Cone Health Laboratories QM-1719F-CH





STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT

Discontinue FDP testing at Alamance Regional

Description:	FDP will be removed from the test menu at Alamance
Implementation Date:	June 26, 2018
Staff Update:	Type in Updates: FDP testing will be dropped from the in-house test menu and will no longer be orderable.
	Click on the boxes that apply:
	□Alamance Cancer Center
	⊠Alamance Regional
	□Annie Penn Hospital
Performing Locations:	□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

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	Click on the boxes that apply:
Affected Departments:	□Blood Bank □Cytology □Flow Cytometry □Histology □Microbiology □Phlebotomy □Point of Care ⊠Rapid Response Lab □Respiratory Therapy □Specimen Processing
Specimen Type:	serum
Updated Clinical Lab Procedures:	N/A
Retired Clinical Lab Procedures:	COAG-720 FDP Screening
Training/Competency:	Is training required? ☐ Yes ☒ No If yes, enter date complete: Do training checklists need to be created or updated? ☐ Yes ☒ No If yes, enter date complete: 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:

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	Click on the boxes that apply:
	□Section Not Applicable
	⊠Memo Needed
	Distribution of Memo:
	⊠Medical Staff
	☐ Allied Health Professionals (PA, Nurse Practioners)
	☐ Anesthesia
	☐ Annie Penn (Primary Source Physicians)
Notification to Client:	☐ 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
	Click on the boxes that apply:
	□Section Not Applicable
Accreditation Section:	
Accreditation Section.	□CMS Analyte form change needed
	□Proficiency Testing surveys changes needed or ordered
	Click box and type needed changes/additions:
	□Section Not Applicable
Laboratory IT section:	
	inactivated in CHL
	□Reference range change/addition
	□Technical Failure change/addition
	□Critical Value change/add

	☐Text comments needed
	□Specimen collection instructions
,	□Need to monitor TAT
	□CPT code for tests(s)
Performing Location	
Post Implementation Tasks	
Tasks	
Laboratory IT Post	
Implementation Tasks	
STOP Initiator;	Wendy Turner, Quanisha Dyson
Alamance Medical	·
Director	Julia 3. Kipm 6/19/18
Signature/Date:	7 20 100
MedCenter Mebane	
Medical	
Signature/Date:	1 177 -
Greensboro/Reidsville	
Medical Director	N/A
Signature/Date:	
	Performing Location Post Implementation Tasks Complete and Acceptable
Post Implementation	Date:
Complete (Completed by QA Department before filing)	QA Department Signature:
	(Attach evidence of completion)
	Laboratory IT Post Implementation Tasks Complete and Acceptable Date:
	QA Department Signature:
	(Attach evidence of completion)



To: Alamance Regional Medical Staff

From: Joshua Kish, MD, FCAP, FASCP

Chief of Pathology, Cone Health

Date: June 19, 2018

mas, hilms Subject: Discontinue FDP testing at Alamance Regional

Alamance Regional Clinical Laboratory will no longer offer Fibrinogen Degradation Products (FDP) test as of June 26, 2018.

Activation of the coagulation cascade results in the generation of Fibrin Degradation Products (FDPs). The FDPs are fragments of different molecular weights, which includes D-Dimer.

The current FDP test that will be discontinued is a semi-quantitative assay that uses latex agglutination as a screening aid for disseminated intravascular coagulation. This test is capable of detecting the presence of all major breakdown products of fibrin or fibrinogen.

D-Dimer is presumed to be a better indicator of fibrinolysis than FDPs. The measurement of D-Dimer levels by ELFA (enzyme immunoassay sandwich assay with fluorescent detection) has more advantages than the measurement of plasma FDPs by latex agglutination.

Our current D-Dimer Exclusion is indicated for use in conjunction with a clinical pretest probability assessment model to exclude deep vein thrombosis (DVT) and pulmonary embolism (PE) in outpatients suspected of DVT or PE. It is not safe to use D-Dimer for exclusion of DVT and PE in the inpatient population due to high pre-test probability, long duration of symptoms associated with these disorders, and the high proportion of comorbid conditions associated with elevated D-Dimer levels. The current test also gives a quantitative result for physicians to use in conjunction with various other factors to determine fibrin degradation.