

LAB Dept MEETING – Huddles

Date of Meeting: 3/2/2018

Attendees: Alan Dandridge, Juliet Garlejo, Raquel Lecaro, Lourdes Maniago, Neil Lim, Greg Johnson, Bill Craig, Letty Fajardo, Michelle Trammell, Melanie Magee, Juanita Fernandez, Paula Garcia, Marissa Galilung, Marie Rutledge, Theda Bryant

Topic	Details	Action Item, responsible person, date due, or informational only
KUDOS SAFETY TIP	<ul style="list-style-type: none"> • Employee anniversary recognition Jan-Mar: Thank you so much for a job well done! <ul style="list-style-type: none"> ➤ Michelle Trammell – 9 years ➤ Mark Gomez- 9 years ➤ Melanie Magee- 5 years ➤ Tammy Rantung- 2 years ➤ Roderick Galvey- 1 year ➤ Neil Lim- 1 year 	Informational
	<ul style="list-style-type: none"> • UTM tubes for FLU/RSV are good for 72hrs. They are kept in the fridge next to freezer on a rack. You can add on for FLU/RSV or send out tests within 72 hours. • Clarification on breaks from KP Policy Library: <p style="margin-left: 20px;"><i>5.7.4 Hourly Employees who leave their department or worksite for any personal reason during the day (except while on designated paid rest periods) must clock OUT and clock back IN when returning to the department or worksite. This does not apply to employees required to leave their worksite for official Kaiser Permanente business.</i></p> • Some learnings from recent Cerner downtime: <ul style="list-style-type: none"> ➤ Since Cerner auto accessioning is off (DT > 2 hours), all orders after 2100 did not interface from KPHC to Cerner. This is the reason why we really have to follow the flow chart- the top part about inpatient orders where we have to obtain orders from KRMS-EP. We missed a few draws from the floor as a result. The missed draws were included in the AM draws. The nursing sup was called to remind her about the downtime so floors faxed or called lab about timing critical draws and stats (as far as I know no TC or stats were missed). ➤ All timing critical inpatient orders placed before the downtime scheduled to draw after the DT had Cerner accession labels so these were manually resulted during recovery. 	ALL STAFF

	<ul style="list-style-type: none"> ➤ DXC 600 racks were cleared before recovery; all specimen IDs used were deleted so we were not able to auto transmit results. Results were manually entered. Lesson learned: Don't clear racks until after recovery and all results transmitted. There was a discussion about this during AM huddle. It was pointed out that barcodes are used so specimen IDs remain even racks are cleared. This is not particularly accurate; specimen IDs disappeared once racks are cleared using 1-ZZZ (performed at the end or beginning of each shift). If you're only clearing a particular rack and position, more likely the specimen ID is preserved. To play it safe, during downtime, don't clear any racks or specimen IDs until recovery after results are merged. ➤ Blood Bank DT forms needed; currently staff uses BB cards to report results. ➤ RSV/Flu DT forms needed. <ul style="list-style-type: none"> • Stone Risk specimen- This can be from a Quest container or from a regular 24 hr KP container. There are 2 ways to process this test. See Lab Net for more information on processing. This was included in previous huddles and competencies before. Do not reject specimen and cancel order if collected on a 24 hr KP container. 	
	<ul style="list-style-type: none"> • Formalin in same box as BB Saline which is a white boxed container. Please look what solution you are putting away to avoid a possible mix up that will cause Instrument to be down or cause a mistake from other staff. (e.g. someone put the Formalin with the BB Saline and if Myrna would not have noticed it this could have caused the Vision to be damaged since it uses the BB Saline. • When you receive the reference lab results for antibodies please print out the AB Screen, and Panel done on the vision with the Antibody worksheet. Also for the CLS inputting the preliminary report please when you are putting in comments to press F2 then type ABID which will input a canned comment about the report going to health connect then just type LifeStream and then start to type the report. Please also remember to add your DAT results to the report, for this only happens rarely. • When opening a new BB Saline open date and expiration date of 6 months after with initials need to be put on the box. • C. Diff resulting- Auto-Result implementation 	CLS

