

Core Lab Department Meeting
Tuesday, May 27th, 2014

Attending: Carolyn M. Wade, Paula L. Swierczek, Carmella M. Blacet, Chris P. Zalocusky, Kay M. Schanuel, Vicky L. Douglas, Nancy A. Buckley, Bruce R. Reece, Patty M. Isbill, Donna M. Fleming, Joyce A. Kniepmann, Denise L. Manning, Melissa L. Huschle, Evan W. Evans, Kathy L. Stanley

1. HVAC – Plant Ops has been informed that we feel additional thermostats should be placed in the lab (one the Heme end and one by the office/POC area) to better regulate the temperature. Until that is done, please do not hesitate to adjust the thermostat by the Cobas to regulate the temperature, realizing that if you turn it up to make the ‘wings’ warmed, the Cobas tech will turn it down when they get too warm.
2. Canceled tests
 - a. Correct comments – I know it is a pain, but please wait to cancel questionable results until you determine if there is an issue and comment accordingly. If you just write “questionable results”, I have to determine if the first specimen was correct or not.
 - b. Cancel tube rack – Denise re-organized and labeled the cancelled racks today – please place the tubes in the correct day for that week. You can dump the 2 week old rack on the Monday of the current week. Please make sure you label the rack for the new week.
3. Redraws – If you have a redraw you must contact the area so they know it’s a redraw – in MobiLab, they will just drop to the bottom of the list – by contacting the phleb or ED tech they know they should perform that redraw next.
 - Phleb draws: Call redraw on radio. (“Redraw in room”)
 - ED tech draws – Call 3621 for all redraws.
 - ATC – Call redraw to ATC, if after hours you can leave a message on their voice mail with the patient’s information.
 - OP/MOB1/OF50/Dr. Wade/Smithton – There is a Redraw folder on the shelves next to the OP area video monitor – please write in redraw information in that folder. Place the folder on Tasha’s desk so she (or whomever is covering for her) is aware a redraw 9or re-collection) is needed).

Remember when you order a redraw please enter “redraw” as a comment so the phleb or ED tech knows that it’s a redraw and they do not try to add it onto the previous draw.
4. Calling results – All non-ARUP critical results on tests performed at other facilities (including amniotic tests sent to St. Mary’s), should be handled as we would an in-house test – called to the floor and notated in MCare, or called to C&D if an Out-Patient. ARUP critical calls are the only results placed on the clipboard at the send out bench. Send0outs will enter the call info in MCare (as we have to change our location to ARUP to enter the call info).
5. Safety issue – Flashlights should be kept at the benches they are listed to – they should be kept out in the open, not placed in drawers on high on shelves we only a very few can reach them. They need to be able to be quickly grab in case of a complete power failure, which is why they have the glow-in-the-dark tape on them.
6. Surveys – For both Chem and Heme you will receive an e-mail indicating if a survey has been assigned to you – the e-mail will list each person assigned and what they are assigned. The paper-work will be placed in your mailbox. The exception is if we send a general e-mail out allowing first-come, first-serve for some surveys (usually serology surveys) – the survey folder will be at the bench. We do not set when surveys are sent or when they are due and sometimes we get several surveys clustered together. I know it can seem like you may have several weeks in a row with surveys, but that is because to make sure

everyone has a proficiency specimen as part of competency, we are assigning by bottle, instead of assigning a single tech the entire survey. Vicky, Denise and Joyce look at who has completed what and the schedule to make sure people are present at least 2-3 days during the period they are to be tested. I had a couple of comments regarding mailboxes – it is your mailbox, you are responsible for what is in it – if it is so crammed the survey folder can hardly be placed in it, then I suggest you clean out your mailbox.

