Patient Identification Barcoding Pilot Begins in August

**Scope**

The pilot will include the Acute Care Laboratory and patient care units 4A, 4B, 7D and the ER at University of Minnesota Medical Center, Fairview. Timing is dependent on implementation of barcodes on patient armbands and installation of the wireless network at each site.

Future phases will include rollout to the remainder of the University campus, Fairview Ridges Hospital, the Riverside campus and Fairview Southdale Hospital by the end of 2006.

**Patient Armband Overview**

Two barcodes have been added to the patient armband. A two-dimensional barcode will include patient name and medical record number for use with the PIDS system. A 128 barcode will include the medical record number for use with blood glucose meters.

**Blood Administration Overview**

- Using PIDS, only one nurse is required to match identification of the patient to the blood component.
- Using PIDS, the nurse scans his or her own identification badge, the patient wristband and blood component tag.
- PIDS confirms a match of the patient medical record number on the blood component and patient wristband.
- PIDS prompts the user for the irradiation order; if ordered, the PIDS validates completion of the irradiation process in the Blood Bank.
- Once all information is confirmed, the transfusion is started.

**Specimen Collection Overview**

- Using PIDS, nursing or laboratory staff scan their identification badges and the patient’s wristband.
- Patient identification is verified at the time of collection in one of three ways:
  1. PIDS confirms patient ID barcode match of pre-labeled collection containers (ICU RN collections) on the University campus.
  2. PIDS confirms patient ID barcode match of laboratory collections using laboratory computer (Misys) labels.
  3. PIDS printer creates labels that match the information on the patient’s wristband for “on demand” collections at the patient bedside. PIDS then confirms patient ID barcode match of “on demand” collections when relabeled in the laboratory with Misys labels.

**Fairview Express Lab: Direct Access Testing**

Direct access testing is now available at University of Minnesota Medical Center, Riverside Outpatient Laboratory. Hours are 7:30 a.m. – 5:00 p.m., Monday through Friday. Direct Access Testing allows consumer access to a select menu of laboratory tests. Tests are usually purchased without physician consultation and patients are responsible for any follow-up with their clinicians. The patient pays out of pocket at the time of order of service.

Direct Access Testing is currently offered at Fairview Southdale Hospital, Fairview Ridges Hospital and University of Minnesota Medical Center, University and Riverside Outpatient Laboratories.
Hepatitis C Virus (HCV) Quantitation & Genotyping Available

The Clinical Virology Laboratory is offering both quantitative HCV and HCV genotyping using real-time TaqMan PCR technology. Because the quantitative HCV RNA test is essentially as sensitive as the qualitative HCV RNA test, we plan to discontinue the qualitative assay.

We recommend ordering an HCV antibody test first to screen for HCV infection. If this test is negative, the patient has not been infected by HCV. A positive antibody index greater than 7.0, indicates that the patient has been infected and the result does not need to be confirmed. However, we suggest confirming HCV infection in patients with positive indices less than 7.0 by ordering a quantitative HCV.

If the quantitative HCV test is positive and remains so for six months or more, the patient is considered to have chronic hepatitis C. If the quantitative HCV test is negative, the patient has probably been infected by HCV, but is controlling active viral replication and does not have chronic hepatitis C. In addition to confirming HCV infection in patients who have lower quantities of HCV antibody, the quantitative HCV test is useful for assessing the response to antiviral therapy. Before antiviral therapy is started, the HCV genotype assay should be obtained because the infecting genotype dictates the probability of a therapeutic response and the recommended duration of therapy.

For more information, contact Charlotte Romain, Technical Supervisor at cromain1@fairview.org or Hank Balfour, MD, Medical Director at balfo001@umn.edu.

Billing for Point of Care Testing

Glucose monitoring performed at the point of care now is reported and billed through the laboratory computer system at the metro hospitals. The laboratory is responsible for regulatory compliance, QA and competency monitoring.

Medicare will not reimburse for testing billed by nursing but pays separately for glucose monitoring if testing is:
- Medically necessary
- Ordered by a physician and used in the diagnosis and treatment of a patient, and
- Performed at a CLIA registered laboratory site and billed under the laboratory facility code.

End of Respiratory Season

The last positive rapid influenza antigen test was reported May 11 and we are declaring "respiratory season" to be ended effective May 30. After the season ends, a viral respiratory culture is the test of choice because rapid antigen testing can lead to false positive results.

We have stopped rapid RSV testing effective June 20. RSV is a seasonal virus with outbreaks and epidemics occurring during the winter in temperate climates. Peak season in Minnesota normally is January through April. Past Fairview Health System data review indicates that no positives have been detected between June 15 and Sept. 15.

Specimen Requirements for Hepatitis C Virus (HCV) Quantitation and Genotyping

Turnaround Time: Performed once/week; results are reported within 7 days.

Collection Volume: 2 mL, 0.7 mL minimum blood

Container: Red/black or gold (gel). Alternate: Purple (EDTA); Yellow (ACD), Red (plain, no gel).

Cause for Rejection: Collection in green (heparin) tube; non-centrifuged samples received more than 12 hours after collection.

Specimen Processing: Aliquot 0.6 mL, 0.25 mL minimum within 6 hours of collection. Refrigerate plasma or serum up to 72 hours or freeze indefinitely (no more than three freeze-thaw cycles).

Assay specifications:

HCV quantitative Units: IU/mL serum. Dynamic range: 25 to 50,000,000 (1.4 to 7.7 Log10 IU/mL).

HCV genotyping will be reported as genotypes: 1a, 1b, 2a, 2b, 3, 4, 5, 6 or "genotype indeterminate.” The lower limit of detection for the genotyping assay is 200 IU/mL serum.