

Specimen Collection Phase II - Nursing

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Situation

Specimen Collection Phase I went live 5/21/18. Specimen Collection Phase I was an expedited effort based on nursing’s request to be able to oversee all lab orders for their patients. Specimen Collection Phase I included access to Specimen Collection through patient’s chart to view all labs due for a patient and special instructions.

Specimen Collection Phase II will go live 11/06/18.

B

Background

Definitions:

Barcode Scanners = The barcode scanners currently used for barcode medication administration

PPID = Positive Patient Identification, achieved by scanning the patient’s armband which validates the correct patient’s chart is open

Accession Number = The link between the lab test and the patient. A unique identifier assigned to lab orders for the patient with the same specimen type, collection date/time, collection priority.

PAID = Positive Accession Identification, achieved by scanning the specimen label which validates that the accession number (displayed on the specimen label as a barcode) relates to the lab orders for the patient whose armband was scanned. This process validates the correct specimen label has been placed on the specimen.

Previously lab phlebotomists have used hardware that enables them to complete PPID/PAID. PPID and PAID together validate the correct patient has the correct specimen collected for the correct orders. This is done by scanning patient’s wristband and then scanning the label on the specimen. If there is a mismatch between the patient and the order, there will be an alert. Currently units where specimens are collected by nursing do not have the capability to complete PPID or PAID.

A

Assessment

Units that have barcode scanners should be able to verify the patient’s identity by scanning the patient’s wristband to validate they are viewing the correct orders. These units should also be able to electronically document the collection of specimens.

Units that have lab label printers should be able to validate the correct specimen label is placed on their patient’s specimen by scanning the patient’s armband and the lab labels on the specimens. The units below will be receiving lab label printers.

Units Receiving Lab Label Printers			
Midtown	West	Rutherford	River Park
ED, 3KLD, 3LD, 3LDSC, 3NICU, 3OBTR, 4NSICU, 5MICU, Tele ICU overflow, CVICU, NSY/Postpartum	2A, 2B, 2C, 3A, 3B, 3C, ER, 5B	ED, 2 East -A, 2 East – B, L&D, NICU, CDU, NSY/Postpartum	ED, Same Day Surgery, OB GYN, Inpatient Rehab, MedSurg, ICU, Behavioral Health

Achieving positive patient identification via scanning of the patient’s armband is a great improvement for patient safety in collection of specimens for lab orders.

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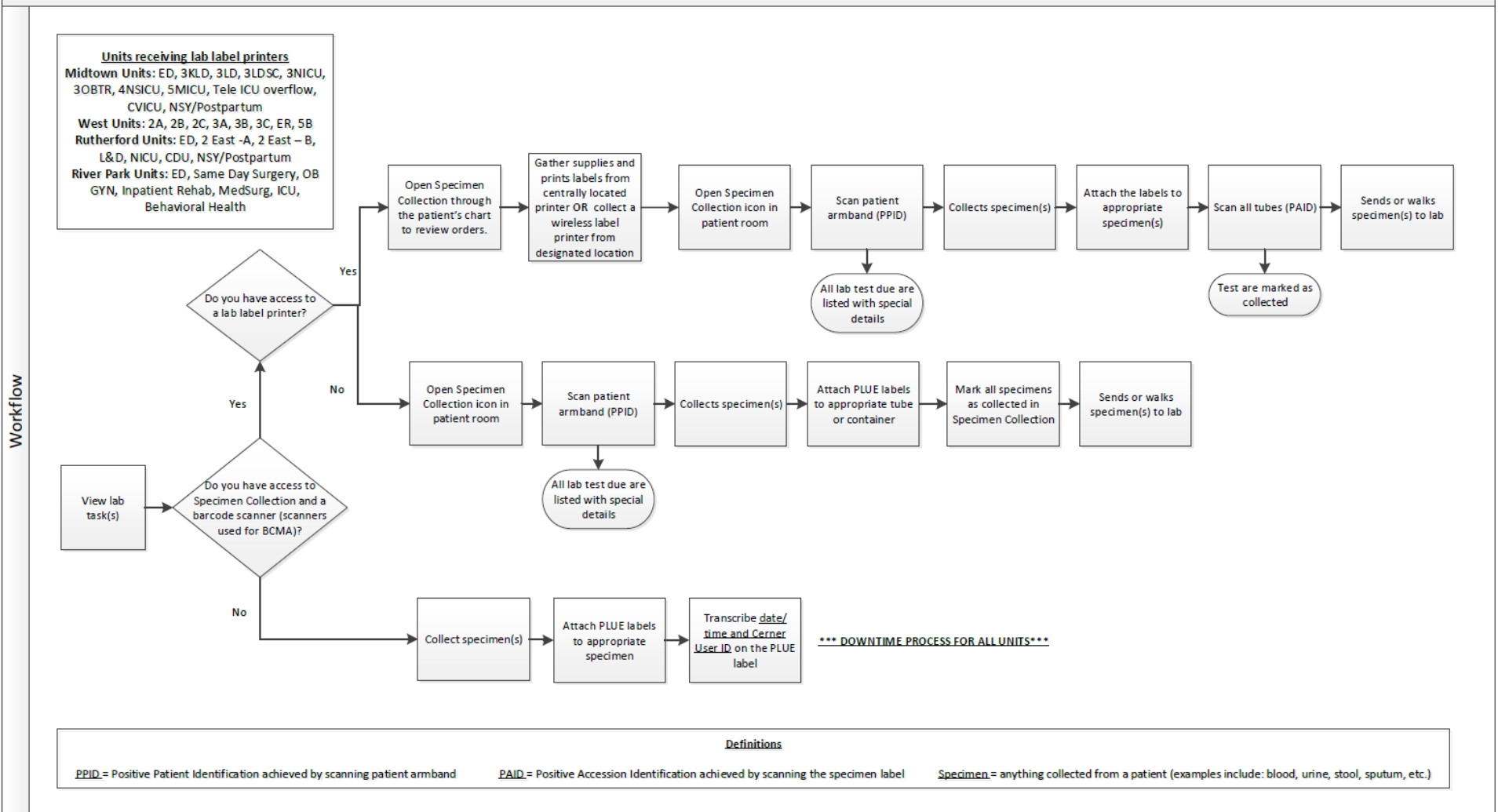
Recommendation

