

# Microbiology Council Minutes

Thursday, April 16<sup>th</sup>, 2013, 7:00 pm

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

Deadline 5-30-2013

## Attendees

Facilitator: Jerry Claridge      Note taker: Michael Majors

Present: Krystal Colwill, Nick Fuller, Ashley Peterschick, Tony Vang, Phyllis Verduin,

Absent: Tiesha McCain      Excused: Jennifer Baldwin Bonney

## Review / Approval of Previous Minutes

No corrections or edits were submitted.

## Old Business

### Gram Stain & Trichrome Smear Preparation/Initialling

**Presenter: Jerry**

Initialling smears is now part of our written protocol. Compliance has been much better, but needs to be 100%. People reading smears should remind staff in set-up area if they are seeing smears that have not been initialled.

### Break Times

**Presenter: Jerry**

Break time adherence has improved. Please continue to be conscientious with the length of your breaks. A verbal warning will be issued for the first occurrence if you are caught in violation of the rules.

### New Employee Training

**Presenter: Phyllis**

New employee training has been identified as an area that could be improved and standardized. The Specimen Processing bench checklist was completed. The checklist for routine culture reading is still in progress.

#### Action items

✓ Continue training checklist/schedule development for other areas.

**Person responsible      Deadline**

Training Committee      Ongoing

### Campylobacter QC

**Presenter: Michael**

In response to a modification of the CAP checklist, we have reduced Quality Control testing of microaerophilic jars. Instead placing a subculture of the ATCC Campylobacter strain in every jar, QC will only be done with each new lot/shipment of CVA agar. 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 CO<sub>2</sub> organisms. Only use fresh culture growth for QC to avoid a QC failure due to dead organism. **Always place the new media QC in its own jar and not with patient cultures.**

We are also investigating an optional software program for the Anoxomat instrument that will collect and store QC data from every jar that is processed. This would streamline our documentation of jar QC and keep us compliant with the ever-changing CAP checklist.

### Daily QC Documentation

**Presenter: Jerry**

Jerry is working on an assignment list for who is responsible for the daily QC documentation (bench cleaning, anaerobe jars, temperatures, etc.). Assignments will be based on position, not person, so that anyone covering for a specific position will be responsible and know what needs to be done.

### Start Time for PCR Person

**Presenter: Jerry**

The question of start time for the PCR person continues to be raised with the suggestion that it could be treated the same as the start times for the plate reading benches. After some discussion, it became apparent that there are some other schedule/start time issues that should be addressed. This will be revisited at a later date.

### Reminder: Tissue Specimens in Swab Containers

Presenter: Jerry

Please remember to check! If a CTIS is ordered and a swab is received, examine the container carefully for tissue. Do not use the swab until you have verified that there is no tissue in the container.

## New Business

### Annual Review – Lab CE Documentation Policy

Presenter: Jerry

Effective July, 2013, laboratory staff will be given at least a two week notice prior to their annual review that they must have CE records up to date on the date of their review. This means all CE must have been submitted and documented **before** the review. Failure to meet the expected number of CE will result in formal disciplinary action. Laboratory assistants are expected to have 5 hours of CE annually. Technical personnel must have 10 hours. The clinical instructor, technical specialist, and supervisor must have 20 hours.

### Phone Call Tree

Presenter: Jerry

After the phone call documentation project, two areas of the lab were identified as receiving the highest volume of calls. Micro was one of those areas. An automated phone tree system will be implemented soon. This should help more efficiently direct calls from the floor to the appropriate location. We will do another phone call tracking project a few weeks after the phone call tree is in place to see if it cuts down the number of incoming phone calls.

### 5S Process Underway

Presenter: Jerry

Microbiology will be participating in a LEAN 5S process to reduce unnecessary items from the work areas. June is working with Tony from the warehouse to streamline our ordering patterns and also work on a process to make inventory more efficiently managed.

### CAP Self-Inspection

Presenter: Jerry

This year we are due for a CAP self-inspection. Jerry will be assigning portions of the checklist to technical personnel. If you get a check list to fill out, he needs answers written down on the check list that tell where the documentation can be found that answers that questions. Not just a yes or no. Responses will be due 5/20/13.

