

Microbiology Council Minutes

Thursday, November 21st, 2013, 7:00 pm

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

Deadline 1-9-2014

Attendees

Facilitator: Jerry Claridge Note taker: Michael Majors

Present: Jennifer Baldwin Bonney, Krystal Colwill, Cassi Miller, Tony Vang

Excused: Shannon Sabins

Absent: Tiesha McCain

Review / Approval of Previous Minutes

Minutes were approved. No corrections or edits were submitted.

Reflection

The reflection was provided by Michael... "Strive not to be a success, but rather to be of value." Albert Einstein

Old Business

Media Stocking in the Micro Specimen Processing Area

No update.

New Employee Training

Based on the Employee Survey from last year, the microbiology department determined an action item would be employee training. Micro Council has been working on this action item for several months with input from staff to develop checklists for each area. This is a larger project than we anticipated and will require more time to complete. There has been great progress made with Technologist training.

Action items

	Person responsible	Deadline
✓ Continue training checklist/schedule development for other areas.	Jen/Phyllis	1/9/2014

Billing

We still have many unanswered questions regarding billing. There seems to be a lot of variation in how people are billing for organism identifications and confirmatory AST. A few examples were discussed at the meeting. Jerry indicated that we should bill KBB1 for ESBL confirmation, but we do not bill for confirming high score AST results, which is an internal QA measure. We can bill for organisms identified in mixed cultures if the same work amount of work is done that we would normally perform for an ID (see Isolate Workup Charts). A microbiology CPT coding expert has been located. Funding to bring the expert in for consultation is pending approval.

Anoxomat Timer

A timer is not being used for the Anoxomat because there are no extra timers available.

Action items

	Person responsible	Deadline
✓ Order additional timers for the department.	Jerry	1/9/2014

Expanded Pending List for Tuesday Helper

The 100-day pending list done on Tuesday seems to be working well and will continue.

Stool Specimens with Insufficient Material for O&P Testing

We occasionally encounter specimens that yield very little, if any, sediment after centrifugation. Unfortunately, we can't tell if a specimen will yield sediment until after centrifugation. Should we append a comment to the report when little or no sediment is recovered?

Action items

	Person responsible	Deadline
✓ Follow up and request comment build if necessary.	Jerry	1/9/2014

CRM Log

Techs need to make sure that they are checking their pending logs thoroughly before giving them to the Lab Assistants for CRM. Some of the issues can be resolved by the tech and need not be forwarded to the CRM person. For legitimate CRM issues, the techs must put their pending list issues on the CRM log, with their initials, so that all issues are in one log. This keeps everything in one spot so that we can refer back when checking our list. Techs should not be leaving their list on the CRM desk. When placing items on the list, techs need to be specific on what needs to happen with that specimen, duplicate - credit, etc. The techs should be checking for duplicates, etc (under the patient's name not their account number). There are times where the same test has been ordered twice under two different accounts. Esther will be helping while Bobbie is gone.

Billing Keyboard

Jerry checked with Jan... it is not possible to create a keyboard for billing codes.

REMINDER: Tissue Specimens Received in Swab Containers

When a swab container is received with a CTIS order, look CAREFULLY in the container for actual tissue that needs to be retrieved and ground. DO NOT simply use the swab to inoculate plates.

New Business

Staffing Update

Jerry is working on filling the position vacated by Cassi.

Overlake NAAT (AMTD)

CAFB samples received from Overlake often have NAAT testing requested. These go to the State Lab and are sent from our AFB department after digesting and concentrating. When we receive results back from the State Lab, we need to enter those results in our CAFB culture report. PAML should also get State results back and they will enter those results in their accession ordered as RSTATE.

GBS Testing on Penicillin Allergic Patients

Every time you enter positive results for GBS screening (culture or PCR) you must check the SREQ section for any comments indicating that the patient is penicillin allergic. This may be abbreviated as PENALL. Susceptibility testing must be performed on GBS isolates from these patients.

2nd Shift Tech Start Time

Can the 1500 tech optionally start at 1430? There is often more work and help needed at this time than at the end of the shift. This was discussed by the group and no issues with the earlier start time were raised. Jerry said this would be OK.

Blood Culture Procedure

A request was made to update the Blood Culture Procedure to provide additional guidance for organisms that may be either contaminants or opportunistic pathogens (i.e., when and how to report AST results). Some of this information already exists, but a few details are lacking.

Action items

✓ Make necessary modifications to the procedure.

Person responsible Deadline

Michael

1/9/2014

False-positive Blood Cultures and Blind Subs

When we encounter instrument-positive blood culture bottles that do not show any organisms on the smear, we currently blind sub the bottle and place it in the incubator for manual testing. Biomerieux has suggested that we keep putting the bottles back into the machine after blind subs have been made. They stated that the machine will eventually give up flagging. Dr. Robinson was consulted and she advised that we continue with

blind subbing and reload the bottle into the instrument one time. If the instrument flags the bottle as positive again, and the smear does not show any organisms, it should be placed into the incubator for manual testing. However, if the instrument flags a bottle as positive on day 5 and no organisms are seen in the smear, it does not need to be held for manual testing.

