

LAB Dept MEETING – Huddles

Date of Meeting: 7/19/18

Attendees: Jocelyn Ybarra, Alan Dandridge, Juliet Garlejo, Raquel Lecaro, Lourdes Maniago, Maria Villafuerte, Michelle Trammell, Melanie Magee, Juanita Fernandez, Vanessa Cardenas, Erica Torres, Melinna Ayala, Marissa Calilung, Marie Rutledge, Patricia Chea, Theda Bryant

Topic	Details	Action Item, responsible person, date due, or informational only
KUDOS SAFETY TIP	<ul style="list-style-type: none"> • Yea!! Welcome back Tricia we all missed you. Don't worry we didn't mess up the lab. • Welcome Erika Torres Phlebotomist PT-L Day, Rizza Alcordo PT CLS • Congratulations to all phlebotomists for doing a great job in sending Blood cultures on the first available courier to the Regional Lab. MV lab is tied with Irvine @ 96% for Jan-May,2018 and @ 98% in June for second place! Way to go team!! Keep it up!! • Disaster Drill today, 7/19/18 0500-0800- hazardous spill Short informational in service by Dan Chambers. Some highlights: <ul style="list-style-type: none"> ➤ For spills, think SIN; S for safety, I for isolate and N for notify ➤ Dial 300 for administrative spill team ➤ Department that has chemical is responsible for cleaning up hazardous spill ➤ Proper PPE's include impervious lab coat or tyvex suit, gloves, APR (air purifying respirator), boots ➤ Use buddy system when cleaning up spill ➤ Lab SDS are in cabinet behind Theda's desk in green binders. Use information on SDS to properly handle spill. 	Informational
	<ul style="list-style-type: none"> • Thanks to all staff picking up extra shifts it's been extremely short. I know you all are exhausted, but we are fully staffed so that should be a relief for everyone. • Reminder that People Pulse is arriving soon in September. Please remember if you don't respond to the survey your voice is not heard. We want you all to be truthful and express what is going "Good" and "Not so good" in the lab. We need all your participation to see the full scope of success and improvements we need to have knowledge of. <p style="text-align: center;"><i>People Pulse: September 10-28,2018</i></p>	ALL STAFF

	<ul style="list-style-type: none"> • Please remember to review the Meeting Minutes within 2 weeks, for there are many important updates you need to know. • Please remember to help your co-worker if you are not busy. Not a good practice to say it's not my job or to ignore your co-worker when they are extremely busy. • Reminder: Please speak English only in work place. We don't want to offend anyone by speaking in other languages not everyone can understand. • Code stroke: Remember every minute counts. Please process all code stroke samples in a timely manner. Coming up: Instead of stamp, we will put stickers on code stroke tubes to let everyone know these are high priority specimens. • Sepsis Alert- how is this going? Everyone should be familiar with the process/work flow now. 	
	<ul style="list-style-type: none"> • Regarding Neonates we give the whole unit for transfusion and verify with the clinician that they are only giving ??CC's to the baby. Do not prepare any syringes, for this is not our policy at MV. • When reviewing daily QC especially in Chemistry, please pay close attention to shifts and trends and document in shift report. Thank you to those who are doing this already! It's much appreciated! • Some medical centers had noticed Pseudohyperkalemia in patients with Chronic Lymphocytic Leukemia. Had anyone experienced this here? It should be a spuriously elevated K+ with extremely high WBC count as seen in CLL cases. If we ever encounter this, advise the phleb to redraw using a plain red top tube with no tourniquet, let the tube clot in 37 degrees incubator for 15 minutes, centrifuge and re-run the K+. LabNet will possibly be updated to reflect this. • Annual competencies in Chemistry, Urinalysis, Microbiology, and Hematology are due by October 8,2018. As explained before, there's a new process wherein only the managers and CLS validators (who were validated by managers) for each department can validate. No raw data collection is necessary either. 	CLS
	<ul style="list-style-type: none"> • Remember when a patient has a CBC and BNP please remember to place the tube in hematology first, so the patient does not have to be redrawn. If BNP is spun first then the CBC cannot be run. • Lab is processing stool samples now. This was discussed in the last lab huddle and including this again as a reminder. We are not to call nurses back and have them transfer stool in O&P bottles, etc. As laboratorians, we know more how to process specimens especially with multiple orders. 	Phlebotomist

