



CONWAY MEDICAL CENTER

PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB-SPC-01.00 Laboratory Scope of Care and Services-PRO		
ISSUED BY:	Administrative Lab Director	REFERENCE #:	LAB-SPC-01.00-PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	2000-07-10

SCOPE: The purpose of this procedure is to give the framework by which the laboratory operates to maintain the proper level of services as defined by the administrative body. The framework is designed to meet the overall health needs of its community members.

I. LABORATORY AUTHORITY AND LEADERSHIP:

- A. Laboratory Director, who is a qualified, Board Certified Pathologist.
- B. Staff Pathologists
- C. Lab Administrative team:
 - 1. Administrative Lab Director
 - 2. Assistant Administrative Lab Director
- D. Senior Technologists: Provide leadership in the individual bench areas of the lab.
- E. Bench technologists
- F. Phlebotomists
- G. Cytotechnologist
- H. Hospital Leadership:
 - 1. Vice President of Ancillary Services
 - 2. CEO

II. TYPES OF SERVICES PROVIDED AND TELEPHONE EXTENSIONS: To dial in-house dial only the last four digits.

Anatomic Pathology /Cytology (techs)	347-8170	General Lab	347-8130
Hematology / Coagulation	347-8177	Laboratory Director	347-8124
Chemistry	347-8276	Staff Pathologists	347-8124
Microbiology/Virology/Parasitology	347-8174	Outpatient Services	347-5046
Clinical Microscopy/Urinalysis	347-8278	Administrative Lab	347-8272
Asst Admin. Lab Director	234-5121	Director	

III. REFERENCE LABORATORIES:

- A. Quest Diagnostics
- B. Other labs by specialty approved by the Medical Staff annually.

IV. POINT OF CARE SERVICES OVERSIGHT

- A. Nursing Units
- B. Emergency Department
- C. Laboratory Outpatient Department



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- D. Radiology
- E. Cardiopulmonary

V. ACCREDITATION:

- A. Laboratory: CAP
- B. Hospital: DNV

VI. PATIENTS SERVED AND HOURS OF SERVICE:

- A. Inpatients - 24 hours a day and 7 days a week
- B. Outpatients –
 - 1. Hours: Monday – Friday 7:00 am – 5:00pm
 - 2. Location: Patient Services Wing.
 - 3. Scheduled Appointments for the following:
 - (a) Glucose Tolerance Testing
 - (b) Therapeutic Phlebotomies
- C. Nonpatients: Samples received from outside sources
 - 1. Home Health Agencies
 - 2. Contracted facilities and businesses
 - 3. Other hospitals

VII. GENERAL OVERVIEW OF THE LABORATORY MISSION:

- A. Testing ordering accuracy
- B. Patient test management including oversight of in-house point of care testing.
- C. Quality Control assessment
- D. Proficiency Test assessments - which includes our participation in CAP proficiency tests
- E. Patient Satisfaction Surveys – Contracted through an outside agency
- F. In house Staff Satisfaction surveys
- G. Blood and Tissue Utilization Review
- H. Infection Control Management
- I. Technology assessment
- J. Benchmarking through associational defined hospital groups (Operations Outlook)
- K. Participation in Total Quality Improvement Teams
- L. Participation in Medical Staff Subcommittees that plan patient care
- M. Competency Testing of Personnel
- N. Interdepartmental Planning sessions in which laboratory services are included
- O. Cost Accounting
- P. Medical Necessity Auditing

VIII. STRUCTURED LEVELS OF COMMUNICATION:

- A. Monthly reporting from Adm Lab Director to Ancillary Vice President.
- B. Monthly reporting of quality management indicators into Soar



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- C. Monthly Finance Variance Reporting to Administration
- D. Annual review with Administrative Executive Committee
- E. Daily review with Lab Director and Sr Technical staff

- F. The Laboratory Director /designee regularly with :
 - 1. Medical Staff meeting
 - 2. Surgical Committee
 - 3. OB and Perinatal Committee
 - 4. Infection Control Committee
 - 5. Quality Assurance/Risk Management/ Inspection Committee

- D. The Administrative Laboratory Director meets:
 - 1. Hospital Department Heads
 - 2. Nursing Unit meetings as required.
 - 3. Corporate Compliance Committee
 - 4. Performance Improvement Department as required
 - 5. Education Advisory Council (ad hoc)
 - 6. Customer Satisfaction Representative as required
 - 7. Document Control Committee
 - 8. Human Resources Policy Review Committee

- E. The laboratory has also provided lines of communication with the following departments
 - 1. Dietary : Result provision as required for dietary needs
 - 2. Pharmacy: Result provision for individual patient assessments as well as formulary review as associated with resulting parameters.
 - 3. Nursing:
 - a. Training
 - b. Supervision of POC testing
 - c. Patient assessment and assistance with patient needs
 - 4. Medical Records: Flow of records for each patient
 - 5. Registration: Coordination of patient needs for lab testing
 - 6. X-ray:
 - a. Supervision of POC testing
 - b. Coordination of shared procedures
 - 7. Physical Therapy: Provision of testing to assure tight infection control.

F. STAFFING RATIOS

Laboratory Director	1
Staff Pathologists	2



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Laboratory Administrative Director	1
Assistant Administrative Lab Director	1
Technicians	20.2
Phlebotomists	17.5
Cytotechnologist	1
Histotechnician	3

G. STAFFING REQUIREMENTS: CLIA and CAP standards applied

RECORDS: NA

REFERENCE STANDARDS:

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
05/05/11lds	None	Reviewed/Revised saved electronically in lab G drive.
09/07/11lds	Format/phones	Placed in new MCN format new phone extensions
02/11/13lds	All	UPDATED MCN FORMAT. Changed cytotech to "1". Reviewed information No content change.
02/04/15lds	All	Reviewed no changes.
02/24/15lds	All	Reviewed VIII (D) Added new committee appts.
01/18/17lds	All	Updated staffing numbers
03/22/17lds	All	Removed Safety Committee