

Microbiology Meeting Minutes October 08, 2025 12:00 to 13:00

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

1. Weekly check-in:

- How is everyone doing? Anything to discuss-**Katie wanted to let us know about her previous evening. There were 7 coolers that were not even looked at until later in the evening. She opened the cooler, removed the micro, and let the core lab know. Laura S said yes, this is what we should do. Just let the core lab person know. If there is something else, we are supposed to do someone will let us know.**
- Lets discuss BV samples. I know we have many times but how do people feel about them? Are they too much work? We were going to discuss putting 2 BV on one slide, but it is hard to write the sample information on the slide for 2 samples, and you do have to be careful you don't let the swab slide into the other sample on the slide. Maybe a better idea is to not stain them all at once if there are too many. It might be quicker and better staining to do 2 batches and remember we are for sure getting the stainer and I am hoping it is before the end of this year. If they have to wait even 5 days to be read that is ok. It is still quicker and better than going to Edmonton. We just need to make sure if we are keeping them for a few days that none get missed or else the swab will be older, and the slide will not be as good-**Everyone is still ok with BV samples being done here and we will continue to monitor. If anyone feels different about this, they can talk to Laura S, or we can discuss later at a meeting**
- Laura S also wanted to discuss positive blood cultures during the day. The expectation is that the tech at the front bench is responsible for planting positive blood cultures, staining the slides and reading the slides. If they are going for break or need assistance, it is their responsibility to make sure someone else can help. This is the benefit of having a tech at the front bench as they can do all the work for positive blood cultures. It can be disruptive on the front bench but positive blood cultures, fluids and CSF are the priority and when they arrive the other samples need to be put on hold so they can be done.

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2. EQA Surveys:

- CMPT C. diff survey. The new cartridges are called C. diff/Epi. The measure the C. diff gene 027. It is a virulent strain of C. diff. We do not really measure that in Canada so it is not relevant to us, but you have to get the cartridges with both now and can't get just C. diff alone. This gene test is also coming across the interface to the LIS, but it is not causing any issues with reporting or showing up on the final report
- CMPT Screening survey. This includes MRSA, VRE, GBS and GAS. Remember with the VRE samples, if the GPI gives you *E. durans* treat it as though the ID is *E. faecium*. For some reason this is happening. If they are blue colonies will get the ID *E. faecalis*. This is for CMPT samples only. Not for patient samples!!!!

3. Accreditation:

- For Accreditation there are standards for Biomedical Lab (us) and for Transfusion Medicine. Amy and I are going to work together and try to find the standards that are similar for both and group them together and make an accreditation topic based on them. Then during the month, we are going to do a Mock Tracer. It is just where we will ask lab staff questions about the standards for the month and make sure they understand how we meet them
- For the standards, they are given a Priority, and they have an Assessment Method which can be onsite where they will ask questions when they are here or attestation which means we need to have documented evidence to prove we meet the standard

Accreditation Topic

Alarm Testing

Standards:

TM 3.3.3 The team maintains and regularly tests an alarm system to alert staff to changes in conditions or malfunctions.

Priority: High Priority | Quality Dimension: Safety | Assessment Method: Attestation Guidelines The alarm has an audible signal and sounds in a location that is continuously monitored or staffed, so that corrective action can be taken before temperatures or other conditions reach unacceptable levels.

TM 3.3.4 The team regularly monitors and records that a functioning emergency backup system is available for equipment used for storing blood components and blood products.

Priority: High Priority | Quality Dimension: Safety | Assessment Method: On-site

LAB 3.3.4 The team ensures critical equipment such as refrigerators is protected with an uninterruptible power supply.

Priority: High Priority | Quality Dimension: Safety | Assessment Method: On-site

LAB 3.3.5 The team maintains an alarm system for applicable equipment to alert team members to changes in environmental conditions or malfunctions and tests this alarm system regularly.

Priority: High Priority | Quality Dimension: Safety | Assessment Method: On-site Guidelines The alarm sounds in a location that is continuously monitored by the responsible staff member so that corrective action can be taken before temperatures or other conditions reach unacceptable levels.

LAB 3.3.6 The team monitors and records that emergency backup equipment is available, functioning, and linked to the organization's safety system.

Priority: Normal Priority | Quality Dimension: Appropriateness | Assessment Method: On-site

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- For October, the topic is Alarm Testing.
LAB 3.3.4-All the fridges are either plugged into the grey UPS plugs or the red emergency plugs which will ensure the supply is protected with an uninterruptible power supply
LAB 3.3.5-For micro, we monitor the temperatures of our fridges daily. All the fridges will alarm in the room if the door is left open but the only equipment that is remotely monitored by security is the -80 freezer which we know alarms!!! We do unofficially test all the alarms when the doors are left open, but Laura S will research how we monitor and document this.
LAB 3.3.6-The lab does not monitor that the emergency backup is working or linked to the hospital's safety system that would be Dexterra. Amy and Laura S are going to look into this
- 4. Dr. Wong STI samples:
 - As per Laura S' email, when these come, just send the whole bag out (put in Category B box in core lab). They do not get ordered in the LIS, just go on to Edmonton. This is even if there is a C&S swab, it will go to
 - The only exception is if there is a urine sample for culture in a blue top tube. It is better for us to do those just because of the issue with those tubes. Order the CXURN, scan the requisition and cross off the order for urine culture
- 5. Positive blood cultures planted in the early morning:
 - If we plant a positive blood culture first thing in the morning there is usually enough growth in the evening to set up any VITEK or KB/ET testing
 - The front bench person should leave a note for the evening tech and talk to them about it. Usually, we have an idea of what it is and what needs to be done. It is better patient care as there is more information quicker for the ordering providers. Laura S has always done this at other places she has worked and did it last week with Laura G. Some more work might need to get done but usually it results in more information. Does anyone have any concerns about this?
- 6. Laura S helping:
 - Laura S can always help if needed but please try to give some notice. If you think at around noon that something isn't going to get done, try to let her know right away. If we are so busy that Laura S always has to help that isn't ideal as the work should be suitable for the amount of technologists we have but if there is a day that is just so crazy, she can help. Same with the HPV reports. We should try to get them resulted a few days after we get them so if you think you need help getting that done, let her know
- 7. Doxycycline validation:
 - We are going to do this validation starting in the next couple of weeks

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8. TB/MTB/AFB:

- Laura S had a meeting with public health to discuss some of the issue we have had
- Going forward, if sputum culture is checked off and so is TB culture, do the sputum culture here, cross it off the requisition and then send the sample out for AFB culture. If the requisition says anything about GeneXpert, molecular or NAAT, we will do the MTB test. It is too much work to call and confirm what they want. We will do what is written on the requisition

9. Roundtable:

- No one had anything