
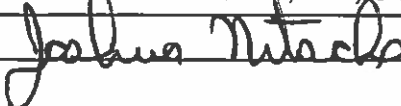
 Wake Forest* Baptist Medical Center	Microscope Maintenance Policy in The Birth Center	Dept:	Pathology Laboratory
		Effective Date:	June 2019
		Revised Date:	NEW
		Contact:	Laboratory Compliance, QA & Point of Care
Name & Title: Gregory Pomper, MD, Laboratory Director, Department of Pathology			
Signature: 		Date: 6/5/19	
Name & Title: Joshua F. Nitsche, MD, CLIA Laboratory Director, The Birth Center			
Signature: 		Date: 6/5/19	

1) General Procedure/Guideline Statement:

It is the policy of The Birth Center at Wake Forest Baptist Medical Center to perform required maintenance on their microscopes. Maintenance will either be performed or scheduled to be performed by Trimedx, here at the Medical Center. Arrangements to have scheduled preventative maintenance or any unexpected maintenance will be the responsibility of The Birth Center management by contacting Trimedx at 877-874-6339.

Weekly maintenance will be performed by testing personnel and documented on the Microscope Maintenance Log. The CLIA Lab Director or Designee will review the Microscope Maintenance Log monthly to ensure completeness and indicate this review by signing and dating the monthly log. After the review, the completed logs will be filed and kept in the Lab Maintenance section of the procedure manual.

If problems occur with the operation of the microscope, these must be documented under the Problems section of the Microscope Maintenance Log. Give a brief description of the encountered problem and the actions taken to correct the problem. The microscope should not be used for testing until the issue is resolved.

- a) **Scope:** The site holding the PPMP CLIA certificate and the physicians, midlevel practitioners and midwives performing the test will be responsible for carrying out the activities of the policy.
- b) **Responsible Department/Party/Parties:**
 - i. Procedure owner: WFBMC Laboratory Compliance, QA and Point of Care.
 - ii. Procedure: The site holding the PPMP CLIA certificate and the physicians, midlevel practitioners and midwives performing the test will be responsible for carrying out the activities of the policy/guideline/protocol.
 - iii. Supervision: The Laboratory Director as indicated on the PPMP CLIA certificate for the site performing the test and the Laboratory Compliance, QA and Point of Care will supervise activities outlined in this document.
 - iv. Implementation: The Laboratory Director as indicated on the PPMP CLIA certificate for the site performing the test, the Laboratory

Compliance, QA and Point of Care and/or the individual delegated by the CLIA Laboratory Director is responsible for ensuring compliance with processes stated in this document.

2) Definitions:

- a) **Guideline:** A recommended process or method for accomplishing a specific task or objective. All guidelines must comply with applicable WFBMC policies and procedures.
- b) **Policy:** As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.
- c) **Provider Performed Microscopy Procedure (PPMP):** A procedure from a select group of moderately complex microscopic tests that is performed by a provider (physician, midlevel practitioner, or midwife) as part of a patient's visit.
- d) **Clinical Laboratory Improvement Amendments (CLIA):** United States federal regulatory standards that apply to all laboratory testing performed on humans

3) Equipment:

- a) **Microscope Maintenance:**
 - 1. Weekly maintenance is done on the microscope used for testing to ensure cleanliness of the scope and an accurate reading of the specimen.
 - 2. Clean off dust in the microscope area.
 - 3. Clean the oculars, stage, and the condenser with a swab or lens paper moistened with a commercially available lens cleaner.
 - 4. Dry off with a new piece of dry lens paper.
 - 5. Document the maintenance on the Microscope Maintenance Log (*see Attachment A*).
 - 6. The Laboratory Director or Designee should check the maintenance log for complete documentation and reviewed monthly.
- b) **Calibration:**

Microscope maintenance is performed annually by Trimedx to ensure continued efficiency and quality of the equipment. Records will be maintained by Clinical Engineering and will be available upon request in the event of an inspection. The Birth Center will also keep a copy of the service record in the Lab Maintenance section of the procedure manual.

4) Review/Revision/Implementation:

- a) **Review Cycle:** This policy and procedure shall be reviewed by CLIA Laboratory Director at least every two (2) years from the effective date.
- b) **Office of Record:** After authorization, the Pathology Laboratory shall house this policy and procedure in a database and shall be the office of record for this policy and procedure.

5) Attachment:

Attachment D: Microscope Maintenance Log

6) Revision Dates:

Review Date	Revision(s)	Signature

Attachment D:

Microscope Maintenance Log

Microscope Location: _____ **Year:** _____

	Jan		Feb		Mar		Apr		May		June	
	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials
Week 1												
Week 2												
Week 3												
Week 4												
Week 5												

	July		Aug		Sept		Oct		Nov		Dec	
	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials
Week 1												
Week 2												
Week 3												
Week 4												
Week 5												

Problems encountered and corrective actions taken:

Reviewed By: _____ **/Date:** _____

Reviewed By: _____ **/Date:** _____