Specimen Collect Phase II includes several changes that affect all units. Please review the attached SBARs that describe the technical details of the changes.

- Page 2-5: Workflows
- Page 6: Bedside Documentation
- Page 7: Order Tasking
- Page 8: Duplicate Checking

A myLearning module will be assigned 10/16/18.

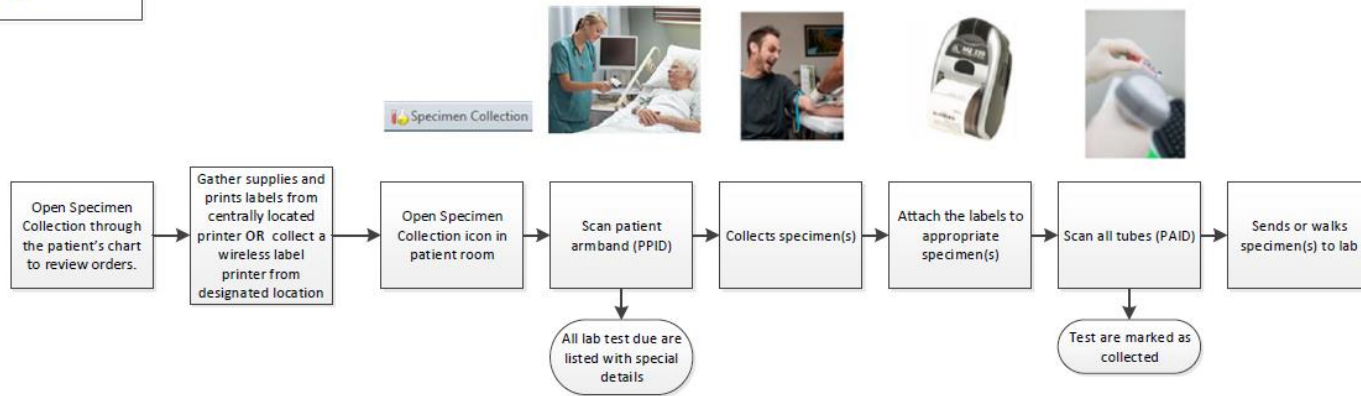
Specimen Collection Workflow



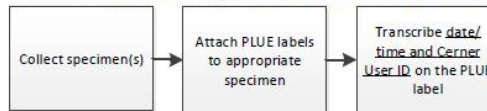
Specimen Collection Workflow 1: Units with Barcode Scanners and Lab Label Printers

Workflow

Units receiving lab label printers
Midtown Units: ED, 3KLD, 3LD, 3LDSC, 3NICU, 3OBTR, 4NSICU, 5MICU, Tele ICU overflow, CVICU, NSY/Postpartum
West Units: 2A, 2B, 2C, 3A, 3B, 3C, ER, 5B
Rutherford Units: ED, 2 East -A, 2 East - B, L&D, NICU, CDU, NSY/Postpartum
River Park Units: ED, Same Day Surgery, OB GYN, Inpatient Rehab, MedSurg, ICU, Behavioral Health



