

## Microbiology Meeting Minutes

September 25, 2024

12:15 to 12:45

Attendee	Present?	Attendee	Present?
Laura S	✓	Chelsea	
Moses	✓	Jen	✓
Solomon	✓	Katie	✓
Laura G	✓		
Minutes recorder: Laura S			

1. New req.:
  - This went live last Friday
  - There is a new micro one and a new covid one
  - It is on EMR and that is where locations should get it from
  - Only the testing we do here is on the req. If the test is not' on the req it means it is not done here
  - The specimen collection guide that Chelsea and Jen worked on also went out and it lists what is done here and what reqs to use if not done here. It will go well with the new req
  - Moses says that there are a lot of issues with req. not being filled out correctly. Laura S hopes that the new req and collection guide will help. There is a lot of staff turnover right now and that is making things difficult
  
2. Stool infectious diarrhea, panel for C. diff, ref Life Labs:
  - On Saturday Pearl brought a stool to us and all it said was IDP. Katie was not sure what that was. It was infectious diarrhea panel and includes bacteria and parasites and
  
3. Reporting of organism's dependent on SOP:
  - What organisms are reported by name or as part of normal flora is dependent on the SOP
  - Enterococcus is commensal flora in a vaginal swab and should not be listed by name but by commensal flora but in a wound Enterococcus is a potential pathogen and should be listed as Enterococcus spp.
  - Please refer to SOP when reporting out results
  - Does everyone understand how to use the second computer screen? This makes it easier to pull up SOP on one screen and have LIS on the other. It is helpful and worth doing
  - Does everyone know how to access the SOP on the shared drive? Does everyone know how to make the SOP folder on your Quick Access bar so you do not have to do Stanton Hospital and so on, you can just go right to the manual folder

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4. ID of bacteria:
  - Need to use the bacteriology SOP and not the keypads
  - The keypads are not the SOP they are a tool to make our work easier but should not be relied on as the required workup for bacteria
  - Example is Bacillus spp. The SOP says that gram stain, catalase and motility need to be done first to rule out B. anthracis and then if the motility is positive and it is a pathogen in a blood culture an ANC card needs to be run. The keypad for GPB lists these tests and it also lists urea but that is for other GPB
  
5. SOP updated:
  - As you might remember, the micro-SOP were all being approved and being put on ournthssa. Once they were approved, I was putting the approved copy on our MTS again. All the SOP were updated in anticipation of being final approved but now this process seems to have slowed down. So, Laura S is just putting the revised draft procedures into use. If you have any SOP saved on your desktop, please remove them as they will be changing in the next couple of weeks
  
6. Move microscope:
  - In October, we will be removing the Respiratory Bench
  - Do we think we should move the microscope back out the main micro lab when that happens?
  - If yes, the microscope should be on the bench closest to the sink (urine bench) and the urine bench will go where the respiratory bench currently is
  
7. Bench planning:
  - With the removal of the respiratory bench, we need to move testing to other benches
  - Laura S thinks that mouth culture and nose culture should go to urine bench. This is because these are essentially screens and the urine bench is mostly screens
  - Laura S thinks that sputum, ears and eyes should go to the wound bench.
  - There are not a lot of these, and it might add too much to the urine bench
  - Laura S plan for having 5 techs is the wound bench will be solid, but it is the whole day and that is all they should be doing. Not doing any startup, answering the phone, etc. if bench is busy. Just come in, do QC and work on bench. The front bench will continue to do what is currently being done but will also run some PCR samples as they come in. This includes C. diff and PCRES. The urine bench will come in and do urine bench, then put on any PCR tests and read grams. No front bench work will be done unless there is time or if the sample is fluid or positive blood culture

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- Does everyone know how to batch report? The urine bench must be batch reporting all the negative urines, MRSA, VRE and throats. This is a big-time saver. If anyone is not sure how to do this or does not feel comfortable, please let Laura S know so she can help. This will be mandatory in order to get the work done
  - Does anyone have any ideas on how we can be more efficient without more staff? Are there any supplies that could help us or tools you need? If none right now, think about it and let Laura S know
  - Moses thinks when Solomon leaves in October we really need to make sure we work as a team. He thinks if they are not replacing and expecting the same ser
  - We need to know what the priority for the urine bench is.
8. VITEK results:
- Solomon had an example where an alpha strep was TXP sensitive, but it looked weird, so he did a GPI, and it was not SPN. This shows that sometimes this can happen, and we need to use our clinical skills when interpreting these types of disk tests
  - Laura G had a GAS that gave a confidence level of inconsistent but in the message, it said it was the gentamicin that was the issue. Since we do not report gentamicin in GAS this is ok. That was the only drug affected and it is not needed. If this happens for other isolates if the VITEK states which drug is the issue and you know we will not report it, that is ok. However, if the message says that many drugs are affected that is not good and it needs to be repeated
9. Setting up Etests with SPN:
- If you have a S. pneumo in a blood culture, it is a good idea to set up the amoxicillin ET right away. This is because we have been having a lot of resistant penicillin in SPN and the Amoxicillin ET is needed to interpret these results. It helps save time
  - Is there any other ET that we should set up right away for organisms in blood cultures or fluids?
  - Moses said we should also do the Cefuroxime ET for SPN since it is usually needed
10. Yeast and genital culture on vaginal swabs from IN and FS:
- We have been noticing a lot of errors with this
  - Laura S has followed up with Celica and Elwood
  - For now, if we have these tests from these locations, we should check the req
11. GAS validation on GX:
- We will be going ahead with this

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- 12.Roundtable:
- No one had anything