



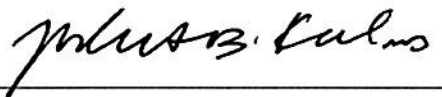

STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT

Deletion of Tests from In House Test Menu ARMC

Description:	Removing GGT, Theophylline, Tobramycin, and Phenobarbital from in-house test menu at Alamance main lab.
Implementation Date:	3/20/2018
Staff Update:	<p>Type in Updates:</p> <p>Gamma-Glutamyl Transferase (GGT), Tobramycin and Phenobarbital test will be sent to Moses Cone Lab for testing. Theophylline testing will be sent to LabCorp Reference Laboratory.</p> <p>Specimens will be processed and batched to Moses Cone as needed per the SPPR-876-CH procedure.</p> <p>Specimens will be processed and batched to LabCorp as needed per the SPPR-874-CH procedure</p>
Performing Locations:	<p>Click on the boxes that apply:</p> <p><input type="checkbox"/>Alamance Cancer Center <input checked="" type="checkbox"/>Alamance Regional <input type="checkbox"/>Annie Penn Hospital <input checked="" 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 Locations:	<p>Click on the boxes that apply:</p> <p><input type="checkbox"/>Alamance Cancer Center <input checked="" type="checkbox"/>Alamance Regional <input type="checkbox"/>Annie Penn Hospital <input checked="" 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>

<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>Serum or plasma</p>
<p>Updated Clinical Lab Procedures:</p>	<p>SPPR-876A-CH Transport Batch to Moses Cone Test List QM-121-AR Alamance In-House Test List QM-122-AR Alamance Stat test list CHEM-120-CH Quality Control CHEM-120L-AR QC Retrieval Code CHEM-310L CCIS CHEM-660-AR Beckman DxC 660i Basic Operating Procedure CHEM-660-A2 Calibration Sheet CHEM-108F Chemistry Internal Analyzer Comparison Form CHEM-133-CH Carryover Check for Automated Samples</p>
<p>Retired Clinical Lab Procedures:</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 <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 type="checkbox"/> Reference range change/addition <input type="checkbox"/> Technical Failure change/addition <input type="checkbox"/> Critical Value change/add</p>

	<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	Verify GGT, Tobramycin and Phenobarbital requests route correctly to Moses Cone Verify Theophylline orders route correctly to LabCorp
Laboratory IT Post Implementation Tasks	
STOP Initiator:	Wendy Turner
Alamance Medical Director Signature/Date:	Quality Department will obtain signature:  - 3-19-18
MedCenter Mebane Medical Signature/Date:	Not applicable
Greensboro/Reidsville Medical Director Signature/Date:	 3/19/18

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)