

# Policies-West Virginia University Hospitals (WVUH) Laboratories

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## **Accreditation**

West Virginia University Hospitals (WVUH) Laboratories is accredited by the College of American Pathologists (CAP). The CAP is considered the “gold standard” in laboratory accreditation. The CAP holds deemed status with the Center for Medicare and Medicaid Services (CMS).

## **Billing**

Charges for patient testing submitted electronically or revenue for services provided to patients (patient charges) will be system recorded to the appropriate patient account within 72 hours of providing the service.

## **Add on Testing Orders in Epic**

Any request for testing to be performed on a sample that has previously been submitted to the laboratory must be made through the Add on Testing order function in Epic. The Add on request will then print in Specimen Processing and the staff will proceed with the order. Alternatively the provider may order a new collection if an add-on to an existing specimen is not indicated.

## **Cancellation of Tests**

The following procedures will be observed:

- If an order is placed in Epic and then canceled in Epic before a sample is received in the lab, the order is electronically canceled by Epic.
- If an order is placed in Epic and a sample is received in lab, BUT testing has not been started, the charge for the test will be canceled. A notation will be made in the report, "canceled by nursing unit or physician" as applicable.
- If an order is placed in Epic and a sample is received in the lab, and the test is in progress or completed, a request for test cancellation must be received by the section director or supervisor within 48 hours of the original test request. Credit for testing will be issued at their discretion.

## **Clinical Trials**

The Laboratories is happy to support the clinical and basic research missions of West Virginia University's Health Science Center and currently participates in a variety of investigatory protocols. In order that research protocol specimens be appropriately tested and quality controlled, and the investigation's methodology requirements are assured, a copy of the complete clinical study protocol as approved by the University's Institutional Review Board (IRB) for the Protection of Human Subjects needs to be submitted to the Laboratories Administrative Office. A copy of the IRB's approval letter is also required.

### **Compliance Policies**

The Laboratories of West Virginia University Hospitals perform diagnostic and therapeutic procedures and participates in the education of Medical Laboratory Scientists, Medical students, and Residents according to the regulations, standards and guidelines of the following agencies:

- College of American Pathologists (CAP)
- American Association of Blood Banks (AABB)
- Federal and State Departments of Health and Human Services (DHHS)
- The Joint Commission (TJC)
- Occupational Safety and Health Administration (OSHA)
- Clinical and Laboratory Standards Institute (CLSI) formerly NCCLS
- Nuclear Regulatory Commission (NRC)
- West Virginia State Health Department
- Health Care Regulatory Authority (HCRA)
- Center for Medicare and Medicaid Services (CMS)
- Federal Drug Administration (FDA)
- International Society of Cellular Therapy (ISCT)
- Office of Inspector General (OIG)
- Foundation for the Accreditation of Cellular Therapy (FACT)

### **Confidentiality of Results**

Confidentiality is the restriction of access to data and information to individuals who have need, a reason and permission for such access. Each employee, medical staff member, faculty, student or other individual affiliated with WVUH who has access to patient information shall maintain the confidentiality of that information in accordance with hospital policies.

### **Critical Result Reporting**

The Laboratory has designated “critical tests” and “critical values”. All results of designated “critical tests” must be communicated to the health care team (HCT) regardless of the value. All “critical values” must also be communicated to the HCT. Results of critical tests and critical values must be called to the HCT within 30 minutes of result availability.

### **Disclosure of Results**

Under federal regulations, we are only authorized to release results to ordering physicians or other healthcare providers responsible for the individual patient’s care. Results will not be released to third parties, including requests directly from the patient. However, patients can obtain access to their lab results through the “MyChart” feature of Epic.

