

Core Lab Department Meeting
Tuesday, August 26, 2014

Attending: Denise L. Manning, Brenna E. Cardin, Peggy Baker, Melissa L. Huschle, Anita L. Konieczny, Vicky Douglas, Kay M. Schanuel, Kathy Stanley, Evan Evans.

1. Staffing – weekends/Lab Processing – A follow-up from the July meeting. With Donna retiring in January, we are going to look at hiring a full-time tech to help fill the weekend rotation for techs. In 2015 when auto-verification is in place, we will look at the possibility of hiring in lab processing. A suggestion was made to make a 12 hour lab processing shift (0600-1830) on Monday – Friday, with shorter hours on the weekends. To do this we would have to look at reducing tech staffing on weekends and evenings. This is a work in progress and we would like feedback on this before we go forward.
2. Mini-Vidas (Procalcitonin) – Vicky and Brenna will be the core trainers on the Mini-Vidas. We are looking at an October go-live (after the downtime). We are working in conjunction with the pharmacy on this. Procalcitonin (PCT) is a blood protein that rises in the body in reaction to bacterial infection (it will not rise in viral infection). Its initial usage will be limited to people who present with community acquired pneumonia (CAP) – we will determine a PCT level at admit and the patients antibiotic dosage will be based on the PCT result. We will retest the PCT in 48-72 hours to determine the efficacy of the antibiotic. One of the main risks of CAP is the antibiotic treatment can wipe-out normal flora and cause opportunistic infections, of which C. Diff is a main culprit. There have been studies that indicate by closely monitoring antibiotic treatment using PCT levels you can sharply reduce the risk of C. Diff infection, which costs Memorial about \$350,000 in treatment costs yearly.
3. Urine Strep Pneumo antigen - At the same time in October we will go-live with in-house strep pneumo testing on urine. We anticipate a reduction in legionella, mycoplasma and chlamydia testing with new order sets being put in place by Pharmacy. By bringing the strep pneumo test in-house we will save almost \$39.00 per test from sending it to ARUP.
4. Send out test – to make sure patients are charged correctly there are a number of current misc. tests that Melissa and Brenna are going to build as interfaced tests. We hope this will also reduce time at lab processing looking up some of these tests. Almost any test that we did more of 5 of in the past year will be built (an exception being flow cytometry). We hope to also be more proactive looking at and building these tests in the future if we see usage increase.
NOTE: Please be careful when placing specimen away in the send out are. We have seen a small uptick in frozen specimens stored refrigerated. The first letter in the parentheses indicates storage – F for frozen, R for refrigerated and T for room temp. We've been lucky that we have not had to redraw or re-call any patients for mishandled testing.
5. IgE/ CK-MB stat – We will be adding IgE testing to the Cobas 2 line later this year. We have seen an increase in stand-alone orders for this test. It is included in any allergy panel we w\send out and

those will still be done at ARUP. There is also a new Stat version of CK-MB with an 8 minute resulting time.

6. GC/CT testing – our contract with BD expires at the end of this year. At that time micro will begin testing CG/CT on the Cepheid. We will then drop SPE/IFE testing to 2x a week. As this comes closer we will look at our staffing pattern for the week in regards to the SPE testing, clerical and maintenance bench.
7. Cobas reagents – We have already made adjustments to the yellow alarms on the high volume tests on the Cobas. We removed the purple alarms on those tests that are on all 3 c501 modules, but made the yellow alarms on each equal to 1/3rd our average daily test volume for that test. When a yellow alarm occurs on the c501s you should put a standby pack on and QC it, do not leave for the next shift, however, if you have QC due on that unit later in the shift, you can wait to add and run standby when you are running QC. Also, we have posted the average daily test volumes for each test at the analyzers (XP and Cobas) to help you determine when to add stand-by reagents.
8. CAP reminders – September 11th – December 10th is our window. The weeks of September 15 and 22 are blacked out, so I don't think will see CAP in September. However, please remember to sign off maintenance that you do, make sure all reagents are labeled with you initials, date and revised expiration date (when applicable) when placing in use. If you see an unlabeled reagent, replace it! If you see an expired reagent, replace it!
9. Miscellaneous reminders:
 - a. Remember if you see initials on a MobiLab label that are **highlighted**, it means it was a line draw and those are the nurse's initials. When receiving you will need to enter a comment indicated a line draw and the RN initials.
 - b. When you cancel a specimen for any reason, please place it in the cancel rack in the Bally, not in the racks with the other tested specimens.
 - c. To accommodate the evening workflow, they have made one Chem tech Lab processing only and the second Chem tech will cover both Cobas and the XP. Keep this in mind when working an evening shift.
 - d. I was asked if the collected not received report could be automated – Susan tried, but it cannot be since it is created by MobiLab, so please remember to print it during the shift (0500, 1000, 1300, 1700, and 2100). If there are specimens on the list that are found on phleb trays, please inform Robyne and Evan. We will monitor this – if the majority of the > 1 specimens on the report are found there we can look at having the phlebs perform this report, but I need to have proof, not conjecture.