

Hello!



Lessons Learned: It's not just about COVID-19!

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About Regions Hospital and Laboratories

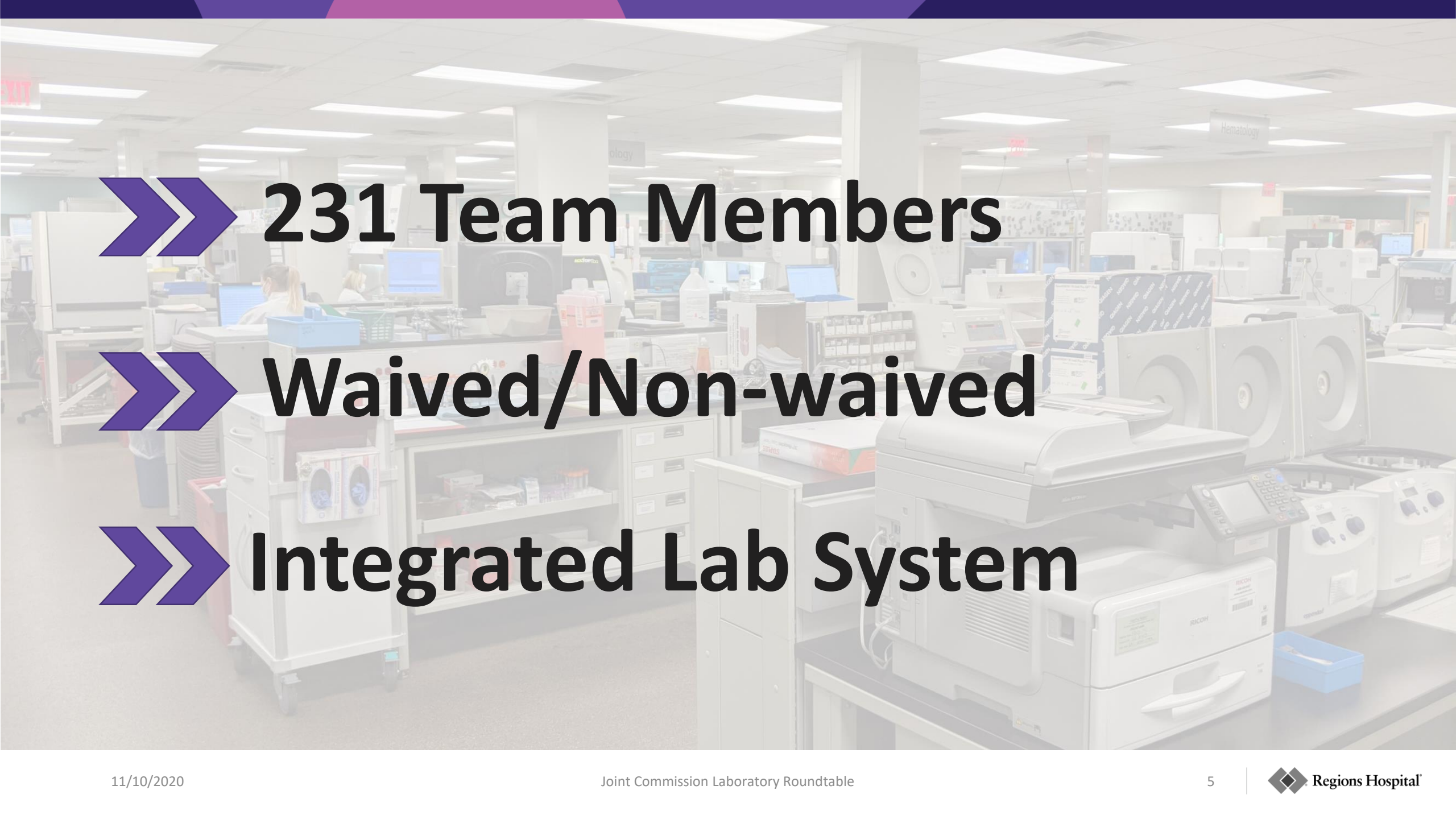


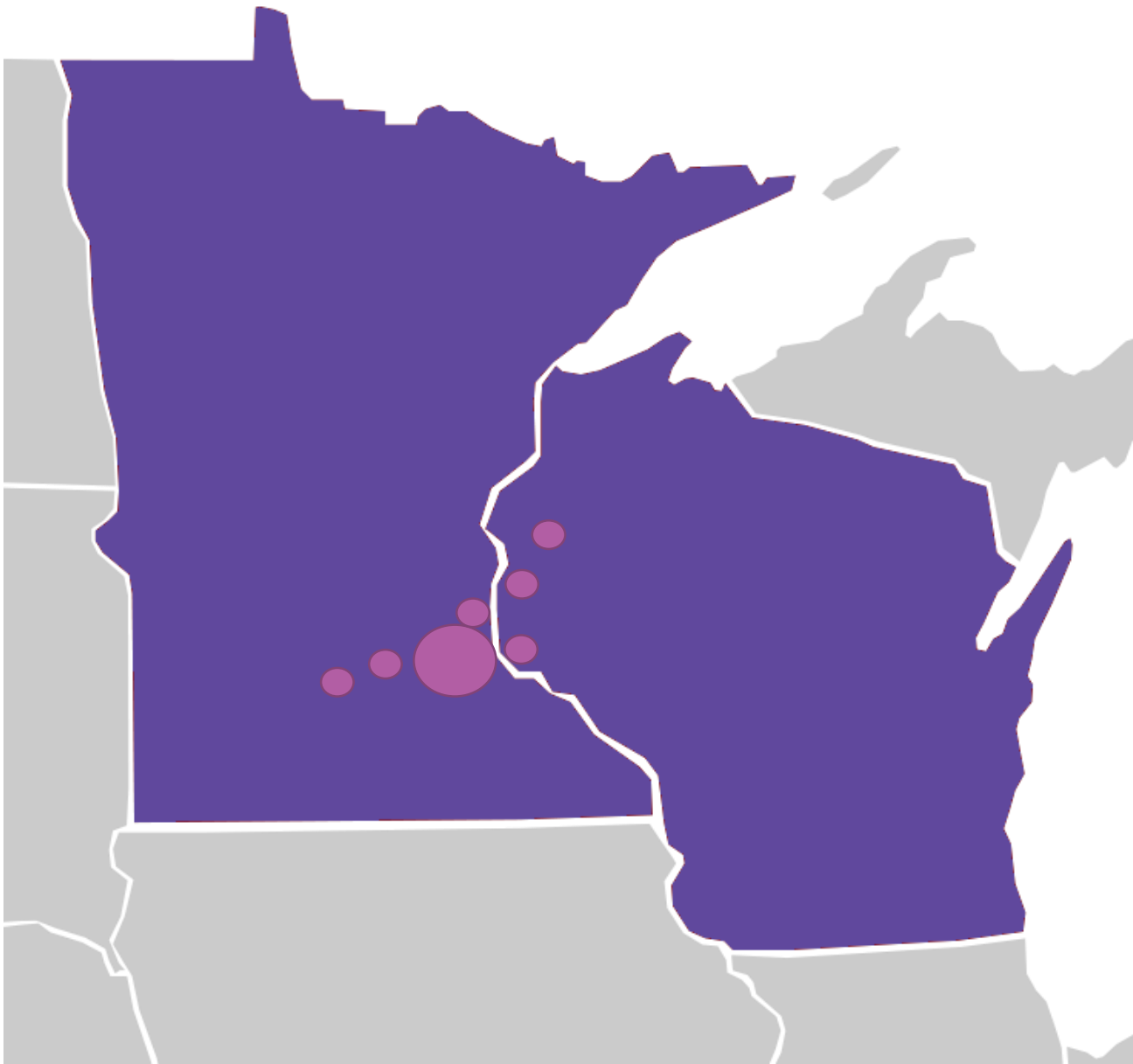


➤➤ **Level I Trauma Center**

➤➤ **509 Beds**

➤➤ **HealthPartners Family**

- 
- **231 Team Members**
 - **Waived/Non-waived**
 - **Integrated Lab System**



- **90 Hospitals and Clinics**
- **One System Micro Lab**
- **Two System AP Labs**

COVID-19 and Continual Compliance

Surge Plan Example



Regions Lab Surge Plan

Surge Plan Definition: Planning to provide adequate patient services and care during events that exceed the limits of our normal level of staffing and service.

MDH Surge Plan Tier Definitions	Surge Plan Categories/Sections
<p><u>Tier 1 (Conventional)</u> Usual resources and level of care provided</p>	<ul style="list-style-type: none">➤ Staffing➤ Standard of Care➤ Supplies➤ Space
<p><u>Tier 2 (Contingency)</u> Provision of functionally equivalent care that may incur a small risk to patients. Care provided is adapted from usual practices (boarding CC patients in PACU, using less traditional but appropriate resources).</p>	
<p><u>Tier 3 (Crisis)</u> Disaster strategies used when demand forces choices that pose a significant risk to patients but is the best that can be offered under the circumstances (cot-based care, severe staffing restrictions, or restrictions on use of certain medications or resources)</p>	

Regions Lab Surge Plan Triggers

Trigger Definition: The event or action that will signal us to move to the next tier in our surge plan.

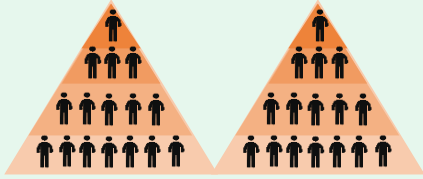
Laboratory Covid-19 Trigger Overview		
Tier 1	Tier 2	Tier 3
