



STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT

Alamance Cancer Center to Cease Testing of Retics

Implementation Date:	2/6/18
Staff Update:	Alamance Cancer Center will no longer perform reticulocyte testing on their Beckman Coulter. These samples will be sent to the main laboratory at Alamance Regional.
Performing Locations:	<p>Click on the boxes that apply:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Alamance Cancer Center <input checked="" type="checkbox"/> Alamance Regional <input type="checkbox"/> Annie Penn Hospital <input type="checkbox"/> Moses Cone Hospital <input type="checkbox"/> Med Center at High Point <input type="checkbox"/> Med Center at Mebane <input type="checkbox"/> Wesley Long Hospital <input type="checkbox"/> Women's Hospital
Affected Locations:	<p>Click on the boxes that apply:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Alamance Cancer Center <input checked="" type="checkbox"/> Alamance Regional <input type="checkbox"/> Annie Penn Hospital <input type="checkbox"/> Moses Cone Hospital <input type="checkbox"/> Med Center at High Point <input type="checkbox"/> Med Center at Mebane <input type="checkbox"/> Wesley Long Hospital <input type="checkbox"/> Women's Hospital

<p>Affected Departments:</p>	<p>Click on the boxes that apply:</p> <p><input type="checkbox"/> Blood Bank <input type="checkbox"/> Cytology <input type="checkbox"/> Flow Cytometry <input type="checkbox"/> Histology <input type="checkbox"/> Microbiology <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Point of Care <input checked="" type="checkbox"/> Rapid Response Lab <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Specimen Processing</p>
<p>Specimen Type:</p>	<p>Lavender, EDTA whole blood</p>
<p>Updated Clinical Lab Procedures:</p>	<p>N/A</p>
<p>Retired Clinical Lab Procedures:</p>	<p>HEME-701</p>
<p>Training/Competency:</p>	<p>Is training required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter date complete: _____</p> <p>Do training checklists need to be created or updated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter date complete: _____</p> <p>Do training quizzes need to be created or updated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter date complete: _____</p> <p>Do competency/direct observation forms need to be created or updated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter date complete: _____</p>

<p>Notification to Client:</p>	<p>Click on the boxes that apply: <input checked="" type="checkbox"/> Section Not Applicable <input type="checkbox"/> Memo Needed</p> <p>Distribution of Memo: <input type="checkbox"/> Medical Staff <input type="checkbox"/> Allied Health Professionals (PA, Nurse Practitioners) <input type="checkbox"/> Anesthesia <input type="checkbox"/> Annie Penn (Primary Source Physicians) <input type="checkbox"/> Dentist <input type="checkbox"/> Emergency Department/Urgent Care Centers <input type="checkbox"/> Family Practice <input type="checkbox"/> Infectious Docs #ID Docs (John Campbell, Robert Comer, Jeffrey Hatcher, Cynthia Snider, Kees Van Dam) <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pathology <input type="checkbox"/> Pediatricians <input type="checkbox"/> Psych <input type="checkbox"/> Radiology <input type="checkbox"/> Surgery</p> <p><input type="checkbox"/> #Nursing Leadership (Directors, Asst. Directors, Clinical Nurse Manager) <input type="checkbox"/> Pharmacy - Send to DeAnne Brooks & Jim Hasspacher <input type="checkbox"/> #IM Residents <input type="checkbox"/> Kim Helsabeck <input type="checkbox"/> Phlebotomy Managers and Supervisors <input type="checkbox"/> Point of Care: Sheila, Kim & Marty</p>
<p>Accreditation Section:</p>	<p>Click on the boxes that apply: <input type="checkbox"/> Section Not Applicable <input checked="" type="checkbox"/> CAP Test menu change needed Remove RETIC from CAP Test Menu <input type="checkbox"/> CMS Analyte form change needed <input checked="" type="checkbox"/> Proficiency Testing surveys changes needed or ordered Cancel Retic CAP surveys</p>
<p>Laboratory IT section:</p>	<p>Click box and type needed changes/additions: <input type="checkbox"/> Section Not Applicable <input checked="" type="checkbox"/> LIS changes – Change SMART routing for RETIC to appropriate AR worksheet and SPOT <input type="checkbox"/> Reference range change/addition</p>

	<input type="checkbox"/> Technical Failure change/addition <input type="checkbox"/> Critical Value change/add <input type="checkbox"/> Text comments needed <input type="checkbox"/> Specimen collection instructions <input type="checkbox"/> Need to monitor TAT <input type="checkbox"/> CPT code for tests(s)
Performing Location Post Implementation Tasks	Monitoring pendings (ongoing)
Laboratory IT Post Implementation Tasks	N/A
STOP Initiator:	Kelly James
Alamance Medical Director Signature/Date	Quality Department will obtain signature: <i>[Signature]</i> 2/2/18
Alamance Cancer Center Medical Director Signature/Date:	Quality Department will obtain signature: <i>[Signature]</i> 2/15/18
MedCenter Mebane Medical Signature/Date:	Not Applicable
Greensboro/Reidsville Medical Director Signature/Date:	Not Applicable

Post Implementation Complete (Completed by QA Department before filing)	Performing Location Post Implementation Tasks Complete and Acceptable Date: _____ QA Department Signature: _____ (Attach evidence of completion)
	Laboratory IT Post Implementation Tasks Complete and Acceptable Date: <u>N/A</u> QA Department Signature: _____ (Attach evidence of completion)