

Naval Infectious Diseases Diagnostic Laboratory



Introduction and General Information

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Table of Contents

Mission and Vision	1
Laboratory Structure	2
Hours of Operation	3
Contact Numbers	3
Scope of Service	4
Laboratory Test	4
Patient Safety	8
Critical Values	9



Mission and Vision

Naval Infectious Diseases Diagnostics Laboratory Mission

The Naval Infectious Diseases Diagnostics Laboratory provides infectious disease diagnostic services, including clinical laboratory testing, analysis and interpretation to clinicians in the diagnosis and treatment of their patients in support of total force protection and to meet the DoDs global health mission. The patients served are active duty military members and their dependents.

Laboratory Vision Statement & Goals

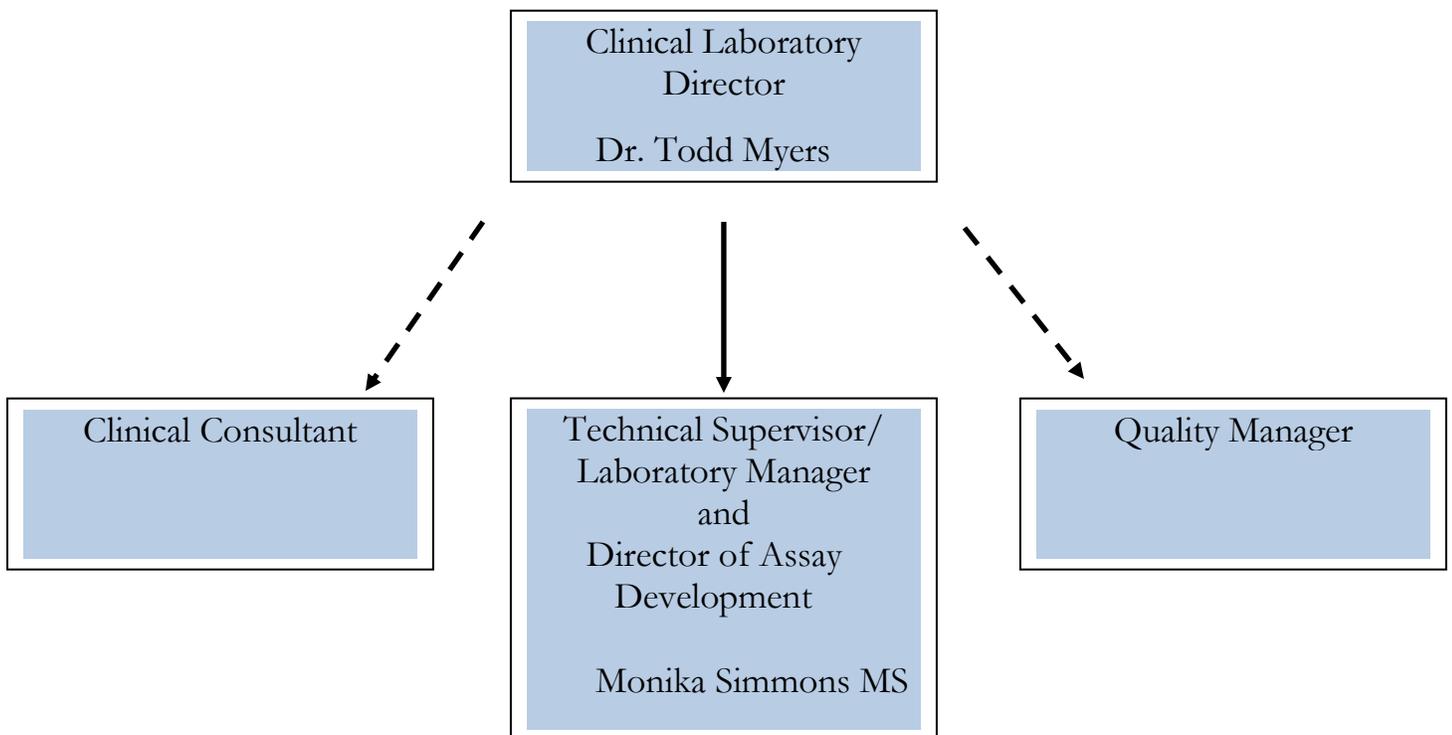
To provide the best possible laboratory services to patients in support of total force protection and to meet the DoDs global health mission. We will accomplish this by:

- Goal 1** Meet or exceed College of American Pathologists (CAP) accreditation Standards.
- Goal 2** Providing consistent, courteous reliable service through accurate, timely, and informative reporting of results.
- Goal 3** Providing an enjoyable, desirable, safe, productive, and educational work environment.
- Goal 4** Maximizing efficient use of material and personnel resources.



Laboratory structure

Laboratory Organizational Chart





Hours of Operation

Normal Day Shift The Diagnostics Laboratory normally maintains a 5-day, 40-hour work week. Working hours are from 0900 to 1700 hours, Monday through Friday.

Surge Capacity The laboratory is fully staffed during normal working hours. However, during emergent events, the laboratory maintains contingencies to meet requirements.

Contact Numbers

Contact	Phone	Mobile
Laboratory Director	301-319-3113	240-507-8100
Technical Supervisor	301-319-7447	240-479-0764



Scope of Service

Laboratory Tests

The following test is performed by the Diagnostic Laboratory.

Nucleic Acid Amplification	
Universal Dengue Virus PCR	4 Days
Rickettsia PCR	4 Days

The following is a qualified operator to perform testing:

Molecular Virology:
Ms. Monika Simmons

Requests for Testing

The Naval Infectious Diseases Diagnostics Laboratory is unique among CAP-accredited laboratories. Samples may be received from anywhere in the world, taken from citizens of the U.S. or other countries. As such, the authority of persons requesting testing will be assessed on a case-by-case basis.

Laboratory tests will be requested with an approved manual requisition .Laboratory request forms are available from the Naval Infectious Diseases Diagnostic Laboratory request forms must be legibly written. If test orders or patient information is unclear, the provider will be contacted for clarification. The laboratory will not accept verbal orders or orders from unauthorized health care providers for laboratory testing. The NIDDL requires that ALL Laboratory test requests include the following minimum information:

Patient's Name/Date of Birth
Sponsor's SSN and Family Member Prefix
Date/Time of Collection
Requesting Location
Name and contact information of Requesting HCP
Test(s) Requested
Specimen Source (if other than peripheral blood)

Priority of lab testing

The expected time for test completion is affected by testing priority and/or testing methodology. All requests are run as routine testing unless provider assigns another priority such as ASAP testing. If expected turnaround times (TAT) are exceeded by more than 4 days, the provider will be notified.

STAT Priority

STAT testing is not available at NIDDL

ASAP Priority

This priority is used when a test result is necessary to provide urgent treatment for a patient. The laboratory goal is to have ASAP testing initiated within four hours of receipt by the laboratory. ASAP TAT is generally 1 day less than Routine TAT (see page 4). The Requestor will be notified of the results via phone, email, or other means when testing is completed.

Routine Priority

The TAT on tests ordered "routine" is test method-dependent. In general, TAT is greater for tests not performed daily or those that are batched.

Specimen Delivery/Labeling

All specimens should be delivered to the lab immediately after collection or preserved as appropriate for the test(s) requested. Specimen collection containers must be labeled with the following information:

- Patient's Full name
- Family member prefix and Sponsor's SSN
- Date/time of collection

NOTE: A LIS generated labels can be used, but all the pertinent information must be on the label.

The quality of laboratory testing can be no better than the quality of the specimens received for analysis. It is the responsibility of laboratory staff to inspect specimens collected outside the Lab to ensure proper collection and labeling.

Specimen Rejection

Specimens received that have been collected improperly cannot be accepted for testing. Some of the most common reasons for rejecting specimens include:

- Quantity not sufficient for testing.
- Specimen not properly labeled.
- Specimen damaged in collection or transport.
- Specimen leaking or contaminated with infectious materials when received.
- Specimen collected in the wrong tube or container.
- Specimens with needles attached.

