



## STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT

## Hematek Stainer Go Live

Description:	New Hematek Automated Stainer Go Live
Implementation Date:	2/27/2018
Staff Update:	Type in Updates:  Staff will transition from manual wright staining method for hematology slides and begin using the automated HematekSlide Stainer.  The HematekSlide Stainer is a self-contained system that conveys, fixes and stains dry blood smears prepared on standard glass slides.
Performing Locations:	Click on the boxes that apply:  □Alamance Cancer Center  □Alamance Regional  □Annie Penn Hospital  □Moses Cone Hospital  □Med Center at High Point  □Med Center at Mebane  □Wesley Long Hospital  □Women's Hospital
Affected Locations:	Click on the boxes that apply:  □Alamance Cancer Center  □Alamance Regional  □Annie Penn Hospital  □Moses Cone Hospital  □Med Center at High Point  □Med Center at Mebane  □Wesley Long Hospital  □Women's Hospital

	Click on the boxes that apply:
	□Blood Bank
	□Cytology
	□Flow Cytometry
Affected	□Histology
Departments:	
	□Phlebotomy
	□Point of Care
	⊠Rapid Response Lab □Respiratory Therapy
	□Specimen Processing
Specimen Type:	dry blood smears prepared on standard glass slides
Updated Clinical Lab Procedures:	HEME-608-CH Hematek Slide Stainer **new HEME-609-CH Hematek Slide Stainer Maintenance **new
Retired Clinical Lab Procedures:	
Training/Competency:	Is training required? ⊠ Yes □ No If yes, enter date complete: 2/26/2018
	Do training checklists need to be created or updated? ⊠ Yes □ No If yes, enter date complete:Jan 2018
	Do training quizzes need to be created or updated? ☐ Yes ☒ No If yes, enter date complete:
	Do competency/direct observation forms need to be created or updated?  ☐ Yes ☒ No If yes, enter date complete:
	☐ Yes ⊠ No

	Click on the boxes that apply:
	⊠Section Not Applicable
	□Memo Needed
Notification to Client:	Distribution of Memo:    Medical Staff     Allied Health Professionals (PA, Nurse Practioners)     Anesthesia     Annie Penn (Primary Source Physicians)     Dentist     Emergency Department/Urgent Care Centers     Family Practice     Infectious Docs #ID Docs (John Campbell, Robert Comer, Jeffrey Hatcher, Cynthia Snider, Kees Van Dam)     OB/GYN     Pathology     Pediatricians     Psych     Radiology     Surgery     #Nursing Leadership (Directors, Asst. Directors, Clinical Nurse Manager)     Pharmacy - Send to DeAnne Brooks & Jim Hasspacher     #IM Residents     Kim Helsabeck
	☐ Phlebotomy Managers and Supervisors
	☐ Point of Care: Sheila, Kim & Marty
Accreditation Section:	Click on the boxes that apply:  Section Not Applicable  □CAP Test menu change needed  □CMS Analyte form change needed  □Proficiency Testing surveys changes needed or ordered
Laboratory IT section:	Click box and type needed changes/additions:  □ Section Not Applicable  □ LIS changes  □ Reference range change/addition  □ Technical Failure change/addition  □ Critical Value change/add

Cone Health Laboratories QM-1719F-CH

	☐Text comments needed
	□Specimen collection instructions
	□Need to monitor TAT
	□CPT code for tests(s)
Performing Location Post Implementation Tasks	Continue to monitor stain quality as outlined in the procedure
Laboratory IT Post Implementation Tasks	none
STOP Initiator:	Wendy Turner
Alamance Medical	Quality Department will obtain signature:
Director	M
Signature/Date:	Muss 1/11/10 2.22.18
MedCenter Mebane	
Medical	N/A
Signature/Date:	
Greensboro/Reidsville	
Medical Director	N/A
Signature/Date:	
	Performing Location Post Implementation Tasks Complete and Acceptable
Post Implementation Complete	Date: Ongoing  QA Department Signature: 02/22/18
	(Attach evidence of completion)
(Completed by QA Department before filing)	Laboratory IT Post Implementation Tasks Complete and Acceptable
	Date: N/A
	QA Department Signature: 02/22/18 (Attach evidence of completion)
	without original of completion)