Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS Community Health Nursing	

TITLE:		SECTION:	POLICY NUMBER:
Laboratory Specimen/Result Tracking (for tests ordered on paper requisitions)		DIAGNOSTICS	08-005-02
EFFECTIVE DATE:	**REVIEW DUE:**	**REPLACES NUMBER:**	**NUMBER OF PAGES:**
May 1, 2021	May 1, 2024	N/A	7
APPLIES TO:			
Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses			

1. **BACKGROUND:**

The Department is moving toward having all lab tests ordered and resulted electronically. While this process is being developed, interim measures are required to ensure that every lab specimen collected at a community health centre can be accounted for, is tracked, resulted and reviewed. This policy outlines the requirements for manual tracking of investigations not entered or resulted into the electronic medical record. These typically include laboratory tests sent out of community for processing through out-of-Territory, contracted lab service.

2. **POLICY:**

2.1 It is the policy of the Department of Health to require laboratory specimen tracking and result receipt confirmation for all specimens collected at community health centres. The Supervisor of Community Health Programs (SCHP) is responsible and accountable to ensure this process takes place at each health centre by a regulated health professional such as a Nurse Practitioner (NP), Registered Nurse (RN) and/or a Licensed Practical Nurse (LPN).
2.2 Community health centres that order laboratory tests on a paper requisition, are required to maintain a verified manual specimen and result tracking process.

3. **PRINCIPLES:**
3.1 Laboratory specimen and result tracking is a very important aspect of patient safety. Every lab specimen collected from a patient must be subject to a process that ensures it arrived at the testing location and results were reported and reviewed by the most responsible provider (MRP).
3.2 This policy is not applicable to the Qikiqtani General Hospital, Kivalliq Health Centre in Rankin Inlet, and the Kitikmeot Regional Health Centre in Cambridge Bay because there is a regional laboratory on-site.

4. **DEFINITIONS:**

4.1 Most Responsible Provider (MRP) – The term refers to the physician, nurse practitioner, community health nurse, or other regulated healthcare professional, who has overall responsibility for directing and coordinating the care and management of a patient at a specific point in time.

4.2 Verified Manual Specimen and Result Tracking Process – A process that allows every specimen collected from a patient to be recorded, tracked and monitored to ensure that it was received by the testing laboratory and a result was received for clinical review by the MRP.

4.3 Blood Work Binder/Filing System – An organizational system used to store laboratory requisitions for specimens that have not been collected. Staff will commonly use this binder to reference when determining if/when patients should be contacted to have their specimen collected.

4.4 Outstanding Lab Specimen Binder/Filing System – An organizational system used to store laboratory requisitions after the specimen(s) are collected and remain there until all results for tests requested on the requisition have been received.

5. GUIDELINE:

5.1 To aid the implementation of a manual lab specimen and result tracking system, health centres are recommended to use the pre-approved procedure shown in Section 6 of this document. This procedure may be used without approval of the DAC.

5.2 It is recognized that community health centres may have existing procedures in place to track lab specimens and results. In these cases, the Supervisor of Community Health Programs (SCHP) must describe those procedures using the form contained in "Appendix A: Specimen/Result Tracking Process Template" of this document. The completed form must be submitted to the Chair of the Diagnostic Advisory Committee (DAC). The DAC will review the completed form for compliance with this policy or other applicable industry standards and will recommend approval, or changes to the proposed process, prior to submitting it to the Chief Nursing Officer for final approval.

