

Quest Diagnostics at  
Shady Grove Medical Center and Washington Adventist Hospital

**MEETING**

**MINUTES**

**7.7.2016**

**PRESENT:**

SGMC 7.7.16 @ 0630-0745 STEPHANIE CODINA, SAMSON KHANDAGALE, ELISE KABANGU, BETHANY VANPELT, DORCAS DADZIE, KATHY DAM, PHILOMENE MABIKI, LAURIE SCOTT, NEAL MASKARE, ZOHRA SHANA, APSARA KATTEL  
 SGMC 7.7.16 @ 1400-1515 STEPHANIE CODINA, SAMSON KHANDAGALE, SUNDAY ONASANYA, SABIR ALLAHRAKHA, MARIA BATAY, GATHY GUERRIER, AMANDEEP KAUR  
 WAH 7.8.16 @ 0630-0715 STEPHANIE CODINA, BAKER MUSOKE, YVONNE GRAY, DIANE CLARK, ABU MUSA, MOTI PRASAI, JALI MAHABARE, JASVINDER BIMBRA, SHERRY FU, JARAYSHA SMITH

**DISTRIBUTION:** FIELD OPS STAFF MEMBERS

**MEETING COMMENCED: 0700-0800 AND 1230-1330**

| Item   | Discussion  | Action   | Follow-up |
|--|---|--|-----------|
| <b>Minutes</b>                                       |   |  |           |
| <b>Everyday Excellence</b>                           | We reviewed the Everyday Excellence introductory presentation. Slides will go into MTS for review.  | None   | None      |
| <b>Cell Phone Use</b>                                | Reminder that cell phone use should be limited to break and lunch periods while at work. Cell phones should not be used in the phlebotomy, processing, or front desk areas or in public hallways, stairwells, or patient care areas. Disciplinary action may be issued for staff using cell phone during work periods.  | None   | None      |
| <b>Sitting on floors</b>                             | Please refrain from sitting or lying on the floor in the phlebotomy area. <ol style="list-style-type: none"> <li>This looks unprofessional.</li> <li>You could carry dirt/germs from the floor to patient rooms via the labcoat.</li> </ol>   | Order additional chairs for the SGMC phlebotomy area             | Stephanie |
| <b>Unobtainable Specimens and Rescheduling Draws</b> | Please review the MTS assignment for these updated procedures. <ol style="list-style-type: none"> <li>We will avoid rescheduling lactate, troponin, and PTT.</li> <li>If a phlebotomist misses a patient, he/she will send a second phlebotomist immediately (and not reschedule the draw) for STAT, ASAP, and timed orders as well as for tests lactate, troponin, and PTT.</li> </ol> | Take MTS assignments   | All Staff |
| <b>Iced Samples</b>                                  | Ammonia and lactate are both very unstable analytes. They must be tested within 15 minutes of collection. To help expedite, we will allow staff to send iced samples via pneumatic tube. Instructions on how to   | Take MTS quiz; begin tubing iced samples as soon as you complete | All Staff |

| Item                          | Discussion  | Action  | Follow-up |
|-------------------------------|---|---|-----------|
|                               | <p>process these is on MTS.</p> <ol style="list-style-type: none"> <li>1. Obtain 3 biohazard bags and a cup of ice.</li> <li>2. Place the sample in 1 biohazard bag (to protect label from getting wet).</li> <li>3. Place the wrapped sample into a second biohazard bag and add 1 cup of ice.</li> <li>4. Place the iced sample in a third biohazard bag to prevent leaks.</li> </ol> <p>Processing should prioritize iced samples due to instability of analytes.</p>  |   |           |
| <b>Dress Code</b>             | <p>Adventist updated the dress code policy. A few important changes that affect staff include:</p> <ol style="list-style-type: none"> <li>1. Lanyards are prohibited for the name badge. You MUST use the Adventist clip which will be provided in the near future.</li> <li>2. Nails must be less than 1/8 inch in length. If fingernail polish is worn, it cannot be chipped or cracked as this harbors bacteria.</li> <li>3. If hair is below the neckline, it must be pinned back.</li> <li>4. No rings; only wedding rings</li> <li>5. Earrings are limited to 1 set of small (less than 1/2) earrings are allowed.</li> <li>6. No visible tattoos.</li> <li>7. Only 1 necklace less than 16 inches is allowed.</li> </ol> | Adhere to policy; take MTS quiz                           | All staff |
| <b>C diff protocol</b>        | <p>Beginning July 18, processing staff will reject forms stools for C diff testing.</p> <ul style="list-style-type: none"> <li>• Non-formed stool takes on the shape of the cup</li> <li>• Formed stool retains its shape in the cup</li> </ul>   | Review Lab Alert and take MTS assignment                  | All Staff |
| <b>Student</b>                | <p>We are getting several phlebotomy students. Please remember that students should NEVER be left unattended. They are not allowed to draw patients without supervision.</p> <p>When a student draws a sample, he/she may label the sample. The staff member overseeing the training must verify the labeling and co-sign the sample. All samples should have an employee ID on them. If a student labels, the student can put the student ID and the employee will add their ID. Example: 900/3342.</p>  | Do not leave students unattended.                         | All Staff |
| <b>Samples without orders</b> | <p>Reminder that we MUST document every sample that comes without orders. The nursing directors are asking for this information to eliminate the root causes. If we are not writing the samples down, they will not address the issues and this problem will remain.</p>  | Document all samples that arrive without orders.          | All Staff |
| <b>Phone Etiquette</b>        | <p>We discussed the different phone rings.</p> <ol style="list-style-type: none"> <li>1. Single ring = internal call</li> <li>2. Double ring = external call</li> </ol>   | 1. All staff must be using the appropriate greetings when | All staff |

