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| **STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT** |
| MICROBIOLOGY PROCEDURE/POLICY UPDATES |

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| Description: | Microbiology Procedure and Policy updates. |
| Implementation Date: | August 30, 2018 |
| Staff Update: | MICRO-701-CH Manual Gram Stain - Added “No WBC”, No WBCs seen comment.  MICRO-702-CH Automated Gram Stain (Wescor) – Added “No WBC”, No WBCs seen.  MICRO-721-CH Cepheid CT/NG – Updated interface result entry instructions.  MICRO-726-CH Cepheid Xpert Flu PCR – Updated interface result entry instructions.  MICRO-731-CH GIPCR – Updated result reporting instructions.  MICRO-732-CH BCID – Updated result reporting instructions.  MICRO-741-CH Sputum Assessment (Evaluation) – Added comment, “If any of these specimens that do NOT require an assessment have SPUEVA orders, they are to be cancelled and a respiratory culture (RESP) order should be placed”. |
| Performing 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 |
| 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 |
| Affected Departments: | **Click on the boxes that apply:**  Blood Bank  Cytology  Flow Cytometry  Histology  Microbiology  Phlebotomy  Point of Care  Rapid Response Lab  Respiratory Therapy  Specimen Processing |
| Specimen Type: | N/A |
| Updated Clinical Lab Procedures: | MICRO-701-CH, MICRO-702-CH, MICRO-721-CH, MICRO-723-CH, MICRO-731-CH, MICRO-732-CH, MICRO-741-CH |
| Retired Clinical Lab Procedures: |  |
| 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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| Notification to Client: | **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)  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:**  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:**  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 | N/A |
| Laboratory IT Post Implementation Tasks | N/A |
| STOP Initiator: | Jacee Farmer |
| Alamance Medical Director Signature/Date: | Quality Department will obtain signature: |
| MedCenter Mebane Medical Signature/Date: |  |
| Greensboro/Reidsville Medical Director Signature/Date: |  |

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| 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) |