

Microbiology Council Minutes

Tuesday, March 18th, 2014, 7:00 pm

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

Deadline 4-17-2014

Attendees

Facilitator: Jerry Claridge Note taker: Michael Majors

Present: Jennifer Baldwin Bonney, Krystal Colwill, Tiesha McCain, Cassi Miller, Shannon Sabins, Joanne Turner, Tony Vang

Review / Approval of Previous Minutes

Minutes were approved. No corrections or edits were submitted.

Reflection

The reflection was provided by Shannon

Financial Update for the Medical Center

Although the number of patients seeking medical care from the ED has been up all year, the hospital admissions and surgical procedures have been consistently lower. Supervisors in all areas must monitor and explain all overtime each week. In Microbiology, we have a lot of incidents of 0.25 h OT because people don't clock out before the 7 min window ends. Please be mindful of clocking out on time. We also must continue to utilize low census when possible. Be sure to check with Jerry, Jason, or the charge tech prior to leaving LC. The helper list must be utilized before LC is granted.

Old Business

Media Stocking in the Micro Specimen Processing Area

Tiesha reported that each shift has been stocking their media and it seems to be working well. She worked with Bobbie, Esther and Nicole to develop appropriate stocking levels for each media type. She will send the information to Jerry for future reference.

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. Jen reported that the checklist for the Urine culture bench is complete and she is still working on other areas.

Action items

	Person responsible	Deadline
✓ Continue training checklist/schedule development for other areas.	Jen	4/17/2014

Stool Culture Reporting

Due to the amount of information we report with positive stool cultures, and the variation of the reports based on the pathogen, examples have been developed to help provide standardization. Michael consulted with Dr. Robinson to develop the report examples. A copy of the report standardization has been submitted to Jan for review. If the reporting format is compatible with Sunquest & EPIC, the examples will be added to the Stool Culture Procedure.

Action items

	Person responsible	Deadline
✓ Review report examples and build any necessary comments.	Jan	4/17/2014

Stool Specimens with Insufficient Material for O&P Testing

A comment has been developed for use when we encounter specimens that yield a suboptimal amount of sediment after centrifugation. [QNSS]

Action items

	Person responsible	Deadline
✓ Add the new comment to the O&P Procedure.	Michael	4/17/2014

CRM Log

The CRM Log is working better. It helps when people indicate that the item is from a "Pending Log." This helps when people scan the log to see if something is already in CRM so that duplicates are minimized.

PAML Specimens

Tiesha asked if 3rd shift needs to be concerned about whether or not the PAML specimens have been returned to PAML before the buckets are dumped. Jerry indicated that 1st shift was responsible for separating the specimens that are returned to PAML and that 3rd shift should discard the appropriate day's bucket as they normally would.

Blood Culture Procedure Update

The Blood Culture Procedure has been updated. Jen asked about reporting and billing for AST on isolates that may be skin contaminants or opportunistic pathogens. The example discussed was 2 sets positive for coagulase-negative staph. Do we report AST on both sets and bill for both? Yes. The procedure has been clarified.

When a FilmArray BCID panel has identified a blood culture isolate, is it necessary to perform and bill for an organism identification on another positive set? No, organism identification is not necessary if the colony morphology is consistent with the FilmArray identification. If the morphology does not match the FilmArray ID, or if a second colony type is observed, organism ID must be performed. Consult Rounds if unsure.

PAML Call Back Procedure

The PAML call back procedure seems to be working very well. Please remember to refer to the list of critical and alert values before using the call back function. If the result wouldn't have been phoned before, we shouldn't be using the call back function.

Holy Family Body Fluids

We are still receiving the small aliquots of body fluid samples from Holy Family despite repeated attempts to have larger volume specimens sent. The small volumes we receive are suboptimal for testing, which necessitates calls to HF to request additional sample to be sent.

