

**EVOLIS SHIFT COMMUNICATION LOG**


- St. Joseph Medical Center Tacoma, WA    
  St. Clare Hospital Lakewood, WA    
  St. Elizabeth Hospital Enumclaw, WA  
 St. Francis Hospital Federal Way, WA    
  St. Anthony Hospital Gig Harbor, WA    
  PSC

DATE : \_\_\_\_\_

ISSUE	NIGHT SHIFT Check box to indicate completion of task	DAY SHIFT Check box to indicate completion of task	EVENING SHIFT Check box to indicate completion of task
<b>Q C</b>	<input type="checkbox"/> All QC & repeats verified in Cerner <input type="checkbox"/> Lookback done <input type="checkbox"/> QIM Tech ID _____	<input type="checkbox"/> All QC & repeats verified in Cerner <input type="checkbox"/> Lookback done <input type="checkbox"/> QIM Tech ID _____	No Testing Performed
<b>R E A G E N T</b>	<input type="checkbox"/> "In Use" Assay Kit <input type="checkbox"/> NS Assay Kit <input type="checkbox"/> NL Assay Kit <input type="checkbox"/> Critical Supply Log <input type="checkbox"/> End of shift Adequate Inventory	<input type="checkbox"/> "In Use" Assay Kit <input type="checkbox"/> NS Assay Kit <input type="checkbox"/> NL Assay Kit <input type="checkbox"/> Critical Supply Log <input type="checkbox"/> End of shift Adequate Inventory	No Testing Performed
<b>I N S T R U M E N T</b>	<input type="checkbox"/> Instrument OK <input type="checkbox"/> Instrument DOWN <input type="checkbox"/> Maintenance (see schedule) <input type="checkbox"/> No Maintenance Done <input type="checkbox"/> Troubleshooting(see log) <input type="checkbox"/> QIM <input type="checkbox"/> Service Call Ref # _____ Tech ID _____	<input type="checkbox"/> Instrument OK <input type="checkbox"/> Instrument DOWN <input type="checkbox"/> Maintenance (see schedule) <input type="checkbox"/> No Maintenance Done <input type="checkbox"/> Troubleshooting(see log) <input type="checkbox"/> QIM <input type="checkbox"/> Service Call Ref # _____ Tech ID _____	No Testing Performed
<b>V H A N D O F F</b>	<input type="checkbox"/> Problem patient _____ <input type="checkbox"/> Final WCP pulled & reconciled <input type="checkbox"/> Dept. messages & Comm Log Handed off by _____ Received by _____	<input type="checkbox"/> Problem patient _____ <input type="checkbox"/> Final WCP pulled & reconciled <input type="checkbox"/> Dept. messages & Comm Log Handed off by _____ Received by _____	<input type="checkbox"/> Dept. messages & Comm Log Handed off by _____ Received by _____

**COMMENTS**

**PLEASE TURN OVER FOR MORE COMMENT SPACE**

<b>DOCUMENT APPROVAL Purpose of Document / Reason for Change:</b>			
1/10/2013 – New document.			
<input type="checkbox"/> No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.			
<b>Committee Approval Date</b>	<input checked="" type="checkbox"/> Date: <input type="checkbox"/> N/A – revision of department-specific document which is used at only one facility	<b>Medical Director Approval (Electronic Signature)</b>	 1/10/13