

Microbiology Council Minutes

Thursday, March 7th, 2013, 7:00 pm

Review and sign-off of the minutes is mandatory for all Micro staff prior to next meeting.

Deadline 3-21-2013

Attendees

Facilitator: Jerry Claridge Note taker: Michael Majors Present: Jennifer Baldwin Bonney, Krystal Colwill, Nick Fuller, Ashley Peterschick, Tony Vang, Phyllis Verduin, Tiesha McCain

Review / Approval of Previous Minutes

No corrections or edits were submitted.

Old Business

Gram Stain & Trichrome Smear Preparation/Initialling

Presenter: Jerry

Please remember that all primary gram stain and trichrome smears must be initialled by the person preparing the smear. This became mandatory 12/6/12. Compliance has been poor at times. People reading smears should reminder staff in set-up area if they are seeing smears that have not been initialled. **Update: This will be part of our written protocol. Anyone that fails to follow protocol will be subject to disciplinary action.**

Billing Protocol

Presenter: Nick & Jerry

Nick and Jerry have developed a preliminary guide for add-on billing. However, there are still unanswered questions and specific details that need to be worked out. Jerry has requested consultation from a billing expert.

BD Affirm Testing with New Vaginosis/Vaginitis Panel (VAGPAN)

Presenter: Jerry

Jerry asked if anyone has encountered or heard of issues surrounding the new Vaginosis/Vaginitis panel (VAGPAN). No issues were reported. The test volumes have been low.

Format for Gram Stain Edits

Presenter: Nick

Nick presented a draft of standard examples for editing Gram stain reports. The group discussed the need for standard comments to be used such as, "Previously reported as..." and "... also seen" and "... as previously reported."

Action items

- ✓ Submit standard comments to Jan
- ✓ Finalize standardized format and incorporate into procedure

Person responsible Deadline

Nick/Michael 3/21/13
Nick/Michael 3/21/13

Staffing

Presenter: Jerry

Teresa has moved into the position vacated by Jon. Ashley has moved into the position vacated by Teresa. Cassie Miller has been hired to fill the position vacated by Ashley. Kathy is moving into the position vacated by Marlane. Joshua is moving into the position vacated by Kathy. The full-time evening position vacated by Joshua should be posted.

Staffing

Presenter: Jerry

People are exceeding their allotted times for breaks. Breaks must consist of one 15 min break, one 30 min break, and one more 15 min break. Please watch your time closely. Anyone not adhering to the break schedule will be subject to disciplinary action.

New Employee Training

Presenter: Phyllis & Ashley

New employee training has been identified as an area that could be improved and standardized. A draft training checklist and a proposed training schedule for the Specimen Processing bench was distributed. The checklist is very detailed and comprehensive.

Action items

- ✓ Review the checklist and schedule and submit suggestions to Ashley
- ✓ Provide the new checklist to Cassie for training.
- ✓ Continue training checklist/schedule development for other areas.

Person responsible Deadline

Micro Council ASAP
Jerry 3/11/13
Training Committee Ongoing

Epic's Impact on the Lab

Presenter: Jerry

Question from previous meeting: How will Epic affect the Lab specifically?

Jerry indicated that Epic is a replacement for Meditech. We have not been Meditech users. However, there is a desire for laboratory staff to be familiar with the Epic system in order to better serve our clients. There will be some changes relating to billing, ordering, and result lookup. Laboratory staff will receive some form of training in September/October. PTO will be restricted during this time. Several details are still not available because of the scope and complexity of the project. The conversion to Epic affects the entire organization and its interfaces with a variety of other facilities. More details will be communicated as soon as they are available.

New Business

CAP Deficiencies

Presenter: Jerry

Our department was recently subjected to a mock CAP inspection by a team of MLS students. They found missing documentation for daily temperatures, bench decontamination, and anaerobe jar QC. These are some of the same deficiencies that we were cited for during our CAP inspection in 2012. Because we had deficiencies previously, our records will be closely scrutinized during our 2014 inspection. Since our solutions to fix these deficiencies have failed, these responsibilities will be assigned and people will be accountable for performing these duties. Anyone that fails to perform the assigned duties will be subject to documented disciplinary action. More details will follow.

