



“Keeping Our Client Informed”
Questions or Comments
Call 651-232-3500

HML UPDATE

Summer 2017

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Fairview & HealthEast

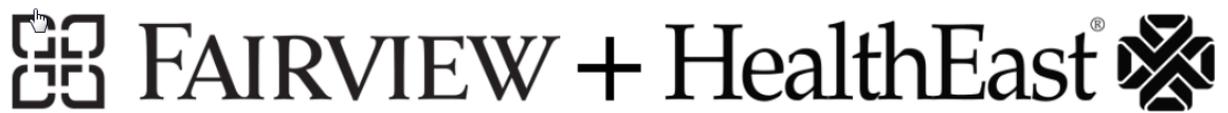
To our Valued HML Clients

The foundation of HML is built on a dedication to quality, commitment and service. Fairview Health Services and HealthEast announced a combined system as of June 1st . Fairview and HealthEast have combined to create a world-class health system committed to serving our communities.

At both Fairview and HealthEast, we share the same commitment to high quality care - this will not change as a result of our combination. Together, we can do more for the people and the communities we serve.

Should you have questions about service please contact a member of our sales team at 651-232-3500.

We look forward to our continued partnership.



Online Supply Order Changes

Beginning January 1st, 2017, HML will no longer accept faxed supply requests.

Please visit the Online Supply Order Page at:

www.healtheast.org/hml

OR

<https://www.healtheast.org/forms/form-hml-supply-request.html>



Complete the requested information and click on “Submit Request”,

You will receive an email receipt confirming your order.

(If you do not receive an email confirmation of your order – your order did not go through, PLEASE RESEND)

Most supply orders turnaround times are within 5 -7 business days.

Please contact HML Customer Service 651-232-3500 option 5 with questions or concerns.

Laboratory Supply Orders



WE ARE LISTENING

We value our customer's feedback and appreciate you telling us how we can improve our services.

We know as of late we have had challenges related to LABORATORY SUPPLY order fulfillment. Filling supplies has many moving parts and we realize there were times we just weren't meeting expectations.

You should have already received some communications surrounding some upcoming changes. There are many other changes happening behind the scenes – which you can expect to improve fulfillment overall. Change is never easy, but improving work flows must happen to be sure you and your teams can provide the best patient care possible.

Here are some of the changes related to supply ordering that have already or will be taking place over the next few weeks:

- *Supply requests fulfilled within in 5 to 7 business days. We are doing our best to be sure orders do not fall outside of this timeframe*
- *Updated the HML Supply Order Website*
- *All website orders will receive an email confirmation of your order. If you didn't receive a confirmation – we didn't receive the order.*
- *If you do not receive your supplies within the 5 to 7 business days. Please call and let us know.*
- *Effective May 1, 2017 – We will no longer able to accommodate STAT, URGENT or ASAP supply requests. If you are in need of STAT, URGENT or ASAP supplies, please make alternate plans.*
- *New communication related to BACK ORDERED supplies from our vendors – which impacts your supply request.*
- *Supplies may only be ordered online – faxed requests cannot be accepted.*



Please PLAN ahead in your laboratory supply order requests:

EXPIRED SUPPLIES FULFILLMENT TIME

Seasonal needs such as:

INFLUENZA STREP THROAT RSV PERTUSSIS

<http://www.healtheast.org/forms/form-hml-supply-request.html>

Consultant Corner Article

A Full Tube is a Happy Tube! (Sometimes that means you should use a smaller size tube when available.)

It always baffles me when I walk into a lab to see how many of the Red Top Serum tubes are not filled completely. Actually, I would have to say that I RARELY see full tubes. Now I can understand that there are times when the patient may have moved causing the blood to stop coming into the tube, or the vein may have collapsed or any other number of reasons for not being able to fill the tube completely, but these instances do not occur all the time. I think the most common reason is the person performing the phlebotomy is in a hurry. This is not a good reason!

All blood collection tubes (unless they are the glass red top tubes) have an additive of either a clot stimulating agent (as in the case of plastic red top tubes) or an anticoagulant, of one type or another, in nearly all of the other usual tubes used for blood collection. The amount of the additive in each tube is the exact amount needed to accomplish the additive's desired function when the tube is filled with blood to the tube's maximum capacity. Let me repeat that: *The amount of the additive in each tube is the exact amount needed to accomplish the additive's desired function when the tube is filled with blood to the tube's maximum capacity.*

In order to achieve the most accurate test results, the blood collection tubes should be filled to their designated fill amount, for most tubes this is to fill them completely. The exception to this are the tubes for the Quantiferon TB Gold test where the tubes must be filled to a level indicated on the tube label, no more and no less in the tubes, for this test to be accurate.