7. Chem issues:

- a. Properly filled tubes: Remember the small green-top tubes **MUST** be filled completely (at least 2.7 mL of the 3.0 fill). If they are half-fill they must be rejected and redrawn.
- b. OP microtainers - C&D will begin having all out- patients who have microtainers drawn remain to makes sure they are okay. In turn, we must remember to call out front (OP registration – 5529) to tell them that the specimen is okay (or not), so the patient is not waiting around, forgotten.
- c. Cell Wash/Wash Soln 1 Labeling - You can remove a CellWash /Soln. 1 bottle and combine it with another partially used bottle (1 time). There has been an issue with sometimes the bottle states combined, but the volume looks low, so I am going to create a label to place on the bottle with the following info: On board date, Removed date, Combined, revised exp, Combined on board date. When a combined bottle is removed it should be discarded regardless of what is left in the bottle.
- d. Repeating QC/Calibrating – we are seeing too many multiple repeats of QC before calibration is tried. The order for out-of-range QC is: Repeat, Repour, ReCal – three simple words, prayer between each one optional (but possibly helpful).
- e. RO water – water temperature should only be taken from the RO unit itself. IF not running, press the power button to place in stand-by, then press again to re-start and it will show the water temp (after about 10 seconds).
- f. Reagents - watch what reagents you place on-board – we found an A1C reagent on Cobas 1. Also – days please make sure there are enough Centaur reagents to get through at least a days' worth of testing. You've all worked evenings enough to know that the Centaur is done by the Lab processing tech and it can get quite busy to have to deal with adding new reagents on the fly. We did reset the purple and yellow alarms on the Cobas once the C3 went live. Based on volume, yes, one of the units may run short (or out), but you should still have reagent available on the analyzer for testing. The exception might be on the E601 units as there are some space limitations to add stand-by reagents. But I would prioritize higher volume tests for standby reagents (i.e. TNI, TSH) over lower volume or non-stat tests (like folate). That being said, there are always going to be times that daily volumes are going to be enough above average that you might run out of reagents.

8. Heme Issues:

- a. Send outs – The System 2000 will be sunsetted in August. We will have to move to on-line test ordering and reporting of the non-interfaced tests. In addition we will get exception reported on-line instead of being called to us. All send out trained tech will get an individual log-in. Training will be in June.
- b. Possible new urine collection kits - one of the Huron initiatives is looking at different urine collection containers. The cups we received have not been great so far, but we are expecting more. The tubes for both UA's and cultures are in UA (they have plastic yellow caps) and they seem to work alright, although we've noticed that if they have not been filled completely and still have some vacuum in them the cap is difficult to get off.

- c. Semen – limiting test times – We are looking at limiting when semen testing is performed to Monday-Friday from 7a-12p only. We are revising the collection instructions and we are going to contact the providers with this information and will set a date in the (near) future for this change.
 - d. Auto-Verification – we have decided to wait on Sysmex verification until we are able to install the DI 8.13 update later this year (4th quarter) – the new DI software has a specific work cell for Hematology. Instead we will look at bringing auto-verification to the STAs and the Centaur in Chemistry.
 - e. Sysmex interface – The Sysmex interface goes through the DI server then to MCare. Occasionally there will be an issue with the DI (that will affect Chem also) and an interface will need to be re-set (usually the Qmgr). This is a glitch in DI that will also be fixed in the DI 8.13 update. In the Sysmex procedure manual under resulting there is a section on the DI interface and the Sysmex.
 - f. We have had lunch and learn for both the new Stago Compact Max and the IL Top 500. The week of June 9th IL will be bringing the TOP500 in for a week long demo. We will have session for all shifts so you can then have some hands-on time with it. More to follow.
 - g. Spinal fluid cell counts – we do not automatically perform CSF cell count on tubes 1 and 4. The physician will order the cell counts they want, if they want a cell count on more than one tube, they need to order it, we do not need to call and ask them if they want it.
9. Kathy's section:
- a. UPC – they are going to start posting employee profiles. First they are going to profile our soon to be retired people – John Vosler and Del, and then they will profile our newest employees.
 - b. UPC has placed a suggestion box up on the lab memo board – if you want a direct answer, please sign your suggestion.
 - c. We have the okay to fill 4 openings: an evening/night PT tech (to replace John Vosler), the Blood Bank/Evening/Night supervisor (for Peggy), a Histo tech (to replace Del) and a FT phlebotomist.
 - d. Productivity – our productivity has been very high, over 110% so far this year. We know it has been very busy and we appreciate everyone's hard work.