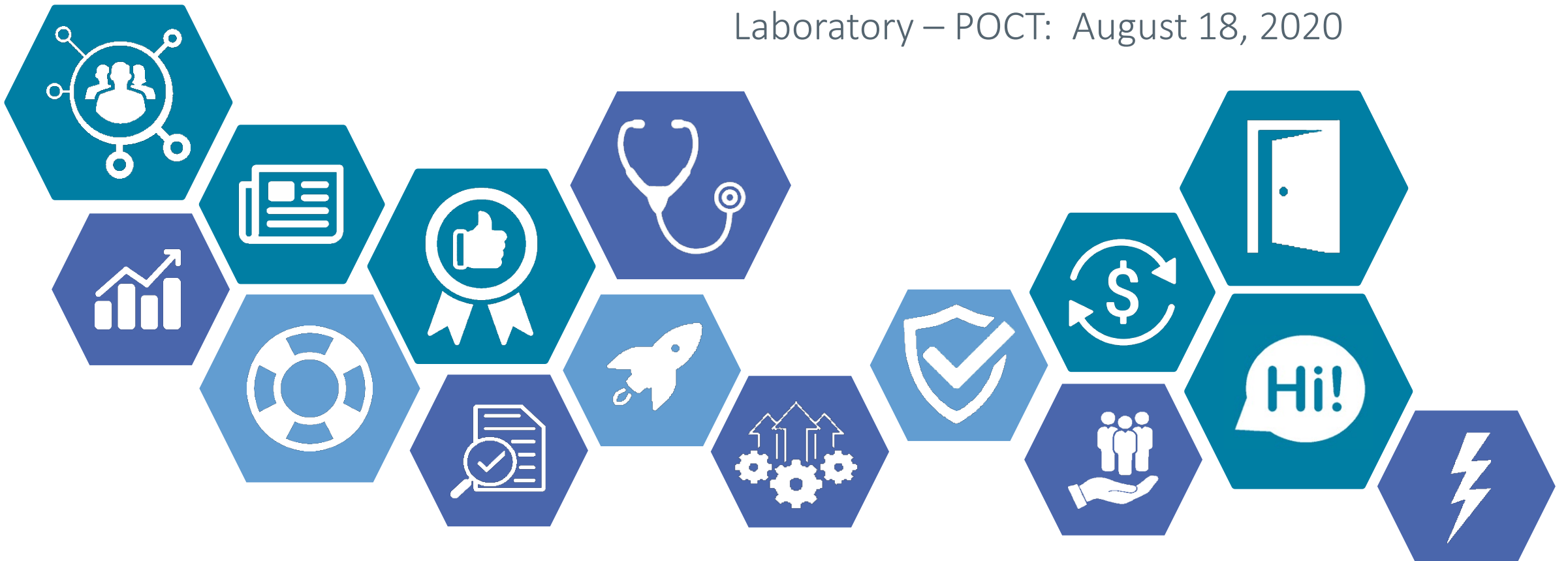# Ambulatory Management

Joint Commission Preparation Webinar Series
Laboratory – POCT: August 18, 2020

Zoom Best Practices

- Join the meeting via Zoom first
  - o Use of computer audio is highly encouraged
  - o If using the phone to connect audio, prompt the meeting to call you
  - o Use your webcam (if possible)

- Please remain muted unless invited to speak

- Please send in questions via the Chat

- **This session will be recorded and the recording distributed**

Purpose & Learning Objectives

- **Purpose:** Ensure ambulatory practices are prepared for the upcoming Joint Commission Survey by having structures and processes in place to meet accreditation standards. Participation in the webinar series will familiarize practices with the survey process.

- At the conclusion of today's activity participants will be able to:
  - Discuss Joint Commission Patient Safety Goals for laboratory testing.
  - Describe proper labeling for Lab and Point Of Care Testing (POCT).
  - Demonstrate how to perform a self-inspection for JC Readiness.

Contact hours will be available for individuals who participate in the entire session and claim credit through the on-line evaluation form.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.

