



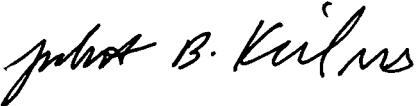
STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT

Wescor Gram Stainer Maintenance Procedure

Description:	Formal procedure created for WESCOR Gram Stainer
Implementation Date:	7/24/2018
Staff Update:	Type in Updates: Work aids created and procedure for maintenance of the Wescor Gram Stainer. Previously used on-line user manual now used for reference of the formalized procedure.
Performing Locations:	Click on the boxes that apply: <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:	Click on the boxes that apply: <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 style="text-align: center;">Affected Departments:</p>	<p>Click on the boxes that apply:</p> <p><input type="checkbox"/> Blood Bank</p> <p><input type="checkbox"/> Cytology</p> <p><input type="checkbox"/> Flow Cytometry</p> <p><input type="checkbox"/> Histology</p> <p><input checked="" type="checkbox"/> Microbiology</p> <p><input type="checkbox"/> Phlebotomy</p> <p><input type="checkbox"/> Point of Care</p> <p><input type="checkbox"/> Rapid Response Lab</p> <p><input type="checkbox"/> Respiratory Therapy</p> <p><input type="checkbox"/> Specimen Processing</p>
<p>Specimen Type:</p>	<p>n/a</p>
<p>Updated Clinical Lab Procedures:</p>	<p>MICRO-603-AR Workaids -603a, -603b, -603c, -603d, -603e, -603f</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>

Notification to Client:	<p>Click on the boxes that apply:</p> <p><input checked="" type="checkbox"/> Section Not Applicable</p> <p><input type="checkbox"/> Memo Needed</p> <p>Distribution of Memo:</p> <p><input type="checkbox"/> Medical Staff</p> <p><input type="checkbox"/> Allied Health Professionals (PA, Nurse Practitioners)</p> <p><input type="checkbox"/> Anesthesia</p> <p><input type="checkbox"/> Annie Penn (Primary Source Physicians)</p> <p><input type="checkbox"/> Dentist</p> <p><input type="checkbox"/> Emergency Department/Urgent Care Centers</p> <p><input type="checkbox"/> Family Practice</p> <p><input type="checkbox"/> Infectious Docs #ID Docs (John Campbell, Robert Comer, Jeffrey Hatcher, Cynthia Snider, Kees Van Dam)</p> <p><input type="checkbox"/> OB/GYN</p> <p><input type="checkbox"/> Pathology</p> <p><input type="checkbox"/> Pediatricians</p> <p><input type="checkbox"/> Psych</p> <p><input type="checkbox"/> Radiology</p> <p><input type="checkbox"/> Surgery</p> <p><input type="checkbox"/> #Nursing Leadership (Directors, Asst. Directors, Clinical Nurse Manager)</p> <p><input type="checkbox"/> Pharmacy - Send to DeAnne Brooks & Jim Hasspacher</p> <p><input type="checkbox"/> #IM Residents</p> <p><input type="checkbox"/> Kim Helsabeck</p> <p><input type="checkbox"/> Phlebotomy Managers and Supervisors</p> <p><input type="checkbox"/> Point of Care: Sheila, Kim & Marty</p>
Accreditation Section:	<p>Click on the boxes that apply:</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>Click box and type needed changes/additions:</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>

	<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	None
Laboratory IT Post Implementation Tasks	None
STOP Initiator:	Wendy Turner
Alamance Medical Director Signature/Date:	Quality Department will obtain signature:  7/9/18.
MedCenter Mebane Medical Signature/Date:	Not Applicable
Greensboro/Reidsville Medical Director Signature/Date:	Not Applicable

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)