| Item                     | Discussion  | Action   | Follow-up               |
|--------------------------|---|--|-------------------------|
|                          | <p>When answering the phone, all staff MUST answer with their name. Proper greetings include:</p> <p>EXTERNAL: Thank you for calling Shady Grove Medical Center / Washington Adventist Hospital Laboratory. This is <i>name</i>. How may I help you?</p> <p>INTERNAL: Laboratory, this is <i>name</i>. How may I help you?</p> <p>Also, remember that the phone at the front desk MUST be forwarded to processing at the end of the day. The phone will roll over, but only after 4-6 rings. It is poor customer service to delay a caller that long.</p> | <p>answering the phone.</p> <ol style="list-style-type: none"> <li>2. Staff must transfer the phones per lab policy.</li> <li>3. Staff should be answering the phone on the first or second ring.</li> </ol> |                         |
| <b>Urine Aliquots</b>    | <p>Reminder that urines should be aliquotted in processing if they arrive without the grey tube.</p>  | <p>Stephanie and Samson to follow up with nurse leaders to ensure urines are being aliquotted before they reach the lab.</p>   | <p>Stephanie/Samson</p> |
| <b>PI/variance forms</b> | <p>PI/variance forms are a way for us to document anything that does not follow regular procedure. This could be an order placed late, an order that the ED missed and now shows on our log, etc.</p> <p>We reviewed how to fill out the PI/variance form. Completed forms go to Stephanie, Samson, or Randy.</p>   | <p>All staff should document variances to procedure on the form. This is documentation that will help us get some of these issues fixed. When in doubt, fill one out.</p>                                    | <p>All staff</p>        |
| <b>Meeting adjourned</b> |   |  |                         |

Stephanie Codina  
Recording Secretary

Occurrence Date: \_\_\_/\_\_\_/\_\_\_

 Patient name (affix label if available): \_\_\_\_\_ MR# \_\_\_\_\_  
(L Name) (F Name)