	<p>Effective March 6,2018, the Cdiff Interp field in Cerner will now auto-result when the Antigen and Toxin results are entered. The CLS will no longer have to select the result from the dropdown.</p> <p>To be able to implement this on Production, Informatics will need 2 hours to update the files.</p> <p>***On Tuesday, March 6,2018, between 0900-1100, do not report patient results for Cdiff AgTx Quick Chek. For STAT samples, give verbal results. Informatics will notify each testing location when the update is complete***</p> <p>Technical Bulletin attached and will be posted in testing area.</p> <ul style="list-style-type: none"> • CBC tubes – store in refrigerator. Do not keep at RT. • Use Hyalurodinase on viscous synovial fluid to liquify sample. This is located in the freezer, Follow procedure in Hematology manual. 	
	<ul style="list-style-type: none"> • All shifts please do not close tote earlier than 15 minutes prior to the other shift arriving. There are samples that could have been sent and not have delays. Also remember to add the blood cultures to the tote done wait because you just closed it. 	Phlebotomist
UBT	<ul style="list-style-type: none"> • Michelle and Marissa met with ED manager to discuss: <ul style="list-style-type: none"> ➤ Pre-analytical issues involving ED specimens like wrong label on wrong tube, not drawing 2 green and 2 purple top tubes, not pulling all labels from KPPI, pulling all labels ,eg. Urinalysis label without urine specimen, using extra labels when there's actual orders. ➤ Applying Blood culture labels ➤ Lactic acid reflex order ➤ ED overflow (border patients)- ED draws (nurse collect0 ➤ Lab support to ED workflow- ED will create a work flow <p>Lab will partner with ED to work on these issues.</p>	

This concludes the Minutes of the ___3/2/18_____ Lab Staff Meeting.

Prepared by: _Theda Bryant_____ Date: ___3/9/18_____

Lab Informatics Announcement

SCPMG Laboratory System – Laboratory Informatics Department

Cdiff Interp (part of Cdiff AgTx Quick Check)

Auto-Result implementation

Application Cerner Millennium GenLab

Announcement The Cdiff Interp field in Cerner will now auto-result when the Antigen and Toxin results are entered. The CLS will no longer have to select the result from the dropdown. To be able to implement this in Production, Informatics will need 2 hours to update the files.

*****On Tuesday, March 6, between 0900-1100AM, do not report patient results for Cdiff AgTx Quick Check. For STAT samples, give verbal results. Informatics will notify each testing location when the update is complete*** Kindly inform staff and place this announcement near the testing area.**

Cerner ARE

The image displays four screenshots of the Cerner ARE interface, arranged in a 2x2 grid. Each screenshot shows a patient record for 'MIDIASSAY, 20 Y F' with a kit expiration date of '20 years'. The 'Results' section is expanded to show the 'Cdiff Interp' field. In the top-left and top-right screenshots, the 'Cdiff Interp' field is set to 'Positive'. In the bottom-left screenshot, it is set to 'Negative'. In the bottom-right screenshot, it is set to 'Indeterminate'. The 'Cdiff AgTx' and 'Cdiff Toxin' fields are also visible and set to 'Positive' in all screenshots.

Effective Date: Tuesday - March 6, 2018

Distributed by: Laboratory Informatics Department
11668 Sherman Way, North Hollywood, CA 91605
Phone: (818) 503-6894 or Tie Line: 8-397-6894

Issue Date: February 27, 2018

Technical Bulletin

SCPMG Laboratory System – Regional Reference Laboratories

ABO/Rh, Antibody Screen, Antibody ID, and Antibody Titer

Effective 03/20/2018, the SCPMG Laboratory System will switch methodologies and platforms from Immucor's solid phase NEO platform to Ortho Diagnostic's Vision Max analyzer utilizing gel card technology.

This change will standardize methodologies across the region, including medical centers and the Regional Reference Labs.