### **Hours of Service**

- Specimen Processing: 24 hours a day, 7 days a week
- Chemistry, Hematology, Microbiology and Blood Bank: 24 hours a day, 7 days a week
- Phlebotomy Team (Ruby): 24 hours a day, 7 days a week
- Phlebotomy (Physician Office Center): Mon-Fri 0630-1800, Sat 0800-1230
- Information Technology: 7 days a week by calling the HELP desk at 7-HELP(74357)
- Molecular Pathology: Mon-Fri 0700-1630
- Flow Cytometry: Monday through Friday 7:30am to 4:00pm, available by beeper after 4:00pm to 11:00pm 7 days a week
- Cytogenetics: Monday through Friday 8:00am to 4:45pm
- Stem Cell Lab: Monday through Friday 8:30 am through 4:45pm
- Autopsy Service: Monday through Friday 8:00am to 5:00pm. Staff on call during off hours
- Surgical Pathology: Monday through Friday 7:30am to 5:00pm. Pathology residents on call during off hours
- Histology : Monday through Friday 4:00am to 5:00pm
- Cytology: Monday through Friday 8:00am to 5:00pm
- Special Chemistry/Mass Spectrometry: Monday through Friday 6:30am to 3:00pm

### **Holding Specimens**

The Clinical Laboratories will keep specimens to be tested at a later date upon request by the patient's physician. All specimens will be held for a period of one month, after which they will be discarded. All requests for keeping specimens must be made in the Specimen Processing Department at telephone number 598-4225. Unless otherwise indicated, all samples will be stored refrigerated. Storage temperatures available include refrigeration (8-C), or frozen (0°C, -20°C, or -70°C). Special storage requests will be honored at the laboratories' discretion.

### **Proficiency Testing**

We are a College of American Pathologist (CAP) accredited, CLIA licensed laboratory that participates in inter-laboratory and intra-laboratory proficiency testing. Our participations include College of American Pathologist (CAP) surveys and Pennsylvania State Department of Health.

### **Reflex Testing**

WVUH minimizes the use of reflex testing. Tests with reflex testing are clearly indicated at the time of order through the electronic system and all test information is readily available to ordering providers. Reflex testing may be used when initial test results are positive or outside normal parameters and indicate a second related test is medically appropriate. Reflex testing should be reasonable and medically necessary. Testing is usually done because of standard industry practice (e.g. confirmations and sensitivities) and institutional practice based on the practices of our ordering providers. Reflex testing allows for improved patient care by decreasing the amount of time required for diagnostic information to be available and reduce costs. Reflex testing protocols are approved by the Medical Executive Committee (MEC).

### **Reportable Diseases**

The Clinical Laboratories comply with the State Health Department of West Virginia requirements for reportable diseases. These diseases are considered serious enough that the State and CDC want them reported so epidemiologic studies can be conducted and disease tracking with contacts can be performed.

### **Specimen Identification**

When specimens are taken for analysis, procedures for positive patient identification must be observed. A primary source container may be in the form of a specimen collection tube, cup, syringe, swab, slide or other form of specimen storage. The criteria for acceptable specimen identifiers used in labeling include but are not limited to: patient name, date of birth, hospital number, social security number, requisition number, specimen ID number, or a unique random number. At least 2 of these identifiers are required. A room number is not an acceptable identifier. The following information is required for accession of specimens:

- Patient's name
- Medical Record Number (MRN)
- Date of Birth
- Date and time of collection
- Identity of individual collecting the specimen

The following are considered policies for positive patient identification. All patients should have an identifying wristband with full name, DOB and hospital number. When a patient does not have an identifying wrist or leg band, the person collecting the blood sample will require positive identification by nursing staff. The person collecting the blood will further confirm patient's identification by asking coherent patients their name and date of birth.

### **Specimen Rejection**

When a specimen labeling discrepancy is identified, the best practice is for the specimen to be recollected. However, it is understood that there may be circumstances when recollection is not possible or practical. Specimens will be allowed to be re-labeled when either the specimen is not replaceable, or the specimen cannot be obtained without causing injury to the patient only after approval by a Technical Specialist, Specialist, Manager, Off-shift coordinator or Supervisor. (Pathology Resident or Pathologist may be consulted as needed, but is not required).

Specimens for the Blood Bank are not allowed to be re-labeled. There are no exceptions to this policy. A new specimen must be obtained. Discrepancies are to be handled by the Blood Bank Technologists.