

Standardized Testing / Operating Protocol Request

General Information			
Title of STOP:	No BCID for Select Gram Positive Bacilli (GPR)		
Requestor Name:	Jeff Beaman	Submission Date:	07/09/19
Description:	A BCID will not be performed on gram stains that show diptheroidal, filamentous or box card morphology.	Target Date:	07/30/19
X	Performing Location(s)	X	Affected Location(s)
	Alamance Cancer Center		Alamance Cancer Center
	High Point Cancer Center		High Point Cancer Center
	Wesley Long Cancer Center		Wesley Long Cancer Center
x	Alamance Regional	x	Alamance Regional
	Annie Penn Hospital		Annie Penn Hospital
	MedCenter @ High Point		MedCenter @ High Point
	MedCenter @ Mebane		MedCenter @ Mebane
x	Moses Cone Hospital	x	Moses Cone Hospital
	Wesley Long Hospital		Wesley Long Hospital
	Women's Hospital		Women's Hospital
X	Affected Department(s)		
	Blood Bank		
	Cytology		
	Flow Cytometry		
	Histology		
	Microbiology		
	Phlebotomy		
	Point Of Care		
	Rapid Response Lab		
	Respiratory Therapy		
	Specimen Processing		
Training / Competency			Section Not Applicable
	Yes *	No	*If Yes, Explain
Training Required?		x	
Training checklist needs to be created or revised?		x	
Competency Log, Observation form or Blind Sample form needs to be created or revised?		x	
Quiz need to be created or revised?		x	
Quality			Section Not Applicable
Document updates needed?	x		
	New / Revised Docs: 77420-536 MC Blood Cultures 77420-1308 MC BioFire Filmarray Blood Culture Identification Panel Testing BCID Procedure ARMC Micro-732 BCID Panel ARMC Micro-735 Positive Blood Culture Workup		
	Retired Documents:		
Does Current Test have a IQCP?	x		
Will New Test need a IQCP?		x	
Memo/Notification to Client Needed?		x	* If yes, mark below & include with Request
			GSO/Reidsville Medical Staff
			ARMC Medical Staff
			Pharmacy - DeAnne Brooks / Jim Hasspacher
			#Nursing Leadership (Director., Asst. Director, Clin Nurse Mgr)
			Infection Prevention - Melissa Morgan
<i>Memo/Notification Notes:</i>			
CAP/COLA Test Menu Changes?		x	
CMS Analyte Form Changes Needed?		x	
PT Survey Changes / Orders Needed?		x	


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Safety: Chemicals / Reagents		<input checked="" type="checkbox"/>	Section Not Applicable
Chemical Inventory Changes Needed?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Yes, Send Chemical Inventory Update Form to Mathieu Vestal</i>
	Name of Product(s):		
	Retired Product(s):		
Billing		<input checked="" type="checkbox"/>	Section Not Applicable
	Yes *	No	*If Yes, Explain
Billing Changes Required?	<input type="checkbox"/>	<input type="checkbox"/>	CPT/LOINC Code:
	CDM #:		CDM Modifier:
Technical Changes		<input checked="" type="checkbox"/>	Section Not Applicable
Select One: <input type="checkbox"/> New Test / Instrument <input type="checkbox"/> Existing Test / Instrument Please indicate any necessary changes / additions below or mark "X" under N/A <i>Explain Changes / Additions & Attach patient report example or instrument printout</i>			
N/A			
Reference Range:	<input type="checkbox"/>		
Critical Result:	<input type="checkbox"/>		
Delta Check:	<input type="checkbox"/>		
Technical/Clinical Range:	<input type="checkbox"/>		
Autodilution:	<input type="checkbox"/>		
Middleware Rules:	<input type="checkbox"/>		
Text/Comment Code:	<input type="checkbox"/>		
QC Code:	<input type="checkbox"/>		
Specimen Requirements:	<input type="checkbox"/>		
Specimen Type:	<input type="checkbox"/>		
Container/ Tubes:	Preferred:		
	Acceptable:		
	Required Volume:		
	Minimum Volume:		
Special Collection Instructions:			
	Yes *	No	N/A
Autoverification Desired:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ITS Tech Review been initiated / scheduled? Required if on Network	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Description of Change			

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IT Information						x		Section Not Applicable		
				Pre-live Docs Needed?			Completed?			
				Yes	No	Yes	N/A	Yes	No	
Computer Systems Involved:	Sunquest					Sunquest				
	CHL					CHL				
	PowerPath					PowerPath				
	WindowPath					WindowPath				
				Yes	No	Instrument / Manual Test				
Analyzer Interface Required?										
Middleware Needed?										
Order Code Assigned?						Order Code:				
						Worksheet:				
<p style="text-align: center;">Select the necessary Medical Director Approval below</p> <p style="text-align: center;"><i>Signatures completed in MediaLab</i></p>										
						Yes		No		
Alamance Regional Medical Director						x				
MedCenter Mebane Medical Director								x		
Greensboro/Reidsville Medical Director						x				
Cancer Centers Medical Director								x		

Approved and current. Effective starting 6/28/2019. 77420.613 (version 3.1) STOP Request/Notification Template
 Blank copy 2774575. Last reviewed on 6/25/2019. Printed on 7/9/2019 10:41 AM (EDT). Page 2 of 2

 <p>STOP Notification</p>	<p>No BCID for Select Gram Positive Bacilli (GPR)</p>							
<p>When:</p>	<p>Tuesday, July 30, 2019</p>							
<p>What?</p>	<p>A BCID will not be performed on gram stains that show diptheroidal, filamentous or box card morphology.</p>							
<p>Who is Affected:</p>	<p>Affected Location(s)</p> <ul style="list-style-type: none"> Alamance Cancer Center High Point Cancer Center Wesley Long Cancer Center x Alamance Regional Annie Penn Hospital MedCenter @ High Point MedCenter @ Mebane x Moses Cone Hospital Wesley Long Hospital Women's Hospital 	<p>Department(s)</p> <ul style="list-style-type: none"> Blood Bank Cytology Flow Cytometry Histology x Microbiology Phlebotomy Point Of Care Rapid Response Lab Respiratory Therapy Specimen Processing 						
<p>Why?</p>	<p>The majority of these gram stain morphologies are not detected by the BCID and produce a negative result.</p>							
<p>What you will need to do to prepare:</p>	<p>Read and signoff on the procedures and read and sign the STOP announcement.</p>							
<p>Manager / Supervisor Responsibility:</p>	<p>Send Post Live Documentation to IT Manager within 5 days of the effective date for test systems marked with an "X"</p> <table border="1" data-bbox="451 1354 1516 1495"> <tr> <td>Sunquest</td> <td>WindowPath</td> </tr> <tr> <td>CHL</td> <td>Instrument / Manual Test</td> </tr> <tr> <td>PowerPath</td> <td></td> </tr> </table>		Sunquest	WindowPath	CHL	Instrument / Manual Test	PowerPath	
Sunquest	WindowPath							
CHL	Instrument / Manual Test							
PowerPath								
<p>Need Help?</p>	<p>Contact your Manager / Supervisor</p>							