



QUALITY UPDATE

A monthly publication providing information and updates to CompuNet Clients.

Mission: Improve the Health of Our Community through Excellence in Medical Laboratory Services

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In this Issue

Ed Doucette Retirement 1

Collection Tubes for Coagulation Testing 2

Standing Orders Update 2

Patient Service Center Listings 3

Care360 Physician Portal Changes 4

CompuNet CEO Announces Retirement



Ed Doucette, CompuNet Clinical Laboratories' Chief Executive Officer, recently advised the CompuNet Board of Directors of his plans to retire on July 2.

As a 25-year veteran in the laboratory industry, Ed joined CompuNet in 1998 after having served as Vice President and General Manager with Dynacare Laboratory of Pathology in Seattle. Prior to Dynacare, Ed spent nine years as General Manager for SmithKline Beecham Clinical Laboratories in Minneapolis.

"During his tenure at CompuNet, Ed led our team through a growth period that included expansion of our test menu and facilities, growth of the technical and logistical workforce, and achieving many strategic growth goals, while enhancing process improvement, Six Sigma and Lean practices", said Paul Labbe, Vice-President, Operations. "We wish Ed and Peggy well in their retirement, as they travel and visit with their family around the country!"

Ed's community contributions while CEO have been numerous. He has served on the American Heart Association Board of Trustees since 2003 and is a past Chair for the Heart Gala. Ed has also served on the Junior Achievement Board and has been a committed supporter of the Juvenile Diabetes Research Foundation, United Way, and CityFolk campaigns. He plans to continue his community involvement through volunteer activities after retirement.

Ed admits to having mixed feelings about calling it a career and has enjoyed getting to know the Dayton area and many of CompuNet's loyal clients. "It has been my privilege to lead an outstanding group of employees and I'm deeply indebted to our Executive Team, our Managers, and Team Leaders for their commitment to achieving our vision to improve the health of our community through excellence in medical laboratory services," says Ed Doucette. "And, when I think of people I will miss, my friends and colleagues at Valley Pathologists are high on the list. Their active involvement has been a key ingredient in CompuNet's success."

Ed's retirement "to-do" list so far includes trips to Alaska, China, and Tibet this year and preparing for a cross country bike ride next year. He also looks forward to his daughter's June graduation, having more time to enjoy reading, spending time with family, and attending theatre programs.

At the time of publication, Ed's successor has not been named, however an announcement is expected soon.

Change to Plastic Capped Blue Top Tubes for Coagulation Testing

By Rhonda Thomas – Special Coagulation Team Leader

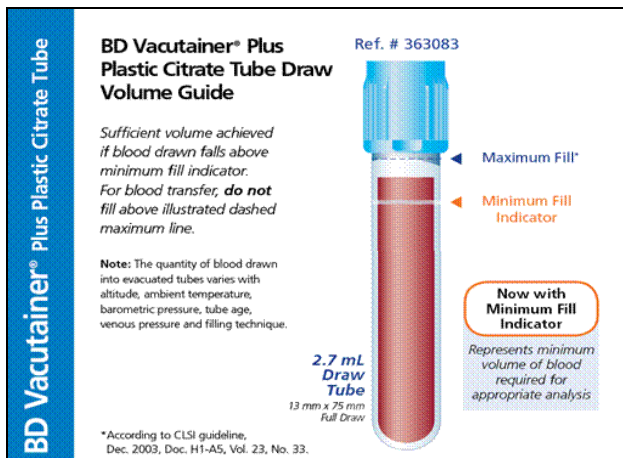
Effective June 1, 2009 CompuNet will be replacing 4.5 mL BD light blue rubber capped glass tubes for coagulation testing in all our patient service centers and physician offices with 2.7 mL BD Vacutainer® plastic capped blue top tubes.

These tubes offer the advantages of smaller specimen volume from patients and the safety of plastic versus glass in both collection and transport. The new plastic tubes also have an etched-on-tube fill line to provide a visual tool for full draw verification.

The smaller volume of patient sample will require that the tubes be gently inverted at least 7 times following venipuncture. The use of butterfly needles for collection *can not be used* as the vacuum is not sufficient to fill both the tubing from the needle and the required fill volume of sample for testing.