***** DOWNTIME PROCESS FOR ALL UNITS*****



Definitions

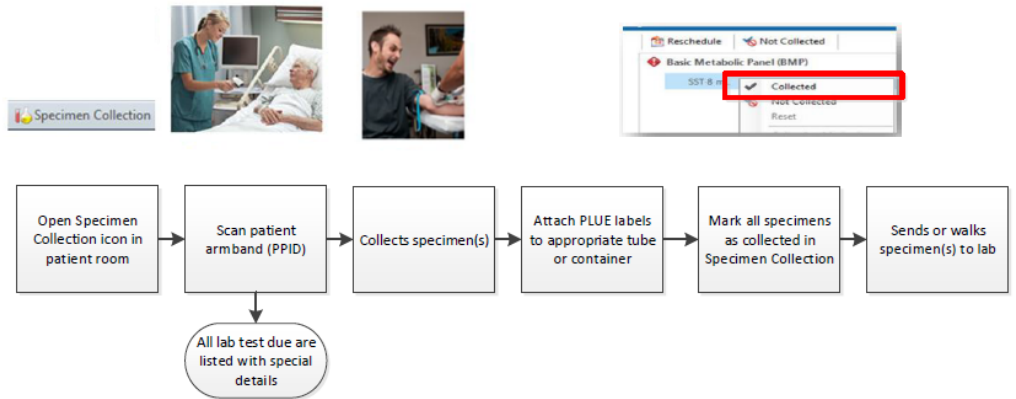
PPID= Positive Patient Identification achieved by scanning patient armband

PAID= Positive Accession Identification achieved by scanning the specimen label

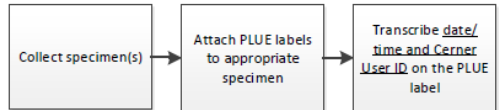
Specimen= anything collected from a patient (examples include: blood, urine, stool, sputum, etc.)

Specimen Collection Workflow 2: Units with Barcode Scanners and No Lab Label Printers

Workflow



***** DOWNTIME PROCESS FOR ALL UNITS*****



Definitions

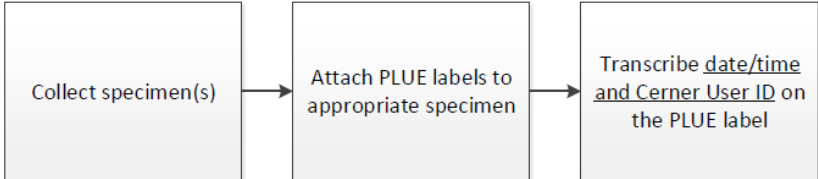
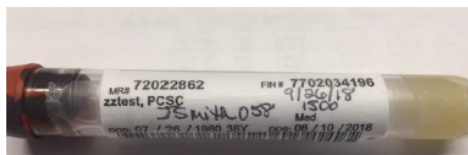
PPID = Positive Patient Identification achieved by scanning patient armband

PAID = Positive Accession Identification achieved by scanning the specimen label

Specimen = anything collected from a patient (examples include: blood, urine, stool, sputum, etc.)

Specimen Collection Workflow 3: Units with No Barcode Scanners and No Lab Label Printers (including procedural and procedural support areas at STM, STW, and STR)

Workflow



Definitions

Specimen = anything collected from a patient (examples include: blood, urine, stool, sputum, etc.)