Laboratory - POCT Every Day Readiness

Cynthia B. Mansfield MT(ASCP)
Associate Director of Compliance and Regulations

Kim Gregory MT(ASCP), NCA, CLS
Associate Director, POCT

Date: August 18, 2020

MASSACHUSETTS
GENERAL HOSPITAL
PATHOLOGY

*Advancing Diagnosis
and Discovery*

Joint Commission Readiness and Laboratory Services

- National Patient Safety Goals and Laboratory Services

  o Goal 1 - Improve the accuracy of patient identification (e.g. administration of blood and blood components, collection blood or other specimens)

  o Goal 2 – Improve the effectiveness of communication among caregivers (e.g. timely communication of critical results)

The Joint Commission and American Association of Blood Banks (AABB) have requirements with regards to specimen collection

- TJC NPSG 1: Use at least two patient identifiers when providing care, treatment, and services
  - EP 1 Includes- when collecting blood samples and other specimens for clinical testing
  - EP 2 States- Label containers used for blood and other specimens in the presence of the patient
- AABB: In the absence of an electronic specimen collection device, a validated method to improve identifying patients for Blood Bank Specimens must be implemented

- Mislabeled specimens received in laboratories impact patient care
  - Delays in treatment
  - Improper treatment
  - Unsafe transfusion care
  - Patient dissatisfaction (additional blood draws)
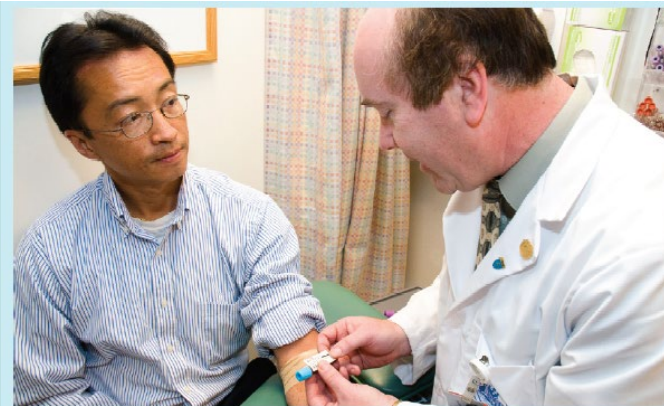 - Time and expense staff for rework
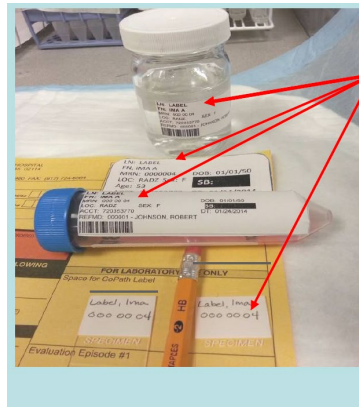
- MGH policies and procedure that support patient safety with regards to laboratory specimens:
  - MGH Specimen Labeling policy defines
    - Specimen identification and labeling requirements at MGH
    - Responsibility of laboratories to ensure specimens received are labeled properly
    - https://hospitalpolicies.ellucid.com/documents/view/5321
  - Specimen Labeling procedure
    - Outlines steps required for labeling lab specimens referencing specific specimen types
    - https://www.medialab.com/dv/dl.aspx?d=952159&dh=5d2bf&u=111736&uh=c3cf8
  - POCT Specimen & Testing Labeling Guide
    - Outlines steps required for labeling POCT specimens and testing supplies
    - https://www.medialab.com/dv/dl.aspx?d=893679&dh=33da9&u=111736&uh=c3cf8

Specimen Labeling Policy

Manuals / MGH MGPO Hospital Wide Policies / Clinical Policy & Procedure Manual
https://hospitalpolicies.ellucid.com/documents/view/5321

Keywords:
lab results, slides, tissue, blood, body fluid, Blood Bank Sample

Description:
The purpose of the Specimen Labeling Policy is to define specimen identification and labeling

Related Documents: ✚
Blood Sampling via Direct Venipuncture
Death Reporting Requirements and Autopsy Permission
Identification Bands
Patient Orders (Non-Medication)
Identity Authentication at Patient Intake Sites

External links: ✚
Guidelines for Blood Transfusion Therapy at MGH
MGH Pathology Laboratory Handbook
MGH Pathology Specimen Labeling Procedure
Specimen Labels and Printer Basics
Visual Aid: POCT Specimen and Testing Labeling Guide

