Core Lab Department Meeting
Tuesday, July 29, 2014

Attending: Beth Albrecht, Denise Manning, Nancy Buckley, Paula Swierczek, Patty Isbill, Evan Evans, Kathy Stanley.

1. Standby C- reagents on Cobas 2 line. If the test is available on both C2 and C3 do not put on a standby reagent unless it is at a yellow alarm. If one side were to run out, it will automatically run the tests on the other. I will have Joyce and Carmella remove the purple alarms from those tests.

2. Recycle Bin – Call 5140 to empty when full. I've talked to Ken and Paul, we are the only department that fills the bin so quickly, so there is no 'routine' they have for empting the bins, so they want to be called.

3. DI water usage/maintenance – We have significantly decreased our water usage since we found the broken valve on the Histo. stainer and tweaked the Cobas so they do not continuously clean the reaction wells when not in use.

Month	Gallons of water/day
Jan 2014	1105
Feb 2014	1169
March 2014	1333
April 2014	1462
May 2014	1705
Jun 1-18, 2014	1972
Jun 19-30, 2014	416
July 2014	288

   We have not had to change a mix-bed tank this month, and have only 8 bags of salt. If you do the daily maintenance and the RO is off so you don't see the temp, just record as N/A. Unless we start having an issue making water again, we do not need to record the temp on a daily basis (but I don't want to have to redo the maintenance sheet again, and then again if we start having an issue again.).

4. XN – NRBCs – Just a note, the Xn automatically removes NRBCs from all WBC counts; there will never be a need to correct the WBC for NRBCs. One of the path review criteria is for NRBCs > 3/100 WBCs. Unless a manual diff is done (or a NBCBC if ordered), you will not know if NRBC are present. So *if* you do a manual diff on a 1st specimen and you have 3 or more NRBCs, you will need to make it a Path review.

5. Sed rates – You must wait until the iSed stops rotating and beeps before you place a tube on-board. When it is spinning, if it senses anything near the wheel it will stop it (as a safety precaution); if you place a tube on at this time, it will not perform any testing on it. You must wait until it stops on its own and beeps before you slide in a tube.

6. STA compact Max – demo here the week of Sept 8th. I think we need to see exactly what it does and doesn't do before we make a decision.

7. Reminder that during *all* downtimes we will not add-on tests, the nursing area will have to place a new order and get the patient redrawn. Nursing will be made aware of this before the next scheduled downtime.

8. Send outs – to make sure tests are billed in a timely manner and to help as more physicians use CPOE (Computerized Physician Order Entry), we are going to be creating several new send out test codes on tests we have ordered > 6 times in the past year. They will not be interfaced, so you will have to enter the test info and order via system 2000. We will include the draw requirements on these, so C&D will draw the right tube without having to call the lab.

9. CAP inspection. September 10th – December 10 window.
    a. Reagent labeling – make sure all reagents are properly labeled, expired reagent discarded and waste labeled as such.
    b. Competencies – it is your responsibility to make sure you complete these.
    c. Survey testing – we are monitoring these to make sure they are distributed to each tech and on all shifts. We will not assign you a survey if you are only here 1 or 2 days before it is due.

10. Auto-verification – Nancy and Chris will work on auto-verification on the Centaur XP, then on the STAs. Once we are able to have the DI programing updated (which includes a fix for the Qmgr bug), they will work on the XN-2000 auto-verification.

11. OP/Outreach requisitions:
    a. Requisitions from patients with Memorial registration (MOB1, HHC, Smithton, and OF50) need to be placed in the bin in out-patients with other out-patient requisitions, they are not to remain in Lab processing. C&D will review these and make sure all testing was done.
    b. Outreach requisitions are placed in the bottom bin at Lab Processing to be checked by lab processing the following day. They are then placed in the current month out-reach folder in Lab processing.
    c. Add-ons, downtime reqs, cell-saver reqs – are placed in the top bin at lab processing and reviewed by lab processing the following day and placed in that days folder in lab processing.
    d. Pap Smear reqs will be done kept in end outs with the ARUP packing lists.

12. New tests – we are looking at the following test, more info and training will be done when (if) we decide to bring in the tests.
    a. Procalcitonin – waiting for capital signoff – a blood test to determine bacterial vs. viral infection, monitoring of anti-microbial effectiveness. Will be done in serology.
    b. Strep pneumo AG – pharmacy would like a quicker TAT for treatment purposed. A quick ELISA test run on urine, it will be done in Serology.
    c. IgE – I see a number of single IgE requests so I'm looking at bringing it on the Cobas.
    d. GDH (Glutamate dehydrogenase) – it can indicate if a person is susceptible to c. Diff. A rapid blood test (like h. pylori), would be done in serology.

13. Reflex urine cultures – just an update. Prior to the reflex culture criteria change on July 8th, we had to culture 44.4% of UACSI/UATCSI, since then the rate has dropped to 20.4%. That equates to about 23 less urine cultures per day.

14. We have memo to be signed off by Dr. Bolesta stating that we will only accept semen specimens on Monday-Friday from 0600-1200. It will go into effect on September 1st. The memo also states that specimens must be delivered to the main lab, and will not be accepted at draw sites.

15. Our Stat TATs are starting to trend a little higher. This is the in-lab time, not the overall. I just want to remind everyone to make sure Stats are handled quickly; Stat tubes should be waiting to be spun unless all centrifuges are in use. If an analyzer is down (troubleshooting or maintenance), triage the specimens going on the other analyzers to make sure Stat are run first until both analyzers are up and running.

16. Clock in times – There was a discussion on having a single clock in-time for dayshift, either 6:15 or 6:00. It seems that 6:00 is preferred, but there was a discussion that a 6:30 (or 6:15) clock in time does give time at the end of shift to read e-mail, work on projects and o\avoid some overtime when supplies come in later in the day. This is an on-going discussion and no decision has been made at this time.

17. Shift hand-off – There were a couple of comments that were placed in the UPC suggestion box regarding shift hand-off. The issue is really that each day and each shift is unique. Due to specimen or instrument issues, someone may want to make sure that they have these issues fully resolved before handing the bench to the next tech, as opposed to just 'dumping' it on the next shift. The key to it all is to respect each other, and communicate. The new shift coming in should ask what they can do to help, the tech working the bench should state what the status is and when they will be able to hand off – if it is going to be a while, use that time to check your e-mails or see what else needs to be done. Everyone in the lab is a conscientious person who takes pride in their work, and wants to make sure it's done correctly. No one wants to dump problems (instrument or specimen) on the next shift. We need to respect that in one another.

18. Kathy's section:
    a. We will be hiring a micro supervisor position. We are also looking for a lead Histo tech to replace Del – we have a temp person in the meantime. We are also hiring 2 FT phlebotomist for evenings (a current evening shift person will be moving to days).
    b. We will have a new draw station opening in Columbia on September 9th in Dr. Schenewerk's office.
    c. B. Goshen has retired. This will mean some scrambling to fill her weekends. We feel we will be able to fill this position. A suggestion has been made to hire another lab processer who could work weekends and during the week. It was felt that an additional lab processer from 1100-1930 would be very helpful as we see more and more outreach work, as well as peak ED times. One of the keys to this would days be able to go down a tech on Sundays (2 Heme and 2 Chem techs and a floating cross-trainer). Again this topic is still under discussion and more debate on this will follow.