<p>At full staffing, maximizing scheduled resources to meet all Service Level Agreements:</p> <ul style="list-style-type: none"> • Morning Draw completed at 0800 • Result TAT met • Morgue a normal capacity • Blood Bank standard inventory 	<p>Morning draw exceeds the number of LSTs/Techs scheduled, or there is a significant delay in meeting TAT expectations:</p> <ul style="list-style-type: none"> • Additional staff moved from other sections to support Client Services. • Reduce hours in Outpatient Blood Draw (OPD) and other areas • Batch testing, as needed. • Reduced workload in AP • Morgue shelves built and overflow plan activated • Blood Bank at reduced inventory (2-3 days on hand with resupply issues) 	<p>Inability to maintain all routine services; services suspended to meet COVID-19 patient demands.</p> <ul style="list-style-type: none"> • All staff who can perform phlebotomy moved to Client Services • OPD closed • Some Micro/Manual testing suspended • AP staff available for support tasks • Morgue contingency overflow activated • Blood products issued based on the Crisis Standards of Care (<2 days on hand with no ability to resupply)

Staff

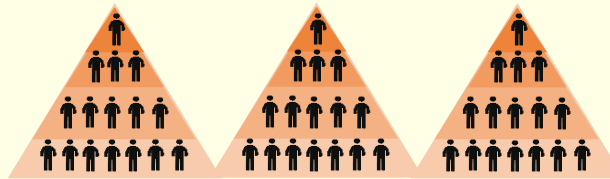


Photo Credit: **Avi Nahum, MD**
[COVID-19 inspires doctor's photo project at Regions Hospital](#)

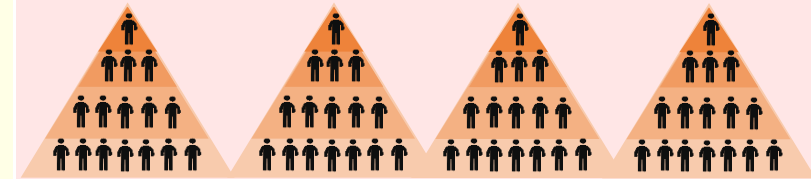
ICU/ER
Beds



ICU: 0-60 beds
ED: 0-54 beds



ICU: 61-118 beds
ED: 0-54 beds



ICU: 119-134 (Max 441) beds
ED: 55-95 beds/Recliners

Lab
Staffing

Tier 1 Model – Normal Weekday Staffing

Client Services/Core/Micro

- Day Shift – 36 Techs, 23 LSTs, 2 LST/Tech
- Evening Shift – 16 Techs, 7LSTs, 8 Tech/LST
- Night Shift – 8 Techs, 7LSTs

AP (Cyto/Histo/Gross/Admin)