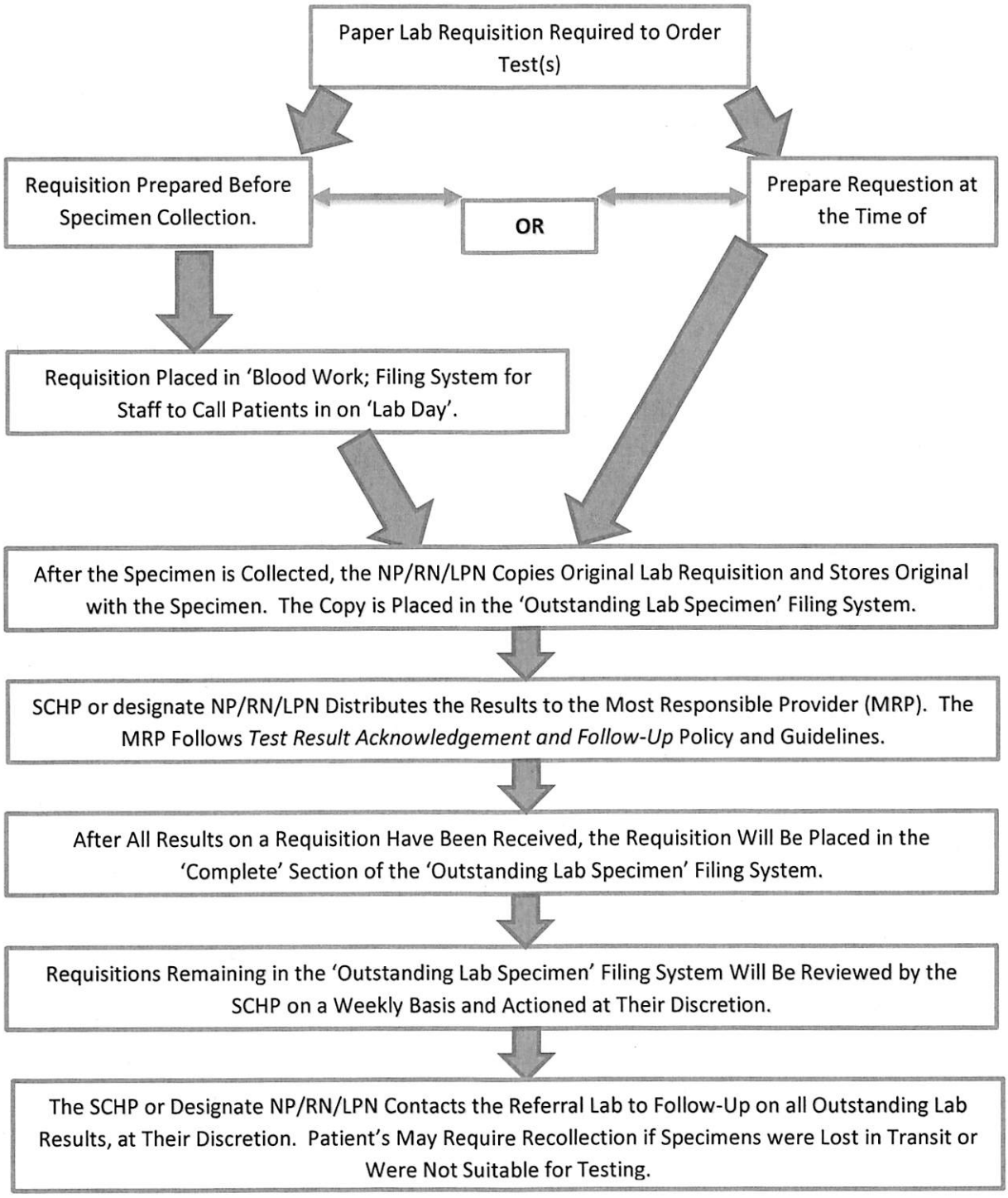
5.3 All health centres that do not submit a health centre specific manual lab specimen and result tracking procedure to DAC for approval, must implement the pre-approved procedure in Section 6 of this document.

