

SUBJECT: CRITERIA FOR REJECTION OF SPECIMENS FOR MICROBIOLOGY WORKUPS	REFERENCE # 1021
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DEPARTMENT: CLINICAL LABORATORY	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- When a specimen is rejected for any of the reasons listed below, the nursing unit will be notified by phone, giving the reason for the rejection and a new specimen will be requested. The patient's requisition will also be noted giving the reason for rejection along with the date/time, to whom and by whom the notification was made. This requisition will be charted and a new requisition must accompany the new specimen.
- In the event the physician still requires the procedure to be performed on the unsatisfactory specimen, the unsatisfactory condition of the specimen will be noted on the patient's requisition.
- Any dry swab received.
- Labeling on specimen and requisition do not correlate.
- In the case of urine cultures:
 - Time of collection not noted on requisition.
 - Longer than two hours lapse before refrigerating or culturing.
 - When growth of culture indicates gross contamination (see urine requirements).
- In the case of sputum cultures:
 - Saliva received instead of sputum.
 - Obvious mouthwash or food contamination.
 - Insufficient quantity of dried specimen received.
 - When growth of culture indicates contamination (see respiratory culture requirements).
- Any liquid specimen exhibiting container contamination (spillage).
- In the case of stool cultures:
 - Specimen dried or of insufficient quantity.

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Supervisor - Medical Technologist
 Prepared by: _____ Date: _____

Supervised by: Director of Clinical Laboratory
 Approved by: _____ Date: _____

Job Summary: Responsible for the daily operations of the laboratory including staff performing testing and reporting test results maintains policies and procedures and quality control practices in the laboratory.

DUTIES AND RESPONSIBILITIES:

E = Exceeds the Standard M = Meets the Standard NI = Needs Improvement

<u>Demonstrates Competency in the Following Areas:</u>	<u>E</u>	<u>M</u>	<u>NI</u>
Is accessible to all staff while testing is performed either by telephone, electronic consultation or is on-site to resolve any technical problems.	2	1	0
Responsible for supervising high-complexity testing performed by testing personnel.	2	1	0
Monitors test analysis and specimen examinations to maintain acceptable levels of analytic performance.	2	1	0
Is on-site providing direct supervision when high-complexity testing is performed or reviews the work within 24 hours.	2	1	0
Remains informed on all current technologies.	2	1	0
Maintains a good working relationship within the departments and with other hospital departments.	2	1	0
Interacts professionally with the Director of Clinical Laboratory and Pathology.	2	1	0
Alters or adjusts methods and procedures for neonates, pediatrics, adults and geriatrics.	2	1	0
Responsible for quality control procedures and instrument checks.	2	1	0
Maintains laboratory records.	2	1	0
Follows standard precautions.	2	1	0
Demonstrates knowledge of new testing methods, products, instrumentation; remains informed on all current technologies.	2	1	0
Manages and operates equipment safely and correctly.	2	1	0
Interacts professionally with all department members, physicians, staff, administration.	2	1	0
Attends departmental in-service meetings as scheduled.	2	1	0
Attends at least _____ staff meetings per year; reads and returns all monthly staff meeting minutes.	2	1	0
Demonstrates the value of team concept on a consistent basis.	2	1	0
 <u>Professional Requirements:</u>	 <u>E</u>	 <u>M</u>	 <u>NI</u>
Adheres to dress code, appearance is neat and clean.	2	1	0
Wears identification while on duty.	2	1	0

SUBJECT: PATHOLOGIST SMEAR REVIEW CRITERIA	REFERENCE # 7011
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DEPARTMENT: CLINICAL LABORATORY	EFFECTIVE:
	REVISED:
APPROVED BY:	

POLICY:

- Smears that meet the following criteria will be reviewed by the pathologist:
 - Hemoglobin < 8.0 gams or > 18 gms% (excluding newborns).
 - Any MCV < 70 or > 105.
 - Any smear showing marked red cell morphology changes (e.g. sickle cells, basophilic stippling, many target cells, any 3+ or 4+ morphology, etc.).
 - Any smear demonstrating nucleated RBCs (excluding newborns).
 - WBC < 3,000 or > 20,000.
 - Bands: > 10/100 WBCs.
 - Lymphs > 50% (excluding children < 3 yrs).
 - > 2% metamyelocytes.
 - Any immature or unidentifiable cell.
 - Any smear demonstrating rouleaux.
 - Platelet count < 80,000 or > 600,000.

