



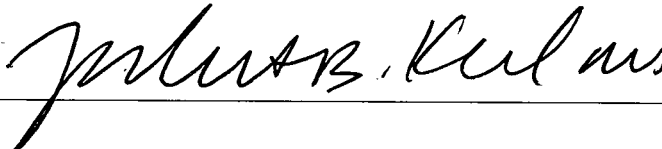
STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT

Mini-Vidas Interface Activation

Description:	Alamance will begin using the interface for reporting from the mini-Vidas
Implementation Date:	2/27/2018
Staff Update:	Staff will use interface ARVID to view results for release in the LIS. Qualifying results will auto-release.
Performing Locations:	<p>Click on the boxes that apply:</p> <ul style="list-style-type: none"> <input 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 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>Appropriate specimen for each test type</p>
<p>Updated Clinical Lab Procedures:</p>	<p>COAG-715 DDimer COAG-716 PCT LIS-113-CH Result Reporting and Report Format</p>
<p>Retired Clinical Lab Procedures:</p>	<p>None</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 checked="" type="checkbox"/> Section Not Applicable <input type="checkbox"/> CAP Test menu change needed <input type="checkbox"/> CMS Analyte form change needed <input type="checkbox"/> Proficiency Testing surveys changes needed or ordered</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 <input checked="" type="checkbox"/> Reference range change/addition <i>Reporting units for D dimer will change from whole numbers to 2 decimal places.</i></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	Monitor interface to ensure proper function. Complete autovalidation verifications annually.
Laboratory IT Post Implementation Tasks	Verify patient from miniVIDAS to Sunquest to Cone HealthLink post go live for both PCT and DDIMR.
STOP Initiator:	Wendy Turner
Alamance Medical Director Signature/Date:	Quality Department will obtain signature:  2.22.18
MedCenter Mebane Medical Signature/Date:	N/A
Greensboro/Reidsville Medical Director Signature/Date:	N/A

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: _____ QA Department Signature: _____ (Attach evidence of completion)

Y302000000
02/07/2018 13:48
212973 11684
TEST.KATE

Alamance Regional Medical Center
1240 Huffman Mill Rd.
Burlington, NC 27215

INTERIM REPORT

NAME: TEST, KATE

MRN : 212973

ACCT: 100034160

LOC: LDA ROOM: LDR6-1

MD: JACKSON, STEPHEN D

AGE: 29Y SEX: F

DOB: 02/21/1988

W1404 COLL: 02/07/2018 13:48 REC: 02/07/2018 14:18 PHYS: LESCHBER, VALERI

PROCALCITONIN
PROCALCITONIN

0.58

ng/mL

STAT

{AH}

Interpretation:

PCT > 0.5 ng/mL and <= 2 ng/mL:
Systemic infection (sepsis) is
possible,
but other conditions are known to
elevate
PCT as well.

(NOTE)

ICU PCT Algorithm	Non ICU PCT Algorithm
PCT < 0.25 ng/mL	PCT < 0.1 ng/mL
Stopping of antibiotics strongly encouraged.	Stopping of antibiotics strongly encouraged.
PCT level decrease by >= 80% from peak PCT OR PCT 0.25 - 0.5 ng/mL	PCT < 0.25 ng/mL
Stopping of antibiotics encouraged.	Stopping of antibiotics encouraged.
PCT level decrease by < 80% from peak PCT AND PCT >= 0.5 ng/mL	PCT >= 0.25 ng/mL
Continuing antibiotics encouraged.	Continuing antibiotics encouraged.
PCT level increase compared with peak PCT AND PCT >= 0.5 ng/mL	PCT > 0.5 ng/mL
Escalation of antibiotics strongly encouraged.	Escalation of antibiotics strongly encouraged.

{AH} - Performed at Alamance Hospital Lab, 1240 Huffman Mill Rd., Burlington, NC 27215

TEST, KATE

PRINT DATE: 02/07/2018

END OF REPORT

PRINT TIME: 14:24

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Justin B. Kullon
2.22.18

Alamance Regional Medical Center
1240 Huffman Mill Rd.
Burlington, NC 27215

INTERIM REPORT

NAME: TESTING,LAB

MRN : 123456789

ACCT: 111

LOC: EDA

MD: DEPAULT, PROVIDER

AGE: 31Y

SEX: M

DOB: 07/15/1986

W1391 COLL: 02/07/2018 08:46 REC: 02/07/2018 08:47 PHYS: DEFAULT, PROVIDE

FIBRIN DERIVATIVES D-DIMER (AR) {AH}

H 547.21 (0.00-499.00)

(NOTE)


<> Exclusion of Venous Thromboembolism (VTE) - OUTPATIENT ONLY
(Emergency Department or Mebane)

0-499 ng/ml (FEU): With a low to intermediate pretest probability
for VTE this test result excludes the diagnosis
of VTE.

>499 ng/ml (FEU) : VTE not excluded; additional work up for VTE is
required.

<> Testing on Inpatients and Evaluation of Disseminated Intravascular
Coagulation (DIC) Reference Range: 0-499 ng/ml (FEU)

{AH} = Performed at Alamance Hospital Lab, 1240 Huffman Mill Rd.,
Burlington, NC 27215

123456789 EDA
TESTING-LAB

W1391 02/07/2018 08:46
07/15/1986 M
ARVID
0848
BLUE TOYER

Handwritten signature
2.22.18

TESTING, LAB
PRINT DATE: 02/07/2018

END OF REPORT
PRINT TIME: 09:11

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