- 29 bench staff

Current (Low Vol) Weekday Staffing

Client Services/Core/Micro

- Day Shift – 28 Techs, 17LSTs
- Evening Shift – 9 Techs, 6 LSTs
- Night Shift – 4 Techs, 4 LSTs

AP (Cyto/Histo/Gross/Admin)

- All current Service Level Agreements met
- May have increased isolated TAT at higher volumes

Tier 2 Model

- Reduce staff in OPD from 5 to 1
- Divide LSTs into two groups:
Non-COVID-19: 3 LSTs for C5/C6, C9 and BH/Gillette/Capital View
COVID-19: 7 LSTs, 6 Techs – 1 LST and 1 Tech for each tower floor, 1 LST to cover SDEX, Pre-op, STCU and OPCU
- Additional LSTs for ED and other non-tower locations.
- Core – 3 staff to cover tower (see above)
- Micro – 3 staff to cover CS benches
- Will call in staff to staff up, if needed.
- TS and Leads moved to cover bench
- Nursing pool trained on iSTAT

- Some tests may be batched (Micro, Core) based on need/volumes
- Testing panels for COVID-19 patients may increase volume of some automated tests
- TAT increased for other routine testing

Tier 3 Model

- Close the OPD
- All Core and Micro Leads/TS working benches
- 3 Evening staff moved to CS
- 3 additional Core staff moved to CS
- 3 Micro staff moved to CS to relieve desk
- Can train Core staff and nurses for draws JIT as needed
- Coordinate with ED to support (2 LST on day and evening shifts and as needed on nights)
- POCT staff to provide JIT training as needed

- Micro – Suspend/send out Mycology, AFB culture reading. Continue AFB smears for respiratory TB orders. Monitor blood cultures, reduce incubation to 4 days with Med. Dir. and IP approval.
- Core – Suspend Toxicology, TB Gold, Special coagulation, flow cytometry at direction of Med. Dir.
- Non-urgent AP procedures suspended
- TAT further increased for routine testing

Scope of
Service

Laboratory Leadership Scheduling

Tier 1

Normal Leadership Team Day Shift Staffing:

- 1 Director
- 3 Managers
- 5 Supervisors
- 13 Technical Specialists
- 1 Lead PA
- 5 Leads (Micro)
- 1 Pathology Support Coordinator

One charge tech for Core and Micro assigned daily for each shift

Tier 2

In addition to the charge techs and supervisor on call, a manager will be available for call on weekends.

Tier 3

In addition to Tier 2 support, a manager and Supervisor will be on staff for day and evening shift, 7 Days/Week.

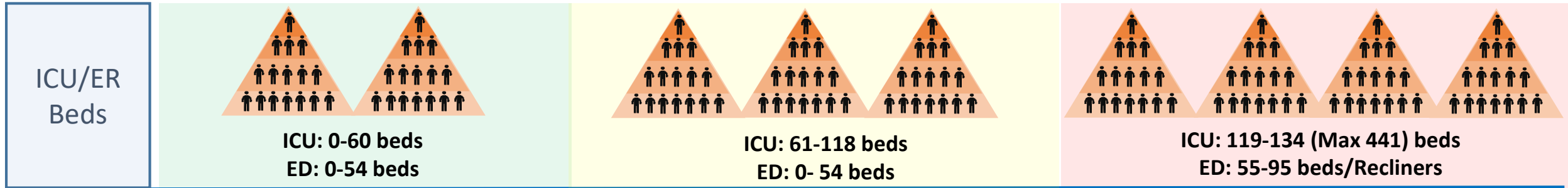
TASK TRACKER

[Return to Dashboard](#)

TASK TITLE	STATUS	PRIORITY	OWNER	PERCENTAGE OF TASK COMPLETE	COMMENTS
Identify HR considerations associated with changing staff duties	<input checked="" type="checkbox"/>	Tier 2 Contingency	SS	75%	Create a list of practices- switching staff hours from 8 to 12 hour shifts, staffing bonus, overtime approval, staff working outside
Establish staff list of core competencies, special skills and contact in	<input type="checkbox"/>	Tier 1 Conventional	BA,KE,LPS	75%	Need to update phone numbers for CS and AP, also need to add Micro
Identify critical staff positions/roles to maintain required services, pg. 17 BCP as a starting point	<input type="checkbox"/>	Tier 2 Contingency	BA,RN,KE	75%	Define Position/Role, What duties need to be trained, Who can be trained, Abbreviated trainers, checklists, procedures. LST role, Blood Bank, Sendouts, Culture desk
Establish leadership list for essential duties for lab oversight	<input type="checkbox"/>	Tier 1 Conventional	LP	90%	Start with Meeting list, add duties, roles and coverage, assign three deep. Need emphasis on CLIA Oversight
Create tasks lists for staff to do when low test volumes	<input checked="" type="checkbox"/>	Tier 1 Conventional	Sups	75%	Create list of tasks for low test volumes, prioritize example: AP Task Tracker
Inventory QSA activities	<input type="checkbox"/>	Tier 3 Crisis	TS's	75%	Classify activities (eg temporarily suspended, decrease freq, done as exception, no longer needed) Use for task reassignments and/or id ones needing policy exceptions
Identify staff willing to work in the hospital labor pool or reassigned	<input checked="" type="checkbox"/>	Tier 2 Contingency	Sups	100%	Labor Pool List
Develop JIT Training materials for iSTAT	<input checked="" type="checkbox"/>	Tier 2 Contingency	RN	75%	
Develop JIT Training materials for CS duties	<input checked="" type="checkbox"/>	Tier 2 Contingency	BA	75%	
Train lab staff on iSTAT	<input checked="" type="checkbox"/>	Tier 2 Contingency	BA	75%	
Train nursing staff on iSTAT	<input type="checkbox"/>	Tier 3 Crisis		100%	Plan is in place if needed
Train lab staff on phleb, EKG and other CS duties.	<input type="checkbox"/>	Tier 2 Contingency		100%	Plan is in place if needed
Train nursing on phleb, EKG and other CS duties	<input type="checkbox"/>	Tier 3 Crisis		100%	Plan is in place if needed
Determine what benches can be combined	<input checked="" type="checkbox"/>	Tier 2 Contingency	Sups	100%	
Review and Updated Call Out Roster	<input checked="" type="checkbox"/>	Tier 1 Conventional	ALL	100%	



