

Microbiology Council Minutes

Thursday, May 30th, 2013, 7:30 pm

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

Deadline 6-27-2013

Attendees

Facilitator: Jerry Claridge Note taker: Michael Majors

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

Absent: Jennifer Baldwin Bonney

Review / Approval of Previous Minutes

Minutes were approved. No corrections or edits were submitted (other than the meeting date).

Reflection

The reflection was given by Jerry. The reflection will be given by Krystal at the next meeting.

Old Business

Group B Strep Testing

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. Now that we have the urine bi-plates back, the incubator can be rearranged and the racks can be segregated.

Action items

- ✓ Organize Carrot broth racks for days/nights.

Person responsible Deadline

Ashley 6/27/13

New Employee Training

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

Action items

- ✓ Continue training checklist/schedule development for other areas.
- ✓ Work with Bobbie & Nate to develop procedures for accessioning.

Person responsible Deadline

Training Committee Ongoing

Phyllis Ongoing

Campylobacter QC

In response to a modification of the CAP checklist, we have reduced Quality Control testing of microaerophilic jars. Instead of 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 CO₂ 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.

Update: Since implementing this change, we have encountered issues with the QC jar getting ignored because people following do not realize that it's there. If you are responsible for stool cultures, you must check to see if there is a QC jar in the incubator that is ready to be opened. It might be helpful if the person setting up the QC leaves a note on 5th bench to alert those following up.

Daily QC Documentation

Jerry has completed an assignment list for who is responsible for the daily QC documentation (bench cleaning, anaerobe jars, temperatures, etc.). Assignments are based on position, not person, so that anyone covering

for a specific position will be responsible and know what needs to be done. The list will be distributed to members of the Micro Council for review and editing prior to distribution.

Jerry will be checking QC documentation for the month of May and following up with individuals on any missing data.

Action items

- ✓ Distribute assignment list and review for edits.

Person responsible **Deadline**

Jerry/Micro Council 6/27/13

Start Time for PCR Person

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. Jerry agreed that the start time could be either 6:30 or 7:00. No other start times should be used without prior arrangements.

Procedure for Modifying Reports for Reviewed Gram Stains

A guide for updating reports after smear reviews was completed and is ready for distribution.

Action items

- ✓ Add information to the Gram Stain Procedure and distribute.

Person responsible **Deadline**

Michael 6/27/13

Billing

We still have many unanswered questions regarding billing. Jerry and Michael attended a webinar that provided some answers. Dana was looking into bringing in a CPT coding expert to help answer further questions.

Action items

- ✓ Follow up with Dana to see if we will be able to bring in expert.

Person responsible **Deadline**

Jerry 6/27/13

CAP Self Inspection

This year we are due for a CAP self-inspection. The inspection was completed. Thank you to those of you that participated. A spreadsheet with all of the checklist items and responses will be assigned for review by the end of the year.

New Business

New Test Codes

These test codes are scheduled to go live 7/2/2013.

- CBMLK – Donor milk culture from a milk bank client in Montana.
- CHP – Culture Helicobacter pylori from gastric biopsies.
- CWD – Will replace CWND and CWNDD. Ana charge will need to be credited on specimens with squamous epithelial cells (all clients).
- MISCDE – Will be deleted and replaced with the following test codes.
 - OBLDSH – Occult blood performed at Sacred Heart.
 - WMSH – Wet mount performed at Sacred Heart.
 - FSM – Fungal stain/KOH performed at Sacred Heart.

AFB Set-up (when to add Chocolate plate and additional LJ)

Additional clarification is being added to the specimen processing procedure to help guide proper set-up for AFB cultures based on source. People must be more careful with sources on AFB cultures to avoid missing a chocolate plate on sources that need one.

Suggestion for Initialing Trichromes

Sometimes it's difficult to write all of the necessary information on the trichrome slides and leave space for initialing. A suggestion was submitted to use a pencil to corner off an area on the slide so the initials can be written in. We will try this method to see if it helps. See Phyllis or N'Vida if you have questions.

Start Times for 2nd Shift

A concern was submitted to the council about people not adhering to the official start times for 2nd shift. Jerry will follow up with specific individuals.

Placenta Cultures

A request was made to clarify the Specimen Processing Procedure with regard to placenta specimens (when to credit the Ana plate, when to make a Gram stain, etc.)

Action items

✓ Review and modify procedure as necessary.

Person responsible Deadline

Michael/Jerry 6/27/13

Documentation for Results Phoned to Surgery

Submitted Question: Do we need to document when results are called to surgery (either in the report or in the workload).

