Laboratory Setup Checklist

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
1. LABORATORY SITE FILE (#69.9) - This file will need to be edited using FileMan enter/edit. The file comes loaded with one entry, called Hospital. This should not be changed. Below are fields from this file that should be evaluated.			
A. Field #530 Standard Locations Only - set to "YES" so accessioning will be restricted to locations defined in the HOSPITAL LOCATION file (#44)			
B. Field #400 Phlebotomy Order Cut-Off Time - used to restrict phlebotomy collection times to a specific institution/division			
C. The following fields need to be reviewed: #150.3 Cancel on Admit #150.4 Cancel on Discharge #150.5 Cancel on Specialty Transfer These fields are NOT multidivisional.			
D. Field #5.1 Immediate Lab Collect Division configurations - points to file #4.			
E. Field #509 Excepted Locations - Enter those locations that are in exception to the Collect "days" orders in X number of day settings. Saturday, Sundays and holidays should be reviewed carefully. This points to file #44 - update after MAS has entered all ward/clinic locations.			Excepted locations will draw seven days a week and holidays. Thus, the values for the "collect day" parameters should be set for the least amount of lab collection.
2. LAB SECTION FILE (#62.2)			
Review entries in file to verify if all sections your site needs are in the file.			
3. LAB CONTROL NAME FILE (#62.3)			

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If you will want to put controls on a load/worklist, they will need to be entered into this file first.			
4. Add LAB OCCASION OF SERVICE (OOS) for the lab divisions in File 44.			
DO NOT USE FileMan. To add a new OOS, use the option, 'Creating Laboratory OOS Workload Locations' [LR WKLD LOCATIONS]. Create a location for each division that has a laboratory.			
5. ACCESSION FILE (#68)			
A. Review the accession areas that come with the system. Edit fields as needed. If you have more than one division with a Laboratory and require duplicate areas (i.e. – each lab has an accession area for Chemistry) attach a prefix or suffix to the accession area name (i.e. ORCHEMISTRY and DBCHEMISTRY). DO NOT SEPARATE WITH '-'. DO NOT CHANGE ABBREVIATIONS OF ANY ANATOMIC PATHOLOGY OR BLOOD BANK ACCESSION AREA. If either division is utilizing the option: "Edit/Print/Display preselected Lab Test" or the worksheet in the GUI lab tab is used and they have changed the CHEMISTRY accession area as noted above, code changes will have to be made to the routines LRUMD AND LR7OGO. Additionally, the Chemistry entry in 69.2, Lab Section, will need to have the abbreviation reset to CH.			
B. Populate the field, LAB OOS LOCATION, with the correct divisional OOS.			
C. Populate the UNIQUE ID field. This field is used to build the unique accession identifier number. It is used as the first two characters of the number. Use a combination			

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of the numbers 1-9 and uppercase letters A-Z to designate the identifier. 1) NOTE: Accession Areas that support bi-directional interfaces are required to have their unique id to be a whole number between 10 and 99.			
6. COLLECTION SAMPLE FILE (#62)			
A. Review/compare system entries. Add collection samples to the file if needed.			
B. Collection Wkld Code (#500) field contains an Accession Area subfield (#.01); assign to appropriate accession area if needed.			
C. Lab Section (#6) field contains pointer to Lab Section File (#62.2).			
7. LAB DESCRIPTION FILE (#62.5) 🕐			
A. Review system(s) entries. Add any entries that the site maybe using on their current system.			
8. TOPOGRAPHY FIELD FILE (#61)			
A. Review current system for any local entries. Local entries have the station number as part of their IEN. Enter any local entries on the new system			.
B. The Collection Sample (#4.1) field points to file #62. Update this field if needed.			
9. EXECUTE CODE FILE (#62.07)			
A. Review system(s) entries. Add any needed entries. If the code is calling a test, be sure to use the, IEN of the test on the new system, not the IEN listed in the current code.			
10. DELTA CHECKS FILE (#62.1)			
A. Review system(s) entries. Add delta checks to the file on the new system if needed. If the code is calling a test, be			