The current requirement of 1 blue top tube for Protime testing will remain the same; however, the number of blue top tubes for special coagulation testing will require an increased number. For every 4.5 mL glass blue top tube, the number of plastic tubes collected must be 1½ additional. For example: 3 tubes of current 4.5 mL tubes would now be 5 plastic tubes.

The next version of the Directory of Services, due for publication January 2010, will have the updated number of plastic tubes required for test (s) selected as well as the glass blue top tubes. If you have any questions, in the meantime, feel free to contact our Special Coagulation department at 937-297-8290.



Standing Order Update

By Renee Meade, Standing Order Coordinator

A standing order is a test request for a specific patient requiring regular repetitive testing to monitor a condition or disease. The testing is collected on a regular basis for a specific period of time. Since CompuNet Clinical Laboratories will perform testing multiple times from a single test order, standing orders require specific information from the client.

There are 7 components to a valid standing order. Each standing order must contain the following information:

1. **Patient's Name**
2. **Specific Test Order** - If a non specific test order has been ordered, a call to the physician for test clarification is required.
3. **The start date** - Date specified on the order or the date the patient first comes to PSC. A call to the physician's office is required if the start date is unclear.
4. **The date testing should end** - The end date specified on the order. Standing orders are valid for 6 months. The end date cannot be a date longer than 6 months from start date. If a date longer than 6 months has been given or there is no end date, a call to the physician's office is required.
5. **Test Frequency** - Standing orders can be ordered as daily, weekly or monthly. "PRN", "as needed" and "indefinitely" are not acceptable frequencies. If not specified correctly on the original order, a call to the physician's office is required to obtain a specific frequency.
6. **Diagnosis codes** - If a valid numeric diagnosis is not supplied a call to the physician is necessary.
7. **Provider's signature** - Stamped signature or electronic signatures are acceptable. Signatures by anyone other than the ordering provider are not accepted.

Standing orders cannot be taken verbally. A written order with the above information is required.

When a physician requires a test collected before the specified due date, (an out of frequency draw), a call to the physicians' office is required for a one time order to cover this collection. The patient can only be collected at the frequency stated on the standing order.

As services expand, traditional standing orders do not apply in all situations. In the case of a physicians' office using an EMR (electronic medical record), including EPIC™ EMR, the physician will need to supply an order for each patient collection. EMRs do not allow for multiple collections on one order (standing order). Order options available are: faxing orders, the patient presenting an order at each visit, or physicians may place a PSC HOLD order into Care360 Physician Portal for each patient visit.

For more information please contact you marketing representative or the standing order office at 297-8305.

CompuNet Patient Service Centers

Insert PSC file



Care360 Physician Portal Changes

By Gina Weimer – Systems Support

As most of you are aware by now, on May 2, 2009, Care360 Physician Portal went through some exciting changes. All of the features you are accustomed to are still there, but it now has a more user-friendly look and feel. Along with the new look here are some additional enhancements you might not be aware of:

- **Self-service password reset** – If you forget your password, you can now reset it from the login screen.
- **Advisory Message Report** – The Advisory Message Report will allow you to retrieve your TNP (Test Not Performed) and TIQ (Tests In Question) reports at anytime and for any date range you like. From the “Lab Orders” tab select More>Advisory Messages.

The screenshot displays the Care360 Physician Portal interface. At the top, there is a navigation bar with the Care360 logo and a user profile for 'Dayton Test 5955'. Below this is a secondary navigation bar with tabs for 'Message Center', 'Patient', 'Lab Orders', and 'Reports'. The 'Lab Orders' tab is active. A breadcrumb trail reads 'Find Results > Tasks > Quick View > Lab Orders'. A 'More' dropdown menu is open, showing options for 'Dictionary Search', 'Advisory Messages', and 'Client Supplies'. The main content area is titled 'Advisory Message' and contains a search form with fields for 'Client(s)', 'Start (mm/dd/yyyy)', and 'End (mm/dd/yyyy)'. A 'Search' button is located below these fields. To the right of the search form is a 'Sort By' dropdown menu with options for 'Requisition Number', 'Patient Name', and 'Accession Number'. Below the search form, there is a 'Summary' and 'Detail' tab, with 'Detail' selected. A table with columns 'Requisition', 'Accession', 'Collection Date', and 'Name' is visible at the bottom of the screen.

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