### Group B Strep Testing

Presenter: Jerry

A suggestion was made to separate the Carrot Broth racks in the incubator into days and evenings, and to use the medium-size label instead of the small. The group agreed that we should try it. Ashley volunteered to make the racks and organize the incubator. However, the incubator is currently tight on space due to urine bi-plate backorder. Once the bi-plates are back in use we will try the rack segregation.

#### Action items

- ✓ Organize Carrot broth racks for days/nights.

#### Person responsible

Ashley

#### Deadline

TBD

### Urine Bi-plates

Presenter: Jerry

There is an ongoing backorder issue with the CHROMagar/TSA bi-plates until sometime in May. Until the bi-plate supply is off backorder, we will be using a full CHROMagar plate and a full TSA plate. Adjust have been made to the incubator to accommodate the additional plates. UPDATE: We currently have received a supply of bi-plates. It has not been confirmed that we will continue to receive these plates on a regular basis.

### Work Station Problems

Presenter: Jerry

The scanners that were reprogrammed so that you don't need to hit "enter" have not worked well for general use. A request was made to change them back to be like the rest. Jerry also reminded everyone to be sure to return their workstation to default before leaving. Overhead lighting should be left in the horizontal position.

#### Action items

- ✓ Submit request to reprogram scanners.

#### Person responsible

Jerry

#### Deadline

5/30/13

### Pending Logs

Presenter: Jerry

Pending logs should be kept for 7 days for reference. Please initial/date pending logs and leave them at the respective workstation. Discard logs after 7 days. Pending logs must be checked thoroughly. It is not acceptable to miss a sample and have it be tossed before it could be tested because of a pending log checking error.

### **Smear Not Performed (SMND)**

**Presenter: Jerry**

There is a code available now for entering the standard comment, "Smear not performed." This comment would be used for things such as stem cells, GC throat screens, GC rectal screens, etc.

### **Eye Wash Stations**

**Presenter: Jerry**

If you notice a dirty eyewash during routine checks, please go ahead and clean the eyewash with a paper towel.

### **Occult Blood Testing**

**Presenter: Jerry**

Lab assistants that perform OB testing should immediately give the card to a tech for result entry. If the results are not entered right away they may get overlooked until the card is not readable.

### **Leaving Early**

**Presenter: Jerry**

Reminder: Please notify Jerry BEFORE leaving early. Technical personnel must go through the helper checklist BEFORE asking to leave. Lab assistants must verify that all supportive work is caught up, such as slide etching, cytospin device assembly, etc., BEFORE asking to leave early.

### **Reminder: AFB Set-up**

**Presenter: Jerry**

When setting up AFBs, please be sure to label the front of all LJ slants with a medium-size label as close to the top of the tube as you can get it. The media surface needs to be examined for growth and must be readily visible. When the label must be repositioned, it does not adhere well. The 50 mL tubes should be labeled in the frosted area intended for labels, using a medium-size label. The graduations on the tube are used during the digestion process and need to be visible.

### **Send-out Isolates left from 2<sup>nd</sup> Shift**

**Presenter: Jerry**

Personnel on 2<sup>nd</sup> shift that are reporting an isolate that must be sent out must complete the appropriate paperwork. Personnel on 1<sup>st</sup> shift must verify the slant and paperwork prior to taking anything to processing.

## **Safety**

- Please remember to turn Bunsen burner flames off when they are not in use. Leaving flames on for extended periods of time is very hazardous!
- Please avoid walking through the plate reading benches to get to the other side of the lab. Use the main aisles to avoid interfering with someone's work.

## **R&D and Technical Updates**

- The BD MAX verification continues. The GBS assay is now live. The MRSA assay verification is underway and the C diff will start soon.

## **Kudos**

- Kudos to June for going out of her way to help a frustrated client procure the correct transport device, which weren't even for Micro testing.
- Thank you Shannon, Krystal, and Kathy for helping with the Micro baskets for lab week!
- Thank you to Ashley for helping Michael with the BD MAX GBS verification testing!

The next Micro Council Meeting will be held  
**March 30<sup>th</sup>, 7:30pm (note time change!)**