6. **PRE-APPROVED PROCEDURE:**

ALL LAB SPECIMENS SENT USING A PAPER LAB REQUISITION FORM REQUIRE MANUAL SPECIMEN TRACKING

THIS PROCEDURE DOES NOT APPLY WHEN TESTS ARE ORDERED AND RESULTED IN MEDITECH

SPECIMEN/RESULT TRACKING PROCEDURE OVERVIEW



SPECIMEN/RESULT TRACKING DETAILED PROCEDURE

Step	Procedure		Rationale
1	**Option 1: Lab requisitions prepared prior to specimen collection.** Lab paper requisitions are placed in a 'Blood Work' binder/filing system for staff to call patients in on 'lab day'.	**Option 2: Lab requisitions prepared at time of specimen collection.**	**Option 1:** A current process already in place in many community health centres to ensure patients are reminded to come in for lab specimen collection.
2	Once specimen has been collected, NP/RN/LPN photocopy the original requisition, place it with the appropriately stored specimen and a copy in the 'Outstanding Lab Specimen' binder/filing system.		**NEW:** Outstanding Lab Specimen Binder. Allows for one location for all outstanding lab specimens sent with paper requisitions. **Important Note:** Only when a specimen is collected and prepared for send out is the photocopied lab requisition placed in the Outstanding Lab Specimen Binder. This prevents following up for lab specimens that were never collected.
3	When lab results are received at the Community Health Centre and date/time stamped, the SCHP or designate NP/RN/LPN matches the results with the photocopied lab requisitions in the 'Outstanding Lab Specimen' binder/filing system and crosses off each completed lab test. The requisition will REMAIN in the outstanding section of the binder until ALL tests on listed on the requisition are resulted.		Refer to CHN Administration Manual Policy/Guideline 08-005-00/01 Acknowledgement of Diagnostic Test Results. More than one report may be received on a specimen due to different test orders and/or preliminary verses completed lab reports.
4	All test results are sent to the SCHP or designate NP/RN/LPN for distribution to the most responsible provider (MRP) for follow up as required.		Refer to CHN Administration Manual Policy/Guideline 08-005-00/01 Acknowledgement of Diagnostic Test Results and Policy/Guideline 08-006-00/01 Follow up of Diagnostic Test Results
5	Once all lab results for that requisition have been received, the photocopied requisition may be moved to the 'Complete' section of the 'Outstanding Lab Specimen' binder/filing system.		Once all results are accounted for the photocopy is retained for one year.

6	Requisitions remaining in the 'Outstanding Lab Specimen" binder/filing system to be reviewed by the SCHP on a weekly basis and actioned at their discretion.	
7	The SCHP or designate NP/RN/LPN contacts the referral lab to follow up on all outstanding lab results, at their discretion.	The patient may require re-collection if specimens was lost in transit or was not suitable for testing.

7. Related Policies, Protocols and Legislation:

Policy 08-005-00 Acknowledgement of Diagnostic Test Results
Guideline 08-005-01 Guidelines for Acknowledging Diagnostic Tests
Policy 08-006-00 Follow up of Diagnostic Test Results
guideline 08-006-01 Guidelines for Follow up of Diagnostic Test Results
Transportation of Dangerous Goods Regulations
Procedure for Lab Sample Collection And Labelling

8. References:

World Health Organization (WHO) – *Laboratory Quality Standards and Their Implementation* (2011) https://www.who.int/medical_devices/publications/lab_quality_standards/en/

Accreditation Canada - *Biomedical Laboratory Services*. Section 25.4: Samples are traceable from collection into final processing, including handling, storage, use and disposal. Accreditation Canada. www.healthstandards.org In effect: January 1, 2019

Approved By:	Date: May 05, 2021
Jennifer Berry, Assistant Deputy Minister, Operations, Department of Health	
Approved By:	Date: May 1, 2021
Jenifer Bujold, a/Chief Nursing Officer	

APPENDIX A: SPECIMEN/RESULT TRACKING PROCESS TEMPLATE

Step	Procedure	Rationale
1		*Describe when lab requisitions are completed (i.e. at time of collection or after a patient visit but before they arrive for specimen collection).* *Are completed requisitions stored for future reference? If so, how and where are they stored and for what purpose?*
2		*After a lab requisition is completed and a specimen is collected, describe the process used to record that the required specimen(s) have been sent to a referral lab.*
3		**Refer to CHN Administration Manual Policy/Guideline 08-005-00/01 Acknowledgement of Diagnostic Test Results.** *Describe the process used to confirm the date/time that referred out lab test results were received and are recorded.* *Describe the process used to ensure that all individual tests requested on a lab requisition have been completed and results received.* *More than one report may be received on a specimen due to different test orders and/or preliminary verses completed lab reports. If not done so already, please describe the process used to address this issue.*

Step	Procedure	Rationale
4		**Refer to CHN Administration Manual Policy/Guideline 08-005-00/01 Acknowledgement of Diagnostic Test Results and Policy/Guideline 08-006-00/01 Follow up of Diagnostic Test Results** *Describe how test results are received at your health centre and how they are distributed to the MRP (most responsible provider).*
5		*Describe the process used to confirm that all requested tests on a requisition have had results returned to the health centre.* Note: Once all results are accounted for, a copy of the requisition should be retained for one year. **This allows for evidence to be available if the process is subject to an audit.**
6		*Describe the process of how outstanding lab results are flagged for follow-up and what is the frequency at which this is checked.*
7		*Describe the process used to follow-up on outstanding lab results.* *Describe what actions are taken if outstanding test results cannot be retrieved.*