

Kesler-Cribb, Sigrid

From: Kesler-Cribb, Sigrid
Sent: Tuesday, December 11, 2018 2:42 PM
To: Ballister, Kim; Barr, Kimberly; Beaman, Jeff; Bennett, Crystal (MHC-MC-Phlebotomy Services); Boyer, Mike; Cleveland, Thomas; Creasman, Tammy; Cruthis, Sheila; Dyson, Quanisha; Farmer, Jacee; Garcia, Amber; Hamlett, Paula; Hicks, Teri; Hogan, Donna; Holmes, Karen; Ingle, Esther (WL); James, Kelly; 'John (jdpatrick@auroradx.com)'; Kennedy, Tonya; Kish, Joshua; Kriegel, Patti; Lane, Derick; Lawson, Shelley; Lax, Amy; Lineberry, Ryan W; Manuel, Kathy; Mitchell, Shirley; Mohr, Mel; Morton, Melinda; Mullins, Tammy; O'Laughlin, Theresa; Olney, Mary S; Pegram, Jill; Roy, Sherry (Solstas); Rubinas, Tara C; Singletary, Demetria; Strickland, Marti; Turner, Wendy; Vanhoorne, Sara; Woolard, Kerri; Wright, Teresa; Younts-Meredith, Amy; Edens, Charlie; Shue, Amanda; 'Kish, Joshua'; Vestal, Mathieu; Wilkins, Vincent; Lyrila, Kathleen; Bialek, Sandy
Cc: Kesler-Cribb, Sigrid
Subject: STOP Notifications Effective December 18,2018
Attachments: 12.18.18 STOP notification Dry Ice safety ay Inspection checklist changes .pdf; 12.18.18 STOP Notification UDS Result Comment.pdf; 12.18.18 STOP Notification ARMC moving to 24 hr DXC 660i QC.pdf; 12.18.18 STOP Notification Sunquest GUI resulting .pdf; 12.18.18 STOP Notification MC Implementing PBP2.pdf; 12.18.18 STOP Notificaiton WL performing Lipid panel.pdf; 12.18.18 STOP Notification ARMC Xpress GAS PCR on Infinity .pdf

STOP's Notifications Effective December 18, 2018

[System Wide STOP Dry Ice safety and Safety Inspection Changes](#)

New CAP checklist question requires a policy for the safe handling of dry ice along with documented training. The monthly and quarterly safety checklists were updated to reflect these changes along with additional changes for clarity.

[System Wide STOP Drug Screen Report](#)

Urine Drug screen report will identify the detected drugs as parent compounds, metabolites or impurities to comply with CAP updated standard.

[ARMC: STOP Moving to 24 hours DXC 660i QC](#)

ARMC main is changing from QC every 12 hours to once every 24 hours on the DxC660i.

[Greensboro/Reidsville STOP Sunquest GUI resulting](#)

Change from Flexilab OEM and MEM to GUI resulting in Sunquest.

[Moses Cone Microbiology STOP PBP2 Latex Agglutination](#)

PBP2 issued as a confirmatory test for MRSA due to an advisory notice that was sent by Biomerieux.

[Wesley Long STOP WL will begin performing Lipids](#)

Wesley Long to perform Lipid panels in house

[ARMC STOP Xpress GAS \(Group A Strep\) PCR testing on Infinity at ARMC](#)

Express GAS testing on the Infinity. The POCT testing rapid strep A perfume in the ED will cease and PCR testing will begin in the main laboratory.

Thanks

Sigrid 😊

Sigrid Kesler-Cribb, MT (ASCP)

