.
- E. The laboratory holds two CLIA Laboratory Certificate of Accreditation by the Department of Health and Human Services, one for general laboratory services and one for point of care testing.
- F. The laboratory is accredited by the College of American Pathologists for both general laboratory services and point of care testing. In addition, the laboratory oversees all point of care testing performed throughout Chabert Medical Center hospital and clinics.
- G. The laboratory is under the guidance of Pathologists board certified in Clinical and Anatomic Pathology and a Laboratory Director. It is staffed by Medical Technologists, Medical Laboratory Technicians, Laboratory Technicians, Laboratory Assistants, Phlebotomists, and administrative personnel. All testing personnel (non-waived testing) are licensed by the Louisiana State Board of Medical Examiners. These licenses are issued as Clinical Laboratory Scientist – Generalist, Specialist, or Technician as well as Lab Assistant. The technologists are also registered by the American Society of Clinical Pathologists and the Venipuncture Coordinator by the American Society of Phlebotomy Technicians. Some technologists have further attained specialties in certain laboratory disciplines and/or master's degrees. All work assignments are based upon the complexity of the testing requirements and all personnel show proficiency with the laboratory equipment and manual tests. All employees undergo competency assessment and demonstrate knowledge of the scope of testing performed on site, and of all policies and procedures as related to the environment of care.

**III. Procedures/Standards and Roles & Responsibilities**

**A. Goals**

- 1. To update, revise, and implement new policies and procedures as a result of standardization of equipment.
- 2. To enhance and improve the overall capabilities of the LIS and Pathology computer systems for laboratory reporting.
- 3. To actively seek additional contracts with other local agencies to provide stat lab testing.
- 4. Standardize manual kits and consumables, throughout the hospital laboratories in the Ochsner Health System, in keeping up with the latest technologies and capabilities.
- 5. To bring in-house high-volume referral tests for improving cost effectiveness.
- 6. Provide testing to outside customers in order to generate additional revenue.
- 7. Provide flexibility in assisting the hospital in meeting the needs of the changing environment.

**B. Identification of Analyst**

- 1. Laboratory results are reported using an approved laboratory information system.
- 2. The LIS is considered the “first signature” for result verification. Should results fall within specific criteria (set and validated by OHS), they will be autoverified, filed, and identified as such.
- 3. Any result not meeting the autoverification criteria, will be held and verified by the technologist/technician.
- 4. Autoverification criteria was set forth by OHS, tested, and validated at LJCMC. See Laboratory Computer System Autoverification manual.

**IV. Quality and Patient Safety**

- A. All employees are encouraged to report concerns with respect to the quality of patient testing and safety to the Laboratory Director or Laboratory Medical Director for investigation. In addition, it may be reported to the hospital Quality Management department for investigation and resolution.
- B. Should the employee wish to communicate a patient concern anonymously he/she may use the SOS reporting system to do so.
- C. Patients may report concerns regarding their care or safety to any laboratory employee. The laboratory employee receiving the complaint must fully document the concern and forward the documentation to a Laboratory Supervisor, Laboratory Director, or Laboratory Medical Director. The patient may also report any concern to the facility’s patient advocate.
- D. If concerns are not addressed, employees or patients may communicate with CAP directly at 866-236-7212. This is a dedicated, confidential CAP telephone line for quality and safety concerns. CAP holds such communications in strict confidence and no harassment or punitive action may be taken against an employee or patient in response to a complaint or concern regarding laboratory quality or safety.
- E. The CAP sign is displayed in the laboratory.

**V. Continuing Education**

- A. Employees must attend/participate in continuing education in order to keep abreast of changes in technology and maintain licensure requirements.
- B. The laboratory participates in providing access to the LSBME distance learning program which provides educational opportunities to employees.
- C. The laboratory provides continuing education opportunities by participating in CAP and API Proficiency Testing Programs.
- D. Continuing education opportunities are shared by the system laboratory education coordinator with all OHS facilities and their partners on a monthly basis.

**VI. Internal References**

OHS.PALM.LabAdm.PRC.1001, Method for Laboratory Employees to Communicate Concerns Regarding Test Quality and Safety Procedure  
OHS.PALM.LabAdm.FRM.1003, Employee Generated Quality of Patient Testing or Safety Concern Form

**VII. External References**

GEN.20325, Employee and Patient Quality Communication, CAP Laboratory General Checklist  
GEN.20330, CAP Sign, CAP Laboratory General Checklist