



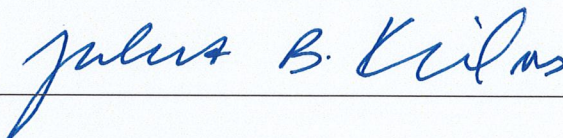
STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT

Chemistry Lot to Lot Testing

Description:	Lot to Lot testing is a CAP requirement. All staff must be performing the verification testing.
Implementation Date:	8/28/2018
Staff Update:	<p>Type in Updates:</p> <p>All staff have been trained and have reviewed the requirements to complete reagent lot to lot testing in clinical chemistry.</p> <p>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.</p>
Performing Locations:	<p>Click on the boxes that apply:</p> <p><input type="checkbox"/>Alamance Cancer Center</p> <p><input checked="" type="checkbox"/>Alamance Regional</p> <p><input type="checkbox"/>Annie Penn Hospital</p> <p><input type="checkbox"/>Moses Cone Hospital</p> <p><input type="checkbox"/>Med Center at High Point</p> <p><input type="checkbox"/>Med Center at Mebane</p> <p><input type="checkbox"/>Wesley Long Hospital</p> <p><input type="checkbox"/>Women's Hospital</p>
Affected Locations:	<p>Click on the boxes that apply:</p> <p><input type="checkbox"/>Alamance Cancer Center</p> <p><input checked="" type="checkbox"/>Alamance Regional</p> <p><input type="checkbox"/>Annie Penn Hospital</p> <p><input type="checkbox"/>Moses Cone Hospital</p> <p><input type="checkbox"/>Med Center at High Point</p> <p><input type="checkbox"/>Med Center at Mebane</p> <p><input type="checkbox"/>Wesley Long Hospital</p> <p><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>N/A</p>
<p>Updated Clinical Lab Procedures:</p>	<p>Existing CHEM-110 Chemistry Reagent Receipt and Verification Process</p>
<p>Retired Clinical Lab Procedures:</p>	<p>N/A</p>
<p>Training/Competency:</p>	<p>Is training required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter date complete: <u>8/15/2018</u></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 <input type="checkbox"/> Memo Needed</p> <p>Distribution of Memo:</p> <p><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>
Accreditation Section:	<p>Click on the boxes that apply:</p> <p><input checked="" type="checkbox"/> Section Not Applicable <input 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>
Laboratory IT section:	<p>Click box and type needed changes/additions:</p> <p><input checked="" type="checkbox"/> Section Not Applicable <input 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	Review for compliance
Laboratory IT Post Implementation Tasks	None
STOP Initiator:	Wendy Turner
Alamance Medical Director Signature/Date:	Quality Department will obtain signature:  8/17/18
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)