Bedside Documentation

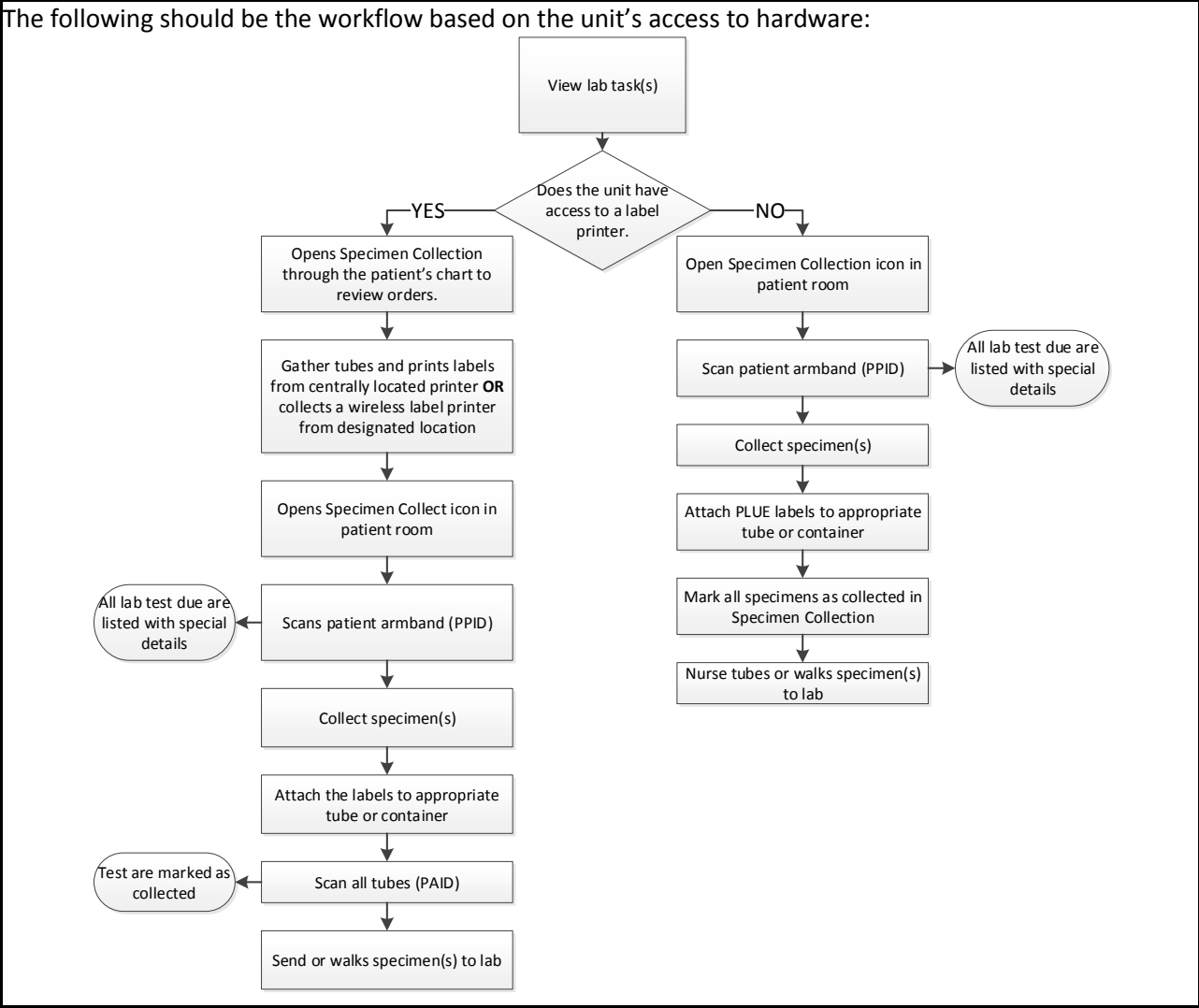
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Situation

Bedside documentation requirements are met through the completion of Positive Patient Identification (PPID) via scanning the patient’s armband and Positive Accession Identification (PAID) via scanning the specimen labels at the bedside or electronic documentation of collection via Specimen Collect on units that have the appropriate hardware.

B
Background

Previously bedside documentation was done by transcribing the date/time and collector information (initials, first initial last name, Cerner ID) on a PLUE label. **With the new workflow, bedside documentation can be done electronically on units with the appropriate hardware.**

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Assessment



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Recommendation

If for any reason PPID and electronic documentation of collection (via scanning of the armbands on units with lab label printers or manually marking the specimens as collected via Specimen Collection on units without lab label printers) cannot be complete due to Cerner downtime, code situation, no barcode scanners on the unit, etc. the collector will be required to place a PLUE label on the specimen and transcribe the **date/time of collection and their Cerner ID** on the label.