Action items

✓ Follow up with HF lab

Person responsible Deadline

Jerry

4/17/2014

New Business

Technical Questions

Please address technical questions on Rounds or by speaking to or e-mailing Michael, Jerry, or Dr. Robinson. It is less productive to save questions for Micro Council to be discussed without access to technical documents. If a question is brought to Micro Council, please submit the question prior to the meeting so that we can be prepared to discuss the topic and bring the applicable procedures, if necessary.

CAP Inspection

We are due for a CAP inspection any day through the end of May. The Microbiology checklists have been distributed with answers for everyone to review (due 4/17). Please submit any questions to Michael or Jerry.

Employee Survey Action Plans - Communication

One of the Action Items from our Employee Survey included the need to improve communication between shifts. One solution to that problem included getting a White Board that could be used to write down pertinent information that needed to be communicated from shift to shift. The White Board is installed at the south end of the 5th bench for that purpose. This is for work-related items ONLY. Any pertinent information regarding testing, reporting, processing, scheduling, etc. that needs to be communicated will be written on the white board. Information would include schedule changes, people coming in late or not at all, work flow issues, etc. The person entering the information will be required to put their initials, date, time, and to whom (if that is

known) next to the entry. **All employees coming to work will be required to review the White Board.** The person taking action on the communication will erase the entry.

Using the Correct Media and Placing Cultures in the Correct Incubators

Please watch closely to make sure you are using the correct medium for each specific culture and that the inoculated plates are placed into the correct incubator. Since we started using the GBS Detect agar for throats, some errors have been made that have delayed test results. To help provide a better visual cue, "A" is being written on the throat cultures to help with sorting plates.

Managing Data in Epicenter

We recently published the antibiogram data for 2013. During the process of gathering the data from Epicenter, many examples of erroneous data were encountered that had to be individually examined and deleted. Remember, even if you don't report the data from Epicenter, you must account for the results. If you know there is erroneous data due to a mixed inoculum, you should delete the data from Epicenter. If you test an isolate but don't report the AST results, because the culture ended up having too many potential pathogens, the data can be suppressed from the AST statistics. That way you don't have to worry about any confirmatory testing that may be required. Simply click on the Isolate tab and check the box labeled "exclude from statistics." Michael will publish a reference sheet for doing this.

Wound Smears

When preparing direct smears, remember to press and roll the swab in the center of the slide. The material should be applied into an area no bigger than a quarter. It can be very difficult to find the material under the microscope if it has been applied all over the slide. It is also helpful to have etched slides to provide a visual area for applying the specimen and for finding it under the microscope. Unfortunately, we ran out of pre-etched slides and people have been too busy to make etch more. Jerry will find volunteers to help make a new supply of etched slides.

DI Water vs. Saline

During our recent mock CAP inspection from the MLS students, we were cited for using sterile saline for a procedure that called for DI water. Some people are avoiding the sterile DI water bottles on the benches because they get contaminated. As a solution, we will discontinue stocking the benches with sterile DI water bottles. Instead, each tech can use an empty sterile glass tube and fill it with the DI water they need to perform testing that day only. There is a DI water faucet in the reagent prep room. Be sure to label the tube "DI water" along with the current date. The only two reagents that require sterile DI water are Streptex enzyme and the BBL Coagulase Plasma. June will continue to make a limited supply of sterilized DI water bottles for reconstitution of these reagents.

Genital Gram Stains on Females < 13 y

Jen conveyed a question regarding performing direct smears on genital specimens from females under 13 y. Can we just report the neutrophils and yeast? Answer: No, it is not recommended to perform direct smears on genital specimens from females in this age group. Young girls do not have the same flora that is seen in women of child-bearing years. The culture provides more useful information than a direct exam.

Package Insert Verification

PI verification is a task that is often overlooked, despite the bright pink labels on the kits to remind people to check the PI when opening a new lot. Jen suggested that the lab assistants perform this task when they are checking in new shipments. The group agreed that this may be a more efficient process.

