LAB Dept MEETING – Huddles

Date of Meeting: 3/15/18
Attendees: Michelle Trammell, Melanie Magee, Mark Gomez, Elliott Faure, Janet Gerges, Juanita Fernandez, Alan Dandridge, Juliet Garlejo, Raquel Lecaro, Lourdes Maniago, Marie (Mhae) Villafuerte, Marissa Calilung, Marie Rutledge, Theda Bryant

Topic	Details	Action Item, responsible person, date due, or informational only
KUDOS SAFETY TIP	• Kudos to Tessa for organizing office supplies drawer. • Kudos to Juliet for suggesting small PHI bins on counters. • Small PHI bins on counters in testing area. Please empty at the end of each shift, be sure to put contents in the large PHI bin up front.	Informational
	• Patient Safety Awareness Week – March 11-17 • Job postings: ➢ AM Limited PT Phlebotomist replacing Paula Garcia ➢ Temporary FT Night (H2) Phlebotomist ➢ 2 Limited PT CLS have been changed to 1 PT variable CLS posting pending approval. • Current RRL Technical Bulletins are always attached to huddle notes. Read these bulletins as they have important announcements/information. • Speak up culture – Don't hesitate to escalate matters even on off hours. There is always an on-call manager. If you're not sure, ask, call and escalate. • Memorial holiday sign up posted, due by 4/9/18.	ALL STAFF
	• New lot 6C and retic QC for DXH needs to be consistently ran with current lot for parallel study. • Make sure to review and accept DXH QC after each run in real time. • Review all QCs in department you're working before any patient run. Make sure everything is acceptable before releasing any result. Make sure all QC for all tests are run. In Chemistry, review QC on analyzers for shifts and trends and review on daily QC print outs as well. Initial	CLS

printout once its's reviewed. There should be 2-3 initials on daily QC print-outs- one for night CLS (after running QC), one for day CLS and another one for the night CLS if different from the one who ran it. By your initial, it means QC is all acceptable and complete. Report all shifts and trends or any issues to the next CLS and on shift report. Escalate as soon as possible if necessary.

- Don't forget to document any QC corrective action on analyzers or problem log. We will continue to notify you if this is missed. This is a regulatory requirement.

- PM CLS- Initial QC day if no patient test is performed for wet mount and gram stain. This is not done consistently.

- API / CAP Reminders

We need to review the process of handling Chemistry proficiency samples that we huddled about before:

- Upon PT samples arrival, read instructions. Storage maybe different for each sample.
- 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.
- Verify the sample ID on the vial before and after aliquoting.
- Remain focus and alert always.
- Initial and date the vials you've worked on.
- Don't wait until the end of the shift before running samples.
- Always check QC before running samples; watch for shifts and trends.
- Always read and follow the API / CAP instructions on the result forms.
- Do not run in duplicate! Except if that's what needs to be done if it's a patient sample like performing dilution. Follow the regional Manual Dilution Policy when performing dilution.
- Initial the result forms. Put the specimen # on instrument print-outs and Cerner reports.
- Submit instrument print-outs, Cerner reports, QC and API/CAP result forms on or before the due date.
- Make sure to use Cerner accession label assigned to each PT specimen.
- Review your result print-out to make sure the PT ID matches the specimen you ran.

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. • Mono Test – New mono test kit, Sekisui Osom, go live date- March 21,2018 • CLS Running the QC on the Vision must sign that the QC is acceptable. The next shift must sign the QC to verify it is acceptable prior to running patient's. Please place all print outs in the white folder next to the Vision.	
	• KPPI downtime regional flow chart attached- discussion with phlebotomists.	Phlebotomist
UBT	Centrifuge discussion- Raquel and Melanie	All

This concludes the Minutes of the _3/15/2018_____ Lab Staff Meeting.

Prepared by: _Theda Bryant_____ Date: __3/21/2018_____

Technical Bulletin

SCPMG Laboratory System – Regional Reference Laboratories

STANDARDIZATION OF RAPID INFECTIOUS MONONUCLEOSIS TESTING

Effective Wednesday, **March 21st, 2018**, the SCPMG Laboratory Care Delivery System will change kits for its rapid heterophile antibody Infectious Mononucleosis testing performed in our Medical Center Laboratories. The change will involve replacement of both the Fisher HealthCare Sure-Vue and Alere Clearview kits with the Sekisui OSOM kit, which will also serve to standardize our tests across the region. The methodology for testing will change from hemagglutination to immunochromatography, but order codes and resulting will remain the same.