Cone Health | Laboratory Quality Manager

Direct Dial: 336.832.7571 | Fax: 336.832.8270

Website: conehealth.com

Standardized Testing / Operating Protocol Request

General Information			
Title of STOP:	Drug screen report		
Requestor Name:	Kimberly Barr	Submission Date:	11/30/18
Description:	Urine drug screen report will identify the detected drugs as: parent compounds, metabolites, or impurities to comply with CAP updated standards	Target Date:	12/18/18
Performing Location(s)	Affected Location(s)	Affected Department(s)	
<input type="checkbox"/> Alamance Cancer Center <input type="checkbox"/> High Point Cancer Center <input type="checkbox"/> Wesley Long Cancer Center <input checked="" type="checkbox"/> Alamance Regional <input checked="" type="checkbox"/> Annie Penn Hospital <input checked="" type="checkbox"/> MedCenter @ High Point <input type="checkbox"/> MedCenter @ Mebane <input checked="" type="checkbox"/> Moses Cone Hospital <input checked="" type="checkbox"/> Wesley Long Hospital <input checked="" type="checkbox"/> Women's Hospital	<input checked="" type="checkbox"/> Alamance Cancer Center <input checked="" type="checkbox"/> High Point Cancer Center <input checked="" type="checkbox"/> Wesley Long Cancer Center <input checked="" type="checkbox"/> Alamance Regional <input checked="" type="checkbox"/> Annie Penn Hospital <input checked="" type="checkbox"/> MedCenter @ High Point <input checked="" type="checkbox"/> MedCenter @ Mebane <input checked="" type="checkbox"/> Moses Cone Hospital <input checked="" type="checkbox"/> Wesley Long Hospital <input checked="" type="checkbox"/> Women's Hospital	<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	
Training / Competency			
Training	Training Required?	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
	Training checklist needs to be created or revised?	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
Competency Forms	Competency Log, Observation form or Blind Sample form needs to be created or revised?	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
Quizzes	Quiz needs to be created or revised?	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
<i>* If Yes to the above, Explain:</i>			
Quality			
Document Control	Document updates needed?	<input checked="" type="checkbox"/> YES * <input type="checkbox"/> NO	
	If Yes, Have docs been submitted to MD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>* If Yes, List:</i>	New / Revised Docs:	CHEM-0365 Beckman Unicl DXC880I Integrated Workstation Basic Operating Procedure, CHEM 0366 Beckman Unicl DXC600I Basic Operating Procedure, CHEM 0367 Beckman DxC 600 Basic Operating procedure.	
	Retired Documents:	NA	
IQCP	Does Current Test have a IQCP?	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
	Will New Test need a IQCP?	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
<i>* If Yes, Explain:</i>			
Notification to Client	Memo/Notification Needed?	<input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO	
<i>* If yes, mark Distribution below and include memo/notification with STOP Request</i>			
<input type="checkbox"/> GSO/Reidsville Medical Staff <input type="checkbox"/> ARMC Medical Staff <input type="checkbox"/> Pharmacy - DeAnne Brooks / Jim Hasspacher <input type="checkbox"/> #Nursing Leadership (Directors, Asst. Directors, Clinical Nurse Manager) <input type="checkbox"/> Infection Prevention - Melissa Morgan			

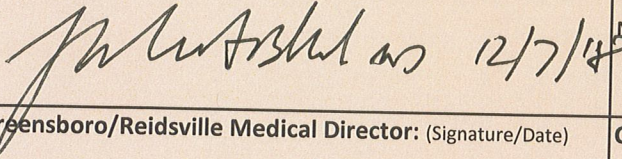
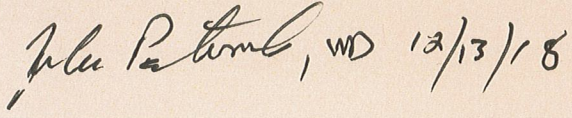
Standardized Testing / Operating Protocol Request

Title of STOP:	Drug screen report		
<i>Memo/Notification Notes:</i>			
Accreditation:	CAP Test Menu Changes Needed?	<input type="checkbox"/> YES *	<input checked="" type="checkbox"/> NO
	CMS Analyte Form Changes Needed?	<input type="checkbox"/> YES *	<input checked="" type="checkbox"/> NO
	PT Survey Changes / Orders Needed?	<input type="checkbox"/> YES *	<input checked="" type="checkbox"/> NO
<i>* If Yes, Explain:</i>			


Standardized Testing / Operating Protocol Request

Title of STOP: Drug screen report	
Billing <input type="checkbox"/> Section Not Applicable	
Changes <i>* If Yes, Explain:</i>	Billing Changes Required? <input type="checkbox"/> YES * <input checked="" type="checkbox"/> NO
	CPT/LOINC Code:
	CDM #: <input type="checkbox"/> CDM Modifier: <input type="checkbox"/>
Technical Changes <input type="checkbox"/> Section Not Applicable	
Assigned System Administrator:	
Select One: <input type="checkbox"/> New Test / Instrument <input checked="" type="checkbox"/> Existing Test / Instrument Please indicate any necessary changes / additions below or mark N/A <i>Explain Changes / Additions & Attach patient report example or instrument printout</i>	
Reference Range: <input checked="" type="checkbox"/> N/A	
Critical Result: <input checked="" type="checkbox"/> N/A	
Delta Check: <input checked="" type="checkbox"/> N/A	
Technical/Clinical Range: <input checked="" type="checkbox"/> N/A	
Autodilution: <input checked="" type="checkbox"/> N/A	
Middleware Rules: <input checked="" type="checkbox"/> N/A	
Text/Comment Code: <input type="checkbox"/> N/A	Added in "and metabolites" to Urine drug screen text as applicable for reagent
QC Code: <input checked="" type="checkbox"/> N/A	
Specimen Requirements: <input checked="" type="checkbox"/> N/A	
Specimen Type: urine	
Container/ Tubes:	Preferred: sterile cup
	Acceptable:
	Required Volume: 10cc
	Minimum Volume: 2cc
Special Collection Instructions:	
Autoverification Desired: <input checked="" type="checkbox"/> YES * <input type="checkbox"/> NO <input type="checkbox"/> N/A	
ITS Tech Review been initiated / scheduled? * <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <small>* Required if test is on network</small>	
IT Information <input type="checkbox"/> Section Not Applicable	
Computer Systems Involved:	<input checked="" type="checkbox"/> Sunquest <input type="checkbox"/> Harvest Order Code:
	<input type="checkbox"/> PowerPath <input type="checkbox"/> WindowPath Worksheet:
Analyzer Interface	Analyzer Interface Required? <input type="checkbox"/> YES * <input type="checkbox"/> NO
	Middleware Needed? <input type="checkbox"/> YES * <input type="checkbox"/> NO <i>* If Yes, Please explain</i>
Test Info	Order Code Assigned? <input type="checkbox"/> YES * <input type="checkbox"/> NO Test Code(s) Assigned:
Pre-Live Documentation Complete: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