Standard of Care



<p>Lab Staffing</p>	<p>Tier 1 Model – Normal Weekday Staffing Client Services/Core/Micro</p> <ul style="list-style-type: none"> Day Shift – 36 Techs, 23 LSTs, 2 LST/Tech Evening Shift – 16 Techs, 7LSTs, 8 Tech/LST Night Shift – 8 Techs, 7LSTs <p>AP (Cyto/Histo/Gross/Admin)</p> <ul style="list-style-type: none"> 29 bench staff <p>Current (Low Vol) Weekday Staffing Client Services/Core/Micro</p> <ul style="list-style-type: none"> Day Shift – 28 Techs, 17LSTs Evening Shift – 9 Techs, 6 LSTs Night Shift – 4 Techs, 4 LSTs <p>AP (Cyto/Histo/Gross/Admin)</p> <ul style="list-style-type: none"> 15 bench staff 	<p>Tier 2 Model</p> <ul style="list-style-type: none"> Reduce staff in OPD from 5 to 1 Divide LSTs into two groups: <p><u>Non-COVID-19</u>: 3 LSTs for C5/C6, C9 and BH/Gillette/Capital View</p> <p><u>COVID-19</u>: 7 LSTs, 6 Techs – 1 LST and 1 Tech for each tower floor, 1 LST to cover SDEX, Pre-op, STCU and OPCU</p> <ul style="list-style-type: none"> Additional LSTs for ED and other non-tower locations. Core – 3 staff to cover tower (see above) Micro – 3 staff to cover CS benches Will call in staff to staff up, if needed. TS and Leads moved to cover bench Nursing pool trained on iSTAT 	<p>Tier 3 Model</p> <ul style="list-style-type: none"> Close the OPD All Core and Micro Leads/TS working benches 3 Evening staff moved to CS 3 additional Core staff moved to CS 3 Micro staff moved to CS to relieve desk Can train Core staff and nurses for draws JIT as needed Coordinate with ED to support (2 LST on day and evening shifts and as needed on nights) POCT staff to provide JIT training as needed
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<p>Scope of Service</p>	<ul style="list-style-type: none"> All current Service Level Agreements met May have increased isolated TAT at higher volumes 	<ul style="list-style-type: none"> Some tests may be batched (Micro, Core) based on need/volumes Testing panels for COVID-19 patients may increase volume of some automated tests TAT increased for other routine testing 	<ul style="list-style-type: none"> Micro – Suspend/send out Mycology, AFB culture reading. Continue AFB smears for respiratory TB orders. Monitor blood cultures, reduce incubation to 4 days with Med. Dir. and IP approval. Core – Suspend Toxicology, TB Gold, Special coagulation, flow cytometry at direction of Med. Dir. Non-urgent AP procedures suspended TAT further increased for routine testing
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	HISTOLOGY/ GROSS ROOM	CYTOLOGY	PATHOLOGY ADMINISTRATOR
Triggers	Normal weekday staffing, throughput and TAT		
Triggers	Reduced OR/Radiology schedules. Reduction of visits in clinics/specialty centers/other ambulatory locations		AP caseload Reaches Tier 2
Staffing: Unscheduled staff are available for support roles in other areas of the lab or labor pool.	<ul style="list-style-type: none"> Reduce Gross room to 2 PAs Reduce Histology staffing: <ul style="list-style-type: none"> Days – 3 HTs Evenings – 1 HT Nights – 2 HTs 	<ul style="list-style-type: none"> Reduce Cytotechs to 2 Reduce prep staff to 1.5 	Staffing based on volume, outside requests.
Scope of Service	<ul style="list-style-type: none"> Coordination with OR for COVID19 protocol on gross consults, frozen sections. Processors batched based on volume 	More coordination required for scheduling of ROSE with reduced staff	Unaffected
Triggers	OR conversion to COVID rooms: <ul style="list-style-type: none"> Only emergent (non-scheduled surgeries) surgical case performed Significantly reduced caseload to Histology. 	Radiology restricts procedures to critical cases only	AP caseload Reaches Tier 3
Staffing See Tier 2 note	<ul style="list-style-type: none"> Reduce PA to 1 Reduce Histo Staff to 2-3 Suspend 24 hr services in Histology (reducing service hours) 	<ul style="list-style-type: none"> Reduce Cytotechs to 1-2 based on radiology schedule Reduce processing staff to 1 	Reduce path admin staff to 1-2 based on pathologists' schedule.
Scope of Service	Prioritizing Critical Services: <ul style="list-style-type: none"> Surgical case with time constraints (lymphoma, breast, esophagus, gastric) Ancillary biopsies with time restraints (breast, upper GI biopsies) Critical frozen that could alter surgeries (including r/o ectopic cases) Reduce processor run schedule to 1/day Batching of IHC stain requests TAT decreased for non-complex case. 	Prioritizing Critical Services: <ul style="list-style-type: none"> Batch Pap processing based on volume Pap test TAT is increased Limited ROSE/collect and send process implemented. Staffing: <ul style="list-style-type: none"> CT may process in absence of prep staff 	Request for materials (consult/second opinion) may be delayed



myPartner / Laboratory

Add page to My Links

Laboratory

Company: All | Location: All | Union: All union & non-union colleagues

Our employees include Pathologists, Pathologist Assistants, Medical Laboratory Scientists, Medical Laboratory Technicians, Histologists, Cytotechnologists, Lab Assistants, Phlebotomists, Specimen Processors, Client Service Representatives, Administrative Assistants, and Couriers.

Refer to the [Laboratory Test Catalog](#) for test details, including specimen collection requirements, specimen transport, testing information, and turn around times.

