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| **STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT**  |
| Chemistry Lot to Lot Testing |

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| Description: | Lot to Lot testing is a CAP requirement. All staff must be performing the verification testing. |
| Implementation Date: | 8/28/2018 |
| Staff Update: | Type in Updates:All staff have been trained and have reviewed the requirements to complete reagent lot to lot testing in clinical chemistry.Procedure CHEM-110 Chemistry Reagent Receipt and Verification Process procedure implemented March 2016 has been included as part of the 2018 competency training. Chemistry staff are to follow the existing procedure. |
| Performing Locations: | **Click on the boxes that apply:**[ ] Alamance Cancer Center [x] 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 [x] Alamance Regional[ ] Annie Penn Hospital [ ] Moses Cone Hospital [ ] Med Center at High Point[ ] Med Center at Mebane[ ] Wesley Long Hospital [ ] Women’s Hospital |
| Affected Departments: | **Click on the boxes that apply:**[ ] Blood Bank[ ] Cytology[ ] Flow Cytometry[ ] Histology[ ] Microbiology[ ] Phlebotomy[ ] Point of Care[x] Rapid Response Lab[ ] Respiratory Therapy[ ] Specimen Processing |
| Specimen Type: | N/A |
| Updated Clinical Lab Procedures: | Existing CHEM-110 Chemistry Reagent Receipt and Verification Process |
| Retired Clinical Lab Procedures: | N/A |
| Training/Competency: | Is training required? [x]  Yes [ ]  NoIf yes, enter date complete: \_\_\_8/15/2018\_\_\_\_\_Do training checklists need to be created or updated? [ ]  Yes [x]  NoIf yes, enter date complete: \_\_\_\_\_\_\_\_\_Do training quizzes need to be created or updated? [ ]  Yes [x]  NoIf yes, enter date complete: \_\_\_\_\_\_\_\_\_Do competency/direct observation forms need to be created or updated?[ ]  Yes [x]  NoIf yes, enter date complete: \_\_\_\_\_\_\_\_\_ |

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| Notification to Client: | **Click on the boxes that apply:**[x] Section Not Applicable[ ] Memo Needed**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 |
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| Accreditation Section: | **Click on the boxes that apply:**[x] 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:**[x] Section Not Applicable[ ] LIS changes[ ] 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 | Review for compliance |
| Laboratory IT Post Implementation Tasks | None |
| STOP Initiator: | Wendy Turner |
| Alamance Medical Director Signature/Date: | Quality Department will obtain signature: |
| MedCenter Mebane Medical Signature/Date: |  Not Applicable |
| Greensboro/Reidsville Medical Director Signature/Date: |  Not Applicable |

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| Post Implementation Complete(Completed by QA Department before filing) | Performing Location Post Implementation Tasks Complete and AcceptableDate: \_\_\_\_\_\_\_\_QA Department Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Attach evidence of completion) |
| Laboratory IT Post Implementation Tasks Complete and AcceptableDate: \_\_\_\_\_\_\_\_QA Department Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Attach evidence of completion) |