The procedure used when rejecting a specimen is as follows:

The provider will be notified as to the reason for rejection and a request made to resubmit.

Rejected specimens will be discarded. If there is a question whether or not a specimen should be discarded, staff members will contact the Technical Supervisor or Laboratory Director.

Unique Specimens

Recollection is not always possible for specimens which are obtained by invasive procedures such as spinal fluid, body fluids, surgical biopsies, surgical specimens, etc. Corrections to identification are allowed to be made with notification of the technical supervisor or Laboratory Director. Any correction to specimen labeling or identification will be documented using the Laboratory Corrective Action form documenting the patient, correction, person verifying the correct information, date, time, and approving supervisor.

Specimen Containers

Note: The laboratory does not supply collection containers. Department of Defense (DoD) typically supplies the same materials DoD wide. Evaluation for analytic interference will be pursued on a case by case basis if any question of interference arises.

Results Reporting

Format

Each laboratory test Standard Operating Procedure (SOP) defines the format in which results are reported. In addition to the required name and address of the testing laboratory, name of physician of record or legally authorized person ordering test and patient demographics, each report contains legible and indelible result(s)

with units of measurement, reference ranges, and appropriate comments that have been checked for accuracy. Result entries are verified before final acceptance, certification and reporting the identity of the technologist/technician completing the test and the date/time of certification. A note will be added giving the initials of the technician that actually performed the test if different from the technician reporting the results. The main delivery of test results is through encrypted email.

Result Retrieval

All laboratory testing performed will be kept for a minimum of 3 years results are **not** communicated via phone unless the results are critical or were ordered ASAP or a prolonged disruption in the normal means of communication.

Disease Reporting

Due to the importance of monitoring disease and disease outbreaks, the list of reportable diseases found in BUMEDINST 6220.12B (Appendix A) will be used to determine for which results and when the proper authorities should be notified.

Changes in Test Procedures

If there are significant changes in test procedures and/or results interpretation and reporting, a notice will be sent to the customers affected by the changes.



Patient Safety

2011 National Patient Safety Goals

The purpose of The Joint Commission National Patient Safety Goals (NPSG) is to promote specific improvements in patient safety and the delivery of safe, high quality health care. In compliance with TJC and CAP accreditation standards for patient care and safety, the laboratory established procedures intended to meet applicable NPSG requirements.

The following NPSG and CAP goals are applicable to the laboratory and are addressed in accessioning processes, as well as the critical values, critical testing, and customer satisfaction sections of the policy manual:

Identify patients correctly	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.
Improve staff communication	Quickly get important test results to the right staff person.
Prevent infection	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Use proven guidelines to prevent infections that are difficult to treat.

CAP Patient Safety Goals

1. Improve patient and sample identification at specimen collection, analysis and result delivery.
2. **Improve verification and communication of life-threatening or life-altering information regarding malignancies, HIV (and other serious infectious diseases), cytogenetic abnormalities, and critical results.**
3. Improve identification, communication and correction of errors in a timely manner.
4. **Improve the coordination of the laboratory's patient safety role within healthcare organizations (nursing, administration, POC personnel, providers).**



Critical Values

Critical values are intended to ensure that providers are notified of laboratory results indicating potentially life-threatening conditions. They are often referred to as “panic” values; however, “clinical alert” best describes the action to be taken. Critical values are derived from historical laboratory values indicating potential clinical disease states in comparison with normal reference ranges. As of the date of the most recent version of this manual there are no test being offered from the NIDDL that have critical values assigned. If a new test does include critical values then the following procedures will be followed upon reporting of critical values.

Reporting Critical Values

Critical results will be reported to the requesting HCP as soon as possible after determining that a critical value exists, ideally within one hour (if there is any delay in notification, this must be documented.).

Read back/Documentation

Reporting of critical values will include a “read-back” by the person receiving the results. The “read-back” is required for all critical values that are communicated verbally or by phone. The critical value notification is documented by the individual who called the critical value. The information documented is the name of the provider/other person that was notified, verification that the critical value was read back by the person receiving the call, the date and time of the call and the identification of the person who made the call.