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sure to use the new IEN of the lab test, not the IEN listed in the current code.			
11. LABORATORY TEST FILE (#60) 🕐			
A. Review system(s) entries.			
B. Add lab test to file if needed. Panels specific to site will need to be built. If there is more than one lab across the system, and if the same test between labs have clinical significant reference range differences due to methodology differences, duplicate lab test will need to be created with prefix or suffix division location to the test name to indicate that test is unique to a division/institution (i.e. GLUCOSE-OR and GLUCOSE-DB) if a test is added, BOTH the Legacy and Primary test name should be prefixed or suffixed. New Data Names (File #63) will have to be created for all new 'CH' subscripted entries on the Primary System.*** IT IS HIGHLY ENCOURAGED TO LIMIT THE NUMBER OF TESTS THAT NEED TO BE ADDED TO FILE #60. THERE ARE A NUMBER OF CLINICAL IMPLICATIONS ON HAVING TO FIND ALL TESTS THE PATIENT HAS HAD***			Lab test and Lab Data Names should be created via the laboratory options. Prior to editing lab file, business processes will need to be understood on how the new system will work. No decisions should be based on how things currently work. Building the lab test file will be very time intensive. It is also required by CPRS prior to creating order dialogs.
C. Field #6 Accession Area multiple – Every active test in File 60 will need to be edited for the Legacy site.			
1) 01 Subfield - Institution – Add all the new divisions' institution name that will be ordering the test.			
2) 1 Subfield - Accession Area - points to Accession file (#68). Add the accession area that will be performing the test for the division/institution.			
D. Field #100 Site/Specimen multiple			
1) Field #100 Site/Specimen multiple			

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2) Reference Low/High; Critical Low/High; Delta Value, etc.			
3) LOINC code			
E. Field #300 Collection Sample multiple			
1) .01 Subfield - Collection Sample - points to Collection Sample file (#62). Add samples required.			
2) Container; Min Vol.; Max Order Freq.; Ward Remarks; Lab Processing Instructions; Required Comment			Check that any required comment will be correct for all divisions using the test.
F. Field 500 VERIFY WKLD CODE: This field will have to be reviewed by both sites. If sites are running tests on different analyzers, this field will have to be changed so that the WKLD CODE is controlled by the Load Worklists that are utilized by each division.			
G. Field 500.1 ACCESSION WKLD CODE: Depending on how the two divisions will be capturing their workload, this will have to be reviewed and edited.			
12. LOAD/WORK LIST FILE (#68.2)			
A. Create load/worklist for each auto instrument.			
B. Edit Major Accession Area field (#1 - points to file #68), Lab Subsection field (#1.5 - points to file #68), and Work Area field (#1.7 - points to file #68) fields for the added load/work lists to assign the list to the appropriate accession area that in turn will tie to the appropriate division/institution.			
C. Edit Profile (#50) field, Accession Area subfield (#2). This can't be done until Files #68 and #60 have been updated.			
D. Field 14 WKLD METHOD: This field will need to be reviewed to verify the appropriate suffix workload code is			

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entered in for that load worklists being used. This comes into play when sites are multidivisional and have different instruments doing the same test. (I.e., Glucose is done by one division on the Vitros, while being done on the CX7 at the other division.)			
13. AUTO INSTRUMENT FILE (#62.4) 🕐			
A. Set-up an entry for each instrument. **Do NOT set Auto Download to YES until day one of actual integration.			
B. If the LSI is currently in use or if there are any direct connects, move any needed LA*/LAZ* routines to the system.			
14. LAB REPORTS FILE (#64.5) Cumulative 🕐			
A. Add site(s) report names to the file as needed. Update Device field (#1) under the report name multiple to send this report to the appropriate printer(s).			
B. Can configure different reports to print in different locations (multiple printer locations if each division needs to generate their own cumulatives) for defined starting and ending location range (fields #5 and #10 respectively)			
C. Review of Major and Minor Headers, if additional tests have been added in File #60. These tests should be added to appropriate Headers. If additions or edits are done to the Headers, the option "Re-cross reference indexes in LAB REPORTS file" should be run to update those changes.			Cum set-up is pulled by the CPRS report page. Cum headers still need to be established.
15. INTERIM REPORTS FILE (#64.6)			
A. After MAS/IRMS has updated the HOSPITAL LOCATION file (#44) with the new locations, enter the clinic locations that will be receiving interim reports. PER THE DD IN FILE #64.6, ONLY LOCATIONS			