Action items

✓ Organize PI verification process for lab assistants

Person responsible Deadline

Michael

4/17/2014

Weekend MGIT QC

A suggestion was made to shift the responsibility of the weekend MGIT QC from the Blood Bench tech to the person digesting the AFB specimens, since that person is already working in the Mycobacteriology lab. Jerry

supported this idea but indicated that the charge tech will be responsible for making sure that the person digesting the AFB specimens performs this QC function.

Blood Culture FilmArray Testing

Make sure to bill for the FilmArray testing, whether it is positive or negative. If you call a positive blood culture Gram stain and find out that the patient is deceased, DO NOT perform the FilmArray testing. There is no value in rapid results at that point. ID and AST will be handled by the culture workup.

StrepTEX QC

Joanne asked about documenting QC on the StrepTEX reagents since the lot number on the box is different than the lot number on the bottle. Michael said he would clarify the QC guide. We should use the lot number in the reagent bottle since the boxes are discarded.

Smear/Culture Review Reminder

If you leave something for review, remember that you are responsible for checking on the outcome and initialing the log. The log will be reviewed weekly to monitor compliance.

Listening to Music with Ear Buds

Jerry said, if you listen to music with ear buds, make sure the volume is low enough so that it does not prevent you from hearing the phone ring or someone speaking to you.

Sunquest Upgrade

The MEM function has not been updated yet. In order to result Mono and BD Affirm test results, you still need to access MEM in the old LIS program.

Phoenix Testing

Please follow protocol regarding Phoenix testing on cultures that are at least 18 h old. We are seeing very young isolates, especially on the Blood Culture bench, that are being loaded on the Phoenix prematurely. This is a deviation from the FDA-cleared protocol. Please communicate with someone on 2nd shift if there is a blood isolate that needs to be loaded later in the day.

Pending List – Holy Family Tests

When should we do something about pending tests from HF? HF has indicated that they will no longer be monitoring their pending list and suggested that we just let the cultures drop off after 7 days. This makes our pending list too hard to manage. Jerry said that, if ample time has passed for the specimen to be transported to PSHMC, and the patient has already been discharged, we can cancel the test.

Carrot Broth Incubation

Joanne asked if the Carrot Broth tubes could be spaced in the rack so that the labels don't get stuck together. They are very difficult to manage when they all get stuck together.

Safety – Biosafety Cabinets

Biosafety cabinet safety was discussed. It is difficult to minimize the movement of arms in and out of the cabinets during busy times. However, it is important to be aware that rapid movement in and out of the cabinet can disrupt the protective air flow. The best precaution that people can take is to pre-plan their work by ensuring that they have all of the necessary supplies available before they begin. We do have a lot of items in the cabinets, but they are all items that are routinely used. These same items are in place when the cabinets are certified annually. A bigger issue with airflow around the cabinets is the wind that can come in through the front window when specimens are dropped off. This seems to be especially bad on certain days of the week. Everyone should be diligent to close the windows as quickly as possible when the airflow is increased. Cassi mentioned that it is difficult to work 6 inches inside of the O&P fume hood due to all of the items inside. The council discussed whether or not it would help to move the centrifuge outside of the hood. Jerry is open to suggestions from the department.

R&D and Technical Updates

We will be evaluating and verifying a new swab to be placed into use system-wide. The new swab has a flocked tip instead of a spun fiber tip. The flocked tip has greater surface area for specimen collection and readily releases cells into a liquid transport medium. The eluted specimen is used to prepare direct smears and to inoculate media. The transport devices are also conducive to front-end automation. If you would like more information on the transport device, you can visit [Copan's website](#).

We will be evaluating a lateral-flow assay for *Cryptococcus* Antigen testing that would replace our current latex assay. The lateral flow assay is less labor-intensive and reportedly performs well.

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. Thank you for helping recover these isolates!

The next Micro Council Meeting will be held
April 17th at 19:00
Reflection to be provided by Tony