


Standardized Testing / Operating Protocol Request

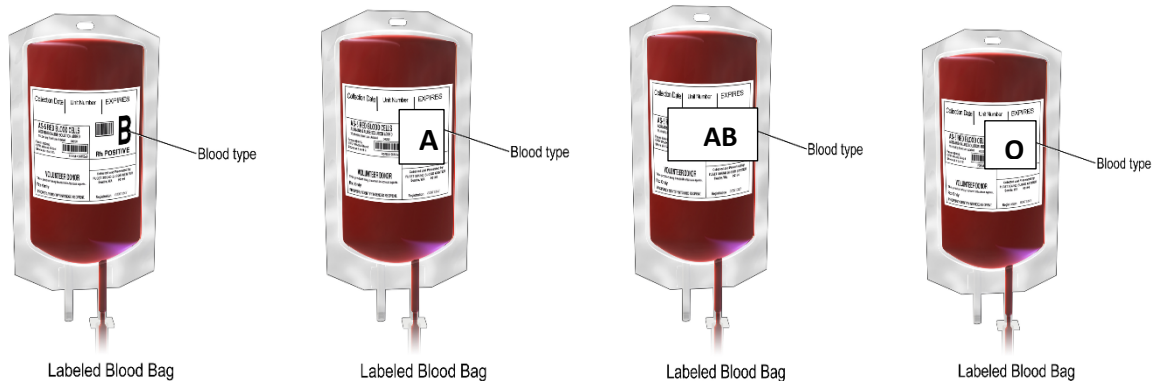
General Information					
Title of STOP:	TYPE SPECIFIC RBCS TO BE TRANSFUSED IN THE EMERGENCY ROOM				
Requestor Name:	SHELLEY LAWSON	Submission Date:	07/09/19		
Description:	O RBCS WILL NO LONGER BE THE ONLY OPTION FOR		Target Date:	07/30/19	
<input checked="" type="checkbox"/>	Performing Location(s)	<input checked="" type="checkbox"/>	Affected Location(s)	<input checked="" type="checkbox"/>	Affected Department(s)
	Alamance Cancer Center		Alamance Cancer Center	<input checked="" type="checkbox"/>	Blood Bank
	High Point Cancer Center		High Point Cancer Center		Cytology
	Wesley Long Cancer Center		Wesley Long Cancer Center		Flow Cytometry
<input checked="" type="checkbox"/>	Alamance Regional	<input checked="" type="checkbox"/>	Alamance Regional		Histology
	Annie Penn Hospital		Annie Penn Hospital		Microbiology
	MedCenter @ High Point		MedCenter @ High Point		Phlebotomy
	MedCenter @ Mebane		MedCenter @ Mebane		Point Of Care
	Moses Cone Hospital		Moses Cone Hospital		Rapid Response Lab
	Wesley Long Hospital		Wesley Long Hospital		Respiratory Therapy
	Women's Hospital		Women's Hospital		Specimen Processing
Training / Competency					
			Section Not Applicable		
	Yes *	No	*If Yes, Explain		
Training Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Training checklist needs to be created or revised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Competency Log, Observation form or Blind Sample form needs to be created or revised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Quiz need to be created or revised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Quality					
			Section Not Applicable		
Document updates needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	New / Revised Docs: TRM-116, TRM-702, TRM-703, TRM-724, TRM-804				
	Retired Documents:				
Does Current Test have a IQCP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Will New Test need a IQCP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Memo/Notification to Client Needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* If yes, mark below & include with Request		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GSO/Reidsville Medical Staff		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ARMC Medical Staff		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmacy - DeAnne Brooks / Jim Hasspacher		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#Nursing Leadership (Director., Asst. Director, Clin Nurse Mgr)		
	<input type="checkbox"/>	<input type="checkbox"/>	Infection Prevention - Melissa Morgan		
Memo/Notification Notes:	Nursing notficaiton was shared with ED Nursing during daily huddles.				
CAP/COLA Test Menu Changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
CMS Analyte Form Changes Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
PT Survey Changes / Orders Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Safety: Chemicals / Reagents					
			Section Not Applicable		
Chemical Inventory Changes Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, Send Chemical Inventory Update Form to Mathieu Vestal		
	Name of Product(s):				
	Retired Product(s):				

