Component I: **CORE**

Module 5:   **Clerical Duties**

Purpose: **To prepare the learner to perform the necessary clerical functions associated with phlebotomy.**

Suggested Time Frame: **2.5 hours**

Objective   **Upon the completion of this module, the learner will be able to:**

1. Understand the processes for obtaining patient related information.
2. Identify the computer skills needed for data entry.
3. Discuss the methods of information management.

Resources:

References:

McCall, R. and Tankersley, C. (1998) *Phlebotomy Essentials.* 2nd edition.   Lippincott Williams and Wilkins

Component I: <u>**CORE**</u>

Module 5: **Clerical Duties**

Topic 1: **Obtaining Patient-Related Information**

Purpose: **Familiarize the learner with patient demographics, patient reimbursement, and orders.**

Suggested Time Frame: **1 hour**

Objectives: **At the completion of this topic, the learner will be able to:**

1. Define key terms.
2. Discuss patient demographics and reimbursement for services.
3. Explain how to process a physician's orders for the patient.

Vocabulary:

Outpatient/Ambulatory	Beneficiary	PPO
Tertiary Care	Inpatient Services	DRGs
Rehabilitation	HMO	ABNs

References:

McCall, R. and Tankersley, C. (1998) *Phlebotomy Essentials.* 2nd edition. Lippincott Williams and Wilkins.

Module 5: Clerical Duties   **Topic 1: Obtaining Patient-Related Information**

Objectives and Content	Recommended Teaching Strategies & Evaluation

1. Define the key terms
    A. Review the terms listed in the vocabulary section
    B. Spell the listed terms accurately
    C. Pronounce the terms correctly
    D. Use the terms in their proper context
	Lecture

2. Discuss patient demographics and reimbursement for services.
    A. Where are the patients coming from?
        1. Outpatient/ambulatory (Primary Care Testing/Treatment originates with family MD)
        2. Secondary care
           a. Beyond Primary
           b. Recently considered Inpatient Services
        3. Inpatient facilities
           a. Tertiary care
              i. Complex services requiring overnight stays or longer
              ii. Major surgeries
           b. Specialty tertiary care
              i. Nursing homes
              ii. Intermediate and extended care facilities.
              iii. Rehabilitation center
    B. How is health care paid for?
        1. Methods of Payments
           a. DRGs (Diagnostic Related Groups)
              i. A system of disease classification for reimbursement.
              ii. Predetermined amount based on diagnosis.
           b. Fee for service - Single payment made for each service.
           c. Capitation - Provider's reimbursement is the same regardless of time and supplies.
           d. Medicare - Federally funded program funded by individuals through employment.
           e. Medicaid - Federal and State medical assistance for the indigent.
        2. Managed care (Prepaid health care plans)
           a. HMO - Health Maintenance Organizations
              i. Kaiser Permanente Hospitals
              ii. Pacific Care
           b. PPO - Preferred Provider Organizations
              i. Blue Cross
              ii. Blue Shield
	Lecture
	Group discussion regarding members' experiences

Objectives and Content	Recommended Teaching Strategies & Evaluation
3. Cash payments	

3. Explain how to process a physician's orders for the patient.
   A. Outpatients
      1. Schedule the patient's appointment if required for testing.
      2. Special specimen instructions to patient if required
      3. Orders
         a. Physician written order
            i. Patient's name
            ii. Test (s) name(s)
            iii. Diagnosis (medical necessity)
            iv. Clear and unambiguous
            v. Physician's signature
         b. Physician's verbal/phone orders
            i. Basic requirements are the same as physician's written orders.
            ii. All verbal orders must be followed by the physician's written orders.
            iii. Add on additional test(s) to existing order
         c. Self referred orders
            i. Under California law, patients are able to self-request some tests without an order from a physician.
            ii. Only "over-the-counter" tests: list of tests will increase in the future as new tests become available.
              • Glucose
              • Pregnancy
              • Hemocult
              • Cholesterol
      4. Billing information
         a. Method of payment
            i. Medicare
               • Medical necessity: applicable diagnosis required.
               • ABN's - Advanced Beneficiary Notice
               • Written signed orders required.
            ii. Other payors - will usually adopt Medicare guidelines.
	Lecture
	Group discussion regarding members' experiences
	Verbal/Phone Order Form - Appendix 5.1

