

August Core Lab Department Meeting  
Tuesday, August 25, 2015

Attending: Denise Manning, Lisa Ellis, Kay Schanuel, Patty Isbill, Anita Konieczny, Nancy Buckley, Carmella Blacet, Beth Albrecht, Bruce Reese, Kathy Stanley, and Evan Evans.

1. On-line cytology orders: Go-live September 16<sup>th</sup>.

To allow for physicians to order all body fluid testing on-line (in CPOE); cytology testing will be orderable on-line for in-patients on September 16<sup>th</sup>. There are 3 types of cytology requisitions:

Sputum cytology - The floor must collect these and enter the collection information before we  
Urine cytology see the order.

Non-Gyn cytology – for body fluids, etc. once ordered we will see in MCare like other body fluid orders.

When these orders come to the lab side a paper will print in Micro and Pathology. When the specimen is received, Micro will receive all the orders (for micro, cytology, all other testing) and distribute.

Out-patient and surgery specimen orders will still come on paper requisitions. Micro will also receive these and place all orders in the system (micro, cytology, core lab tests) and distribute.

We hope that this will result in less missed orders for cytology, especially on in-house specimens, when all the orders except cytology were on-line and the paper cytology req does not come with the specimen.

2. Kidney Stones (Calculi Analysis): These no longer have to go to pathology first before being sent out. Pathology will bring us over the specimen and the requisition. Place the order in MCare as we do now and place the requisition in the C&D bin to be scanned into the EMR.

3. Self-evaluations –

a. Due by September 7<sup>th</sup> (In HealthStream) – For any ranking over Fully Effective you must also include a comment so support your ranking. However – I would appreciate it if you would comment on any of the areas – I try to incorporate that into your evaluation and there might be something that you did this past year that I may have forgotten and I want to include it if you feel it was. The general lab goals and our department goals were met this year, so you can include that in the evaluation. You do not have to fill in an individual goal; we will discuss that during the evaluation itself.

b. Competencies due by October 15<sup>th</sup>. However, do not wait until the last second – if you hand it in on October 15 and we find something missing you might not have time to complete it. The second semen motility will be out on Wednesday, August 26<sup>th</sup>.

4. Sepsis protocol – S

The Hospital is implementing a new Sepsis protocol on September 2<sup>nd</sup>. CMS has a new core measure based on Sepsis treatment which is triggered based on Lactate levels > 2.0. So starting on September 2<sup>nd</sup> the critical value for lactate will be > 2.0 (2.0 is not critical, 2.1 or over is). We realize that our reference range goes up to 2.2, but there is a high likelihood for Sepsis if certain SIRS (systemic inflammatory response syndrome) criteria are met and the Lactate is > 2.0. The

clock for the CMS measure starts with the elevated lactate result, so it was decided to make the critical level  $> 2.0$  so they would get called and a Code Sepsis could be generated starting the treatment (blood cultures, antibiotics, vasopressors if the patient BP is low, etc.)

5. SWIC student:

Due to the training of new employees we will only have a single MLT student this year. They begin on October 19<sup>th</sup>. Lisa and Bruce are working on new student checklists and we have decided to do an orientation day on their first day to give a tour and familiarize the MLT to the lab. We also want to go over some basic lab techniques (pipetting, microscopy) – if you have any items you think should be included on this orientation day, please tell Bruce, Lisa or myself. AS we get closer to October, we'll have some info on the student checklists.

6. Chem;

- a. Short samples/tube inserts: Since we started using the tube inserts and had the PMs done, we have not heard of any short sample issues, so hopefully that resolved the issue. However – Lisa did run into a specimen tube the other day that when placed in the rack with the insert was definitely not perpendicular – on closer inspection the tube itself was slightly bent. You may want to aliquot a specimen if that does occur.
- b. PTH – if you have an intraoperative specimen that is hemolyzed run it and report the result with a disclaimer regarding the effect of hemolysis – we have a canned comment for this (HPTH). Please see the procedure for these changes.
- c. Cobas/DI auto-verification procedure has been updated. A copy will be available via MTS so you can sign that you have reviewed it.

7. Heme:

- a. PKUs – send outs will begin resulting these soon (Robyne had been doing this). They are resulted just like all other non-interface send out tests – Enter the received date in MCare, date stamp, initial and write H# on the result. The procedure has been written and will be available in the procedure manual as well as on-line so you can sign it as read. As we get results, I will show everyone how to result these.  
**NOTE:** The nursery fills out the information on the PKU form (except on OP PKUS), so if there are any issues, you should call nursery to clarify. Nursery has begun drawing their own blood on newborns, so soon the PKUS will all be drawn by the nursery nurses.
- b. There was a request to include the calibration on the mini-Vidas monthly maintenance. We have added that as well as a place to write when the previous month's calibration was done. We also added a note stating that when a new lot is opened the QCV and calibration should be done.
- c. Clerical (E-tech) checks – can be done by any bench that has time during the day.

8. Glassware:

We are going to centralize the glassware in the Core Lab. When clean items are brought back up glassware can be placed in the storage cabinet by the emergency escape. Glass pipets will be placed in the Chem pipet storage drawers. If then needed Heme can take a supply from there for Heme. If we are out of pipets you should go to CP and see if we have clean items to be brought back up.

9. Kathy's section:

- a. BJC alliance is moving closer to being finalized. The Illinois Health Facilities board approved the deal yesterday. It still needs to go through FTC approval. Once finalized more detail will be presented.
- b. MHE – we have current 3 techs who have accepted PT dayshift positions at MHE (they will split time between BMH and MHE), we also have a FT and PT evening shift tech. We are still looking for a manager for MHE, as well as more evenings, night shift techs and technical assistants (lab processors).
- c. Histo has 2 new trainees that have started. It is about an 18 month process to be trained and licensed.
- d. Robyne's last day is Friday. We are still looking for her replacement. Kathy Stanley will oversee the C&D staff. We also have some outreach and in-house C&D openings to be filled.