



**STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT**

Procedural Update: Carryover Studies for Automated Samplers

Implementation Date: March 20, 2018	
Staff Update:	<p>The laboratories have updated procedure CHEM-0274-CH/CHEM-133-CH Carryover Check for Automated Samplers to be compliant CAP guidelines. In addition to semi-annual checks, carryover studies must be performed after major maintenance or repair to the pipetting assembly of an analyzer.</p> <p>Below are examples of when a carryover check must be performed. This is not an all-inclusive list. In the event a technologist/technician is unsure whether or not to perform a carryover study, they should consult with manager/supervisor.</p> <p>Examples of Maintenance or Repair Requiring Carryover Checks:</p> <ol style="list-style-type: none"> <li>1. Replacement of a probe, pipette, or pipetting assembly.</li> <li>2. Realignment of a probe, pipette, or pipetting assembly.</li> </ol> <p>As reminder, the following has been added to QM-1781L-CH Instrument or Equipment Corrective Action Log:</p> <div style="border: 1px solid black; padding: 5px;"> <p>If problem requires maintenance or repair to the pipetting assembly of analyzer, a carryover study for the pipette must be performed. See Carryover Check for Automated Samples procedure:</p> <ul style="list-style-type: none"> <li>• Perform carryover study and attach worksheet to this form then submit to manager/supervisor for review.</li> <li>• Only resume testing if carryover study is acceptable per procedure. If unacceptable, further troubleshooting is required.</li> </ul> <p><b>Check Applicable Box:</b>    <input type="checkbox"/> Carryover Required    <input type="checkbox"/> Carryover Not Required</p> </div>
STOP Initiator	Jackie Hobbins
Performing Locations:	<p><b>Click on the boxes that apply:</b></p> <p><input type="checkbox"/> Alamance Cancer Center</p> <p><input checked="" type="checkbox"/> Alamance Regional</p> <p><input checked="" type="checkbox"/> Annie Penn Hospital</p> <p><input checked="" type="checkbox"/> Moses Cone Hospital</p> <p><input checked="" type="checkbox"/> Med Center at High Point</p> <p><input type="checkbox"/> Med Center at Mebane</p> <p><input checked="" type="checkbox"/> Wesley Long Hospital</p> <p><input checked="" type="checkbox"/> Women's Hospital</p>

Affected Locations:	<b>Click on the boxes that apply:</b> <input type="checkbox"/> Alamance Cancer Center <input checked="" type="checkbox"/> Alamance Regional <input checked="" type="checkbox"/> Annie Penn Hospital <input checked="" type="checkbox"/> Moses Cone Hospital <input checked="" type="checkbox"/> Med Center at High Point <input type="checkbox"/> Med Center at Mebane <input checked="" type="checkbox"/> Wesley Long Hospital <input checked="" type="checkbox"/> Women's Hospital
Affected Departments:	<b>Click on the boxes that apply:</b> <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
Specimen Type:	Varies
Updated Clinical Lab Procedures:	<b>Alamance</b> CHEM-133-CH <b>Greensboro/Reidsville:</b> CHEM-0274-CH Carryover Check for Automated Samplers QM-1781L-CH Instrument or Equipment Corrective Action Log
Retired Clinical Lab Procedures:	N/A
Training/Competency:	Is training required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter date complete: _____  Do training checklists need to be created or updated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter date complete: _____  Do training quizzes need to be created or updated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter date complete: _____  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: _____

Approval and Notification to Client:	<p><b>Click on the boxes that apply:</b></p> <p><input checked="" type="checkbox"/> Section Not Applicable</p> <p><input type="checkbox"/> MEC Approval Needed</p> <p style="padding-left: 20px;"><input type="checkbox"/> Alamance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Greensboro/Burlington</p> <p><input type="checkbox"/> Memo Needed</p> <p><b>Distribution of Memo:</b></p> <p><input type="checkbox"/> Medical Staff Services</p> <p style="padding-left: 20px;"><input type="checkbox"/> Alamance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Greensboro/Burlington</p> <p><input type="checkbox"/> #Nursing Leadership (Directors, Asst. Directors, Clinical Nurse Manager)</p> <p><input type="checkbox"/> Pharmacy - Send to Randy Absher, DeAnne Brooks, Jeremy Frens, &amp; Jim Hasspacher</p> <p><input type="checkbox"/> #IM Residents</p> <p><input type="checkbox"/> Infection Prevention Director</p> <p><input type="checkbox"/> Phlebotomy Managers and Supervisors</p> <p><input type="checkbox"/> Point of Care Department</p>
Accreditation Section:	<p><b>Click on the boxes that apply:</b></p> <p><input checked="" type="checkbox"/> Section Not Applicable</p> <p><input type="checkbox"/> CAP Test menu change needed</p> <p><input type="checkbox"/> CMS Analyte form change needed</p> <p><input type="checkbox"/> Proficiency Testing surveys changes needed or ordered</p>
Laboratory IT section:	<p><b>Click box and type needed changes/additions:</b></p> <p><input checked="" type="checkbox"/> Section Not Applicable</p> <p><input type="checkbox"/> LIS changes</p> <p><input type="checkbox"/> Reference range change/addition</p> <p><input type="checkbox"/> Technical Failure change/addition</p> <p><input type="checkbox"/> Critical Value change/add</p> <p><input type="checkbox"/> Text comments needed</p> <p><input type="checkbox"/> Specimen collection instructions</p> <p><input type="checkbox"/> Need to monitor TAT</p> <p><input type="checkbox"/> CPT code for tests(s)</p>

Post Implementation Tasks, Assignments, and Due Dates	Not applicable.
Alamance Medical Director Signature/Date:	Quality Department will obtain signature: <i>John B. Wilton</i> 2/21/18
Alamance Cancer Center Medical Director Signature/Date:	Quality Department will obtain signature: N/A
MedCenter Mebane Medical Director Signature/Date:	Quality Department will obtain signature: <i>N/A</i> <i>M. O'Leary, MD</i> 3/16/18 <small>with 3-14-18</small>
Greensboro/Reidsville Medical Director Signature/Date:	Quality Department will obtain signature: <i>John Patterson, MD</i> 2/21/18

Post Implementation Complete  (Completed by QA Department before filing)	Performing Location Post Implementation Tasks Complete and Acceptable Date: <u>N/A</u> QA Department Signature: <u><i>JR</i> 2-20-18</u> (Attach evidence of completion)
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