Standardized Testing / Operating Protocol Request

Title of STOP: Drug screen report	
Medical Director Approval <i>Quality Department will obtain signatures</i>	
Alamance Regional Medical Director: (Signature/Date)  12/7/18	MedCenter Mebane Medical Director: (Signature / Date) Not Applicable
Greensboro/Reidsville Medical Director: (Signature/Date)  WD 12/13/18	Cancer Centers Medical Director: (Signature / Date) Not Applicable

Approved and current. Effective starting 11/30/2018. 1719F1 (version 2.1) STOP Request/Notification Template
 Blank copy 2087688. Last reviewed on [n/a]. Printed on 11/30/2018 10:45 AM (EST). Page 2 of 3

<p>STOP Notification</p>	 <p>Name of STOP <i>This has been approved by the Laboratory Medical Directors</i></p>	
<p>When:</p>	<p>12/18/2018</p>	
<p>What:</p>	<p>Urine drug screen text will classify detected drugs as parent compounds, metabolites, or impurities.</p>	
<p>Who is Affected:</p>	<p>Location(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alamance Cancer Center <input type="checkbox"/> High Point Cancer Center <input type="checkbox"/> Wesley Long Cancer Center <input checked="" type="checkbox"/> Alamance Regional <input checked="" type="checkbox"/> Annie Penn Hospital <input checked="" type="checkbox"/> MedCenter @ High Point <input type="checkbox"/> MedCenter @ Mebane <input checked="" type="checkbox"/> Moses Cone Hospital <input checked="" type="checkbox"/> Wesley Long Hospital <input checked="" type="checkbox"/> Women's Hospital 	<p>Department(s)</p> <ul style="list-style-type: none"> <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>Why?</p>	<p>To comply with CAP standards updates for 2018 standards</p>	
<p>What you will need to do to prepare:</p>	<p>Nothing. New text codes will be added automatically by LIS</p>	
<p>Need Help?</p>	<p>Contact your Manager / Supervisor</p>	

Kesler-Cribb, Sigrid

From: Patrick, John <jdpatrick@auroradx.com>
Sent: Tuesday, December 11, 2018 10:07 AM
To: Kesler-Cribb, Sigrid
Subject: Re: [EXTERNAL] - please read and approve

This message was sent securely using Zix®

Sigrid,

All stops are approved. I'll sign when I'm next at MC, Thursday, 12/13 I think. Don't have schedule handy.
JDP

From: Kesler-Cribb, Sigrid <Sigrid.Kesler-Cribb@conehealth.com>
Sent: Tuesday, December 11, 2018 9:50 AM
To: Patrick, John
Cc: Kesler-Cribb, Sigrid
Subject: [EXTERNAL] - please read and approve

WARNING: This email is from an external source.
DO NOT CLICK on links or attachments unless you recognize the sender and know the content is safe.
REPORT suspicious emails to Support@AuroraDX.com ASAP.

This message was sent securely by Cone Health.

Dr. Patrick,

I need to get STOPS out today. Can you approve these STOPS today via email and I will get you to sign the STOPS forms on Thursday when you are at Moses Cone.

Effective Date is December 18, 2018

[Greensboro/Reidsville STOP Sunquest GUI resulting](#)

Change form Flexilab OEM and MEM to GUI resulting in Sunquest

[System Wide STOP Drug Screen Report](#)

Urine Drug screen report will identify the detected drugs as parent compounds, metabolites or impurities to comply with CAP updated standard.

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Updated CAP checklist items require a policy for the safe handling of dry ice along with documented training. The monthly and quarterly safety checklist were updated to reflect these changes along with addition changes for clarity.

