1. Meetings:

* Laura S has scheduled a microbiology meeting monthly for microbiology.
* Laura S would like to know if people would like her to post an agenda sheet so that people can add items for the meetings –Yes people would.

2. Rapid Staph:

* As per email, no longer need to perform tube coag on all staph.
* If specimen is a sterile site – need to do tube coag
* If results do not match colony morphology – need to do tube coag.

3. Tube coag reagent:

* Only good for 14 days after reconstituted.
* We will need to reconstitute in TQC now since not using fast enough like before.
* Please write the expiry date on the bottle and make sure to check this when using the reagent.

4. GBS agar:

* Laura S wanted to thank everyone for participating in the mini validation we performed.
* We noticed some pink colonies that were not GBS (they did test negative with the latex so not incorrect)
* Veronica said she had one sample that she might not have seen the GBS on the blood but did see it right away on the chromogenic agar.
* Laura S will discuss with Jennifer to see if we will proceed with a validation and switch to this agar.

5. ID sheets:

* Laura S has made a bacteriology binder for each bench.
* Have charts and flowcharts to use based on bacterial type.
* Good to use when unsure of direction to take with identification of bacteria.
* Laura S also reminded everyone of the text books that are available and can be helpful.

6. MLA duties:

* As per email sent, Cole will change the specimen bucket and swab rack.
* This has been removed from our daily start up list of duties as it will continue to be done by the MLA when Cole is finished in August.
* Cole also to perform BSC maintenance –Moses mentioned that BSC maintenance should be performed before any work and sometimes blood cultures need to be planted before MLA arrives. Therefore, Laura S is going to continue having the technologists perform this duty as part of the morning start up. It is back on the list.

7. Daily Startup:

* Not all duties being performed in the morning.
* Please ensure all is completed first thing in the morning then we can be assured that it is all getting done each and every day.

8. CSF/fluid:

* As per email sent, only 1 slide needs to be made for these specimens.
* Need to wipe swab with alcohol swab before inoculation.
* If specimen is not spun, add specimen quality comment NOSPI

9. Labelling swabs/glycerol:

* Laura S showed group how to place label on swabs and tubes so that accession number is on the top.
* This makes it easier to go through swabs if need to find one and easier for biosafety audit when looking through glycerol tubes.

10. Antibiotic disks and E-tests:

* Laura S wanted to remind everyone that you cannot substitute a disk for an E-test and if the ASTM says to use an E-test you cannot use a disk.
* Etest reports the actual MIC and disk is just an interpretation.

11. Acridine orange:

* No longer ordered on fluids.
* It can be performed for confirmation of the gram but do not order it as a reportable test. Order it as a media ACROR so that we get units for it.

12. Observations in LIS:

* While Laura S has been covering benches and training she has noticed that not all observations and tests performed are being recorded in the LIS.
* Please ensure that all this information is recorded for documentation purposes and workload unit purposes.
* Please do not write post it notes on plates, use the tech comments in the LIS to record any comments you have about the specimens.
* Each plate observation for each day need to be on their own line or else can’t keep track of date and technologist.
* Laura S wanted to talk about the elastics that are being used on the plates. She wants to know if we can stop using them –Group agreed that we will no longer use elastics.

13. Writing on plates:

* Laura S wanted to know what information we would like written on subculture plates –Accession #, isolate number, patient’s last name and date.

14. Training checklists:

* When Dynalife was here for a visit a couple of years ago they noticed that our training records were not up to date and complete.
* Laura S has made new training documents for the urine and wound benches.
* She will be sitting with everyone for a week on these benches to complete these checklists.
* Laura S will also be looking for ways to make the workflow better and look for ways we can increase our efficiency on these benches.
* Laura S asked if anyone had any questions –No one did.