Micro Council Meeting Minutes 1900 6-6-12

Facilitator: Jerry **Note taker:** Michael Majors

Attendees: Jane Mattson, Michael Majors, Ashley Peterschick, Nick Fuller, Tim Hawley, and Phyllis Verduin

Excused: Amanda Bobick , Lynn Weedmark

Review and sign-off of the minutes is mandatory for all Micro staff prior to next meeting.
Deadline 7-18-2012

Old Business – Reallocation

Agenda item:	Helper List	**Presenter:**	Jerry
Discussion:	The helper list seems to be functioning better since the recent update.		
Agenda item:	Start Times - Adjustments	**Presenter:**	Jerry
Discussion:	Technical needs: • The majority of OP specimens need to be concentrated by the beginning of first shift. • The person responsible for concentrating AFB specimens and reading smears should be scheduled so they can get the a.m. run and the later CHI run completed.		
Conclusion:	• The 3rd shift lab assistant should spend the last 30-45 minutes of their shift concentrating and preparing trichrome smears. • The consensus of the discussion was that the 1st shift MLT position should be scheduled to come at 0630 to start AFBs and also work with set ups. 1st shift Lab Assistant set ups should also concentrate O&Ps as early as possible.		
Agenda item:	Duties for 1st Shift Set-up and PCR Benches	**Presenter:**	Jerry
Discussion:	This seems to be functioning well.		
Agenda item:	Transferring cultures from 2nd shift to 1st shift	**Presenter:**	Nick
Reminder:	When leaving cultures for review on 1st shift, please remember to go back to see what the outcome of the review was and to initial the log after follow-up.		
Agenda item:	Storage for Extra AST Disks	**Presenter:**	Jerry
Discussion:	The extra AST disks were relocated to a separate container in the freezer. Please remember to check these lot numbers when doing weekly QC to make sure any active lots undergo QC testing. Also make sure these disks are returned to the freezer when not in use.		
Agenda item:	QC Documentation – AFB Smears	**Presenter:**	Jerry
Reminder:	**CAP Checklist item MIC.31650** Fluorescent Stain QC - Phase II **Fluorescent stains are checked with positive and negative controls each time of use and results documented.**		
Agenda item:	Send out Procedure	**Presenter:**	Jerry
Discussion:	Guidelines have been drafted for handling isolates that must be sent out to reference laboratories. These will be distributed to the department soon.		

Action items	**Person responsible**	**Deadline**
✓ Review and edit Send Out Guidelines	Phyllis & Jerry	7/18/12
✓ Distribute and post final version	Michael	7/18/12

Agenda item:	PCR Workflow	**Presenter:**	Jerry
Discussion:	The previous minutes contained a workflow schedule for the PCR tech. This should be taken as a suggested schedule. Individuals may organize the work differently depending on test volumes and experience.		

New Business

Agenda item:	CAP Inspection - deficiencies and corrective actions	**Presenter:**	Michael

