COMMUNICATION

Purpose: To effectively and efficiently provide testing information.

Modes of Communication: Telephone, Laboratory Information System, Hospital Information System, Personal Computer, LSUHSC-S Web Sites, Printed Materials, Campus Mail, Person-to-Person.

Interdepartmental Communication:

Testing:
- Test orders received that are unclear are confirmed by contacting the physician/designee for verification. A new order may be submitted by the ordering service or modification of a questionable order may be made by laboratory staff with documentation of contact information on the original order, i.e. written (hard copy orders) or electronically (LIS, CO-Path).
- Technical and theoretical information regarding test methods and performance specifications is available to physicians/clients upon request and may be obtained by contacting sectional managers/supervisors, directors or the Clinical Laboratory Director.
- Consultation involving appropriateness and interpretation of testing is available to physicians/clients upon request and may be obtained by contacting branch (sectional) directors, the technical director or the Clinical Laboratory Director.
- “Health-associated Reference Values” are indicated with laboratory test reports. Sectional managers/supervisors and branch (sectional) directors may be contacted for substantiating data.
- Modifications in “Health-associated Reference Values” (reference intervals) resulting from methodology changes are published prior to implementation via memo. Computer notation reflects these as well as reference interval verification changes.

Notification:
- Critical Results are “called” with read back verification. Documentation is via LIS.
- Erroneous and Corrected Results are promptly “called” to the responsible physician/designee. Documentation is via LIS.
- Verbal Orders require read back verification at the time of the order. Documentation is via LIS.
- Unacceptable Specimens including specimen identification and specimen integrity issues may be called and/or notified via LIS.

Variance:
- Patient Care issues are reported to Quality Management via Hospital Information System. Hard copy reports are used should the system be inoperable.

Intradepartmental Communication:

Information “Hand-Off”:
- Information about pending specimens, tests and patient care issues is appropriately communicated when responsibility is “handed-off” from one person to another. Procedures are specific to sections. Processes are implemented within the area.

Variance:
- Performance variation/occurrence: A question raised for inquiry, consideration, or solution relevant to the overall quality of the total testing process (pre analytic, analytic, and post analytic). Such occurrences are reported on-line via the Dept. of Path. Occurrence Reporting system.