Our subsites

HPMG Central Lab and Clinics

Methodist Hospital Locations

Hospital Priority Card Workflow

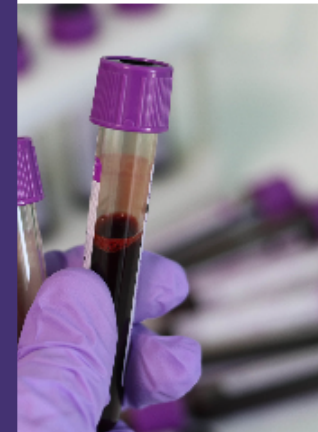
In Clinic Priority Card Workflow

Drive Up Priority Card Workflow

COVID-19 Specimen Collection Guide

COVID-19 Lab Testing Processes

COVID-19 Specimen Rejection Criteria



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Medical Links +

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HSV



SARS-COV-2



CT/NG

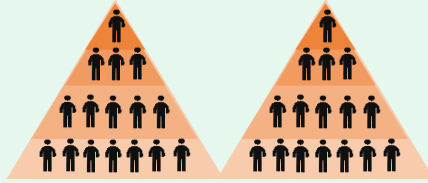


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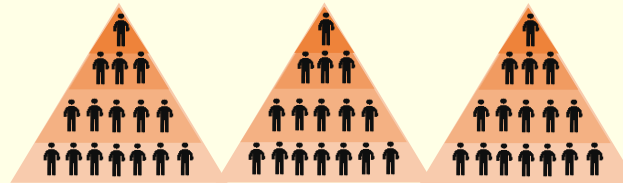


Supplies

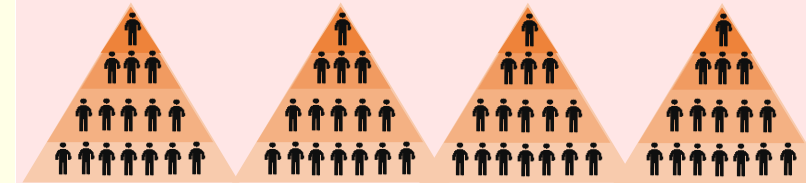
ICU/ER Beds



ICU: 0-60 beds
ED: 0-54 beds



ICU: 61-118 beds
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ICU: 119-134 (Max 441) beds
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Supplies

- Supplies monitored in intervals determined by testing bench and available storage.
- 29 Phlebotomy Carts
- EKG machines on all units
- iSTATS available on all units

- Increase inventory with testing volume
- Increase frequency of inventory monitoring
- Engage supply chain on pending orders
- Order additional inventory for tests identified as higher volume due to COVID19: iStat, BG, CRP, Ferritin, LDH, Trop, BNP, Procalc, D-Dimer, CBC...
- Vendors providing weekly updates on supply usage and inventory status.
- Determine alternate supplies, if needed
- Blood Supply Shortage – reference crisis standards of care documents
- 5 additional iSTATS available for floors, if needed

- Review test menu and reduce testing as needed and approved by medical director to conserve reagents.
- Add 1 iSTAT and 2 Accuchecks to ED
- Blood Supply Shortage – reference crisis standards of care documents

Space

- Space utilized as currently allocated

- Micro-Monitor hood space and watch for bottleneck of work
- Cytology hood available, if needed
- Storage available in AP locations

- Micro-Move culture desk to a different hood in order for GeneXpert to have a dedicated hood or move the GeneXpert to the counter by Molecular hood.
- May be able to offer OPD and other lab spaces for use by other departments, if needed.

DATE	1-Jun	2-Jun	3-Jun	4-Jun	5-Jun	6-Jun	7-Jun	8-Jun	9-Jun	10-Jun	11-Jun	12-Jun	13-Jun	14-Jun	15-Jun	16-Jun	17-Jun	18-Jun	19-Jun	20-Jun	21-Jun	22-Jun	23-Jun	24-Jun	25-Jun	26-Jun	27-Jun
ALL ENTERPRISE TESTS ON HAND																											
Capacity	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315	2315
Previous Day Tests Performed	470	981	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Tests on Hand	34628	33141	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Days on Hand	15	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RAPID TESTS ON HAND - MH/RH																											
Capacity	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150
Previous Day Tests Performed	110	130	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Tests on Hand - MH/RH	5622	5505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Days on Hand - MH/RH	37	37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CENTRAL LAB TESTS ON HAND																											
Capacity	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165	2165
Previous Day Tests Performed	360	851	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Tests on Hand - Central Lab	29006	27636	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Days on Hand - Central Lab	13	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
METHODIST																											
GeneExpert Capacity	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
Previous Day Tests Performed	37	42	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tests on Hand	2876	2839	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Days on Hand	41	41	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REGIONS																											
GeneExpert Capacity	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80
Previous Day Tests Performed	73	88	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tests on Hand	2746	2666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Days on Hand	34	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CENTRAL LAB																											
BD Max Capacity	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85
ExK TNA-3 (Lawson 5014719)	1080	1056	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reagents (Lawson 5014720)	1080	1056	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tests on Hand	1080	1056	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Days on Hand	13	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diasorin MDX Capacity	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80
Test Kit (Lawson 5014723)	1176	1080	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tests on Hand	1176	1080	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Days on Hand	15	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hologic Panther Capacity	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000
Test Kit (Lawson 5014868)	26750	25500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lysis Buffer (Lawson ???)	8100	8100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tests on Hand	26750	25500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Days on Hand	13	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HUTCHINSON																											
BD Max Capacity	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Previous Day Tests Performed																											
ExK TNA-3 (Lawson 5014719)																											
Reagents (Lawson 5014720)																											
Tests on Hand	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Days on Hand	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

1

Roll up calculated for Enterprise, Central Lab and Rapid (MH/RH) testing.

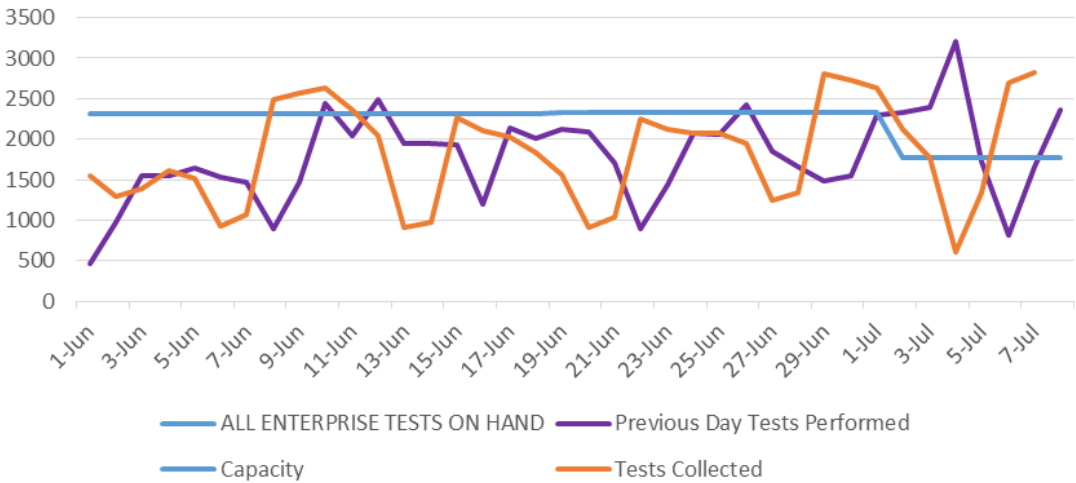
2

- Testing locations are enter the number of test kits in hand by instrument M-F by 10 AM.
- Days of testing on hand calculated by current testing capacity and allocation per instrument.
- Tests performed previous day are included for comparison against current capacity.