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THAT HAVE ABBREVIATIONS CAN BE USED. Coordinate with MAS/IRMS the use of the ABBREVIATION field in the Hospital Location File (#44). You may need to request access to this file/field or have IRMS support in entering this data.			
B. Previous multidivisional sites have found it helpful to preface the ABBREVIATIONS in File 44 with a symbol (the symbol could be punctuation or a letter denoting the site location). This allows generation of cumulatives and accession test counts by division. Multidivisional sites have used the "#" or "*" symbol to preface locations.			
C. Hospital location ABBREVIATIONS are used in other VistA applications (i.e. OE/RR, Pharmacy) so if changes are made to the ABBREVIATIONS field for the locations, PLEASE NOTIFY ALL CONCERNED THAT USERS/PATIENTS MAY SEE A CHANGE IN THE ABBREVIATIONS ON SCREENS AND ON OUTPUT.			
16. ACCESSION TEST GROUP FILE (#62.6)			
A. Add site accession test groups to the file if needed.			
B. Update Lab Section field (#.02), and Test (#.01 - points to file #60), Collection Sample (#2 - points to file #62), and Specimen (#4 - points to file #61) in the Test field multiple.			
17. LAB DATA FILE (#63)			
A. All atomic tests added to the Lab Test file (#60), need a DATA NAME added to file #63.Use option 'Add a New Data Name (LRWU5) on Lab Liaison Menu.			
B. Edit Bacteriology Edit Templates where needed.			
1) From file 63, print the list of susceptibility templates with the list of drugs assigned to the templates.			

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2) Review templates on system, and adjust the Bacteriology Edit templates as needed. There can only be one template assigned to an Etiology.			
C. Compare Mycobacterium Drugs – Mycobacterium drugs are stored within file 63. They are stored in field 5 (microbiology), subfield 26 (mycobacterium). These need to be reviewed and added as needed.			
18. ANTIMICROBIAL SUSCEPTIBILITY (#62.06) – Review entries. Create any entries that are needed.			
19. ETIOLOGY FILE (#61.2): If new templates have been created, then each etiology entry will have to be updated with the new template in Field #8 SUSCEPTIBILITY EDIT TEMPLATE. This is not multidivisional. Only one template can be assigned.			
20. UNIVERSAL INTERFACE			
A. Entries must be made on the system in files #62.48, #770, #771 for each universal interface. Be sure to reference the documentation for the set-up of the Lab Universal Interface available on the VDL.			Verify all extra LLP task jobs are dequeued on the current system before starting interfaces on the new system.
B. The specimen code used by the universal interfaces is now derived from the field, LEDI HL7 in the Topography File (#61). Take the value entered in this field and then look up that value in the Lab Electronic Codes file (#64.061). The value stored in the field, HL7 ABBR is the value that will be used in the HL7 messaging.			
C. Example of final setup in file #62.48: CONFIGURATION: UNIVERSAL INTERFACE1 PROTOCOL: HEALTH LEVEL SEVEN STATUS: ACTIVE			Only applicable if more than one lab running a LSI.

