MEMORANDUM

To: QEII Capital Health physicians, Inpatient HSM, unit staff

From: Dr. J.G. Heathcote, District Chief, Department of Pathology and Laboratory Medicine
Anita Muise, District Manager, Laboratory Client and Support Centre

Date: September 12, 2014

Subject: Changes to Inpatient Blood Collection Morning Team

As part of our efforts to expedite the delivery of laboratory test results to critical care units, Blood Collection Services is changing how staff are scheduled for morning inpatient blood collections at the QEII sites. To facilitate the change permanent collection staff have been recruited, replacing the previous practice of utilizing casual staff. Effective September 22, 2014 this team will be scheduled to collect between 06:30 and 09:30. For collections after 09:30 the current practice, by which Blood Collection Services responds to a telephone request, will continue. Units that can expect to see staff as early as 06:30 will be notified individually and have been selected from those who responded favorably to having collectors arrive at this time. Staff are dispatched based on total number of collections, patient population, (e.g., fasting patients) and efficient use of available phlebotomists.

While the overall number of staff making up the Blood Collection team is decreased, the collection period per staff has been extended, so the total number of scheduled collection hours remains the same. We are hopeful that permanent staffing will provide more stability and decrease the constant training associated with casual recruitment. As with many services, absenteeism impacts our service level.

Supervisors cannot dispatch staff appropriately if it is unknown how many morning collections are required. It is important for care units to remember that all morning collection requisitions must be sent to the laboratory the previous evening to be entered into the Laboratory Information System. The number of additional requisitions laid out at nursing stations in the morning is increasing and is now impacting the ability of the phlebotomists to complete the morning collection assignments in a timely manner. Requisitions should only be laid out at the nursing station if it is imperative that the collection occurs during this run. Otherwise, a call should be placed and the collection will occur when the morning run is complete.

If requisitions are not pre-entered into the Laboratory Information System, the whole process is slowed, as the collection staff do not have preprinted labels and the tests must be ordered after the collection occurs. Understanding that there is sometimes a need for units to request additional collections during the morning run, the process to facilitate these collections is under review. In the meantime, those units who forget to forward all their collection requisitions the previous evening will be placed at the end of the queue so that other units are not impacted.

DPLMCustomerService@cdha.nshealth.ca

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