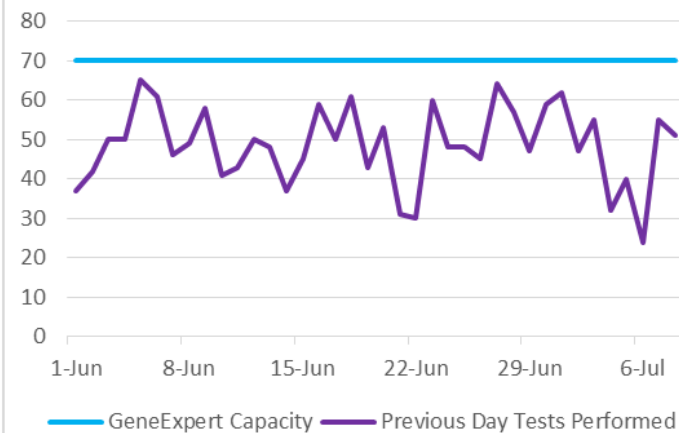
3

Hutchinson is included and ready for inclusion when they begin testing.

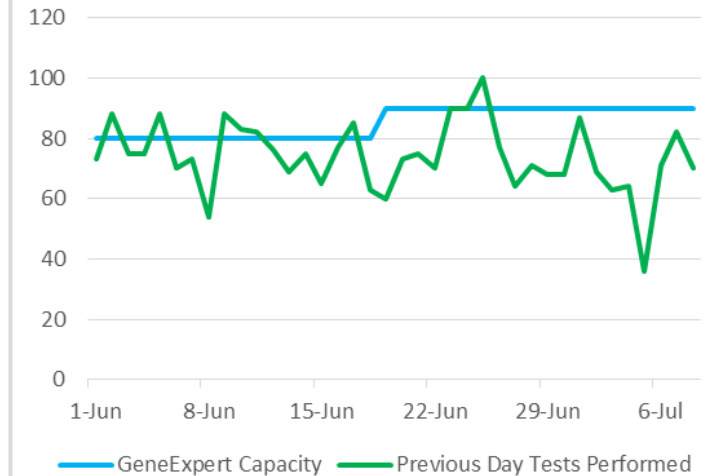
Enterprise Covid Testing Performed



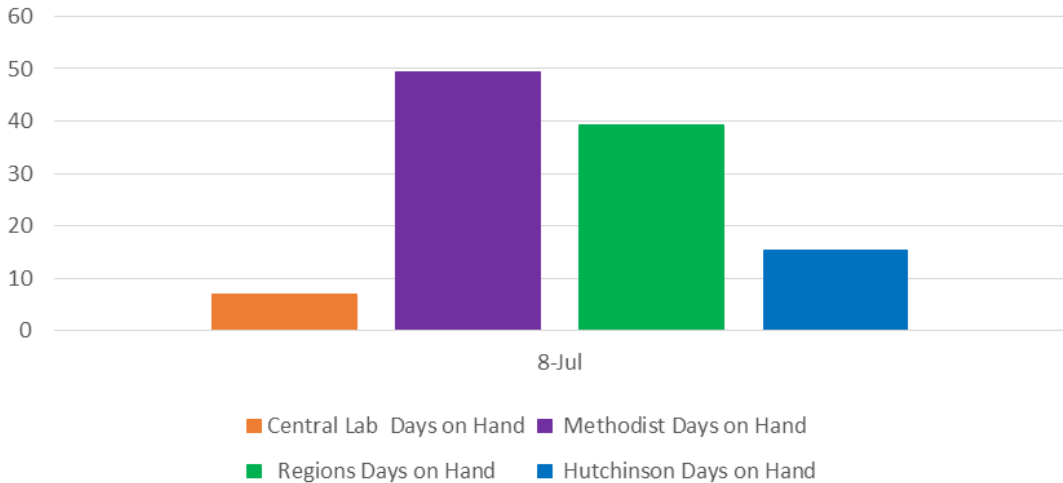
Methodist COVID-19 Testing Capacity



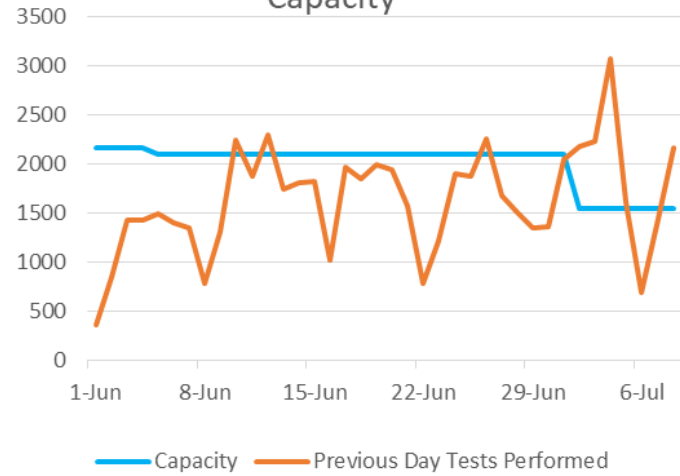
Regions COVID-19 Testing Capacity



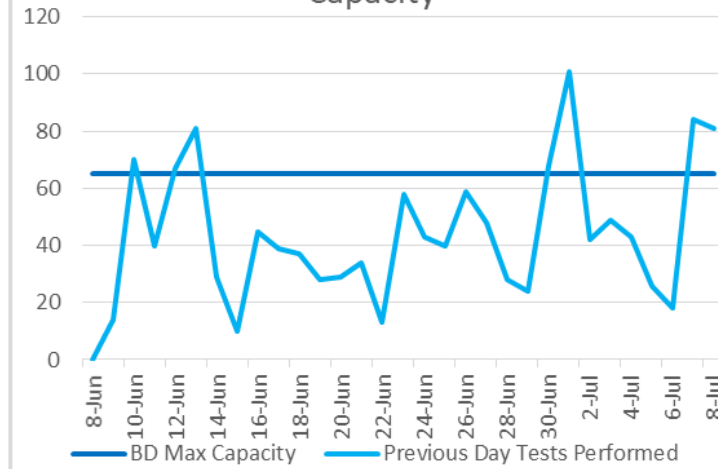
Current Testing Days on Hand by Location