Campylobacter QC

Presenter: Jerry

CAP no longer requires a subculture plate of *Campylobacter* in every jar. We will revert back to only performing QC using the control strain when there is a new lot/shipment of CVA media. We will need to maintain a viable stock of the control strain to be used for media QC. Please make sure the control strain is subbed every Monday and Wednesday along with the CO2 organisms.

Action items

- ✓ Update written protocols

Person responsible

Michael

Deadline

3/21/13

Reflex Testing for Rapid Strep Group A Screens

Presenter: Group Discussion

In order to meet a CAP requirement, we will need to build a reflexive test so that all negative rapid strep group A screens are tested by culture. This will not take effect for several months. More details will follow.

Cancelling and Reordering Incorrect Test from PHFH

Presenter: Jerry

Discussion: When tests are ordered incorrectly at PHFH, the process in the past has been for micro to call PHFH to let them know that an error has been made in ordering and then PHFH cancels, credits if necessary, and reorders. This is very time consuming for both hospitals so beginning now, if we find errors in PHFH orders, we can cancel and correct on our side. Once the order has been corrected, we need to let PHFH lab know what we did. Please let Jerry know when this process occurs so he can keep track of the errors and investigate ways of preventing further errors.

Safety

- Several Microbiology staff members have been observed handling their cell phones with dirty gloves or dirty hands while working in the department. This is a serious safety violation and will be subject to disciplinary action!
- We discovered that our staff does not know how to access the MSDS documents in MAXCOM. Please refer to the SHMC Emergency icon located on the desktop of any PC. Double-click the icon to open the Emergency Information page. On the right side of the page you will see a list of "Links." At the bottom of the list you will find "Search MSDS information online." This link will take you to the MAXCOM website where you can search for specific chemicals, reagents, and stains. Michael is also creating hyperlinks to MSDS information directly from the technical procedures.



Links

- [East Region EMS and Trauma Care Council](#)
- [Emergency Resource Guide](#)
- [Washington Military Department, Emergency Management Division](#)
- [Red Cross Disaster Preparedness Fast Facts](#)
- [Spokane Department of Emergency Management](#)
- [Sacred Heart/Holy Family Respirator Mask Fit Testing Dates](#)
- [Search MSDS information online](#)

R&D and Technical Updates

- The BD MAX instrument is scheduled for delivery and installation the first week of April. Charles Derr, the Molecular Client Consultant from BD, is scheduled to be onsite to train staff the following week.
- The Microbiology edits for test directory standardization project have been submitted. The goal of this project was to standardize the verbiage used to describe container types, storage and transport conditions, specimen types, preferred volume, minimum volume, specimen processing, stability CPT codes, test schedule, and turnaround time. Some of our tests were missing information, or the information was located in the wrong fields. Once this information is added to the test directory, it should be a more robust resource for clients and laboratory staff. It may take several months for all of the edits to be completed.
- Several of our tests are undergoing modification. Test builds were submitted to create a separate test code for CSF culture (CCSF). The two existing codes for wound cultures, CWND and CWNDD, will be combined into one test code, CWD. The MISCDE test code will be deleted. We will have new codes for occult blood (OBLDSH), KOH with Calcofluor White (KOH CW), and Wet Mount Vaginal Prep (WMSH). These new test codes will not be live until the end of May.
- An alternative staph latex agglutination reagent has been evaluated. The product is StaphTEX from Hardy Diagnostics. In the evaluation, the reagent proved to be superior to the Staphaurex (Remel) reagent we currently use. The Hardy reagent provides a stronger agglutination that is easier to visualize. The reagent costs less than Staphaurex and will save about \$6,000 annually. A written procedure for the product will be available in the next few weeks while we will use up our remaining stock of Staphaurex. The test procedure for the new product is essentially the same.

Kudos

- Thank you to Ashley, Sydney, Bobbie, and Nate for your efforts to develop the Specimen Processing training checklists and schedule! Great job! Thanks to Jen, Phyllis and Michael for also working on the training project.
- Thank you Michael for your efforts to improve the test directory.
- Thank you Nick for helping with the billing guide and to help standardize the Gram stain edits.

The next Micro Council Meeting will be held

March 21st, 7pm