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DEBUG LOG: ON HL7 NON-DHCP APPLICATION: LAB INTERFACE1 PROCESS IN: D QUE^LA7UIIN PROCESS DOWNLOAD: D EN^LA7UID1 REMOTE SYSTEM ID: LAB INTERFACE1INSTRUMENT MANAGER1LA AUTO INST1677A4			
21. Note the new entry names (REMOTE SYSTEM ID) are the same, but with a number 1 after it.			
22. Once these entries have been completed, you must edit the MESSAGE CONFIGURATION (#8) Field in AUTO INSTRUMENT (#62.4) file to call the new configuration created for the each site running a LSI. Be sure to verify the set-up data on the Data Innovation/Dawning instrument as well.			
23. MULTIPLE LSI (may not be applicable)			
A. Multiple LSIs can be set up on one VistA system.			
B. Auto Instrument File - Main site LSI is IEN #1. Additional LSIs will be IEN #21, #31, #41, etc. NEW DATA (#20) and RESTART (#25) fields need to be edited to reflect the appropriate IEN # for the added LSI(s).			
C. Load and save the LAB job(s) as LABABBREV names where ABBREV is an abbreviation that reflects the site/division location (i.e. LABORLANDO, LABDB). Edit the PROGRAM field (#2) in the auto instrument file entry and enter the appropriate lab job name for the appropriate LSI entry.			
24. LABEL PRINTING			
A. Only one lab label type can be entered at any given time in			

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the LABEL TYPE field (#302) in the LABORATORY SITE file (#69.9). This is the routine that will be used if there are no other definitions made for label prints as described below. However, if field #302 has the label type used by the main site (i.e., #4 SITE FILE), and if another division wants to use different Label Routines, this can be done. With the release of LR*5.2*161, it was made possible, through the Laboratory Setup, to define different label types to be used.			
1) Entries can be made in field 360 (Label Device) of File 69.9, Laboratory Site File. aa. Select Label Device: bb. Printer Type: cc. Label Stock: dd. Alternate Label Entry: ee. Alternate Label Routine: ff. Default Accession Area:			
2) Entries can then be made in the appropriate Accession file entries that will also allow for further definition what routines to run.			
B. If the Printer Division field (#350) in file #69.9 has been setup, a default printer can be set up for each division.			
25. ANATOMICAL PATHOLOGY			
A. Patch 72 was allows for multidivisional setup for Blood Bank and for Anatomic Pathology. This is still a good source of information.			
B. For sites that will be running Anatomic Path more than one division, accessions area will need to be created for the each Anatomic Path areas. It is recommended to prefix the new accession areas created with the 2-			

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character site abbreviation.			
C. Using the Edit pathology parameters option in the Anatomic Path supervisor menu, enter parameters for the newly created AP accession areas. The following parameters can be set per division: 1) REPORT HEADER 1: 2) REPORT HEADER 2: 3) REPORT HEADER 3: 4) REPORT HEADER 4: 5) PRINT SNOMED/ICD CODES: 6) GROSS DESCRIPTION SPACING: 7) LINES IN A LABEL: 8) ACCESSION PREFIX: 9) PRINT SF-515 LINES: 10) NEW PG FOR SUPPLEMENTARY RPT: 11) ASK TC CODES: 12) SNOMED & TC CODING: aa. No existing text bb. Edit? NO// 13) Select TOPOGRAPHY CATEGORY: 14) Select MORPHOLOGY ENTRY: SEVERE DYSPLASIA// (This is used by the QA reports within AP) 15) ASK FROZEN SECTION: 16) ASK SURG PATH DIAGNOSIS:			
26. BLOOD BANK			
A. Patch 72 was released which allows for multidivisional setup for Blood Bank and for Anatomic Pathology. This is still a good source of information if the site has more than one Blood Bank			

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B. Create Hospital Locations for the Blood Bank in file 44. The entry for the main site Blood Bank should be Blood Bank. The other entry should be prefixed with the 2-character station abbreviation.			
C. Blood Product file (#66) will need to be reviewed. Supplier field and associated division fields will need to be populated.			
D. Blood Inventory (#65) file on the system will be populated with the current inventory of the date of activation of system.			
E. Using the option, Edit number of lines in a label, on the Blood Bank supervisor menu, this parameter can be set per division.			
F. Blood Bank will need to be validated. Appendix E of the PIG will need to be reviewed to determine the process of validation.			
27. LEDI – Will need to be set up on the relationship of the new system to the system that the laboratory was currently assigned to.			Please refer to LEDI documentation.
A. If the sites decide to use the LEDI manifests between divisions, then when setting up the Laboratory Test (#60) file, each Institution entered for a test will need to have its own accession area defined even though the test will be done at the other division. Previously, if one division was performing the test for all division, then the same accession area was listed for all institutions. However, the manifests require each division/institution to have unique accession area.			
B. Because there is only one system between the two			

