

Microbiology Council Minutes

Thursday, October 9, 2014

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

Deadline 12/13/14

Attendees

Facilitator: Jerry Claridge Note taker: Jerry

Present: Krystal Colwill, Cassi Miller, Joanne Turner, Tony Vang

Not present: Shannon Sabins, Tiesha McCain, and Michael Majors

Review / Approval of Previous Minutes

No corrections or edits were submitted.

Reflection

The reflection was provided by Cassi. Thank you!!

Old Business

NAAT orders from Overlake

There is a mapping issue with the new test but it should be working in the next week or two. The test code is MDNAAT and will only be used by Overlake at this time.

New Employee Training

Jen was absent but reported at a prior meeting that the checklist for the Urine culture bench is complete and she is still working on other areas.

Action items

✓ Update needed by next MC meeting.

Person responsible Deadline

Jen BB

1/1/15

Billing of Organism IDs

All Organism ID order codes are shell codes and have no billing associated with them, **EXCEPT** FUNGID and YID. They bill when ordered and do NOT get additional billing codes added to them at this time unless there are multiple identifications. The plan is to make them all shell codes in the near future.

Designated Area for "QC in Progress"

A spot in the refrigerator has been designated for materials that are undergoing QC. See Bobbie.

Mandatory HealthStream CE

Please log into HealthStream. There have been numerous mandatory modules assigned in the last couple months. The Mandatory Emergency Preparedness is due on October 31st. Failure to complete by the deadline will result in a 1st written warning.

New Business

Financial Update

PSHMC is above budget for revenue again for September. (Good) We are still above budget in expenses. (Not good)

HIVLD

This test is now orderable by the floors. When received, it should be run STAT. These will be ordered on any significant employee/patient exposure incident and could come from outside PSHMC. Our volumes should increase to around 100 per month when the Blood Born Pathogen policy is completed.

Fluorescent scope

The older fluorescent scope in the dark room has been taken out of commission. You will need to use the scope on the far right to do fungus stains. It was discovered that the old scope was not picking up positive stains as it should.

BD MAX updates

The GI panel has been built and the test has been validated. It is scheduled to go live on 12/2/14. A procedure is being written and a plan will be made to decide how to handle positive results for send outs.

Micro Council Voting procedure

New volunteers and nominations will be taken until 10/17/14. After that, a vote will take place to determine who will be on the new council. So far, there are 4 names that will be on the ballot.

EV-D68

Please make sure you save all the Enterovirus/Rhinovirus positive samples in the save bucket for one week in case the floor fails to collect a second sample. The saved sample can be sent to the State Lab if requested.

Polyclinic update

By the end of October, we will be receiving all of Polyclinic's micro samples. An average volume per day will be around 40 urine samples, 15 Beta Strep screens, 15 wounds and respiratory samples, 10 stool cultures, 3 O&P samples, and 4 C. diff PCR samples. These will be arriving on 3 separate shipments, at least one of which will come directly to us without going through PAML to speed up our plating process.

Milk cultures from Montana

Please make sure you put the date, time, and initials on the BAP. The plates will go into the same area as the stool culture samples, not on the top shelf of the incubator as has been done in the past.

BioFire Blood Culture ID / Gram Stain discrepancies

Basic message - If what the BioFire called positive is not seen on the smear, review the smear to see if it was missed. If it's still not seen, don't report it. Wait for the culture results for reporting.

New 2015 Performance & Development and Merit Process

Beginning in January 2015, a new performance evaluation and merit increase process will be kicked off where all caregivers throughout the Providence system will be on the same process at the same time of each year.

All caregivers will complete an annual process for performance and development with merit increases for all non-contract caregivers on a schedule as follows. In January, you will complete a self-evaluation. In February and March, you will have individual conversations with your immediate supervisor to discuss performance, development and goals. Merit planning will take place in late March and early April. Merit approvals will occur in the second half of April and will be effective beginning May 3rd.

There will be training for everyone beginning in November on the details of how this will take place.

Proposed Ebola guidelines for PSHMC

Posted on the communication board are proposed guidelines for how we will handle suspected Ebola patients. Dr. Robinson is the author. These guidelines could be very dynamic as the whole Ebola issue progresses, so watch for possible modifications.

Procedural issue on Ordering

We should NEVER be ordering a test on a patient that we don't have hard copy orders for or can't see orders in the computer. It is illegal to take it upon ourselves to order a test without documentation that the physician has actually ordered the test. You need to CALL and VERIFY. Questions??? See me.

MTM/CHOC

We will no longer be ordering MTM/Choc plates. Use a whole MTM and whole chocolate plate on genital sources.

MEH Hold Result for Affirm testing:

Attached to the minutes is a procedure for BD Affirm testing using the MEH hold function. Several people have tried it and it seems to be working well. If you have not tried it yet, please work with someone who has so you are familiar with how it works. It is now the primary procedure for resulting VPDNAPs and everyone needs to be on board with it by the end of October. If you need training, please see me. There have been zero resulting errors since this procedure has been initiated.

When performing the test, do not label the cards with a sequential number. This could lead to errors. You need to put patient identifiers on the cards, just like any other sample. That way if there is a discrepancy, we can go back and positively identify the patient's card. It may be a little faster to use a single number, but is not acceptable per CAP guidelines.

Daily Temperature QC

Daily Temperature QC must be done and recorded before midnight. I know there will be times that this won't/can't happen, like Tuesdays perhaps, but this should be the exception.

Specimen Save Buckets

Cassi would like to know if we have the correct number and type of save buckets in the refrigerator.

Action item: Cassi will discuss this with June and order more if needed. Due 12/13/14

Clock in the PCR Room

A clock will be put in the PCR room soon.

Flu shots will be available in the Lab Classroom on October 21st and 31st.

07:00 – 08:30 and 14:00 – 15:30

CJD Reminder.....Requests for culture on spinal fluids that have a CJD (Creutzfeldt-Jakob disease) alert notice are processed almost the same as any spinal fluid. The difference for microbiology is that we need to streak them by hand, not on the Inoculab and we need to use a disposable loop. The sample, and any item that comes in contact with the sample needs to be autoclaved. These samples can be processed in the set up hood and the plates do not need to be bagged.

The next Micro Council Meeting will be held

In December – date TBD

Reflection to be provided by Jen