

## Microbiology Meeting Minutes

January 8, 2025

12:15 to 13:15

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

1. How are things going?
  - Everyone said things are good
  - Laura S let everyone know that if the workload seems too much or there are any concerns to please let her know
2. ST order for BC:
  - Because of the new process for Inuvik positive blood cultures, Laura S had to remove the rule where positive blood cultures automatically order the ST order
  - This is because the rule also applied to Inuvik so when the bottle went positive in Inuvik, it ordered the ST order. Then they couldn't finalize the order since the ST was pending
  - Do we think this will be an issue? The ST orders are in the keypads so that can be used. **Everyone said this change is ok and doesn't cause any issues**
3. PCMTB interface:
  - This is working now. It will still give an message about the RIF and TRACE not being a test like the BIOFIRE but just select ok and it will be good
  - Any of these tests with more than one component cause this kind of issue in the LIS
4. Core lab blood cultures:
  - This continues to be an issue
  - I think for now, we will just order them but let Laura S know if someone just drops them off
  - It is frustrating but it seems like it might be a battle
5. How are we organizing PCR testing:
  - Are we doing batches of these **We usually bring all the PCR samples in to run at once a couple of times a day**
  - Do we want to batch the throats on the GX **Laura S asked everyone to think about this. We just need to remember there will be more throats than any other PCR and the TAT is 24 hours for them**
  - Let's start thinking about this now

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6. Throats on the GX:
  - It has been approved to start doing this. As soon as the cartridges arrive, a memo will go out and Laura S will let FS and IN know
  - The order will be PCGAS
  - We are going to use saline and not the eswabs. There is a dispensette already set up in the TB room for this and tubes
  - Laura S will train everyone on the process before we start running them. The SOP is just being done now
  
7. Leave for 2025/2026:
  - Laura S will be away when the approval for these is due so if people could try to put them in early that would be helpful for Lisa who will need to do this
  
8. The cold wound bench:
  - The wound bench is cold, and this is due to the window
  - Laura S has put in many tickets, but it seems like the front of the lab is fine, but the back isn't
  - It is the window, there is too much cold air coming in
  - We are going to move the microscope to where the wound bench currently is, move the wound bench to the current urine bench and move the urine bench to the current microscope bench
  - The reagents may be an issue, but we will figure that out
  
9. Review changes from last year:
  - **Validations:**
    - Adeno virus and HMPV on the BF
    - Oxacillin ET
    - GX Strep A test
  - **LIS Changes:**
    - Not reporting QC score for respiratory samples anymore and do not report bacteria if QC isn't good. Also, the sterile sputum collected by respiratory needs to be run even if not good quality with the comment
    - GX interface. Having MTB interfaced and we are only using the 16 right now as the interface is working on it
    - Flu A subtype-Now reporting from the keypad if Flu A is positive and if the subtype can't be determined sample is going to NML not to APL
    - Inuvik positive blood cultures-They will be finalize their order and order the RE test to send to us
    - Sample rejection-Changed how we reject a sample (in order entry, updated comments and do not re-order replacement test on same order. Need to save and then create a new order)
    - CXYST-Can only order it on its own

## Microbiology Meeting Minutes

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- **Process changes:**
- New criteria for vaginal cultures
- Gram and culture not matching flow charts-This has been created and is to be used when these 2 do not match
- Samples coming from IN and FS being packaged in the white folders
- New OCPHO reportable list-Has been in use for a bit now
- Friday jobs-Were implemented and helping with the weekend
- PCR QC-Moved to monthly and not weekly
- Adding CC stickers to NML requisitions-Don't need to do this anymore
- Positive COVID-Do not need to go on GX anymore
- PCMTB-This testing was fully implemented, and we have all gotten comfortable with this test
- MPX-we order the test and send the sample to NML and then result the report from NML when received
- ESBL-what organisms it is done on (EC, PM, KPN)
- High risk organism-New SOP and job aid. Has anyone had to use it yet
- Cervix-Only ordering Gon and not culture
- GBS and VRE-Only checking at 48 hours and not at 24 hours
- Freezing PCR samples-Only COVID and Flu
- C. diff QC-Use the whole vial, not swab dipped in vial
- Doxycycline for SA-We are now reporting this, and it has been very useful for patient care
- COVID QC-Have new QC material that is the same as the C. diff and GAS QC (red and white boxes)
- New ASTM-This has been introduced and seems like it is going well

### 10.Roundtable:

- Moses: Let us know that this week Theresa brought him a fluid sample that the Dr wanted TB on. Moses let Theresa know that we couldn't do it here and Theresa said we needed to call the Dr. Theresa let Moses know that we could just page the Dr, which she did, and the Dr called back right away. If there is something urgent, we need a Dr to confirm we can page them, and they will call back right away. The core lab does this a lot
- Moses: It seems like we have been getting a lot of fluids in the evening and we might start getting more after hour call ins. He wanted to encourage the new staff who are not on the list to think about adding their names. Laura S said if it is about being too nervous to come in she can have someone come in with them the first couple of time if that will help. If at one point no one wants to do it, we may have to change our job description to include call as really someone needs to be available to do this
- Laura G: Asked about the taxi vouchers when called in. Laura S will ask Lisa and let everyone know

## Microbiology Meeting Minutes

January 8, 2025

12:15 to 13:15

- Laura G: Asked about who can call us in. Only the PCC can call us in, not the core lab techs. There were a few times when the core tech called in micro for things that were not necessary, and this wasn't appropriate
- Laura G: Asked about the rest period. This is 8 hours, and we need to take this unless it is extenuating circumstances. We talked about this a while ago about the weekends and if it happens, we are supposed to take our rest period and come in after that. This may lead to OT which we still need to have approved by the PCC. If no one wants to stay for OT then make sure the essential work (blood cultures, fluids) are done and we will just have to leave the rest
- Katie: Asked what happens if we get called in for a fluid but the blood culture is also positive. It is a tricky situation, but Moses pointed out that a call back is 4 hours and that is what we are getting paid for. We should do the blood culture. Laura S agreed that this is correct