Central Lab COVID-19 Testing Capacity



Hutchinson COVID-19 Testing Capacity

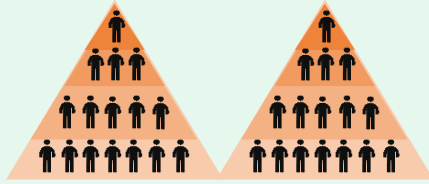


SUPPLY	TEST
ESWABS	Strep
UTM/VTM Swabs	SARS-COV-2, CT/NG, HSV
FIT Kits	FIT
Sterile Disposable Pipettes	Aliquot Supply
Transfer Pipette Tips	Aliquot Supply

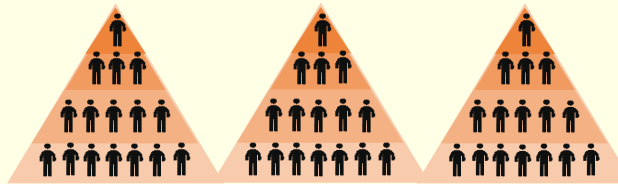


Space

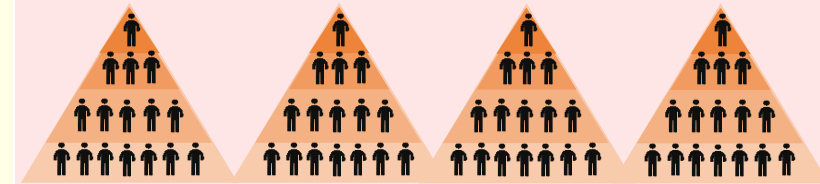
ICU/ER Beds



ICU: 0-60 beds
ED: 0-54 beds



ICU: 61-118 beds
ED: 0-54 beds



ICU: 119-134 (Max 441) beds
ED: 55-95 beds/Recliners

Supplies

- Supplies monitored in intervals determined by testing bench and available storage.
- 29 Phlebotomy Carts
- EKG machines on all units
- iSTATS available on all units

- Increase inventory with testing volume
- Increase frequency of inventory monitoring
- Engage supply chain on pending orders
- Order additional inventory for tests identified as higher volume due to COVID19: iStat , BG, CRP, Ferrit, LDH, Trop, BNP, Procalc, D-Dimer, CBC...
- Vendors providing weekly updates on supply usage and inventory status.
- Determine alternate supplies, if needed
- Blood Supply Shortage – reference crisis standards of care documents
- 5 additional iSTATS available for floors, if needed

- Review test menu and reduce testing as needed and approved by medical director to conserve reagents.
- Add 1 iSTAT and 2 Accuchecks to ED
- Blood Supply Shortage – reference crisis standards of care documents

Space

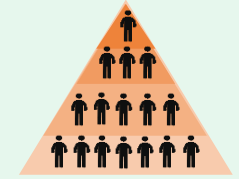
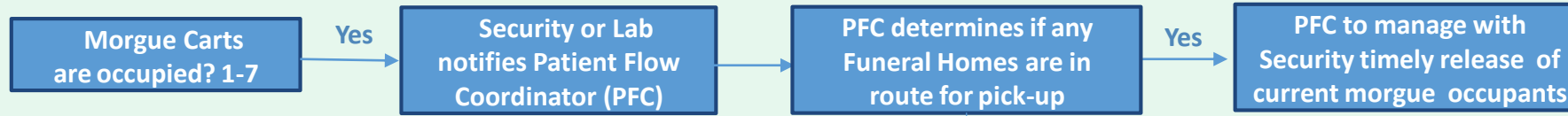
- Space utilized as currently allocated

- Micro-Monitor hood space and watch for bottleneck of work
- Cytology hood available, if needed
- Storage available in AP locations

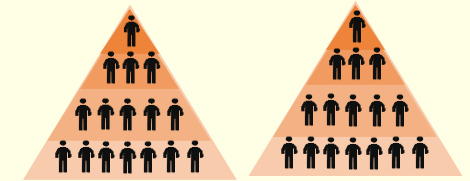
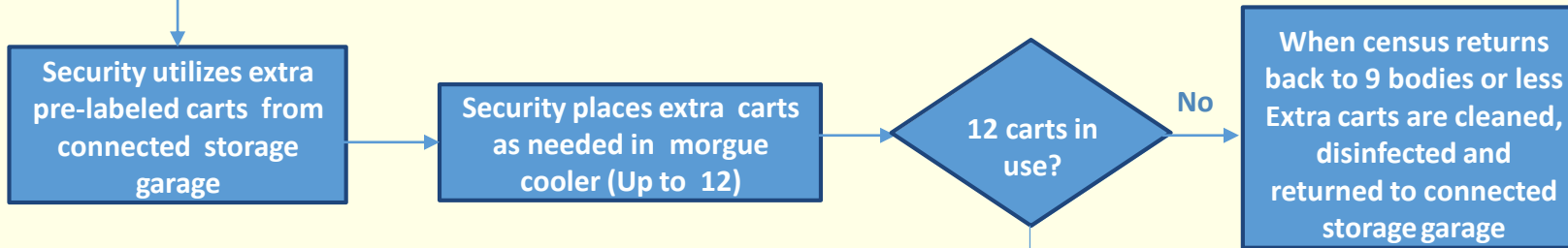
- Micro-Move culture desk to a different hood in order for GeneXpert to have a dedicated hood or move the GeneXpert to the counter by Molecular hood.
- May be able to offer OPD and other lab spaces for use by other departments, if needed.



