

Laboratory and Anatomic Pathology
SCOPE OF SERVICE
Fiscal Year 2022-2023

Description

The Laboratory performs clinical and anatomical pathology laboratory services for inpatient, outpatient, non-patient, and industrial clients. The repertoire of tests and service levels are adequate for physicians to diagnose, treat, and monitor their patients. Laboratory results are accompanied by appropriate age/sex specific reference ranges and interpretive comments necessary to interpret the results. The service level is monitored to assure prompt and accurate testing. Laboratory testing is either performed in the BAH Laboratory or referred to CLIA accredited and Medical Staff approved reference facilities.

Waived testing is done under the direction of the Laboratory Medical Director and performed by Hospital staff after they have shown their competence to complete that work. The Medical Staff approves the extent of which this testing can be used. Appropriate quality control, proficiency and competency is performed and monitored to assure accurate patient testing.

All services are performed based on an order from a physician or practitioner authorized by Oregon law to interpret the results of the ordered tests. We do not perform Direct to Consumer testing.

Commercial clients prearrange for pre-employment/DOT collections annually.

The Clinical Laboratory includes the following areas of service:

- Hematology/Coagulation/Urinalysis
- Transfusion Services
- Chemistry/Therapeutic Drug Monitoring
- Blood Gas Analysis
- Immunology/Serology
- Microbiology
- Point of care testing
- Reference Lab Testing

The Anatomic Laboratory includes the areas of:

- Cytology
- Histology
- Autopsy Service

Hours of Operation

The Laboratory is open and staffed 24 hours/ 7 days a week.

Staffing

The Laboratory Director, in collaboration with the Medical Directors, directs the Laboratory. The Director reports to the Chief Nursing Officer and is responsible for the 24 hours a day operational quality of the Laboratory. The Director is responsible for the leadership, staff development, staffing, and overall supervision of lab personnel. The Director collaborates with other directors/managers and physicians to assure the Laboratory services are consistent with needs of patients in the hospital and the community. The Medical Director fulfills all of the obligations outlined in CLIA '88 in the oversight of the quality of results, proficiency testing, report integrity, personnel assessment, procedure manuals, and providing adequate clinical consultation. The Medical Director provides overall clinical oversight to the Laboratory and provides clinical consultation regarding the appropriateness of the testing ordered and interpretation of test results.

Staffing in the laboratory is determined based on the needs of the facility and the community. Most staffing needs are fixed - based on the type of procedures and methods used. Rare occasions require additional staffing in order to provide stated turnaround times, specifically in trauma or disaster- like situations.

Technical personnel: Only personnel that qualify with an adequate combination of education and experience and who exhibit continued competency are eligible to perform testing procedures. This includes Pathologists, Medical Laboratory Scientists and Lead Med Techs, Medical Laboratory Technicians, Technical Lab Assistants, Microbiologists, Cytotechnologists, and non-certified and certified Histotechnologists.

Support personnel: Personnel undergo adequate training to perform their duties in an accurate and efficient manner. This staff includes phlebotomists, Lab Assistants, Transcriptionists, courier, receptionist and Office Coordinator.

The operational needs for covering essential services have required several staff to cross-train in related areas of the Laboratory. Extensive training and competency requirements are met by staff selected for cross-training.

Qualifications of Staff

All laboratory employees undergo formal BAH and Laboratory orientation when newly hired and as new technology is introduced. Competency is based on job code requirements. Competency is assessed on new technical employees at 6 months and 12 months after completion of initial training. Annually, all laboratory testing personnel are evaluated for competency in appropriate fields of expertise. Competency is evaluated by direct observation, knowledge and skill based testing.

Integration with the Organization

Laboratory and Anatomic Pathology integrates its services with the overall organization in the following ways:

- Adherence to organization-wide policy and procedure
- Participation in multi-disciplinary and interdisciplinary processes
- Participation in multi-disciplinary committees and work groups
- Evaluates the effectiveness of departmental policies and procedures.
- Identifies and corrects problems.
- Assesses the accuracy, reliability, and promptness of test results
- Examines the adequacy and competency of the staff
- Monitors the pre-analytic processes including:
 - The criteria established for patient preparation, specimen, collection, labeling, preservation and transportation.
 - The information solicited and obtained on the Laboratory's test requisition for its completeness, relevance, and necessity for the testing of patient specimens.
 - The use and appropriateness of criteria established for specimen rejection.
- Monitors the analytic testing processes including:
 - Quality Control policies and procedures including the completeness of corrective action taken. The mechanism used for this evaluation includes:
 - Problems identified during the evaluation of calibration and control data for each test method.
 - Problems identified during the evaluation of patient test values for the purpose of verifying the reference range of a test method.
 - Errors detected in reported results.
 - Proficiency testing and any corrective actions taken for unacceptable, unsatisfactory, or unsuccessful proficiency testing results for effectiveness.

- Completeness of correlation testing for backup methodologies as mandated by CLIA 88.
- Problems uncovered as a result of ongoing review of patient results. (i.e. –patient test results that appear inconsistent with relevant criteria such as patient age, sex, diagnosis, correlation with other patient test results).
- Monitors the post analytical processes by assessing the completeness, usefulness, and accuracy of the reported information necessary for the interpretation and utilization of test results and:
 - The timely reporting of test results based on testing priorities.
 - The accuracy and reliability of test reporting systems.