PROCEDURE:

- On completion of CBC, add slide to be reviewed by pathologist comment in the computer. Release results as preliminary and place slide, histogram printout and diff worksheet (if applicable) on counter in Hematology. Be sure the referring doctor's name is on the report. These reports will be reviewed by the pathologist during his/her weekday hours.
- Enter the "Pathologist to Review" comments on the CBC in the computer followed by the pathologist's name. Release results as final. Place results in hematology file box. "Verification of Pathologist" review entered into computer generated test results.
- Variances of pathology comments are reviewed and documented on the computer copy of the test result by the pathologist.

SUBJECT: ANTIBODY SCREENING AND CROSSMATCH RESULTS / INTERPRETATION	REFERENCE # 8023
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DEPARTMENT: CLINICAL LABORATORY	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

The following procedures will be followed for antibody screening and crossmatching results:

NEGATIVE ANTIBODY SCREEN AND COMPATIBLE CROSSMATCH:

- Consider donor units safe to transfuse. If adverse reactions do occur, or are suspected, consult pathologist and/or chief technologist.
- Positive antibody screen and incompatible crossmatch:
- Problem must be resolved and sero-compatible blood must be demonstrated before component transfused unless pathologist consults with attending physician and "Release Co
- Antibody screen positive due to presence of alloantibodies. (This crossmatch may or may not be compatible depending on presence of donor antigen. The auto control will be negative unless the patient has been recently transfused and has been sensitized.) If this occurs the following procedure will be followed:
- If possible identify the antibody using the policy and procedure for Antibody Identification.
- Use the appropriate reagent antisera to screen donor units. Crossmatches will be performed on units found to be negative for the antigen.
- If the initial crossmatches were compatible, these donor units will be screened to confirm they are negative for the antigen.
- If unable to identify antibody, or antisera is unavailable for confirming presence or absence of an antigen, a donor unit may be transfused if the crossmatch is found compatible.
- Send all positive antibody screen samples to _____ consultation lab for antibody identification and/or confirmation.

NEGATIVE ANTIBODY SCREEN / INCOMPATIBLE CROSSMATCH:

- Depending on the phase of testing in which the incompatibility is detected, it may be necessary to do one or more of the following tests:
 - Repeat ABO grouping tests on the donor's sample.

SUBJECT: CLINICAL LABORATORY PERFORMANCE IMPROVEMENT PLAN	REFERENCE #4001
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DEPARTMENT: CLINICAL LABORATORY	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE / OBJECTIVE:

- The Clinical Laboratory Department participates in a hospitalwide Performance Improvement (PI) program designed to monitor, evaluate and improve the quality, appropriateness and outcomes of clinical services by:
 - Identifying opportunities through continuous assessment of systems and processes of care through a collaborative, interdisciplinary focus, and
 - Implementing solutions and actions which will bring about the desired change, to
 - Facilitate a positive patient outcome, while
 - Maintaining a safe environment for personnel, patients and visitors.

RESPONSIBILITY:

- The Director of the Clinical Laboratory is responsible for establishing and implementing a Laboratory PI program. The program shall integrate laboratory quality assessment/ improvement, continuous quality improvement (CQI) and quality control activities into a system that will foster improvement in patient care. The director also shall delegate responsibilities for monitoring, action, evaluation and reporting.
- The Director of the Clinical Laboratory will report all laboratory performance improvement activities to the hospitalwide Performance Improvement Committee and the _____ (medical staff oversight committee) Committee for their review and recommendations. The hospitalwide Performance Improvement Committee and the _____ (medical staff oversight committee) Committee will in turn report their evaluations to the Medical Executive Committee.

SCOPE OF CARE:

- Patient services are provided to both the inpatient and outpatient population and include:
 - Analytical chemistry testing to include therapeutic and abuse drug testing
 - Hematological testing
 - Coagulation studies
 - Microbiological identifications