



	<ul style="list-style-type: none"> <li>• BB orders in fax machine. Consensus from staff: to give BB orders to CLS right away.</li> <li>• Use EasyNet request online when you need engineering to fix something, eg. light bulb change, etc. Link was e-mailed to everyone.</li> <li>• Regional supply request available online starting June 26, 2017. See Powerpoint presentation.</li> <li>• When other departments borrow supplies from us like vacutainer tubes, needles, etc. Please log it on the “Loaned and Borrowed” form next to the fax machine. We have been receiving reports of other departments borrowing so much supplies from us and we want to keep track of them.</li> </ul>	
	<ul style="list-style-type: none"> <li>• All instructions need to be followed carefully. This is critical especially for manual tests like mono test, etc. Mono test instructions: <ul style="list-style-type: none"> <li>• Allow reagents, controls and specimens to reach room temp.</li> <li>• Gently mix the reagent vial to obtain a uniform suspension.</li> <li>• Label one well for each control and specimen.</li> <li>• Pipette 50uL of serum or plasma onto the center of one of the circles on the slide.</li> <li>• Place one drop of reagent next to the drop of sample. To assure proper delivery the reagent dropper must be held vertically and a single drop allowed to fall.</li> <li>• Using a stirrer, mix and spread both drops over the whole circle.</li> <li>• Rock the slide slowly and gently for no longer than 60 seconds, then allow to remain undisturbed on a flat surface for an additional sixty seconds allowing agglutination to fully develop.</li> <li>• Without disturbing the slide, examine immediately for agglutination and record the results on the worksheet. Disturbing the slide when interpreting the results may cause agglutination to be dispersed.</li> </ul> </li> <li>• Always place green calibrated stickers on reagents after calibrating especially Access 2 reagents.</li> <li>• Always check for expiration dates before using any controls or reagents. iPTH controls opened stability is only 7 days. Refer to the Chemistry reagent/control stability chart on freezer door.</li> <li>• Pending logs- reminder to always print pending logs and try to resolve it or endorse if you can't. If something was missed by previous shift, please take care right away while specimen stability is still good. Check “ All Pending”.</li> <li>• When checking, for am pendings, CLS to communicate to specimen processing phleb. The processor can decide and ask his/her teammates if they need help.</li> <li>• API Reminders We need to review the process of handling Chemistry proficiency samples that we huddled about before:</li> </ul>	CLS

	<ul style="list-style-type: none"> <li>• Work with only one sample at a time. Do not take out all the samples from the box as there's a bigger chance of picking the wrong sample.</li> <li>• Verify the sample ID on the vial before and after aliquoting.</li> <li>• Remain focus and alert always.</li> <li>• Initial and date the vials you've worked on.</li> <li>• Don't wait until the end of the shift before running samples.</li> <li>• Always check QC before running samples.</li> <li>• Always follow the API instructions on the result forms.</li> <li>• Do not run in duplicate! Except if that's what needs to be done if it's a patient sample like performing dilution.</li> <li>• Initial the result forms. Put the specimen # on instrument print-outs and Cerner reports.</li> <li>• Submit instrument print-outs, Cerner reports, QC and API result forms on or before the due date.</li> </ul> <p>These are just some steps to follow. Anything we can add to improve proficiency samples handling, please let me know. Remember we treat these samples as patient specimens. For more information, review the regional policies on lab net regarding proficiency testing and ramifications of failed proficiency. Any questions, please ask.</p> <ul style="list-style-type: none"> <li>• Do not attach comments on the DNS result line if you want this to be seen on KPHC. This doesn't transmit to KPHC. Example: DNS Lipase- if you have a diluted result that you attach to this result line, the provider will not see the result. Attach comment to the lipase line below.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Continue to use ORV when logging in ED. We are still missing tests like Troponin, BhCG and delays patient care.</li> </ul>	Phlebotomist
UBT	<ul style="list-style-type: none"> <li>• Voice of the Customer <ol style="list-style-type: none"> <li>1. When cancelling tests, use 3 key words <ul style="list-style-type: none"> <li>✓ <u>C</u>ancelling the test bec....</li> <li>✓ <u>R</u>eorder</li> <li>✓ <u>R</u>ecollect if necessary</li> </ul> </li> <li>2. When calling for critical result <ul style="list-style-type: none"> <li>✓ Ask read back of result and CLS name (CLS to introduce themselves using <b>full name</b>)</li> </ul> </li> <li>3. Lab not helpful and rude. Continue to provide excellent customer care to our customers: patients, nurses, physicians, etc. Communicate good service but not saying " I am by myself!" or "I don't know I just got here!". Better to say " Please give me info and I will get back to you" or " We will be there ASAP".</li> </ol> </li> </ul>	ALL Staff

This concludes the Minutes of the \_\_\_\_June 6, 2017\_\_ Lab Staff Meeting.

Prepared by: \_\_\_\_Nancy\_\_\_\_\_ Date: \_\_\_\_June 7, 2017\_\_\_\_\_

# Technical Bulletin

SCPMG LABORATORY SYSTEM – MEDICAL CENTER

## Medical Center Laboratory – 05/31/2017

### Clostridium difficile Antigen and Toxin A and B with Reflex to PCR

Effective June 05, 2017, Clostridium difficile Antigen and Toxin A and B will be performed at the Medical Center. Providers should order this test as a screen. Indeterminate result from the screen will automatically reflex to C.diff PCR.

- Testing will include a GDH (C difficile common antigen) screen as well as an assay for both Toxin A and Toxin B.
- Testing that is either POSITIVE or NEGATIVE for both GDH and the toxin assay will be immediately result and reported to the chart. For Indeterminate results, the sample will automatically be sent to Regional Reference Laboratory for PCR testing.
- There will be no critical value notification for positive results
- Submit only a single loose [non-formed] specimen to rule out disease.
- Testing is limited to no more than one test every 7 days.

### Test Information

KRMS Procedure Code:	8744903
Health Connect Order Code:	Clostridium difficile Antigen and Toxin A and B, with Reflex to PCR [231607]
Specimen Container:	Collect: Commode Specimen Collector Transport: SC99 Sterile Container
Specimen Requirements:	1 mL [Loose] Non-Formed Stool [Formed Stool will be rejected]
Transport Temperature:	Refrigerated (preferred), 3 days for GDH/Toxin, 5 days for PCR; Ambient (acceptable) 24 hours both GDH/Toxin and PCR
Transport Requirements:	Send the specimen to Medical Center Laboratory immediately after collection
Testing Schedule:	Daily
Turn Around Time:	Inpatient/ED (Routine) – 4 hours Inpatient/ED (Stat) – 2 hours Outpatient – 8 hours
Methodology:	C. Diff Quick Check Complete – Immunoassay

### Questions?

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Alere Technical Support at (877)-441-7440  
Questions for which type of stool to send – call the local Infection and Prevention Control Department

Technical Bulletins are archived on the **LABNET** website for your convenience.  
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