[Wesley Long STOP WL begin performing Lipids](#)

Wesley Long to perform Lipid panels in house

Thanks
Sigrid

Sigrid Kesler-Cribb, MT(ASCP)
Cone Health | Laboratory
Quality Manager
Direct Dial: 336.832.7571 | Fax: 336.832.8748
Website: conehealth.com

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Greensboro/Reidsville

Example of Pre Live Report

Moses Cone Memorial Hospital
1200 N. Elm Street
Greensboro, NC 27401

INTERIM REPORT

NAME: TESTING, LAB

MRN : 123456789

ACCT: 111

LOC: ED

ROOM: C29C-29

AGE: 32Y

SEX: M

MD: DEFAULT, PROVIDER

DOB: 07/15/1986

H1866 COLL: 11/29/2018 14:15 REC: 11/29/2018 14:16 PHYS: DEFAULT, PROVIDE

DRUGS OF ABUSE SCREEN, URINE

OPIATES	NONE DETECTED	[NDT]	{MC}
COCAINE	NONE DETECTED	[NDT]	{MC}
BENZODIAZEPINES	NONE DETECTED	[NDT]	{MC}
AMPHETAMINES	NONE DETECTED	[NDT]	{MC}
TETRAHYDROCANNABINOL	NONE DETECTED	[NDT]	{MC}
BARBITURATES	NONE DETECTED	[NDT]	{MC}
	(NOTE)		

DRUG SCREEN FOR MEDICAL PURPOSES ONLY. IF CONFIRMATION IS NEEDED FOR ANY PURPOSE, NOTIFY LAB WITHIN 5 DAYS.

LOWEST DETECTABLE LIMITS FOR URINE DRUG SCREEN

Drug Class	Cutoff (ng/mL)
Amphetamine and metabolites	1000
Barbiturate and metabolites	200
Benzodiazepine	200
Tricyclics and metabolites	300
Opiates and metabolites	300
Cocaine and metabolites	300
THC	50

{MC} = Performed at Moses Cone Hospital Lab, 1200 N. Elm St., Greensboro, NC 27401

Johnston, MD 12/7/18

Jelle Paton, MD 12/13/18

TESTING, LAB

PRINT DATE: 11/29/2018

END OF REPORT

PRINT TIME: 14:25

PAGE 1

Example of ARMC Pre Live Sunquest Results

Alamance Regional Medical Center
1240 Huffman Mill Rd.
Burlington, NC 27215

INTERIM REPORT

NAME: TESTING, LAB

MRN : 123456789

LOC: EDA

AGE: 32Y

SEX: M

ACCT: 111

MD: DEFAULT, PROVIDER

DOB: 07/15/1986

W2220 COLL: 12/12/2018 10:35 REC: 12/12/2018 10:36 PHYS: DEFAULT, PROVIDE

URINE DRUG SCREEN, QUAL			STAT
TRICYCLIC, URINE	NONE DETECTED	[NDT]	{AH}
AMPHETAMINES, URINE	NONE DETECTED	[NDT]	{AH}
MDMA, URINE	NONE DETECTED	[NDT]	{AH}
COCAINE, URINE	NONE DETECTED	[NDT]	{AH}
OPIATES, URINE	NONE DETECTED	[NDT]	{AH}
PHENCYCLIDINE, URINE	NONE DETECTED	[NDT]	{AH}
CANNABINOIDS, URINE	NONE DETECTED	[NDT]	{AH}
BARBITURATES, URINE	NONE DETECTED	[NDT]	{AH}
BENZODIAZEPINE, URINE	NONE DETECTED	[NDT]	{AH}
METHADONE, URINE	NONE DETECTED	[NDT]	{AH}

(NOTE)

- 100 Tricyclics + metabolites, urine Cutoff 1000 ng/mL
- 200 Amphetamines + metabolites, urine Cutoff 1000 ng/mL
- 300 MDMA (Ecstasy), urine Cutoff 500 ng/mL
- 400 Cocaine Metabolite, urine Cutoff 300 ng/mL
- 500 Opiate + metabolites, urine Cutoff 300 ng/mL
- 600 Phencyclidine (PCP), urine Cutoff 25 ng/mL
- 700 Cannabinoid, urine Cutoff 50 ng/mL
- 800 Barbiturates + metabolites, urine Cutoff 200 ng/mL
- 900 Benzodiazepine, urine Cutoff 200 ng/mL
- 1000 Methadone, urine Cutoff 300 ng/mL

1100
 1200 The urine drug screen provides only a preliminary, unconfirmed
 1300 analytical test result and should not be used for non-medical
 1400 purposes. Clinical consideration and professional judgment should
 1500 be applied to any positive drug screen result due to possible
 1600 interfering substances. A more specific alternate chemical method
 1700 must be used in order to obtain a confirmed analytical result.
 1800 Gas chromatography / mass spectrometry (GC/MS) is the preferred
 1900 confirmatory method.

{AH} = Performed at Alamance Hospital Lab, 1240 Huffman Mill Rd.,
Burlington, NC 27215

John B. Kul MO 12/12/18