	<ul style="list-style-type: none"> As discussed in the previous huddle, we need to get better in performing routine non-AM draws. We have 4 hours from order to completion. We went down from 86% in May to 84% in June. Some of the challenges that you shared are when the draw time is change on Medicopia, hard stick draws, orders placed at the wrong time since patient was not given medication yet. We need to follow our workflow for hard stick draws, we notify the nurse (document) before cancelling so they can reorder later. 	
UBT	<ul style="list-style-type: none"> How's the 2 tests of change going? <ul style="list-style-type: none"> ➤ Are we only receiving urines in white capped containers? Are we documenting the ones received in blue capped? We are still getting urines in blue capped containers. Please continue to log all urines received in blue capped containers. This is being monitored and followed up. As shared with you, ED is running low on white cap containers, they will give us yellow and gray top tubes only. They will send urine on white cap containers when there's a UDS order only. This is until they get their supplies. ➤ Are we putting all urines in refrigerator after testing? ➤ Are we retrieving urines in refrigerator and processed for urine culture if added? ➤ Are we only using phlebotomy trays during Quiet at Night? 2200-0500 	

This concludes the Minutes of the _7/19/18_____ Lab Staff Meeting.

Prepared by: Marie T. Rutledge/ Marissa G Calilung_ Date: _7/24/18_____

Technical Bulletin

Laboratory Care Delivery System – Regional Reference Laboratories

INACTIVATION OF AFB BLOOD CULTURE

Effective Wednesday, **July 18, 2018**, the Laboratory Care Delivery System will inactivate the **AFB BLOOD CULTURE** orderable, as it will instead be consolidated with AFB CULTURE [87116E].

TEST INFORMATION

Inactivated Test Order

KPHC Order Display Name	AFB BLOOD CULTURE
KPHC Order Code	87116H

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

INACTIVATION OF ESCHERICHIA COLI O157:H7 CULTURE

Effective Wednesday, **July 18, 2018**, the Laboratory Care Delivery System will inactivate the *ESCHERICHIA COLI O157:H7 CULTURE* orderable.

TEST INFORMATION

Inactivated Test Order

KPHC Order Display Name	ESCHERICHIA COLI O157:H7 CULTURE
KPHC Order Code	87075H

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

REGIONAL C. DIFFICILE TESTING STRATEGY STANDARDIZED TO KPHC

The Laboratory Care Delivery System is pleased to announce that starting on **July 18, 2018**, based on consultation with regional infection control and infectious diseases chiefs, inpatient **C. DIFFICILE** testing strategies will follow a single testing algorithm that starts with an immunoassay to detect toxin-producing strains of *C. difficile*, followed by confirmatory testing with PCR.

Without the immunoassay as the first testing step, the standalone PCR assay can detect organisms in asymptomatic carriers and symptomatic patients alike; therefore, it will be removed from inpatient electronic orders. In special cases, Gastroenterology (GI) and Infectious Diseases (ID) specialists will be able to call the local lab to place standalone PCR orders verbally. In the outpatient setting, the standalone PCR test order has already been restricted to GI and ID preference lists; all other providers have adopted the reflex order. This will standardize ordering practices for both inpatient and outpatient settings.

