

TRAINING UPDATE

Lab Location: SGMC & WAH
Department: Core

Date Distributed: 4/13/2016
Due Date: 4/30/2016
Implementation: 5/1/2016

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Measurement of Blood Culture Volume SGAH.M40, WAH.M37 v3 Blood Culture Volume Monitor AG.F28.4
Description of change(s):
<p>SOP -</p> <p>Section 5: add QV form completion & process, change weekly review to technical staff</p> <p>Section 6: add QA SOP</p> <p>FORM –</p> <p>Instruction revised to</p> <ul style="list-style-type: none">• add completing a QV form for unacceptable bottles• remove notification of Field Ops (<i>notification will be completed through QV and metrics processed</i>) <p>This revised SOP & FORM will be implemented on May 1, 2016</p>

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training (version 3)

Non-Technical SOP

Title	Measurement of Blood Culture Volume	
Prepared by	Ron Master	Date: 4/26/2013
Owner	Ron Master	Date: 4/26/2013

Laboratory Approval		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

Review:		
Print Name	Signature	Date

TABLE OF CONTENTS

1. PURPOSE.....	2
2. SCOPE	2
3. RESPONSIBILITY.....	2
4. DEFINITIONS.....	2
5. PROCEDURE.....	2
6. RELATED DOCUMENTS	3
7. REFERENCES	3
8. REVISION HISTORY.....	3
9. ADDENDA AND APPENDICES	3

1. PURPOSE

Larger volumes of blood increase the yield of true positive cultures. The laboratory monitors collected blood volumes.

2. SCOPE

This procedure covers the monitoring of blood culture volumes. It does not include performance of blood cultures.

3. RESPONSIBILITY

It is the responsibility of technical laboratory personnel who work in microbiology to learn and understand the process described in this procedure.

4. DEFINITIONS

ED - Emergency Department

5. PROCEDURE

1. The standard used for measurement is an empty aerobic BACTEC bottle filled with 8 mL of stain such as safrannin or carbol fuchsin.
2. Select 2 aerobic bottles from 2 different patients one day each week. Do **not** use pediatric bottles.
3. Compare the volume in each of the bottles to be measured to the standard.
4. Record the following information on the Blood Culture Volume Monitor form:
 - a. Number checked, number acceptable, and number unacceptable

- b. For each unacceptable bottle, record the accession number and collector, **and complete a quality variance (QV) form.**
 - c. Record the initials of the person performing the evaluation.
5. At the end of the quarter, calculate the total number checked, number acceptable, and number unacceptable. Calculate the % acceptable.
 6. **Unacceptable bottles are addressed through the routine QV process. Follow up for insufficient phlebotomy collections is performed by Field Ops management and for nursing collections through the hospital electronic reporting system.**
 7. The monitor form is reviewed weekly by the **Core Lab Group Lead or designee** ~~Field Operations Manager, Supervisor or Phlebotomy Group Lead. Field Ops will follow up on bottles with insufficient volume when weekly review is performed.~~ Monthly review is performed by the Microbiology Manager or Core Laboratory Supervisor.
 8. Communication of findings and Corrective Action
 - a. Data is distributed to Field Operations Manager and Supervisor for posting
 - b. Data is presented at Lab / ED meetings and documented in minutes
 - c. Follow up with individual staff is performed by the appropriate supervisor

6. RELATED DOCUMENTS

Blood Culture, with Automated Detection, Microbiology procedure
 Blood Culture Volume Monitor form (AG.F28)
[Quality Variance Forms, QA procedure](#)

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
000	12/17/13	Section 5.2: Changed # of bottles for SGAH Section 6: move form from section 9 Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	R. Master	R. Master
1	1/14/16	Section 5: change monitor frequency to one day each week & reporting to quarterly, discontinue SGAH ED monitoring, add field ops follow up	R. Master	R. Master
2	4/4/16	Section 5: add QV form completion & process, change weekly review to technical staff Section 6: add QA SOP	L. Barrett	R. Master

9. ADDENDA AND APPENDICES

None

Form revised 3/31/00