QUESTIONS?

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

Jonathan Craig Gullett, MD, Physician Director of Microbiology, jonathan.c.gullett@kp.org

Ken Van Horn, PhD, D(ABMM), Technical Director of Microbiology, ken.van-horn@kp.org

Technical Bulletin

Laboratory Care Delivery System – Regional Reference Laboratories

PARALLEL TESTING DUE TO PSA ASSAY CHANGE

In a few months, there will be a change to the PSA assay that will lower results due to a change in the reagents released by the vendor. PSA results will decrease by approximately 5%.

On the advice of Regional Chiefs of Oncology, Radiation Oncology, and Urology, parallel testing will be conducted for a few months to permit re-baselining of patients. Automatic parallel testing will be conducted when **PSA, POST TREATMENT [84153G]** is ordered, starting March 5, 2018. PSA results using old reagents in the normal result field; PSA result using new reagents in the result comment field. Parallel testing will not be conducted when the standard **PSA [84153B]** is ordered to avoid confusion.

TEST INFORMATION

KPHC Name [Code]	Parallel Testing	Notes
PSA, POST TREATMENT [84153G]	Yes	• Result using old reagents in the normal result field • Result using new reagents in the result comment field
PSA [84153B]	No	N/A

QUESTIONS?

- Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077
- Darryl E. Palmer-Toy, MD, PhD, Physician Director, SCPMG Regional Reference Core Laboratories: 818-503-7028, tie-line 397

Technical Bulletin

SCPMG Laboratory System – Regional Reference Laboratories

COCCIDIOIDES IMMITIS AB TESTING CHANGES

Effective Wednesday, **March 21st, 2018**, the **COCCIDIOIDES IMMITIS AB, ID [86635Q]** order will be activated in KPHC (*except for Kern County), which will serve to ease the burden of immunodiffusion orders (manual to electronic) for our providers.

Additionally, **COCCIDIOIDES IMMITIS AB, ID [86635Q]** and **COCCIDIOIDES IMMITIS AB, CF [86635R]** will both migrate from the KRMS-Quest interface to the Cerner RLN-Quest interface. These changes will improve specimen tracking capabilities and allow for both trending and data mining of results.

*Note: Kern County specimens are sent to the Kern County Public Health Agency for complement fixation and immunodiffusion testing.

QUESTIONS?

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

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Technical Bulletin

SCPMG Laboratory System – Regional Reference Laboratories

REPLACEMENT OF ACANTHAMOEBA CULTURE DISPLAY NAME AND ORDER CODE IN KP HEALTHCONNECT

Effective Wednesday, **March 21st, 2018**, the SCPMG Laboratory Care Delivery System will replace the Acanthamoeba Culture KP HealthConnect Display Name and Order Code with those shown below.

This change will effectively allow providers to send these specimens directly to Quest Diagnostics and not first through the Regional Reference Laboratories, thus improving turnaround time.

TEST INFORMATION		
	Old Assay	**New Assay**
KPHC Display Name	ACANTHAMOEBA SPECIES SCREENING CULTURE	ACANTHAMOEBA AND NAEGLERIA CULTURE
KPHC Order Code	87081K	87081ZAO

QUESTIONS?

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

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Technical Bulletin

Laboratory Care Delivery System – Regional Reference Laboratories

SEMEN ADDED AS SPECIMEN SOURCE

The Laboratory Care Delivery System is pleased to announce that, effective Wednesday, **March 21, 2018**, semen will be added to the specimen source pick list for the following tests:

1) GRAM STAIN [87205B]
2) GENITAL CULTURE [87070H]
3) NON-STERILE SITE CULTURE [87070ZZH]

QUESTIONS?

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

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Ken Van Horn, PhD, D(ABMM), Technical Director of Microbiology, ken.van-horn@kp.org

Technical Bulletin

SCPMG Laboratory System – Regional Reference Laboratories

PLATFORM CHANGE FOR PROCALCITONIN TESTING

The Laboratory Care Delivery System is pleased to announce that, effective Wednesday, **March 21st, 2018**, **PROCALCITONIN [84145B]** testing at the Regional Reference Laboratories will transition to a more automated testing platform. The intent of this change is to improve turnaround time and efficiency.

There will be no changes to the reference range, and the transition will be seamless to the providers.

QUESTIONS?

- Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077
- Darryl E. Palmer-Toy, MD, PhD, Physician Director, SCPMG Regional Reference Core Laboratories: 818-503-7028, tie-line 397
- Jonathan Craig Gullett, MD, Physician Director of Microbiology: 909-703-6033, or tie line 263

KPPI Downtime

Purpose

This process describes the workflow stages that comprise the KPPI downtime.

Scope

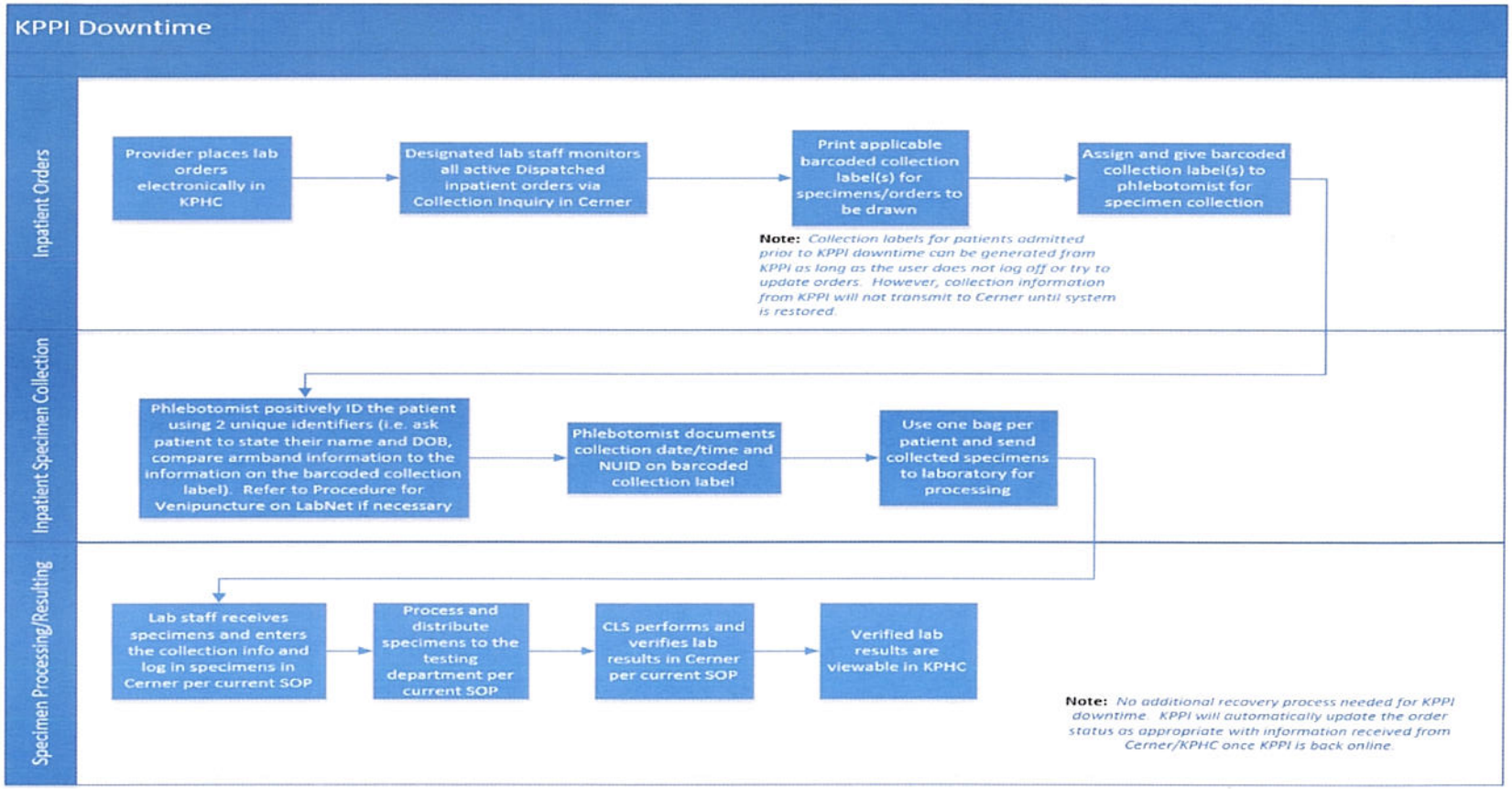
This process is intended for all users.

Process

Refer to the diagram on Page 2 of this document to view the workflow for KPPI downtime.

Continued on next page

KPPI Downtime, Continued



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