When collecting blood from a patient in a routine situation, using a regular 21 G straight needle, blood should flow into the tube at a rapid enough rate allowing the tubes to fill completely without causing the patient much discomfort. There is no reason to remove the tube from the vacutainer until the tube is full.

In situations where a winged collection device (butterfly) is required, i.e. very small or fragile veins, if the vacutainer hub is to be used, then the smaller 4-5 ml red top tubes would be the desired tubes to use for collecting serum samples. This is because the stronger vacuum present in the 8-10 ml red top tubes could collapse the vein. The blood will flow much more slowly into the tube when using a butterfly, but using the 4-5 ml tube for collection should result in the tubes filling in about the same amount of time as the 8-10 ml tube with a straight needle. However, if it is truly necessary to utilize a butterfly device for the blood collection, ideally, that blood should be collected using a syringe which allows the phlebotomist to control the vacuum applied to the vein. Then for safety purposes a blood transfer device should be used to transfer the blood from the syringe into the vacuum tubes.

In conclusion, select the phlebotomy supplies that best fit each specific situation, and **FILL THOSE TUBES!!!**

EDUCATION

Basic Phlebotomy Class

Friday, September 29, 2017
8:00am – 12:00 Noon
Woodwinds Health Campus, Auditorium A

Friday, November 10, 2017
8:00am – 12:00 Noon
Woodwinds Health Campus, Auditorium A

Disclaimer:

Attending this HML program does not indicate nor guarantee competence or proficiency in the performance of any procedures that may be discussed or taught in this course.

Program Summary

This seminar / skills training session is designed for health care professionals to provide a basic understanding of clinical laboratory sample requirements, NCCLS Standards regarding venous site selection, proper equipment, sampling methods, specimen handling and transport, and related patient care requirements. The target audience for this class is **RN, LPN, CMA, MA, MLT, MT.**

For questions: Linda Wagener- 651-232-6925 or email ljwagener@healtheast.org
Debbie Rudesill – 651-232-3464 or email darudesill@healtheast.org

Panel Changes

C1 Esterase Inhibitor, Functional Assay specimen update

Effective July 18, 2017 Mayo Medical Laboratories will no longer accept specimens collected in a serum gel tube for C1 Esterase Inhibitor, Functional Assay.

Panel Name: C1 Esterase Inhibitor, Functional Assay

Panel Code: FNC

CPT Code: 83520

Collect: Plain Red Top on WET ICE

Submit: 1 mL serum FROZEN immediately in a separate tube.

Unacceptable: Specimen not received frozen or specimen drawn in an SST tube.

Test Performed at: Mayo Medical Laboratories

Clostridium difficile testing

Testing positive for Clostridium difficile does not always indicate Clostridium difficile infection. Two different scenarios, Clostridium difficile colonization and Clostridium difficile infection, can cause a patient to test positive for C. difficile. The difference between C. difficile colonization and infection are listed below:

Clostridium difficile colonization

- Patient exhibits NO clinical symptoms
- Patient tests positive for Clostridium difficile organism and/or its toxin
- More common than Clostridium difficile infection

Clostridium difficile infection

- Patient exhibits clinical symptoms(fever, watery diarrhea, nausea, abdominal pain, loss of appetite)
- Patient tests positive for the Clostridium difficile organism and/or its toxin.

Specimens submitted to HML for Clostridium difficile testing should be either liquid or unformed stool. Unformed stool should take the shape of the container without manipulation. **Formed stool specimens are unacceptable for C. difficile testing.** The CDC recommends ordering C. difficile testing on patients that have had three or more unformed stools within 24 hours. C. difficile by PCR testing does not distinguish between viable and non-viable organisms, therefore should not be used to test for cure of C. difficile infection.

Oxcarbazepine Metabolite specimen update

Effective July 13, 2017 Mayo Medical Laboratories will no longer accept specimens collected in a serum gel tube for Oxcarbazepine Metabolite testing. Specimen minimum volume will increase to 0.5 mL serum.

Panel Name: Oxcarbazepine Metabolite

Panel Code: OXB

CPT Code: 80183

Collect: Plain Red Top

Submit: 1.0 mL serum REFRIGERATED. Separate serum from cells within 2 hours of draw.

Unacceptable: Specimen collected in an SST tube.

Note: Trough specimen is recommended

Test Performed at: Mayo Medical Laboratories