- Proper patient identification is essential for all specimens.
  - Do not pre-label empty tubes
  - Do label all blood tubes in the presence of the patient
    - Verify all specimen labels (name and date of birth) match the information on the ID band or through active verification with the patient or patient representative are a match
    - For Blood Bank specimens complete the base label
      - Phlebotomist must sign (legibly) documenting the collection date and time
      - Second verification performed by licensed clinician or any staff trained to draw blood or by patient or patient representative if approved by clinical practice leadership

- Critical results may indicate a life-threatening situation

- Objective- provide the responsible licensed caregiver results so the patient may be treated promptly

- Document the communication of critical results

- A "read back' of critical results, using 2 patient identifiers, should occur between any clinician receiving the result and the lab staff reporting the result.

- Staff must document the time a provider was notified of a critical result

  o If the provider is contacted directly by the laboratory documentation is complete

  o If staff within the practice takes the critical result they must contact the provider immediately after receiving the result and document the time the communication was completed

JOINT COMMISSION READINESS

EXCELLENCE EVERY DAY

6 ways you can ensure Excellence Every Day

5. **Capture Patient Information**

Are You Completing All Required Documentation?
Ensure your documentation is complete, concise and timely. An accurate medical record is an integral part of patient care.

Is a Blood Drawing Site considered a Laboratory?

No, but it is a subject of survey for how staff performs specimen collection and the DPH always asks/observes.

This includes:

- test ordering,
- patient identification (2 identifiers),
- patient preparation,
- hand hygiene, infection control,
- specimen collection, packaging and transport

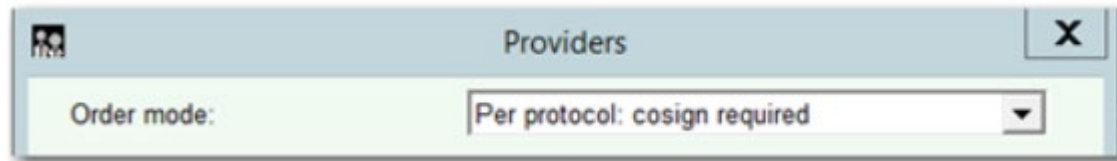<u>Competencies are required for blood drawing</u>. HR.01.06.01, EP 5&6

Non-Interfaced POCT Orders in EPIC

1. All <u>non-interfaced</u> point of care tests require an order to be placed in EPIC so results can be put in through Enter/Edit. This also drops the charge for the test.

2. POCT orders placed by RN or MA must be <u>co-sign required</u>.

3. Protocols put in place must be approved by the Protocol Committee.

Interfaced POCT Orders in EPIC

1. Interfaced tests must be linked to the correct visit/provider to generate an automatic order when the test is performed.

2. This means the correct visit must be "checked in" before testing is performed on the patient.

3. **DO NOT pre-print labels** for patient visit the day before.
   a. Patient safety issue
   b. If patient is early or late, new encounter created – pre printed label is then wrong
   c. Delays results posting to EPIC as manual intervention required

4. **Use inpatient armband** for outpatient procedures **NOT** outpatient visit label.

Enter - Edit Result Entry

1. Non – interfaced tests must be resulted through ENTER/EDIT activity
   a. Mentioning in the notes section is non-compliant with JC regulations
   b. Billing capture is missed

Don't forget to enter the Resulting Lab name so it shows up next to the patient results. Only need to choose your lab the first time and then it will default in the future.

National Patient Safety Goals (Best Practice)

Goal 1: Improve the accuracy of patient identification.

- ❖ Two identifiers
- ❖ Labeling in presence of the patient

NO

YES
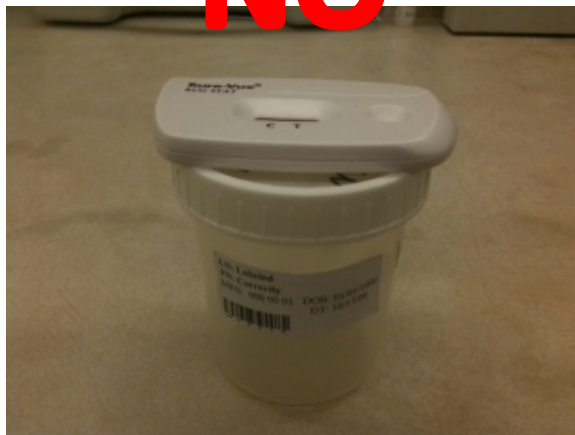
Examples of non-compliance with labeling and correct labels:

Unlabeled slide on microscope

Unlabeled card removed from patient room

Labels must be applied in the presence of the patient!
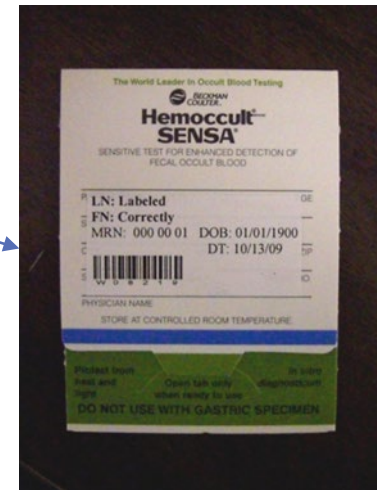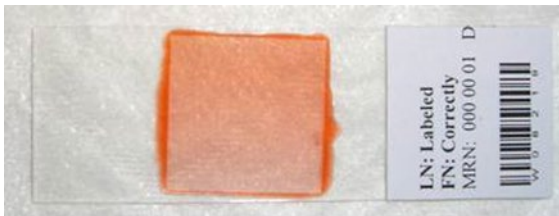
Staff Inspection Readiness:

- Check reagent dates – especially glucose QC and strips!

- **Competencies up to date** (waived – annual 2 methods)

- Anticipate observation and staff interviews

- Review procedures with staff

- Staff should be able to describe procedures (i.e. results reporting, hand hygiene)

- Inspect area and adjacent locations for potential safety violations

- Be ready for visits with short notice

References: Lab Handbook, Results Reporting Policy, Nosocomial Infections

Readiness Aids for self assessment

JC Preparation Checklist for Point of Care Site Coordinators POCT

Point of Care Testing (POCT) Checklist for Site Compliance
(Omission from this list does not preclude requirement for completion)

A. **Site Director**

1. **Leadership**
   - ☐ Is familiar with relevant JC standards as they apply to the site
   - ☐ Ensures a system is in place to document orders or protocols for testing patients
   - ☐ Annually reviews site specific protocols and procedures
   - ☐ Ensures the sites are enrolled in a proficiency-testing program and documents results review, if required
   - ☐ Recommends, approves and implements remedial action plans when necessary

2. **Orientation, Training, and Education**
   - ☐ Provides initial orientation to staff
   - ☐ Ensures that staff can describe their roles and responsibilities relative to safety.

B. **Site Coordinators**

1. **Assessing Competence**
   - ☐ Provides initial training, orientation and competency to staff for each POC test they perform
   - ☐ Ensures that during the first year (**new hire or new operator to test method**), each staff member's competence is evaluated and documented at six months for non-waived tests
   - ☐ Each staff member's competency is evaluated and documented on an **annual basis within 365 days of the initial training**

Self – Inspection Checklist for Site Coordinators

Date: _____ Location: _____ Self Inspection Surveyor: _____
*Please send completed Self Inspection form to MGHPOCTCoordinators@partners.org or Fax to 617-726-3256

Indicator	Compliant?			Remedial Action/Recommendations
	YES	N/A	NO	
EOC				
- Supplies not stored on floors/ in shipping containers				
- Microscope/centrifuge maintenance up to date				
• Last date of service/Service Co:_____				
Safety				
- Hand hygiene before and after glove use				
- Gloves used for blood draw/point of care testing				
- POCT equipment disinfection policy followed (each use)				

Moving, New Practice or Test Addition?

MGH/MGPO Changes in Laboratory, Point of Care and Specimen Collection Request Form

Location name: _____ MGH ☐ MGPO ☐ Expected date of event: _____

Location Address: _____ Patient type: Clinical ☐ Research ☐ Both ☐

Site contact name: _____ Phone: _____

The following questions are intended to ensure appropriate laboratory resources are available during the upcoming remodel or relocation of your practice or unit. It is important for quality care and patient safety that each site meets all appropriate laboratory regulatory requirements upon opening. Questions may be directed to the Pathology Administrative Coordinator at 617-724-0633.