Checklist item:	**MIC.14575 New Reagent Lot Verification Phase II** **New reagent lots and/or shipments are checked against old reagent lots or with suitable reference material before or concurrently with being placed in service and results are documented.**
Deficiency noted:	New lots and/or shipments are not being checked against old reagent lots.
Corrective action:	QC protocols were updated for the antigen tests (Cryptococcus, RSV, Flu, and Strep A) and serologic tests (Mono and HIV). Commercial control material was purchased for Flu and RSV. ATCC strains will be used for the Strep A test per the manufacturer's package insert. Cryptococcus antigen and Mono external QC will be performed using previous positive and negative patient samples. External control material was already in use for the HIV test.
Checklist item:	**MIC.19010 Bench Top Decontamination Phase II** **There is documentation of daily decontamination of bench tops.**
Deficiency noted:	Daily decontamination of bench tops is not documented everyday.
Corrective action:	Each person will continue to decontaminate their own bench. However, rather than rely on up to 13 individuals to document daily decontamination, 1 individual will be responsible for documentation each day. QC item BNCHCL was created in LIS for daily documentation. The Microbiology Safety Guidelines document was updated to reflect documentation to occur once daily in the computer.
Checklist item:	**MIC.21812 Anaerobic Conditions QC Phase II** **There is documentation that anaerobic systems (*e.g.* jars, chambers, bags) are checked for adequate anaerobic conditions with methylene blue strips, fastidious anaerobic organisms or other appropriate procedures.**
Deficiency noted:	Anaerobic conditions QC - no documentation of anaerobic systems QC.
Corrective action:	We do check each anaerobe jar with a methylene blue indicator strip. We previously only documented QC failures. We initiated documentation of all QC performed, including both passing and failing results. QC will be documented by shift rather than by each individual jar. QC item, ANAJAR, was created in LIS for documentation. This currently occurs on 2 shifts unless plate reading is not staffed on 2nd shift. The Anoxomat Procedure and the Quality Laboratory Practices document were updated to reflect documentation of acceptable QC results must occur on each shift anaerobic jars are opened. Staff will continue to document details of any QC failures on the jar failure log.
Checklist item:	**MIC.21815 Campylobacter Incubation Conditions QC Phase I** **Campylobacter incubation conditions (e.g. jars, bags) are checked each time of use with QC organisms or other appropriate methods of validation to ensure adequate environmental conditions to support growth of Campylobacter.**
Deficiency noted:	Campylobacter incubation conditions are not being checked each time of use, no documentation present.
Corrective action:	We've been checking Campy jars with a control strain since 5/28/2010. However, we have not documented the activity to serve as proof. We initiated documentation of all QC performed, including both passing and failing results. QC will be documented by shift rather than by each individual jar. QC item, CMPJAR, was created in LIS for documentation. This currently occurs on 2 shifts unless plate reading is not staffed on 2nd shift. The Anoxomat Procedure and the Quality Laboratory Practices document were updated to reflect documentation of acceptable QC results must occur on each shift microaerophilic jars are opened. Staff will continue to document details of any QC failures on the jar failure log.

Checklist item:	**MIC.22110 Unacceptable Sputa Specimens Phase I** **Unacceptable sputum samples are not cultured (or cultured only by special request) and the health care provider or submitting laboratory is notified so another specimen can be collected without delay, if clinically indicated.**
Deficiency noted:	Unacceptable specimens are not rejected.
Corrective action:	Poor quality specimens are processed due to the inherent delays in serving a large geographic area and the difficulties of reculturing patients. However, minimal identification and no susceptibility testing of potential pathogens is performed on these poor quality specimens to avoid the reporting of clinically misleading information. The following comment is appended to each gram stain report for unacceptable specimens: Squamous cells in the specimen indicate the presence of superficial material that may contain contaminating or colonizing bacteria unrelated to infection. Collection of another specimen is suggested, avoiding superficial sources of contamination.
Checklist item:	**IMM.30150 Unusual Laboratory Results Phase II** **There is a documented system in operation to detect and correct significant clerical and analytical errors, and unusual laboratory results, in a timely manner.**
Deficiency noted:	Mono and HIV manual test are not reviewed for clerical errors.
Corrective action:	In order to provide a "record of review of results," the test logs and procedures for many of the manual tests were updated to incorporate a system where a second tech checks and documents that results have been reviewed for clerical errors. This system was applied to C. diff. PCR, MRSA PCR, Strep B PCR, BD Affirm tests, rapid antigen tests (Flu, RSV, and Strep A), and immunology tests (Mono and HIV). The person that performed the testing is responsible for finding someone to review and initial the results. **Note: Clerical checks for all PCR results must be performed in the amplification area. Test logs should not be brought into the main lab to prevent spreading amplification products.**
Checklist item:	**IMM.34120 Daily QC - Nonwaived Tests Phase II** **Controls are run daily for quantitative and qualitative tests.**
Deficiency noted:	Daily internal control checks are not recorded. Test logs need to include a place to document that internal controls were acceptable.
Corrective action:	While results have never been considered valid or reportable unless internal controls are acceptable, we have not documented internal control results for each test. Test logs have been modified to document acceptability of internal controls.