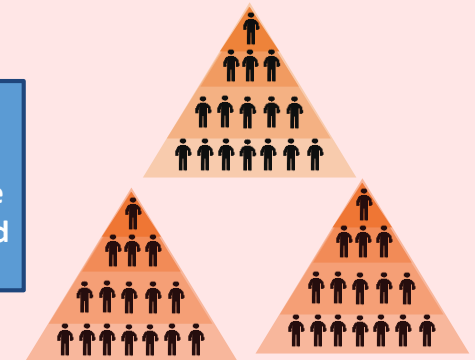
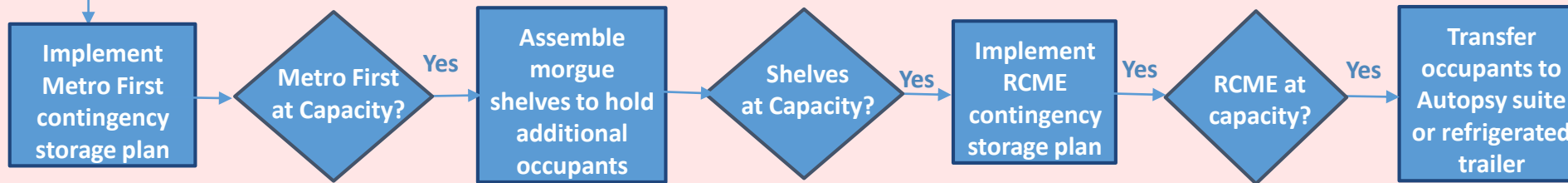
Regions Hospital Lab Surge Planning Morgue Capacity



Morgue: 1-7 Occupants



Morgue: 7 -12 Occupants



Morgue: > 12 Occupants



Your Role in Laboratory Accreditation

“It’s bigger than you think!”

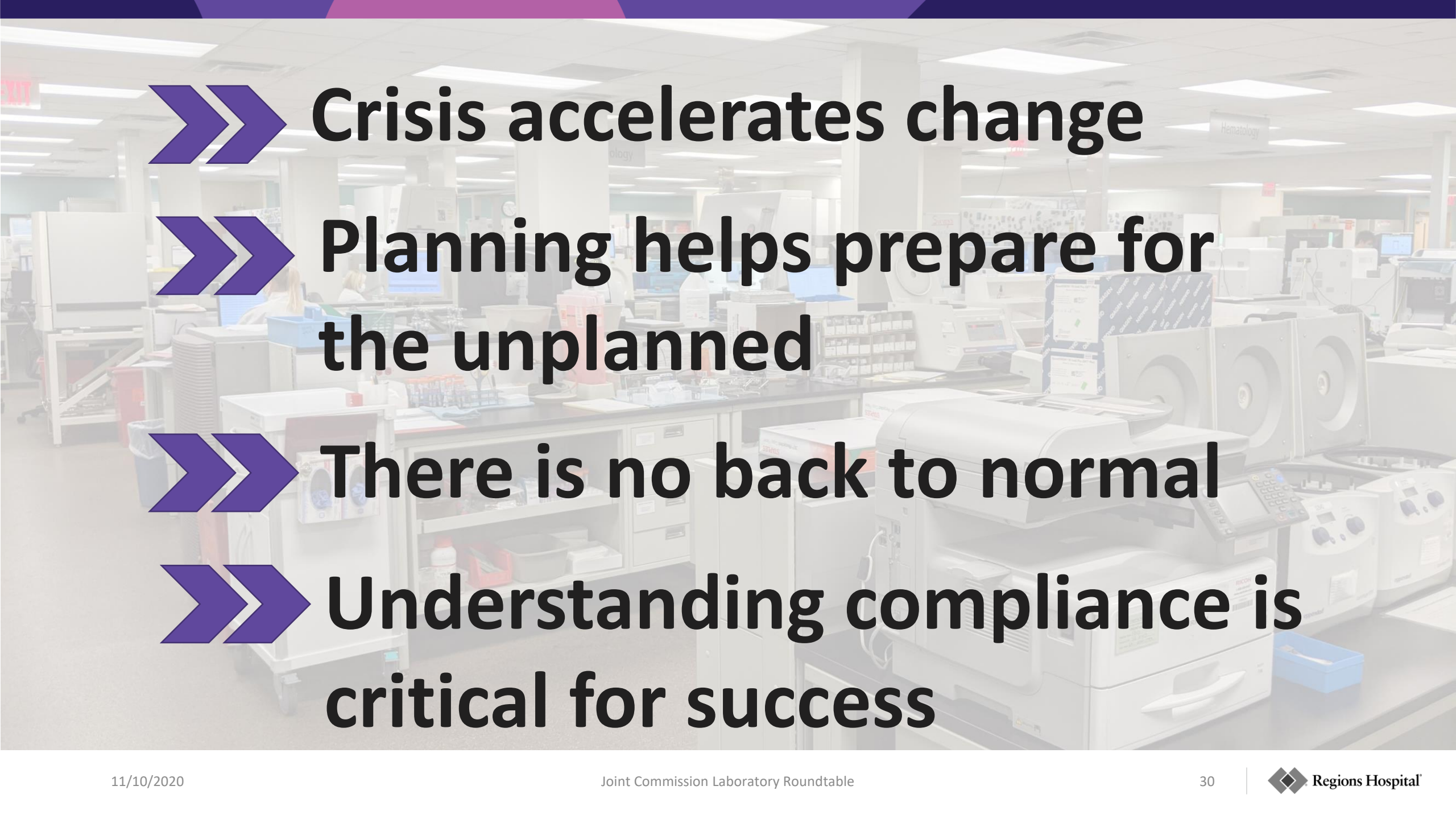
- No food or drinks should be near testing supplies.
- Test strips must be kept tightly closed.
- The quality control bottles are not dated.
- The glucometer is soiled.
- The lancets must be kept in the original box, which has the expiration date on it.

**Staged photo for teaching purposes*



Lessons Learned



- 
- **Crisis accelerates change**
 - **Planning helps prepare for the unplanned**
 - **There is no back to normal**
 - **Understanding compliance is critical for success**

Questions?



Thank you!