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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:					
Critical Result:					
Delta Check:					
Technical/Clinical Range:					
Autodilution:					
Middleware Rules:					
Text/Comment Code:					
QC Code:					
Specimen Requirements:					
Specimen Type:					
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					
IT Information			<input checked="" type="checkbox"/>	Section Not Applicable	
		Yes	No	Pre-live Docs Needed?	
		Yes	N/A	Yes	No
Computer Systems Involved:	Sunquest	<input type="checkbox"/>	<input type="checkbox"/>	Sunquest	<input type="checkbox"/>
	CHL	<input type="checkbox"/>	<input type="checkbox"/>	CHL	<input type="checkbox"/>
	PowerPath	<input type="checkbox"/>	<input type="checkbox"/>	PowerPath	<input type="checkbox"/>
	WindowPath	<input type="checkbox"/>	<input type="checkbox"/>	WindowPath	<input type="checkbox"/>
		Yes	No	Instrument / Manual Test	<input type="checkbox"/>
Analyzer Interface Required?		<input type="checkbox"/>	<input type="checkbox"/>		
Middleware Needed?		<input type="checkbox"/>	<input type="checkbox"/>		
Order Code Assigned?		<input type="checkbox"/>	<input type="checkbox"/>	Order Code:	
				Worksheet:	

Approved and current. Effective starting 6/28/2019. 77420.613 (version 3.1) STOP Request/Notification Template
 Blank copy 2758324. Last reviewed on 6/25/2019. Printed on 7/2/2019 12:13 PM (EDT). Page 2 of 2

 <p>STOP Notification</p>	<h2 style="text-align: center;">TYPE SPECIFIC RBCS TO BE TRANSFUSED IN THE EMERGENCY ROOM</h2>							
<p>When:</p>	<p style="text-align: center;">Tuesday, July 30, 2019</p>							
<p>What?</p>	<p style="text-align: center;">O RBCS WILL NO LONGER BE THE ONLY OPTION FOR TRANSFUSION IN THE ER.</p>							
<p>Who is Affected:</p>	<p style="text-align: center;">Affected Location(s)</p> <p>Alamance Cancer Center High Point Cancer Center Wesley Long Cancer Center <input checked="" type="checkbox"/> Alamance Regional Annie Penn Hospital MedCenter @ High Point MedCenter @ Mebane Moses Cone Hospital Wesley Long Hospital Women's Hospital</p>	<p style="text-align: center;">Department(s)</p> <p><input checked="" type="checkbox"/> Blood Bank Cytology Flow Cytometry Histology Microbiology Phlebotomy Point Of Care Rapid Response Lab Respiratory Therapy Specimen Processing</p>						
<p>Why?</p>	<p style="text-align: center;">This will help manage our inventory more effectively and allow patients to receive type specific units when needed</p>							
<p>What you will need to do to prepare:</p>	<p style="text-align: center;">Staff will need to review procedure revisions.</p>							
<p>Manager / Supervisor Responsibility:</p>	<p style="text-align: center;">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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Sunquest</td> <td style="width: 50%; text-align: center;">WindowPath</td> </tr> <tr> <td style="text-align: center;">CHL</td> <td style="text-align: center;">Instrument / Manual Test</td> </tr> <tr> <td style="text-align: center;">PowerPath</td> <td style="background-color: #cccccc;"></td> </tr> </table>		Sunquest	WindowPath	CHL	Instrument / Manual Test	PowerPath	
Sunquest	WindowPath							
CHL	Instrument / Manual Test							
PowerPath								
<p>Need Help?</p>	<p style="text-align: center;">Contact your Manager / Supervisor</p>							



Attention ARMC ED Staff

Beginning July 30, 2019

The Blood Bank will be sending **Type Specific blood** to the ED for transfusion.