Order Tasking

<p>S Situation</p>	<p>Routes/Runs refer to the frequency labs are routed from an ordered status to a dispatched status. Lab orders cannot be seen or collected until the order is in a dispatched status. The system nets (or batches) all appropriate orders that should be collected together before the next run and moves those orders into a dispatched status.</p>																																									
<p>B Background</p>	<p>Currently all facilities have different routes/runs.</p> <table border="1" data-bbox="423 533 1448 1031"> <thead> <tr> <th></th> <th>STM</th> <th>STW</th> <th>STR</th> <th>Hickman</th> <th>Other Regionals</th> </tr> </thead> <tbody> <tr> <td>Stat</td> <td>Immediately</td> <td>Immediately</td> <td>Immediately</td> <td>Immediately</td> <td>Immediately</td> </tr> <tr> <td>Specimen in lab</td> <td>Immediately</td> <td>Immediately</td> <td>Immediately</td> <td>Immediately</td> <td>Immediately</td> </tr> <tr> <td>AM (OCAM)</td> <td>0045</td> <td>0045</td> <td>0045</td> <td>Immediately</td> <td>0045</td> </tr> <tr> <td>Routine</td> <td>Nurse Collect – every 15 mins Lab Collect – Every 1 hour</td> <td>Every 1 hour</td> <td>0200, 0630, 0830, 1030, 1300, 1500, 1900, 2330</td> <td>Immediately</td> <td>0200, 0630, 0830, 1030, 1300, 1500, 1900, 2330</td> </tr> <tr> <td>Timed</td> <td>Nurse Collect – every 15 mins Lab Collect – Every 1 hour</td> <td>Every 1 hour</td> <td>0200, 0630, 0830, 1030, 1300, 1500, 1900, 2330</td> <td>Immediately</td> <td>0200, 0630, 0830, 1030, 1300, 1500, 1900, 2330</td> </tr> </tbody> </table>							STM	STW	STR	Hickman	Other Regionals	Stat	Immediately	Immediately	Immediately	Immediately	Immediately	Specimen in lab	Immediately	Immediately	Immediately	Immediately	Immediately	AM (OCAM)	0045	0045	0045	Immediately	0045	Routine	Nurse Collect – every 15 mins Lab Collect – Every 1 hour	Every 1 hour	0200, 0630, 0830, 1030, 1300, 1500, 1900, 2330	Immediately	0200, 0630, 0830, 1030, 1300, 1500, 1900, 2330	Timed	Nurse Collect – every 15 mins Lab Collect – Every 1 hour	Every 1 hour	0200, 0630, 0830, 1030, 1300, 1500, 1900, 2330	Immediately	0200, 0630, 0830, 1030, 1300, 1500, 1900, 2330
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<p>A Assessment</p>	<p>Allowing more time between runs allows the system to work more efficiently by netting (or batching) more orders together, when appropriate. The routes/runs recommended result in less overall sticks to the patients, less interruptions to the patient during the night and more efficient workflows.</p>																																									
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Duplicate Checking in Cerner

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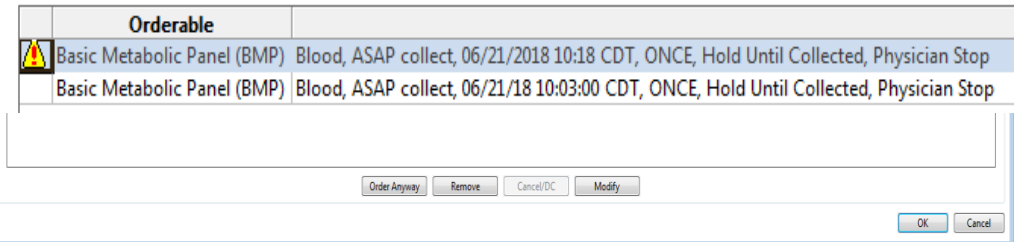
Situation

If a lab test is ordered by multiple providers during a clinically insignificant time interval, unnecessary phlebotomy and testing may occur and time is wasted by laboratory and nursing staff to remediate the order. A workgroup has recently reviewed the ten most frequently duplicated test orders in Saint Thomas Health and the time intervals associated with duplicate order checking in Cerner.

B

Background

Cerner possesses internal logic to check for identical orders placed on lab tests during time intervals for collection before and after the intended collection of a new order. If the new order calls for a collection to be made within this time interval, the provider is presented with the following alert, which allows the provider to permit, remove, or modify any duplicate order not already collected:



A

Assessment

The time intervals for duplicate checking for the 10 most common duplicate test orders should be updated to accord with clinically acceptable intervals for repeat testing, to decrease the likelihood **of unnecessary patient sticks and testing and the interruption of the work of laboratory and nursing personnel.**

R

Recommendation

Like-to-Like duplicate checking should be updated to the following before/after windows in Cerner:

- 1 hour: Hematocrit, Hemoglobin
- 2 hours: INR, platelet count
- 4 hours: Basic Metabolic Panel (BMP), CBC w/plt,
- 6 hours: CBC w/diff
- 24 hours: Comprehensive Metabolic Panel (CMP)
- 72 hours: ABO and Rh type, Blood bank antibody screen (type & screen)