

OREGON HEALTH & SCIENCE UNIVERSITY
Department of Laboratory Services
Administration

DEPARTMENT OF LABORATORY SERVICES SCOPE OF SERVICE

LABORATORY MISSION AND GOALS STATEMENT

To serve the people of Oregon through education, research and clinical leadership, and by providing high quality, cost effective, laboratory services in an environment of community collaboration.

Relevant link to hospital mission and goals statement:

<http://ozone.ohsu.edu/HealthSystems/Adm01PtCare/Adm01-01.html#mission>

1. TYPES OF SERVICES PROVIDED

The OHSU Hospitals Department of Laboratory Services provides anatomic pathology and laboratory medicine services, with oversight by a qualified laboratory director. The Laboratory Medicine Division provides services that include: chemistry, hematology/hemostasis, transfusion, special immunology and flow cytometry, and limited services in microbiology and toxicology. The Anatomic Pathology Division provides services that include: surgical pathology, cytopathology, immunohistochemistry, electron microscopy, and autopsy. The Genetics Laboratories provide cytogenetics, biochemical genetics, and molecular diagnostics services. These routine and emergency services are provided for inpatients and outpatients at OHSU. In addition, the laboratories serve as a referral laboratory to outside agencies, and support and participate in research and development appropriate to the needs of the laboratory and institution.

Activities performed in delivering these services include: method selection and validation, specimen procurement, specimen analysis on routine and emergency basis, quality control and record keeping, results communication, utilization and interpretation consultation, and blood product dispensing.

2. SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS

Newborn through adult patients are served with primary and tertiary testing support for all patients, including those requiring the intensive care involved in transplant, neonatal, cardiac and oncology services. Specimen procurement venipuncture is available for inpatients as well as clinic patients. Blood products are provided for the same patient mix.

3. QUALITY ASSESSMENT AND METHODS USED TO ASSESS AND MEET PATIENT CARE NEEDS

Important aspects of laboratory services include: availability, utilization, accuracy, timeliness,

economy, safety, communication of results, and satisfaction with services. The Quality Assessment and Improvement (QA&I) process is designed to meet patient needs for services and includes the following activities:

- a. Collecting and monitoring a variety of types of data, with at least monthly review by management staff and review at the Departmental QA&I Committee every quarter. Problem solving is planned, if needed.
 - b. Assessment of data including looking for patterns/trends, or age specific concerns as appropriate, to identify opportunities for improvement.
 - c. Development of actions/plans that include who, what, where, when, how.
 - d. Addressing ongoing problem areas.
 - e. Issues referred from other departments and hospital-wide committees (Utilization review, Blood Utilization, Drug Utilization) are addressed through interdisciplinary problem-solving activities.
 - f. Previous recommendations of QM are addressed.
 - g. The quarterly Pathology QA&I Report and Plan is reviewed by the Hospital Quality Management Department liaison.
4. **APPROPRIATENESS, CLINICAL NECESSITY AND TIMELINESS OF SUPPORT SERVICES PROVIDED DIRECTLY BY THE HOSPITAL OR REFERRAL SERVICES**

The Department of Laboratory Services provides comprehensive laboratory services to patients at OHSU Hospitals and Clinics and the Center for Health and Healing (CHH) at South Waterfront. Testing not performed on-site is available through referral laboratories approved by the laboratory medical director. Pathology faculty and residents are on-call 24 hours daily to provide consultation and approval of special requests.

5. **AVAILABILITY OF NECESSARY STAFF**

The main clinical laboratory is located in buildings within or adjacent to the Hospitals - Dillehunt Hall (Laboratory Medicine and Anatomic Pathology), Richard Jones Hall (Autopsy), and Multnomah Pavilion (Electron Microscopy). Genetics Laboratories are located off-campus about 2 miles away. Point of Care Testing is provided in patient care units, campus and off-site clinics under the technical support from Pathology. Phlebotomy services are provided in the Physicians Pavilion (outpatient services) and most hospital inpatient units. Phlebotomy services, limited Laboratory Medicine and limited Pathology services are located in the CHH.

Laboratory services are provided 24-hours daily, with limited services available between the hours of 5:00 p.m. and 7:00 a.m., daily and on weekends and holidays. Faculty and residents are on call 24-hours daily to provide clinical consultation for special requests. Outpatient Phlebotomy services at Physicians Pavilion Room 300 are provided from 7:00 a.m. to 5:30 p.m., Monday through Friday, and from 8:00 a.m. to 9:30 a.m. on weekends and holidays. Daily inpatient phlebotomy services morning rounds start at 5:00 a.m. and at defined times throughout the day until 10:00 p.m.

Hours of operation at CHH location are 7:30 a.m. to 6:00 p.m., Monday through Friday.

The testing staff of approximately 175 FTE includes Medical Technologists, Electron Microscopy Technologists, Cytotechnologists, Histotechnologist, Medical Laboratory Technicians and Laboratory Assistants. The support staff of approximately 50 FTE includes Management, Phlebotomy, Autopsy Assistants, Transcription, administrative clerical and procurement support, and laboratory information systems support. All staff undergoes initial orientation, annual competency assessments, and annual performance appraisals. Continuing education is mandatory. There are more than 25 faculty FTE, who are fully licensed and accredited in accordance with laboratory regulatory and accreditation requirements.

Monitors for quality assessment and improvement include indicators for staffing needs. The number of overtime hours per total worked hours is targeted to be approximately 3%. If the operations fall above this level the manager reviews the need for additional staff or to fill vacancies.

Other indicators of increased staffing needs are related to the ability of the laboratory to provide satisfactory services, as measured by turnaround time. If no technological changes have occurred, but the threshold turnaround times are not met, staffing is reviewed for possible enhancement or reassignment.

6. EXTENT TO WHICH LEVEL OF SERVICES PROVIDED MEETS THE PATIENTS' NEEDS

Performance improvement activities are used to systematically assess and improve important functions and processes of patient care. Administrative reports and patient satisfaction data are also used to provide information on meeting patient needs, expectations, and organizational goals.

7. RECOGNIZED STANDARDS OR GUIDELINES FOR PRACTICE

The Department of Laboratory Services is fully accredited by the College of American Pathologists and adheres to the standards set by this nationally recognized professional organization. Additionally, the laboratory is certified by the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) and is registered with the Food and Drug Administration.

All laboratory procedures are performed in accordance with guidelines issued by the Clinical and Laboratory Standards Institute, American Association for Clinical Chemistry, American Society for Clinical Pathology and other professional organizations appropriate to each specialty. Hospital policies and procedures also govern laboratory practices.

The Department follows all applicable federal, state, local laws, and regulations and accreditation requirements.

6/3/08