Answer: No

Preliminary AST Results

Some people are not filing preliminary AST results when follow up work, such as ESBL confirmation, is in progress. Unless there is a question of purity, these results should be released. Refer to the guides in the bench reference binders or see Michael or Jason for assistance.

Kronos Timekeeping Enhancements

The updated software should be live on June 6th.

Egg Yolk Agar

Egg yolk agar will no longer be used. *Clostridium perfringens* identification will be based on colony morphology with double zone hemolysis and gram stain morphology of "box-cars." Other *Clostridium* species should be brought up on Rounds.

Corynebacterium Isolated from Sterile Sites

Do we routinely perform AST on *Corynebacterium* isolated from sterile body sites? Our Isolate Work up Charts indicates to perform API for identification but on Rounds we're advised to call it *Corynebacterium* species and perform AST.

Action items

✓ Verify protocol with Dr. Robinson and update procedure.

Person responsible Deadline

Michael 6/27/13

Media for CURMY Testing

Submitted question: Can we keep the large plates for Mycoplasma/Ureaplasma culture?

Response: We chose to use A8 agar over A7 as a result of a media comparison study. A8 Agar proved to be superior in growing Mycoplasma hominis and Ureaplasma urealyticum. Unfortunately, A8 agar is not offered in the larger plate. During the media study, no advantages were seen with regard to contamination issues. The large plates have just as much of an issue with contamination as the small plates. There was additional discussion about the necessity of storing the plates in moist chambers. This becomes problematic when mold contamination occurs. Michael indicated that the chambers are not necessary as long as the plates are taped

to prevent desiccation. However, we need something to keep the plates in for incubation and transport to the microscope. Michael will check into racks for the small plates.

Action items

- ✓ Check into the availability of racks for the small plates.

Person responsible **Deadline**

Michael 6/27/13

Printer for VPDNAP Labels

We still have to print labels in Processing. Are we able to get a printer?

Action items

- ✓ Check into a printer for Micro.

Person responsible **Deadline**

Jerry 6/27/13

Stability of Fresh Specimens for OP Testing

Our Test Directory and Ova & Parasite Procedure indicate that fresh specimens are only stable for 30 minutes. However, some people are accepting fresh samples from PAML.

All stool specimens received from PAML for O&P testing must be preserved in Unifix. A CRM case should be generated when only fresh stool is received from PAML clients.

Blood Cultures from Peds Oncology

We routinely receive 2 sets of blood cultures drawn from the same port.

Action items

- ✓ Contact Peds Oncology.

Person responsible **Deadline**

Jerry 6/27/13

Histology Smears for AFB Staining on 2nd Shift

Should second shift stain the slides from Histology for AFB?

Yes, if they arrive in time. Otherwise they can be left for staining the next day.

PAML Urines Labeled "Cath"

How should we handle specimens from PAML (non-Holy Family) that are generically labeled "Cath?"

Process them as if they were a Straight Cath collection and create a CRM case to verify the source.

Phone Tree Issues

We are getting calls from the floor that are transferred from the operator. Some of the calls are not even Micro questions.

Action items

- ✓ Contact the hospital operator to make sure they transfer calls to the main lab number.

Person responsible **Deadline**

Jerry 6/27/13

Staffing Update

Pat has announced her retirement date of 7/1. Her position will be posted when it's approved. It will remain as an exempt, lead position and the schedule will remain as it is now. This person will be the go-to person in the supervisor's absence regarding such things as personnel issues, budget issues, staffing and workload issues, client issues and others. Michael's position will not change. Additional details for the requirements and job duties will be included with the posting.

Jerry has interviewed applicants for the vacation/sick relief position.

Safety

No safety items were submitted for discussion.

R&D and Technical Updates

- The BD MAX verification continues. The Cdiff and GBS assays are both live. The MRSA assay verification is near completion. We just need a few more positive samples.
- Phoenix NMIC-140 Panel: BD has released an expanded NMIC panel that includes 8 additional drugs plus extended ranges for some of the current drugs. We will be converting to this new panel. However, we are waiting for BD to release a new processing rack and software update for the AP instrument to accommodate the additional AST broth tube that will be required for inoculating the NMIC-140 panel. A new, expanded PMIC panel is also on the horizon.
- Michael will be working on an enhanced procedure for anaerobe workups.

Employee Opinion Survey Follow-up (#24 I am satisfied with my opportunities for advancement)

No discussion

Kudos

- Thank you to Ashley and Sydney for helping with the BD MAX MRSA verification testing.
- Thank you Sydney for doing so much extra work when filling in for a lab assistant.
- Thank you Terri for always being so willing to help everyone.

The next Micro Council Meeting will be held
June 27th at 19:30