Objectives and Content	Recommended Teaching Strategies & Evaluation

5. Paperwork needed to perform the draw (labels, order forms, etc.), which contain all or some of the following per lab policies.
    a. Patient's name
    b. Patient's unique identifier (medical record number)
    c. Ordering physician's name
    d. Type of test to be performed (legible order)
    e. Date that the test is to be performed
6. Special Test Requirements
    a. Some tests require specimens to be collected at specific times or under specific conditions to provide the optimal specimen and patient care.
    b. Priority
        i. Routine
            • Tests commonly ordered by the physician in the course of establishing a diagnosis or monitoring the patient's progress.
            • Specimen should be collected in a timely fashion, but there is not immediate urgency involved.
        ii. STAT
            • A highest priority for drawing and processing.
            • These tests should only be ordered on patients whose condition is or has become critical and test results are urgently needed to respond to the situation
            • This is the most often abused priority code.
        iii. ASAP
            • "As Soon As Possible"
            • This means the test results are needed soon for the physician to respond to a serious situation, but the patient's condition is not critical.
    c. Fasting
        i. Fasting times such as glucose,	

Objectives and Content	Recommended Teaching Strategies & Evaluation

cholesterol and triglycerides, require that the patient abstains from eating or drinking (except water) for approximately 12 hours to the time of the collection of the specimen.
    ii. NPO (nulla per os)
        • Means "nothing by mouth"
        • It differs from fasting in that the patient is not allowed food or water.
  d. Timed - these tests are requested to be collected at a particular time to monitor patient's status, response and progress for follow-up treatments.
  e. Age/Sex Specifics tests
    i. Male - PSA, Testosterone
    ii. Female - pregnancy, estrogen
    iii. Age specific - newborn bili.
  f. Positioning
    i. The position of a patient, both before and during venipuncture, influences blood composition.
    ii. For example: going from a lying down position to standing causes the water or plasma portion of the blood to filter into the tissues, resulting in a decrease in plasma volume and an increase in non-filterable elements or substances.
B. Inpatients
  1. Requirements are the same as for outpatients.
  2. Orders
    a. Entered into computers on the units to generate paperwork.
    b. Add-on extra test(s) to existing orders.
      i. Ordering process originates in units
      ii. Direct verbal orders from physicians and/or authorized personnel.	

Component I: <u>**CORE**</u>

Module 5:   **Clerical Duties**

Topic 2:   **Computer Skill for Data Entry**

Purpose: **To familiarize the learner with the computer skills needed for patient data entry.**

Suggested Time Frame: **1 hour**

Objectives: **At the completion of this topic, the learner will be able to:**

1. Define key terms.
2. Identify the physical computer types and parts.
3. Describe general computer skills needed for data entry.
4. Discuss how use of a computer relates to the laboratory.
5. Describe Laboratory information management systems.

Vocabulary:

Statistics	Ancillary Services	Network
RAM	Nodes	ROM
PC	CPU	Password
Mnemonics		

References:

McCall, R. and Tankersley, C. (1998) *Phlebotomy Essentials.* 2nd edition. Lippincott Williams and Wilkins.

Objectives and Content	Recommended Teaching Strategies/Evaluation

1. Define the key terms
    A. Review the terms listed in the vocabulary section.
    B. Spell the listed terms accurately.
    C. Pronounce the terms correctly.
    D. Use the terms in their proper context.
	Lecture