Agenda item:	Reporting order for VPDNA tests	**Presenter:**	Jane
Discussion:	There is inconsistency with the order which people report the VPDNA results. Some people report the results in the same order as the test log and others report positive values first. Concern was expressed about forcing everyone to report positives first as it increases the potential for clerical errors.		
Conclusion:	Everyone should report VPDNA results in the same order as they are listed on the test log. The reports are still simple enough for clinicians to review and spot the positive results.		
Agenda item:	3rd Instrument for BD Affirm Testing	**Presenter:**	Tim
Question:	Would it help to have a 3rd BD Affirm instrument?		
Conclusion:	We are currently able to accommodate test volumes. We can reassess the need for another instrument if the need increases.		
Agenda item:	Critical Value Reporting	**Presenter:**	Jane
Question:	Should we enter “Critical value reported to:” when documenting results in LIS?		
Conclusion:	Since we call critical values, alert values for contact precautions, and notifiable conditions, we will use a generic header, “Results called to.” [RESCAL]		
Agenda item:	Bench Lights	**Presenter:**	Jane

Question:	Can we keep the bench lights in a horizontal position? Some people have a hard time reaching them to make adjustments.
Conclusion:	Yes. If the lights are adjusted to a vertical position by someone, they MUST BE moved back to horizontal when leaving the bench.

Agenda item:	Micro Council Reps	**Presenter:**	Jerry
Discussion:	Is it necessary to change any of the positions since some people are no longer on the shift they were elected to represent?		
Conclusion:	The current representative will remain on the council until the next election cycle in October.		
Agenda item:	Leaving low census	**Presenter:**	Nick
Discussion:	Since second shift positions may overlap with 3rd shift, who should people check with before leaving low census?		
Conclusion:	People should check with the charge/lead tech on their own shift.		

R&D Status Update

This section includes a summary of Microbiology projects that are currently underway.

Project:	MIDI HPLC testing for the identification of *Mycobacterium* & Mycolic Acid Bacteria.
Status:	Training delayed during the CAP inspection. Michael requested help from Jerry and the schedulers to determine a new training schedule.
Project:	Caspofungin disk diffusion testing for *Candida* species
Status:	On hold - Caspofungin testing is useful for isolates that are azole-resistant. There are CLSI standards for performing caspofungin disk diffusion, similar to what we currently perform for fluconazole and voriconazole. However, the disks are not currently commercially available. Research use only disks were obtained from Merck. A validation study was completed using past CAP strains and clinical isolates previously tested by MIC at ARUP. Disk diffusion testing with these isolates correlated well with expected results. After follow up discussion with Merck, they have agreed to support commercial production of the disks through BD. There is not yet an estimated time for availability. However, we may be able to begin testing once the manufacturer establishes product stability.
Project:	Germ tube plasma
Status:	Human plasma is getting difficult to obtain from the blood bank. Commercial sources for bovine plasma are being considered. Products from BD and Hardy will be evaluated.
Project:	PYR Reagent
Status:	PML will no longer be manufacturing the PYR reagent we use. The same formula will be produced by Key Scientific. Other manufacturers are being considered. Sample product from Hardy Diagnostics was requested. Hardy's product is about half the cost of the product we currently order.
Project:	Helicobacter pylori Susceptibility Testing
Status:	We would like to evaluate the possibility of performing AST for H. pylori isolates, but we need isolates for testing. Please give positive CLOtests to Michael, or sub the tissue to a BAP and incubate at 35°C in a microaerophilic jar.

Kudos

Thank you Amanda for dealing with the misbehaving refrigerator in the AFB/Mycology room and for moving all of the supplies back in after it was fixed.
Thank you Michael for stepping in for Jerry during the CAP inspection! You did a great job!

Next Meeting

Date:	Wednesday, July 18
Time:	1900