TEST INFORMATION

Regionally approved test algorithm order for <i>C. difficile</i> diarrheal infections for inpatient and outpatient settings	CLOSTRIDIUM DIFFICILE ANTIGEN AND TOXIN, A AND B, WITH REFLEX TO PCR [231607]
Details of regionally approved test algorithm	<ol style="list-style-type: none"> 1. Immunoassay first checks whether there are toxin-producing strains of <i>C. difficile</i> in the stool sample, reducing the possibility for detecting asymptomatic carriers 2. Equivocal immunoassay results automatically reflex to confirmatory testing by <i>C. difficile</i> PCR
Availability of algorithm order	Available to all KPHC providers in both inpatient and outpatient settings
GI and ID providers only	<ul style="list-style-type: none"> • Inpatient: can verbally place orders with lab for standalone <i>C. difficile</i> PCR, outside of regional protocol • Outpatient: can electronically place orders for standalone <i>C. difficile</i> PCR [247947]

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Laboratory Care Delivery System – Regional Reference Laboratories

WATER SAMPLE COLLECTION & TESTING UPDATE

Effective Wednesday, **July 25, 2018**, there will be a **change in water sample collection and testing** at the Regional Reference Laboratory.

TEST INFORMATION

SAMPLE(S) REQUIREMENT:

1. Sample port must be completely disinfected (usually with isopropyl alcohol) prior to sampling.
2. Sample collection at minimum 25mL (no more than 100mL) in a sterile container.
3. Send sample(s) with request form in a plastic bag and transport with cold packs in a cooler to SCPMG RRL- Sherman Way Solutions.

*Sample(s) Received	Sample(s) TAT Reading/Resulted Out
Wednesday	Monday
Thursday	Tuesday
Friday	Wednesday

**Sample(s) received after 12pm, may be processed the next business day*

QUESTIONS?

Your local Pathology Department
Client Service Center, 1-888-4LAB NFO, or tie line 397-7077
Solutions Preparation 818-503-6840, or tie line 397-6840

Technical Bulletin

Laboratory Care Delivery System – Regional Reference Laboratories

REAGENT ALCOHOL AND STAINING REAGENTS – USE ONLY COMMERCIALY PREPARED REAGENTS

Commercially prepared reagents should be used to assure highest quality of products according to the certified ISO 9001 standard to eliminate variability and lack of consistency of reagent content, which may interfere with laboratory testing. The mandatory date to use only commercially prepared reagents will be determined in 30 days. *The product order information below is based on what the SCPMG Regional Reference Laboratories are using.*

KP-SOLUTIONS PRODUCT NAME	COMMERCIALY PREPARED REAGENTS			
	ONELINK ID	ONELINK DESC.	SUPPLIER ID	SUPPLIER NAME
Acetone – Isopropanol-Gram's	10646230	Acetone Alcohol/Decolorizer	100022393	Hardy
Crystal Violet	10646229	Crystal Violet	100022393	Hardy
Grams Iodine	10338700	Grams Iodine	100022393	Hardy
Grams Safranin	10338960	Safranin	100022393	Hardy
EA-50	10683592	Cytomaster EA-50	100015907	American Master Tech
Diff Quik-I & II and Eosin	KTDKWGAL	Diff Quik Kit	100015907	American Master Tech
Mayer's Hematoxylin	10399400	Modified Mayer's Hematoxylin	100016571	Fisher Scientific
Orange-G	10294338	OG-6	100016571	Fisher Scientific
Reagent Alcohol, 95% 4L	10030719	Media 95% Alcohol Histoprep 1GL Denatured Plastic Container Mount	100016571	Fisher Scientific
50% Reagent Alcohol 90ML Sputum Fixative w/white cap 48-unit case	10680477	50% Reagent Alcohol 90ML w/white cap 48-unit case	100016571	Fisher Scientific
Reagent 50% Alcohol 4L	10644634	Reagent Alcohol 50% Certified Grade Poly bottle 4L	100016571	Fisher Scientific
Reagent Alcohol 70% 4L	10683343	Reagent Alcohol 70% Certified 4L	100016571	Fisher Scientific
Reagent 80% Alcohol 4L	10030720	Reagent 80% Alcohol Histoprep 1GL Histo.	100016571	Fisher Scientific

QUESTIONS?

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