

Core Lab Department Meeting
Tuesday, March 18th, 2014

Attending: Vicky Douglas, Donna Fleming, Anita Konieczny, Beth Albrecht, Joyce Kniepmann, Nancy Buckley, Chris Zalocusky, Carmella Blacet, Denise Manning, Patty Isbill, Lisa Ellis, Kathy Stanley, and Evan Evans.

1. Calling corrected results – Remember to call anytime you have a clinically significant corrected result. If it is an outpatient, it should be treated as a critical value would be. It is important that the correction is called as a change in treatment may have been made based on the original result.
2. Cancelling testing/redraws:
 - a. If you ask for a redraw to verify a result, do not cancel the original until you have the redraw and can determine the correct comment to make. If the results match, cancel with the comment “*Verified by redraw- see specimen < accession number>*” That way the phlebotomist does not get dinged for a redraw. If the results do not match then enter the comment as “*Redraw – questionable results < reason>*”. The reason would be possible contamination, hemolysis, etc.
 - b. If we have to ‘cancel’ a result that has been on the chart for a long period of time (> 1 hour), do not cancel, but edit the results to TNP so the original results still appear (as a corrected result) on the chart. When you have a CBCA and a later order calls for a manual diff, TNP the auto diff and add a CBCM in enter/edit requisition. When you TNP the auto diff (and absolute count) on the first line you can enter – “*Manual Diff ordered*” – you do not have to enter that on each correction.
 - c. Cancel rack – slight change – Start a new rack each Monday – use the first row for Monday, second for Tuesday, etc. You do not need to scan them in. Please place hemolyzed and clotted specimens in this rack. You can empty the rack that is 2 weeks old to use for the current week.
3. HVAC – feedback. It is still cool in some areas. I have asked Power Plant if we can have zoned thermostats to better control the temperature. I also asked them to make sure the break room thermostat is working.
4. New tube caps. We tested some new caps that put less stress on hands when using – I only received positive feedback. Everyone liked having different colors, so I will have Rita order all colors in a rotation once she returns.
5. Patients with severe lipemia/hemolysis: We occasionally have patients with severe lipemia/hemolysis usually due to medication or tube feeding (TPN) or other specimen issues (EDTA platelet clumper, coag correction due to high HCT, etc.). We sometimes end up drawing these patients several times for each draw. I proposed making a list of these patients, but it was felt that it could take too much time to go through the list each day, so instead we will have a smaller note that can be placed at the analyzer(s) affected:

Patients with specimen issues.			
Name:			
Issue:			
Date:		Tech initials	
RM #			

If the patient issue is resolved or the patient discharged the note can be discarded.

6. Heme issues:

- a. i-Sed (Sed rate analyzer) – Hope to be live on Monday (March 24th). Dr. Bolesta had asked a question regarding temporal arteritis that I am waiting for Alcor to reply to.
- b. New Coag analyzer (IL vs. Stago) – Possibility for this year. IL (Instrument Laboratory) had a lunch and learn this last Monday showing their analyzers. The consensus was that people really liked the software and improvements from our current Stago analyzers. Stago does have a newer version of the Compact (MAXX) that also includes these improvements and I will have Stago come in to do a lunch and learn. AS we get financials, we'll see about having a live demo of each here.
- c. Sysmex auto-verification – Nancy is working on this. We may at first have just have all non-flagged specimens “fly” (auto-verify), but we would still have to do what we are doing now for all specimens that generate a flag.

7. Chem issues:

- a. New c501 timeline/ maintenance: It will take 2 days to install the new c501 into the Cobas 2 line (the current Cobas will have to be split and the new c501 placed between the current c501 and e601). This will be done on April 9th and 10th. While we had originally planned to install the new c501 into the Cobas 2 line on a weekend, Roche wanted to charge us a weekend fee to do so – even if we did this on a Sunday –Monday it would have cost \$7000.
April 8th (9th) – Nights is scheduled to do monthly maintenance – they will do it only on the Cobas 1. This also gets us to the point of nights performing the daily maintenance on Cobas 1 while days will do Cobas 2 daily maintenance.
April 9th – After morning run, Cobas 2 will go down. Monthly Maintenance on it will be done by days/service.
April 9th (10th) – Carmella will come in on nights to perform daily maintenance on Cobas 1.
April 10th – Cobas 2 ready. Nancy/Chris will be here to make any DI updates needed. Go – live on Cobas 2 CCE line.
We are having a conference call with Roche next week to discuss what we will see with CCE (very similar to PP mod). We will develop revised procedures to be ready for the 10th.
- b. Moving of test to Centaur XP – As stated previously we will be moving some testing to the Centaur (PSA, CA-125, Insulin, and AFP) as our reagent supply runs low on the Cobas. FPSA will be made a send out.

8. Kathy's section:

- a. C&D staffing getting better – only one phleb left to come back to work, possibly next week. Starting April 1st, ED tech drawing in ED – at first we'll provide a phleb to assist. Also, in Smithton the fiber optic line in place, so only 1 phleb will be needed there. This should help reduce amount of tech coverage needed. However those techs pulled from C&D coverage will be used to help fill Lynn's (micro) EIB.
A point was raise that Robyne needs to be aware that we cannot just jump up and help C&D – we do need to take the time to hand-off what we are doing before heading out there.
- b. Productivity has been very good – our volume has been really good, which helps. However, there will be times that it is slow and we will look for low census.
- c. UPC (unit practice council) – they have decided that one of their goals will be to help boost morale in the lab. They have received approval to add another color to the dress code – they will send out an e-mail to ask for choices.
The UPC is also going to help co-ordinate Lab Week festivities.
- d. There were question about drop offs from MOB1, Smithton, OF50. A question was asked if the volunteer at the front desk could go to MOB1 draw station routinely (every 2 hours) and bring back specimens.