POCT planning:

Do you have a CLIA certificate? No ☐

Inspecting agency: Joint Commission ☐

Are you planning to have a microscope or cent

Are you planning to have a refrigerator?

Plan for temperature monitoring in place?

Do you perform (or plan to) any of the following

Gram Stain
Glucose (glucometry)
Hematocrit or Hemoglobin
Cooximetry (Hb, HbO$_2$, %O$_2$Hgb, Sat) (Pulse oximetry is not a POC test)
Coagulation Tests

EPIC Lab Workflow Planning (New or relocated specimen collection workflow, label printer moves):

Will you print external lab order requisitions (requisitions for patients to take to a non Partners laboratory)?

No ☐ Yes* ☐

Will you collect lab specimens in the practice and send to one of the MGH laboratories (e.g. MGH Main Campus, MG West, Health Centers)?

No ☐ Yes* ☐ *(check all specimen types that apply and complete the table below and all questions below)*

Specimen Types collected in the practice:

☐ **Blood** *If blood is checked, will specimens be collected in a dedicated phlebotomy area?* No ☐ Yes ☐

☐ **Urine** ☐ **Swabs** ☐ **Fluids** ☐ **Tissue** ☐ **Pap** ☐ **Biopsy** ☐ **Other** _____

Complete for specimen types collected in the practice:	Who by role group will collect specimens (e.g. MD, RN, MA, Phlebotomist)?	Who by role group will release order and print SQ label or requisitions (e.g. MD, RN, MA, Phlebotomist)?

Questions??

Lab Handbook

Partners Applications

MGH Laboratory Handbook

Cynthia Mansfield:
cmansfield1@partners.org
617-726-8172

Kim Gregory:
kgregory2@partners.org
617-726-3858

MASSACHUSETTS GENERAL HOSPITAL
PATHOLOGY

Laboratory Handbook

Clinicians ∨   Patients and Blood Donors ∨   About ∨

Search for Lab Test...   🔍   View Test Catalog

Home > Patients and Blood Donors > Specimen Collection

Specimen Collection

Blood Draw Site Locations
Specimen Labeling Policy
Specimen Labeling Procedure
Transport (Pneumatic Tube)
Ordering in Epic
General Guideline for Tube Collection
POCT Specimen Labeling Guide
Match It Catch It Specimen Labeling Poster

Resources

Test Catalog

Specimen Collection

Directory of Labs ← POCT

For Patients

Clinical Updates

2020-06-09 —
SARS-CoV-2 antibody
testing

Advancing Diagnosis
and Discovery

Contact Hours

- We will be offering CEUs for participation. Each session will be equivalent to one contact hour. To receive credit, you must complete the evaluation*:

  - https://www.surveygizmo.com/s3/5777146/JC-Prep-Webinar-7-Labs

*Only individuals who fully attend and complete the evaluation will be eligible to claim the Contact Hours.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.

Stay informed

- **Ambulatory Communication:**
    - MGH/MGPO Ambulatory Management News - weekly e-mails:

    - [Ambulatory Blueprint](#)
    - [Ambulatory Joint Commission Preparation](#)

- **What if I Have Questions?**

- **We are here to help:**
    - Ambulatory Management Clinical Operations Nurses [MGH Ambulatory Clinical Programs](#)
    - Management Project Managers/Liaisons: [MGH Ambulatory Management](#)

2020 Joint Commission Preparation Webinar Series

Date/Time		Topic
July 7th	12:00-1:00pm	Joint Commission 101 ✔
July 14th	12:00-1:00pm	Environment of Care, BioMed, Police & Security and Emergency Management ✔
July 23rd	12:00-1:00pm	Human Resources ✔
July 28th	12:00-1:00pm	Safeguard High Risk Patients, Falls, Suicide ✔
August 4th	12:00-1:00pm	Infection Control ✔
August 11th	12:00-1:00pm	Provider Oriented Overview of Key Standards ✔
August 18th	12:00-1:00pm	Lab and Point of Care Testing (POCT)
September 1st	**12:00-1:00pm**	**Pharmacy**