2. Identify the physical computer types and parts
    A. Types of computers
        1. Personal Computer (PC)
        2. Hand held
        3. Mainframe
        4. Supercomputers
    B. Elements of the computer
        1. Hardware
           a. Central Processing Unit (CPU)
           b. Peripherals
              i. Terminal: monitor and keyboard
             ii. Barcode Readers
              i. Scanners
             ii. Facsimile Machines
             iii. Printers
             iv. Modems
        2. Software
           a. Coded instructions required to control the hardware in data processing
           b. Two basic types of software
             i. System Software controls the normal operations of the computers. For example, the operating system used.
             ii. Applications are programs prepared by software companies.
                • Spreadsheets
                • Communication systems
                • Data Bases
                • Word Processing
                • Graphics
        3. Storage of Information
           a. Primary storage
              i. RAM (Random Access)- Temporary storage for data that will be lost when the computer is shut off.
             ii. ROM (Read Only Memory)- Storage installed by
	Lecture

Objectives and Content	Recommended Teaching Strategies/Evaluation

manufacturer to begin necessary operations requested by the user.
    b. Secondary Storage (outside the CPU)
        i. Is necessary because RAM is limited temporary storage.
        ii. Examples are:
            • Diskette
            • External Hard Drives
            • Magnetic Tapes
            • Cartridges
            • Compact Disks (CD)
C. Computer components
    1. All computers must have a means to input information, a way to process information, and a method to output information.
    2. Whether operating a small microcomputer or interacting with a supercomputer, the user will employ the three basic components of any system.
        a. Input
            i. Keyboard
            ii. Scanners that read barcodes
            iii. Light pens
        b. Central processing unit (CPU)
            i. Processes the information using mathematical and logical units (ALU).
               • Performs mathematical processes.
               • Makes decisions based on logical comparisons of input data.
        c. Memory
            i. Random access (RAM)
            ii. Read only (ROM)	

3. Describe general computer skills needed for data entry.
    A. General computer skills
        1. Logging on
            a. User name
            b. Password
        2. Cursor movement
            a. Flashing indicator on the screen.
            b. Indicates the starting point for input
        3. Entering and querying data
            a. Admit patients
            b. Request test orders
            c. Print labels
	Lecture

Objectives and Content	Recommended Teaching Strategies/Evaluation

d. Enter results
       e. Inquire about results
  4. Correcting errors
  5. Orders
       a. Verifying
       b. Inquiry
       c. Deleting	

4. Discuss how the use of a computer relates to the laboratory.
  A. Networks
     1. A group of microcomputers that are all linked for the purpose of sharing resources.
     2. Individual stations are called nodes.
     3. Allows computers to have access to each other's information or to a large database of information at a remote site through a special node called a server.
     4. Networking can be simple interoffice connections or complex systems between several different cities or across continents. An example is the Internet.
     5. Benefits of networking in a healthcare environment.
        a. Efficiency
        b. Reduce cost
        c. Speed up processing
        d. Increased productivity
           i. Example: a medical complex can purchase a word processing program for their network system and all of the different users can have access to it.
          ii. Information can be distributed to any number of users immediately, saving time and the expense of duplicating.
  B. Computers and the laboratory
     1. Systems have been designed that will manage patient data and interface with automated analyzers and the main hospital information systems.
     2. Patient demographics can be accumulated in a central database and shared with ancillary services, thus facilitating diagnosis and contributing to quality care of the patient.
     3. File results efficiently, accumulate statistics to determine workload, generate report forms, and monitor quality assurance.
	Lecture

Objectives and Content	Recommended Teaching Strategies/Evaluation

5. Describe Laboratory Information Management Systems (LIMS)
    A. Tech code and password
        1. Users are issued a user name and password that identifies them.
            a. Associate the proper phlebotomist with each draw.
            b. Associate the person who processed the receiving information with the blood sample.
        2. Passwords should be kept strictly confidential for the protection of the worker as well as the patients.
        3. Passwords are used to determine what system functions can be accessed.
    B. Mnemonics (memory-aiding) codes are often in the form of abbreviations.
        1. LIMS uses mnemonics to request the appropriate program or function necessary to enter or query data. The examples below use Mysis mnemonics but it is basically the same procedure for any of the LIMS systems (Cerner, CHC, etc.)
            a. RE (Requisition Entry)
                i. Mnemonic allows users to enter requisitions for tests in computer.
                ii. Each requested order and accession number is generated by LIMS, which will be linked to a specimen as long as it is in the laboratory.
            b. CLV (Collections List Verify) - After the collection has been accomplished, the phlebotomist returns to the lab and verifies the collection through this function.
            c. CLR (Collection Labels and Reports) - Create labels and collection lists for the phlebotomists to use in collecting the appropriate samples.
        2. Mnemonic codes are used in identifying tube types when a label is generated. Examples:
            a. 5 mL LAV
            b. 5 mL PST
             c. 10 mL RED
         3. Mnemonic codes are also used in identifying tests. Examples:
            a. K (potassium)
            b. GLU (Glucose)
            c. CBC (complete Blood Count)
	Lecture