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locations, results entered by the HOST facility will be available to the COLLECTION facility on the same system without a need to be verified by the COLLECTION facility.			
C. LEDI facilities will need to review the following setups:			
1) LEDI Setup [LA7V SETUP] and reenter the newly created institution.			
2) Edit Shipping Configuration [LA7S EDIT 62.9]			
3) Enter/edit file HL LOWER LEVEL PROTOCOL PARAMETER (869.2) entry for the site with the new TCP/IP address & TCP/IP port.			
28. EPI - Emerging Pathogens			
A. Using the option, Emerging Pathogens Parameter update, in the LREPI PRIMARY MENU, for the LAB SEARCH/EXTRACT NAME entries, add any unique lab test that may have been created for the new division that measures an entry. B. Update the Antimicrobial Link for any new drug that maybe added. C. This report is not multidivisional. One report will be sent from the main station number including all locations. Using the option, Lab Search/Extract Protocol Edit, enter staff from the site that will need to be alerted and/or edit EPI mail group.			
29. LRTASK PHSET - task jobs will need to be established for the collection list. If you have multiple lists, you will need multiple jobs.			
30. CPRS			
A. OE/RR Interface Parameters Menu --Edit Hospital Site Parameters --			1 – 5 are NOT multidivisional. 6 – Only locations that want

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1) DEFAULT NATURE OF ORDER: 2) DEFAULT DC REASON: 3) CANCEL ON ADMIT: 4) CANCEL ON DISCHARGE: YES// 5) CANCEL ON SPECIALTY TRANSFER: NO// 6) Select HOSPITAL SITE: K/85B// aa. HOSPITAL SITE: K/85B// bb. MAX DAYS FOR CONTINUOUS ORDERS: ASK URGENCY: cc. DEFAULT TYPE FOR QUICK ORDERS: LAB COLLECT//			different values other than the CPRS defaults need to be populated here.
B. Edit a lab administration schedule – Use this option to enter any unique schedule that may exist on the Legacy system. Update CPRS Parameters – Run the Update options as needed after entering data into file 60. Update CPRS with Lab order parameters Update CPRS with Single Lab test			
C. Update CPRS with all Lab test parameters Using the next three menu items:			
1) Domain Level Parameter Edit			
2) Location Level Parameter Edit			
3) Package Level Parameter Edit			
D. Review the above parameters with the Clinical Application coordinators. Domain and Package Level Parameters are NOT multidivisional.			
31. Mail Groups – Lab has the following national mail groups. They will need to be populated. 1) EPI 2) EPI-REPORT			

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3) LMI			
32. Laboratory Task Jobs: - Determine which jobs will be required by your laboratory. A. [LRTASK ACS] SUPERVISOR'S SUMMARY REPORT FOR TASKMAN B. [LRTASK CONJAM] LOAD CONTROLS ON THE ACCESSION LISTS. C. [LRTASK CUM] TASK THE CUMULATIVE TO RUN EACH NITE D. [LRTASK CUM FILEROOM] TASK CUMULATIVE FILEROOM REPORT E. [LRTASK DAILY INTERIM 1] QUEUED INTERIM DAILY REPORT (FIRST) F. [LRTASK DAILY INTERIM 2] QUEUED INTERIM DAILY REPORT (SECOND) G. [LRTASK DISCHARGE] Patient Lab Discharge Summary H. [LRTASK LAB] START-UP THE BACK GROUND 'LAB' ROUTINE I. [LRTASK NIGHTY] NIGHTLY CLEANUP J. [LRTASK PHSET] CREATE NEW COLLECTION LIST K. [LRTASK ROLLOVER] ROLLOVER ACCESSION L. [LA7TASK NIGHTY] Lab Messaging Nightly Cleanup			Review option description field in the Option file (#19) for details on the task.