Meeting Minutes Microbiology (August 5, 2015)

1) Gram stains: We are having issues with gram stains. Our culture is not matching what we see in the gram. The gram stain is for the Doctor, not for us. We ONLY use the gram to decide what to work on, the Doctor uses the gram to decide treatment options.

* If does not match, go back and review gram, if does not correlate, stain a new gram slide
* Make 2 gram stains initially, fix both, stain one and place other in ‘fixed/unstained’ box
* Press swab relatively hard on slide, bacteria absorb into cotton, and are hard to get on slide especially with old swabs
* Do a QC slide with each batch, each person does a QC slide when (S)He stains
* Report wound grams in a timely manner (before evening shift is done if at all possible)
* Intracellular organisms (orgs in WBC) **MEANS** infection. Please report at least internally
* If uncertain about what you see, ask for second opinion. If no one is available, please report what you are certain of, and put the rest in TCOMM for the wound/urine tech to review the next day.
* Acridine oranges stains on sterile sites will now be supplemented by a Gram stain in which we report WBC, EPI and RBC.

2) Referred Isolates: We need to be better at book keeping with these below are new suggestions

* Make photocopy of referral requisition, place in applicable binder (above accessioning bench)
* When report comes back, report into soft, putting the referral lab number in the ?REFD line
* Photocopy result, and send one to originating clinic/doctor, the other staple to original requisition (that is in binder)
* Print off the most current report we have sent to Doctor and staple to requisition to send with specimen to referral lab.
* When freezing these specimens, please place into appropriate location in freezer, AND record in SOFT MIC that you have frozen it.

3) Clinical History: used to determine what to work up, especially in blood and sterile sites. Putting all information on reports (even when none is provided) is important for tracking purposes

* If no history is provided, put **No Hx provided** under clinical history (for all specimens). A site of collection does not count as History
* If No antibiotics listed, in one of the Antibiotic pull down tabs, type ‘unk’. This will print unknown on report
* For sterile sites (blood, CSF, Synovial, etc) please call originating ward and ask for antimicrobials (in use and/or started) and history of why specimen was collected (ie: immunocompromised, transplant, cancer, HIV, FUO etc)

4) There are a few new policies, please read and initial all to prove that you have read and understood any changes that may have occurred.

5) Antimicrobials:

* We are taking on a couple of new E-tests, CIP and OX/CLOX. These will get validated. Validation now involves running 3 different dilutions over 5 days and looking for correlation. It will be determined after this whether Mueller Hinton Salt is necessary for Staph spp.
* Please refer to Section 1, page 27 of the dynalife manual for proper reporting of significant staph spp (S. aureus, S. lugdenensis etc) that have a Oxacillin of 2. \*\*\*\*The Vitek misses these\*\*\*\*. Please keep an eye on this. It helps to highlight the antibiotics on the Vitek printout, rather than relying on the system to do the proper suppression rules or follow up recommendations.
* ATCC organisms are starting to expire, these are still good, new lyophilized on order

6) Maintenance:

* Imperative to complete each month. The responsible bench will be determined at a later date, and will be followed up
* Clean BSC each morning as well as afternoon
* Run BSC for minimum of 5 minutes after processing samples, always clarify before turning fan off
* Check appropriate pending lists to ensure no specimens are getting missed
* Ensure temperature charts begin to run again before leaving, check after ~20 min. Also do not forget to change monthly.
* Print a culture inventory from Bactec FX blood culture analyzer each morning so bottles the PCC puts on do not get missed

7) Quality Control:

* The 7 am shift person now does this when performing startup in the morning.

Tests include (PYR, CAT, RS, Oxidase, SI), and reports in TQC. Will put task in to reflex these each morning rather than on second order (if possible)

* All other QC will be performed on an AS NEEDED basis

8) Streaking: Use Wire loops, not plastic. Plastic is way more expensive, and does not work as well. Better isolation is ensured when using a wire. If you notice plates have unacceptable streaking, please make sure the person who streaked them is aware.

9) Wellcogen: We can still use to confirm Strep pnuemo in sterile samples (follow appropriate conditions for sample type) and the H.I. can still be used, however we CANNOT call type B as this is unreliable with Wellcogen. Put comment in saying that specimen will be sent for further genetic sequencing.

10) TDG training: All who are not currently trained should strive to complete training before summer relief leaves. Carolyn has appropriate codes to log on, and information on how to complete the online course.

11) Dr. Solomon is currently working on our Wound Procedures. Currently agrees with our Q system.

* An amendment; work up CNS as pathogen if pure culture, Sherri will look into whether WBC are necessary for this.