

Troubleshooting

1. **Take no longer than 5 minutes on a STAT/Blood Gas order, 20 Minutes on a routine. If you cannot resolve the issue within this time: log manually; create an issue in the specimen tracker; move on.**
2. **If there is no Collection Time:**
 - A. If we receive the sample within an hour of the default time, it's safe to leave that as the default.
 - B. Beyond that we should use an unknown collection time to prevent "old" results being reported when it is reasonable that they drew it shortly before they sent it.
 - C. For future times, use a time of 5 minutes before the receipt time.
 - D. For time sensitive tests, the provider must be called for a collection date/time. Always.
3. **Using un-received orders ONLY**
 - A. If you receive requisitions with specimens that have already been received in ORM do not "re-receive" the order by changing the collection date and time. This disassociates the original order from any result and can cause the same significant issues that changing the draw time on a manual order does.
 - B. Check to see if we have been sent a parent requisition in error. Call the floor and ask them to send the child requisition.
 - C. If the provider had reprinted an old requisition in error, call the floor and ask them to send us the requisition if there is an appropriate test entered. If there is not, ask the provider to place a new order and send us the requisition.
 - D. If you are unsure what is going on with an order, please check with a lead or other super-user for help.
4. **Before ordering a grey top as an extra tube, be sure to check ORM and other requisitions for a urine culture order.** Micro also found a couple instances where there were pending urine culture requests and SPS had ordered an extra grey top.

ED, Codes, Blood Gases and Exceptions

1. **"Please Hold Labs" from the ED:**
 - A. On the occasions that they send these hold requests, the ED practitioners need to use the Lab Add-on process for us to get the orders. We will follow-up on issues where ED placed the actual order after sending us the samples with the ED Nurse Manager, so please report these and make a copy. Place copies in the "Manual Reqs from the ED folder" located where we file cross hospital batch sheets.
 - B. Remember when we get a requisition that says, "Please Hold Labs," order all the tubes as extras.

2. **EHP Combination Orders:** When you receive EHP orders that are combined with a CBC and/or PPP, Misys will create multiple accession numbers for these tests because of the duplicating components. For now, in these situations, just create a manual order for all the correct combination test codes and give the new accession to Heme/Coag. After the bench has been given the labels, you can go back and receive the original accession numbers and cancel them as YCPFIX.
3. **ER samples with old ADT reqs are likely from code patients and are to be logged manually.** Please make a copy of the req and place it in the "ED MANUAL REQ" folder. It is located in the drawer where we file batch sheets.
4. **Identifying and prioritizing blood gases:** Now that there are no color coded requisitions for blood gases it is very easy to miss them in the stat bins, especially we get busy. Tubers, please place blood gases in front of other specimens in the stat buckets so that the loggers get to these specimens in a timely manner.
5. **Blood Gases are often ordered incorrectly by the providers and hand-corrected.** When we see this error, we need to call the RN and alert them that a new order should have been created for the venous blood gas. However, these are very time sensitive and the RNs are generally unable to create a new order fast enough. For now, manually log these tests if this error occurs to ensure a timely result.

AM draw/ Dup reports

1. **Processing the Duplicate Report:**
 1. Cancel and combine orders as necessary per [Handling Duplicates and Combining Orders from ORCA CPOE](#) Procedure.
 2. Use the Duplicate Report Cancellation List form to report CRW's to the lead.
 3. LIS will try to combine orders that are less than one hour apart. If there are conflicting tests, it will place them on separate accession numbers.
 4. When cancellations and credits are complete, please file the Duplicate Report Cancellation List form (with the AM Draw Work List if applicable).
 5. Completed Dup Reports should be placed in Danny's CPOE problem bin.
2. **Taking Care of AM Draw:**
 1. Please investigate patients with ICU and ED locations. We have seen some problems with patient locations not updating before the collection batch is created.
 2. Check in ORCA or call Admitting to make sure the location is accurate.

3. If the patient is in a location that Phlebotomy draws, notify the Dispatch person so they can make sure the phlebotomist knows.
 4. If the patient in a location that is not in the scope of CPOE, call the nurse and let them know phlebotomy does not draw on their location.
 5. Hint: Check the order in ORCA. If you see it is part of a frequency order, ask the nurse to cancel the parent order. This will keep the problem from reoccurring tomorrow. Today, we saw 4 patients in ICUs that were scheduled for the QAM indefinitely!
3. **Please provide a copy of the AM Draw work list to the Phlebotomy dispatcher.** After you have processed the labels and work list, make an extra copy of the work list for phlebotomy. This will help the dispatcher coordinate with the phlebotomists on the floor and provides a second set of eyes for duplicate checking.
 4. **Reporting cancellations for Duplicate Reports can be done in bulk using the new form instead of the green CRW slips.** See the forms that Christine created Friday morning. Be sure to sign or write a check next to the label when you cancelled in ME and credited in Sunquest.
 5. **Duplicate Report:** The duplicate report is set to print every 2 hours, 30 minutes prior to the routine collection batch printing in phlebotomy, with the exception of the AM draw duplicate report which prints a 0100, 0300, and again at 0430. It is our responsibility to review this report and clean up the patient's orders prior to the collection batch printing. When this report prints, we want to check the patient's orders in ORM to see what all has been ordered on the patient and combine orders and cancel duplicates as necessary. If the patient has both RN and Lab collect orders, we need to call the RN to verify whether they want lab collect or RN collect. The Nurse should then make the orders consistent.

COLLADs and Additional Timed Draws to AM Draws

1. Remember that COLLADs and TIMED orders will print in phlebotomy.
2. The dispatcher will check if there is already an order on that patient on a collection batch and will either:
 - A. If there are additional tubes that need to be drawn, try to get in touch with the phlebotomist.
 - B. Give to SPS in order to combine with an existing order. Specimens should arrive at AZ3 with either a blue venipuncture form marked "ADPREV" or a specially designed "Test Recombination" form.
3. Practitioners should not use the LADDON order to circumvent this process! The only time that process should be used is when the sample is already in the lab.

Specimen Tracker

1. **The Importance of Reporting:** Remember that during the CPOE launch, there CPOE experts, consultants, and trainers on every floor. There are at least 4

major hospital-wide meetings led by the CPOE Implementation team to work out problems with the workflow. Long story short, there are lots of available resources right now that we need to take advantage of in order to prevent problems from becoming the norm. In order to do this, we need data on how often each error occurs, with specific examples. Data collected from the errors that you report, and copies of the requisitions you submit are forwarded to the CPOE team.

- A. We understand that during this time that it can get very busy. So certain errors can be reported using the "CPOE Problem Tally Sheet" located at each station.
 - B. When a cancellation is involved, use a No-Charge Documentation form to let the lead know that a CRW is needed.
 - C. All other issues must be reported in the Specimen Tracker. This includes all cancellations that are neither YDUP nor YCPFIX. Ideally, every cancel/credit should be entered into the Specimen Tracker.
2. **Please continue report unprofessional behavior in the Specimen Tracker.** Everyone is stressed because of CPOE, but that is no excuse to be rude. These issues will be forwarded to Jenn and dealt with appropriately. Thank you for your patience and professionalism when on the phones during this time.