Objectives and Content	Recommended Teaching Strategies/Evaluation
d. BMP (Basic Metabolic Panel)	

Component I: **CORE**

Module 5:   **Clerical Duties**

Topic 3.   **Information Management**

Purpose: **To introduce the learner to laboratory information management.**

Suggested Time Frame: **30 minutes**

Objectives: **As the completion of this topic, the learner will be able to:**

1. Define key terms.
2. State common organization systems utilized to manage patient data.
3. Identify tools and techniques of recording, tracking, and making changes through quality assurance (QA) data.
4. Discuss the methods of releasing laboratory results.

Vocabulary:

Patient Feedback   Incompetent

References:

McCall, R. and Tankersley, C. (1998) *Phlebotomy Essentials.* 2nd edition.   Lippincott Williams and Wilkins.

Objectives and Content	Recommended Teaching Strategies/Evaluation

1. Define the key terms
  A. Review the terms listed in the vocabulary section.
  B. Spell the listed terms accurately.
  C. Pronounce the terms correctly.
  D. Use the terms in their proper context.
	Lecture

2. State common organization systems used to manage patient data.
  A. Computer systems
  B. Patient evaluation of services forms
    1. Get patient feedback
    2. Identify processes that need improvement
    3. Feeds into QA processes
  C. Patient medical records
    1. Identifies patient with unique number
    2. Track patient's history
	Lecture

3. Identify tools and techniques of recording, tracking, and making changes through quality assurance (QA) data.
  A. Continuous quality improvement (CQI/TQM)
    1. Analyze processes
    2. Discover source of system flaws
    3. Make improvements to fix the processes
  B. Total quality management (TQM) - Themes
  C. Definition of quality assurance
    1. Indicators
    2. Establishing thresholds and evaluating data
    3. Outcome measurement
	Lecture

4. Discuss the methods of releasing laboratory results.
  A. Recipient of information
    1. Ordering physician
    2. Patient
    3. Other authorized persons
      a. Legal representative - patient is a minor or incompetent
      b. Spouse or person financially responsible
      c. Beneficiary or person representing deceased patient.
      d. Non-ordering physicians
  B. Methods
    1. Computer printouts
      a. Chart copies
      b. Ordering physician copies
      c. Copies to be faxed
	Lecture

Objectives and Content	Recommended Teaching Strategies/Evaluation
d. Screen to review and give verbal results. 2. Electronic charting	

HOAG MEMORIAL HOSPITAL PRESBYTERIAN
Department of Anatomic and Clinical Pathology

VERBAL/PHONE ORDER FORM

[ ]   New Request* [ ]   Add-On Test [ ]   Incomplete Orders

[ ]   Call Results: (   ) _____   [ ]   Fax Results: (   ) _____

Pt. Name and MR # _____

L # or Acc.#/ and Date of Service: _____

Test(s) Requested: _____

_____

_____

Special Requests: _____

[ ]   STAT   _____

Diagnosis (MANDATORY): _____

_____

Requesting Provider: _____

I certify that I have requested the above listed tests

_____
Requesting Provider Signature   DATE
- -
Laboratory Use Only

Date/Time of Call: _____

Order Received from: _____

Order Taken By: _____

Written Authorization Request #1: _____

Written Authorization Request #2: _____

Written Authorization Request #3: _____

Date Written Authorization Received: _____

*All New Requests must be accompanied by a completed requisition form   Appendix 5.1