There will be no changes made to the Antibody Titers. This test will continue to be performed using the manual method.

QUESTIONS?

Client Service Center, 1-888-4LAB NFO, or tie line 8-397-7077

JiYeon Kim, MD, MPH

Physician Director, Esoteric Chem & Immunology, Special Coagulation, Lab Informatics

Southern California Permanente Medical Group Regional Reference Laboratories

Cell (323) 819-6703

Office (818) 503-6710

Leo Khajekian, MBA, CLS, MLS(ASCP)

Operations Manager, Immunology

North Hollywood Regional Reference Laboratory

11668 Sherman Way

North Hollywood, CA 91605

Phone: 818-392-7210 or 323-783-1562

Fax: 818-503-6713

Technical Bulletin

Laboratory Care Delivery System – Regional Reference Laboratories

ADDITION OF IMMUNITY STATUS TO HEPATITIS A IGG INTERPRETATIONS

Effective **immediately**, the SCPMG Laboratory Care Delivery System will replace the existing Hepatitis A IgG interpretations with new ones to better clarify immunity status.

KPHC ORDER NAME [CODE]	EXISTING RESULT COMMENTS	NEW RESULT COMMENTS
Hepatitis A IgG [86708B]	<p>Please see below for interpretive criteria:</p> <p>NON-REACTIVE: IgG anti-HAV not detected. REACTIVE: IgG anti-HAV detected.</p>	<p>Please see below for interpretive criteria:</p> <p>NON-REACTIVE: IgG anti-HAV not detected (non-immune). REACTIVE: IgG anti-HAV detected (immune).</p>

QUESTIONS?

Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077

Jonathan Craig Gullett, MD, Physician Director of Microbiology, 909-703-6033, or tie line 263

Ken Van Horn, PhD, D(ABMM), Technical Director of Microbiology, 909-703-6062, or tie line 263

Technical Bulletin

Laboratory Care Delivery System – Regional Reference Laboratories

TRANSPLANT TESTS AVAILABLE AS ORDERABLES IN KP HEALTH CONNECT

The Regional Reference Laboratory System is pleased to announce the availability of 7 Transplant tests that are orderable in HealthConnect effective 2/21/18.

TEST INFORMATION

KPHC Order Display Name		HUMAN HERPESVIRUS 6 DNA, QUANTITATIVE, PCR	
KPHC Proc Code	87533A		
Result CID	12015721, 12427034, 12426976, 12426977, 12124260		
KRMS Proc Code	8753301		
KRMS Description	HHV 6 DNA, PCR		
Performing Lab Information	Lab	ARUP	
	Test Code	60071	
	Name	Human Herpesvirus 6 (HHV-6A and HHV-6B) by Quantitative PCR	
	CPT Code	87533	
	Specimen	Plasma or CSF	
	Volume	1 mL	
	Container	LAV5 or SF10	
	Transport Temperature	Frozen	
KPHC Order Display Name		ADENOVIRUS DNA, QUANTITATIVE, PCR	
KPHC Proc Code	87799N		
Result CID	12015721, 12426116		
KRMS Proc Code	8779903		
KRMS Description	ADENO DNA, QNT, PCR		
Performing Lab Information	Lab	Quest	
	Test Code	19726	
	Name	Adenovirus DNA, Quantitative Real-Time PCR	
	CPT Code	87799	
	Specimen	Whole Blood, CSF, BAL, Sputum, Urine	
	Minimum Volume	0.35 mL	
	Container	UTM, or LAV5, or SF10 or UTM	
	Transport Temperature	Refrigerated (cold packs)	