Accession #: \_\_\_\_\_ Test Code: \_\_\_\_\_ Patient location: \_\_\_\_\_

**A. Description of Variance: (Check the appropriate box below and attach available ANIQ documentation)**

- |  |   |  |
|--|---|--|
| <p><b>Ordering</b></p> <input type="checkbox"/> CPOE issue<br><input type="checkbox"/> Incorrect test ordered by lab<br><input type="checkbox"/> Incorrect test ordered by nursing<br><input type="checkbox"/> Ordered on wrong visit/FIN by nursing<br><input type="checkbox"/> Ordered on wrong visit/FIN by lab<br><input type="checkbox"/> Other (explain on reverse) _____<br><input type="checkbox"/> Test ordered on wrong patient by lab<br><input type="checkbox"/> Test ordered on wrong patient by nursing<br><input type="checkbox"/> Test ordered with wrong priority code<br><input type="checkbox"/> Test was on requisition but not ordered by lab<br><br><p><b>Maintenance/Temperature/QC</b></p> <input type="checkbox"/> Lot to Lot crosscheck not performed<br><input type="checkbox"/> QC failure, no look back<br><input type="checkbox"/> QC not documented<br><input type="checkbox"/> Temp/Humidity out of range, action not documented<br><input type="checkbox"/> Temp/ Humidity not recorded<br><input type="checkbox"/> Centrifuge maintenance not performed<br><input type="checkbox"/> Maintenance not reviewed or documented<br><input type="checkbox"/> Control lot # not in system | <p><b>Before Testing and Specimen</b></p> <input type="checkbox"/> Clotted<br><input type="checkbox"/> Delivery problem with pneum tube<br><input type="checkbox"/> FES not performed<br><input type="checkbox"/> Handled Improperly<br><input type="checkbox"/> Hemolyzed<br><input type="checkbox"/> Inappropriate container/specimen<br><input type="checkbox"/> Incomplete info on requisition<br><input type="checkbox"/> Incorrect patient drawn by Lab = RQI<br><input type="checkbox"/> Incorrect patient drawn by Nursing<br><input type="checkbox"/> Incorrect specimen for requested test<br><input type="checkbox"/> Leaked or spilled specimen<br><input type="checkbox"/> Lost specimen = RQI if Irreplaceable<br><input type="checkbox"/> Mislabeled (Lab) = RQI<br><input type="checkbox"/> Mislabeled (Nursing)<br><input type="checkbox"/> No order received<br><input type="checkbox"/> Information on requisition and specimen don't match<br><input type="checkbox"/> QNS<br><input type="checkbox"/> Specimen not received in LIS<br><input type="checkbox"/> TAT delay in receipt or collection<br><input type="checkbox"/> Unlabeled = RQI if collected by Lab<br><input type="checkbox"/> Urine C&S not plated; not performed 1st<br><input type="checkbox"/> Urine >2 hours; Run at physician request | <p><b>During Testing</b></p> <input type="checkbox"/> Delta failure not investigated<br><input type="checkbox"/> Dilution error<br><input type="checkbox"/> Failure to follow SOP<br><input type="checkbox"/> Instrument error: _____<br><input type="checkbox"/> Interpretation error<br><input type="checkbox"/> Other (explain on reverse) _____<br><input type="checkbox"/> Results suggest contamination<br><input type="checkbox"/> Wrong patient tested<br><input type="checkbox"/> Wrong sample tested<br><p><b>Resulting/Reporting</b></p> <input type="checkbox"/> Clerical error<br><input type="checkbox"/> Critical value not called<br><input type="checkbox"/> Key stroke error<br><input type="checkbox"/> Other (explain on reverse) _____<br><input type="checkbox"/> Results entered on wrong patient - lab<br><input type="checkbox"/> Results entered on wrong patient - nursing<br><input type="checkbox"/> TAT complaint (after receipt)<br><input type="checkbox"/> TAT Reference Lab Results to LIS<br><p><b>Quality Concerns</b></p> <input type="checkbox"/> Tech Quality Concern<br><input type="checkbox"/> Manufacture Recall<br><input type="checkbox"/> Customer Complaint |
|--|---|--|

**Comments:** (use space back on back of form)

**Assessment and Actions taken: check the appropriate box below and/or describe actions taken**
**If this is an RQI** (See reverse), reported to: \_\_\_\_\_ Date: \_\_\_\_\_ RQI # \_\_\_\_\_

- 
- Corrected report issued (Attach a hard copy of the corrected report)
- 
- 
- Specimen rejected, test canceled and called Redrawn?
- 
- Y
- 
- N
- 
- Unknown
- 
- 
- Test credited
- 
- Other (explain on reverse) \_\_\_\_\_

Reported by (Your Tech Code) \_\_\_\_\_ Notified: (Group Lead/TIC) tech code/initials \_\_\_\_\_ (date/time) \_\_\_\_\_

*(Notified must record their Tech Code to this form AND initials)*
**B. Supervisor Action and Recommendation:** (document all follow-up actions taken on reverse) (Tracking) Tech code: \_\_\_\_\_  
 No lab involvement (✓) \_\_\_\_\_

**C. Level of severity**  
 No patient impact  Minor impact  Major impact

**D. Follow-Up:** Hospital Incident Report # \_\_\_\_\_ Date: \_\_\_\_\_

**E. Signatures (Sign/Initial and date)**

Supervisor: \_\_\_\_\_ Medical Director: \_\_\_\_\_

QA Specialist: \_\_\_\_\_ Operations Director: \_\_\_\_\_

Occurrence Date: \_\_\_/\_\_\_/\_\_\_

Patient name (affix label if available): \_\_\_\_\_ MR# \_\_\_\_\_  
(L Name) (F Name)

Accession #: \_\_\_\_\_ Test Code: \_\_\_\_\_ Patient location: \_\_\_\_\_

**A. Description of Variance: (Check the appropriate box below and attach available ANIQ documentation)**

**Ordering**

- CPOE issue
- Incorrect test ordered by lab
- Incorrect test ordered by nursing
- Ordered on wrong visit/FIN by nursing
- Ordered on wrong visit/FIN by lab
- Other (explain on reverse)
- Test ordered on wrong patient by lab
- Test ordered on wrong patient by nursing
- Test ordered with wrong priority code
- Test was on requisition but not ordered by lab

