 <p>STOP Notification</p>	<p align="center">Implementation of Beckman Coulter High Sensitivity Troponin I (hsTNI) at Cone Health (CH) Laboratories & Discontinue use of POC iSTAT Troponin</p>	
<p>When:</p>	<p align="center">Tuesday, June 23, 2020</p>	
<p>What?</p>	<p>CH will convert to using hsTNI instead of current TNI. If result is > 27,000, an automatic x10 on-board dilution will be performed. If result is > 270,000, remove reagent to prevent carryover. Repeat any patient samples that may have been performed on the instrument from the reagent pack after the > 270,000 patient sample. NOTE: report patient result as > 27,000, not > 270,000.</p> <p>Also, POC will discontinue use of POC iSTAT Troponin at MC ED, WL ED, AP ED and Green Valley Campus.</p>	
<p>Who is Affected:</p>	<p align="center">Affected Location(s)</p> <p>Alamance Cancer Center High Point Cancer Center Wesley Long Cancer Center X Alamance Regional X Annie Penn Hospital X MedCenter @ High Point X MedCenter @ Mebane X Moses Cone Hospital X Wesley Long Hospital Green Valley Campus</p>	<p align="center">Department(s)</p> <p>Blood Bank Cytology Flow Cytometry Histology Microbiology Phlebotomy Point Of Care X Rapid Response Lab Respiratory Therapy Specimen Processing</p>
<p>Why?</p>	<p>Beckman Coulter has created a more sensitive Troponin test.</p>	




**STOP
Notification**

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What you will need to do to prepare:

1. Range and reporting units are changing with the new method. The new reference interval is < 18 ng/L.
 2. Most orders will be singles or serial orders x2. (Historically orders were a series x3.) There may still be occasion where 3 are ordered due to a single and a serial order being placed. Also, the patient may present with symptoms during an admission and second series may be ordered.
 3. New Critical value is > 99 ng/L.
 4. ALWAYS call the first time a critical value is reported each admission and document in LIS with appropriate critical value and read back comments. Subsequent critical values during same admission do not need to be called again and the previously called comment may be used. EXCEPTION: if result is critical, becomes within range (i.e. not critical) and becomes critical again, the new critical will need to be called.
 5. New Delta limit will flag anytime there is a >19ng/L change from the previous results within 48 hours.
 6. Any hsTNI value with a delta flag must be reviewed.
 - A fall/decrease of >19ng/L needs no action
 - An increase of >19ng/L is an ALERT value. ALWAYS call ASAP the first time a delta increase >19ng/L is reported and document with appropriate call and read back comments. Subsequent alert delta results do not need to be called again unless it reaches critical limits (>99ng/L). New critical values require a call regardless of any previous alert calls.
- Example 1:**
 Initial value 3ng/L.... (no action needed – autoreleased)
 Second value 23ng/L (Delta flag review. Increased >19ng/L with no previous call. Call as an ALERT value.)
- Example 2:**
 Initial value 20ng/L.... (no action needed – autoreleased)
 Second value 80ng/L (Delta flag review. Increased >19ng/L with no previous call. Call as an ALERT value.)
 Third value 102... (delta flag AND critical value review. Previously called as a delta alert, however critical limit has been reached for the first time. Call as a Critical Value.)

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<p>Manager / Supervisor Responsibility:</p>	<p align="center">Send Post Live Documentation to IT Manager within 5 days of the effective date for test systems marked with an "X"</p>	
	<p><input checked="" type="checkbox"/> Sunquest</p>	<p>WindowPath</p>
	<p><input checked="" type="checkbox"/> CHL</p>	<p>Instrument / Manual Test</p>
	<p>PowerPath</p>	<p style="background-color: #cccccc;"></p>
<p>Need Help?</p>	<p align="center">Contact your Manager / Supervisor</p>	



To: Medical and Dental Staff
From: Joshua Kish, MD, FCAP, FASCP Alamance-Cone Health
Laboratory Medical Director

John Patrick, MD, FCAP, FASCP, Cone Health Greensboro/Reidsville Hospital
Laboratories Medical Director

Mary Olney, MD, Cone Health MedCenter Mebane Clinical Laboratory
Medical Director

Date: June 16, 2020

Subject: **The Laboratory is converting to High Sensitivity Troponin (hsTNI)**

In our constant effort to provide Cone Health with the best tools for patient care through latest innovations and cutting-edge technology, we are excited to announce that the laboratory will begin using Beckman-Coulter's High Sensitivity Troponin (hsTNI) on **June 23, 2020**.

This test is more sensitive than the current troponin (TNI). It demonstrates optimal precision at concentrations approximately ten times lower than the current version of Troponin (TNI). It also delivers quality results with a new, robust design to minimize the effects of pre-analytical variability and known interferences.

Parameter	Reference Range	Critical Value	Interpretive Comments Cone Health Link (CHL)
High Sensitivity Troponin (hsTNI)	< 18 ng/L	> 99 ng/L	Elevated high sensitivity troponin I (hs-TnI) values and significant changes across serial measurements may suggest ACS but many other chronic and acute conditions are known to elevate hs-TnI results. Refer to the "Links" section for chest pain algorithms and additional guidance

NOTE: No subsequent critical results will be called. The exception is when the patient's critical result is followed by a normal result, and then has a second critical result, in which case the subsequent critical result will be called. Results between 18 ng/L to 99 ng/L will be monitored. An INCREASE of >19 ng/L over the previous result WILL be called, but subsequent increases >19 ng/L will NOT be called, unless the new increased result is over 99 ng/L.

Point of Care testing Troponin will be discontinued on June 23, 2020.

Should you have any questions about this test please contact the laboratory 336-832-8074.