KPHC Order Display Name	ADENOVIRUS DNA, PCR	
KPHC Proc Code	87798S	
Result CID	12015721, 12124830	
KRMS Proc Code	8779807	
KRMS Description	ADENO DNA, QL, PCR	
Performing Lab Information	Lab	Quest
	Test Code	16046
	Name	Adenovirus DNA, Qualitative, Real-Time PCR
	CPT Code	87798
	Specimen	Stool
	Volume	1 g
	Container	UTM
	Transport Temperature	Frozen
KPHC Order Display Name	ASPERGILLUS GALACTOMANNAN ANTIGEN, BAL, SEMIQUANTITATIVE, EIA	
KPHC Proc Code	87305C	
Result CID	12426260, 12426982	
KRMS Proc Code	8730503	
KRMS Description	ASPERG AG-BAL	
Performing Lab Information	Lab	Quest
	Test Code	90376
	Name	Aspergillus Antigen, EIA, BAL
	CPT Code	87305
	Specimen	BAL
	Volume	2 mL
	Container	StrlCont
	Transport Temperature	Frozen
KPHC Order Display Name	ASPERGILLUS GALACTOMANNAN AG	
KPHC Proc Code	87305B	
Result CID	12125341, 12426978	
KRMS Proc Code	8730505	
KRMS Description	ASPERG AG-BLOOD	
Performing Lab Information	Lab	Quest
	Test Code	14950
	Name	Aspergillus Antigen, EIA, Serum
	CPT Code	87305
	Specimen	Serum
	Volume	2 mL
	Container	RED7
	Transport Temperature	Frozen ≤ -70°C (dry ice)

KPHC Order Display Name		(1,3)-BETA-D-GLUCAN, SEMIQUANTITATIVE	
KPHC Proc Code	87449N		
Result CID	12125342, 12426198		
KRMS Proc Code	8744915		
KRMS Description	1,3-BETA D GLUCAN		
Performing Lab Information	Lab	Quest	
	Test Code	16283	
	Name	Fungitell (1-3)-B-D-Glucan Assay	
	CPT Code	87449	
	Specimen	Serum	
	Volume	1 mL	
	Container	RED7	
	Transport Temperature	Refrigerated (cold packs)	
KPHC Order Display Name		MUCORALES DNA, PCR	
KPHC Proc Code	87798BT		
Result CID	12123321		
KRMS Proc Code	8779809		
KRMS Description	MUCORALES, PCR		
Performing Lab Information	Lab	Viracor (via North Hollywood and Chino Hills Regional Reference Laboratory)	
	Test Code	3200	
	Name	Mucorales Real-time PCR	
	CPT Code	87798	
	Specimen	Tissue/BAL	
	Volume	Tissue: 5 mg fresh tissue (approximately ½ of a pencil eraser size) BAL: 2 mL (min. 0.5 mL)	
	Container	Strl Cup	
	Transport Temperature	<p>Tissue: The preferred handling is to not add water, saline or other fluid media to the tissue container; however, fluid media filled containers will be accepted for qualitative results. Store frozen and ship on dry ice for overnight delivery. Formalin fixed, paraffin embedded tissue will not be accepted.</p> <p>BAL: Store at 2 to 8°C or frozen in a non-self-defrosting freezer. Ship with frozen gel packs or dry ice for overnight delivery. If storage longer than 2 days is needed, specimens should be frozen at -70° C prior to shipment.</p>	

QUESTIONS?	
Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077	

Technical Bulletin

Laboratory Care Delivery System – Regional Reference Laboratories

ADDING INTERPRETATIONS TO TOXOPLASMA IGG RESULT COMMENTS

Effective **immediately**, the SCPMG Laboratory Care Delivery System will add interpretations to the Toxoplasma IgG result comments to better assist providers with this useful information.

KPHC ORDER NAME [CODE]	EXISTING RESULT COMMENTS	NEW RESULT COMMENTS
Toxoplasma IgG [86777F]	Please see below for interpretive criteria: See LabNet for more information.	Please see below for interpretive criteria: <u>Reference Ranges</u> <= 9 IU/mL = Negative 10-11 IU/mL = Equivocal >= 12 IU/mL = Positive

QUESTIONS?

Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077

Jonathan Craig Gullett, MD, Physician Director of Microbiology, 909-703-6033, or tie line 263

Ken Van Horn, PhD, D(ABMM), Technical Director of Microbiology, 909-703-6062, or tie line 263