Action items

- ✓ Make necessary modifications to the procedure.

Person responsible **Deadline**

Michael

1/9/2014

AFB Specimens – Saving vs. Tossing

Please remember, the smear reader is responsible for disposal of the AFB concentrates from the biosafety cabinet after smears have been read and reported. Positive specimens are saved in the -70 freezer in the BSL-3 lab. If the concentrates are not discarded, the next person has to go through and figure out what to do with them. Specimens from normally sterile sites that are not digested are held in the refrigerator with the other saved specimens for a week. Please make sure ONLY sterile site samples that are not digested are held.

STAT Specimens

There have been issues identifying STAT specimens when they are delivered. A suggestion was made for OR to use STAT stickers to help bring attention to these specimens.

Action items

- ✓ Investigate possibility of OR staff using STAT stickers

Person responsible **Deadline**

Jerry

1/9/2014

Blood Culture Labeling

Some blood cultures are being received without any information written on the bottle to identify the site and time drawn. Some staff on the floor are under the impression that they no longer needed to write this information on the bottles since it is put into Epic. However, when two sets are received, it becomes impossible to differentiate them. The floor should be called and the issue should be documented for Jerry. Please write these on the EPIC ISSUE log so Jerry can follow up with the clients.

PAML Specimens

PAML has requested that all specimens from PAML clients be returned to PAML rather than being discarded at PSHMC. To help keep the PAML specimens segregated from the Providence specimens, we should designate the biosafety cabinets to be used only for certain specimens. The west BSC will be used for PSHMC and PHFH specimens. The east BSC will be used only for PAML specimens. Swabs specimens will be saved on each respective side. The specimens placed directly into the refrigerator will also need to be segregated. Tony and Cassi volunteered to help organize the bins. When specimens are ready for disposal, all PAML specimens should be placed into a biohazard bag to be sent to PAML via the courier. PSHMC and PHFH specimens can be discarded as usual.

Until this is set up, Nate will be sending daily shipments of 'ready to toss' samples to PAML.

Action items

- ✓ Organize specimen storage. Let Jerry know when this is ready

Person responsible **Deadline**

Cassi & Tony

ASAP

Safety

Gloves must be worn anytime specimens are handled. This includes touching specimen containers, even if you're not opening the containers. The outside of specimen containers are frequently contaminated with specimen, either during collection, transport, or when stored with other specimens. The outside of specimen containers may easily be contaminated with pathogens with very low infectious doses. If you see someone that has forgotten to wear gloves when handling specimens, say something! Their safety is also your safety. Also be mindful of the things you touch when you're wearing gloves. Gloves can be a vehicle for spreading organisms.

Cell phones should **never be accessed or touched intermittently while working in the lab. They should never be carried in your lab coat pocket. That is a dirty area!** Always wash your hands before touching personal items.

R&D and Technical Updates

The test build for the BioFire respiratory assay is still waiting for completion by LIS. We will keep you updated when we have more information on the go-live.

The reflex testing for blood cultures using the BioFire blood culture ID panel was supposed to go live 12/17, but seems to be stalled with LIS. We will update you when we know more. A procedure for the test will be circulated soon. The technical aspects are similar to the respiratory panel.

The reflex testing for negative rapid strep testing is also still pending.

Michael is currently performing an extensive media study to determine a more optimal medium to use for throat culture GAS screens. Our current protocol using an anaerobic blood agar plate is good for GAS recovery. However, we also get a lot of beta-hemolytic colonies that are not GAS that require testing. Latex testing of these colonies adds expense and labor that we may be able to reduce with a more selective medium.

We are still culturing tissue from positive CLO tests to recover *H. pylori* isolates. Our goal is to use these isolates for susceptibility testing in order to generate data for an antibiogram reference for clinicians.

Employee Opinion Survey Follow-up

(#24 I am satisfied with my opportunities for advancement)

This topic will be eliminated from the MC agenda since no comments or suggestions are ever submitted.

Kudos

- Kudos to Bobbi, June, and Nate (and anyone working up front) for helping manage all of the issues generated by Epic.
- Kudos to Jason for taking on the daunting task of scheduling. You're doing a great job and we appreciate your efforts to schedule people for cross training.
- Kudos to Phyllis and Jane for all their work on the schedule for many years. Phyllis will continue to assist Jason when necessary.
- Thank you to Lynn W. for taking on extra responsibilities like tallying the monthly PCR statistics, performing the monthly environmental surveillance testing for our PCR assays, and doing the monthly QC for our rapid antigen and serology tests. Your willingness to help is REALLY appreciated!

The next Micro Council Meeting will be held
January 9th at **19:30**
Reflection to be provided by Cassi