**Maintenance/Temperature/QC**

- Lot to Lot crosscheck not performed
- QC failure, no look back
- QC not documented
- Temp/Humidity out of range, action not documented
- Temp/ Humidity not recorded
- Centrifuge maintenance not performed
- Maintenance not reviewed or documented
- Control lot # not in system

**Before Testing and Specimen**

- Clotted
- Delivery problem with pneum tube
- FES not performed
- Handled Improperly
- Hemolyzed
- Inappropriate container/specimen
- Incomplete info on requisition
- Incorrect patient drawn by Lab = RQI
- Incorrect patient drawn by Nursing
- Incorrect specimen for requested test
- Leaked or spilled specimen
- Lost specimen = RQI if Irreplaceable
- Mislabeled (Lab) = RQI
- Mislabeled (Nursing)
- No order received
- Information on requisition and specimen don't match
- QNS
- Specimen not received in LIS
- TAT delay in receipt or collection
- Unlabeled = RQI if collected by Lab
- Urine C&S not plated; not performed 1st
- Urine >2 hours; Run at physician request

**During Testing**

- Delta failure not investigated
  - Dilution error
  - Failure to follow SOP
  - Instrument error: \_\_\_\_\_
  - Interpretation error
  - Other (explain on reverse)
  - Results suggest contamination
  - Wrong patient tested
  - Wrong sample tested
- Resulting/Reporting**
- Clerical error
  - Critical value not called
  - Key stroke error
  - Other (explain on reverse)
  - Results entered on wrong patient - lab
  - Results entered on wrong patient - nursing
  - TAT complaint (after receipt)
  - TAT Reference Lab Results to LIS

**Quality Concerns**

- Tech Quality Concern
- Manufacture Recall
- Customer Complaint

Comments: (use space back on back of form)

**Assessment and Actions taken: check the appropriate box below and/or describe actions taken**

If this is an RQI (See reverse), reported to: \_\_\_\_\_ Date: \_\_\_\_\_ RQI # \_\_\_\_\_

- Corrected report issued (Attach a hard copy of the corrected report)
- Specimen rejected, test canceled and called Redrawn?  Y  N  Unknown
- Test credited  Other (explain on reverse)

Reported by (Your Tech Code) \_\_\_\_\_ Notified: (Group Lead/TIC) tech code/initials \_\_\_\_\_ (date/time) \_\_\_\_\_

(Notified must record their Tech Code to this form AND initials)

**B. Supervisor Action and Recommendation: (document all follow-up actions taken on reverse) (Tracking)** Tech code: \_\_\_\_\_  
No lab involvement (√) \_\_\_\_\_

**C. Level of severity**  
 No patient impact  Minor impact  Major impact

**D. Follow-Up:** Hospital Incident Report # \_\_\_\_\_ Date: \_\_\_\_\_

**E. Signatures (Sign/Initial and date)**

Supervisor: \_\_\_\_\_ Medical Director: \_\_\_\_\_  
QA Specialist: \_\_\_\_\_ Operations Director: \_\_\_\_\_



Laboratories at Adventist Healthcare Washington Adventist Hospital, Shady Grove Medical Center and Germantown Emergency Center

Date: July 7, 2016

# **INTERNAL LABORATORY ALERT**

**Subject: Specimens for Clostridium Difficile Testing**

The Laboratory is informing you of the following change:

|                                     |  |
|-------------------------------------|--|
| <b>Effective date:</b>              | July 18, 2016  |
| <b>Test Name:</b>                   | <i>Clostridium difficile</i> Test  |
| <b>Specimen Requirements:</b>       | Unformed, raw stool in a sterile, leak-proof container without media, preservative, or additive.<br><br><b>Note:</b> unformed means the specimen will take the shape of the container holding it   |
| <b>Unacceptable Specimens:</b>      | The following specimens will be rejected by the laboratory <ul style="list-style-type: none"><li>• Formed stool (STOOL THAT DOES NOT CONFORM TO THE SHAPE OF THE CONTAINER)</li><li>• Stool submitted on a swab</li><li>• Stool submitted in transport media</li><li>• Stool submitted in preservatives for O&amp;P exams such as 10% formalin, merthiolate formalin, sodium acetate formalin, or polyvinyl alcohol preservatives</li><li>• Unfrozen stool greater than 72 hours old</li><li>• Specimens containing barium</li></ul> |
| <b>Sunquest Cancel Reason Code:</b> | Use Sunquest Code FSUN (Formed Stool unacceptable for testing) if you are rejecting because stool is formed.   |
| <b>Contacts:</b>                    | Robert SanLuis, Zanetta Morrow & Julie Negado  |
| <b>LBarrett/7.6.16</b>              |  |