$Approved \ and \ current. \ Effective \ starting \ 6/28/2019. \ 77420.613 \ (version \ 3.1) \ STOP \ Request/Notification \ Template$

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STOP 8	SW Standardize	ed Three Quality
Notification	Management Procedures	
When:	Monday, July 27, 2020	
What?	A New procedure was developed called Occurrence Management for covering Nonconforming events (NCE), Product/Equipment Recalls and Medical Device Relaed patient events. A new laboratory Root Cause Analysis (RCA) checklist was developed	
	to document RCA. Safety Zone Portal procedure was revised to include how to enter an injury/illnesses/Exposure incidents and standardized between hospitals.	
Who is Affected:	Affected Location(s)	Department(s)
	X Alamance Cancer Center	X Blood Bank
	X High Point Cancer Center	X Cytology
	X Wesley Long Cancer Center	X Flow Cytometry
	X Alamance Regional	X Histology
	X Annie Penn Hospital	X Microbiology
	X MedCenter @ High Point	X Phlebotomy
	X MedCenter @ Mebane	X Point Of Care
	X Moses Cone Hospital	X Rapid Response Lab
	X Wesley Long Hospital	X Respiratory Therapy
	X Green Valley Campus	X Specimen Processing
Why?	To standardize between our laboratories and implement same processes to ensure quality patient care.	
What you will need to do to prepare:	Review and become familiar with these standardized procedures	
	Send Post Live Documentation to IT Manager within 5 days of the effective date for test systems marked with an "X"	
	Sunquest	WindowPath
Manager / Supervisor	CHL	Instrument / Manual Test
Responsibility:	PowerPath	
	Managers/Supervisor/Directors will need to review the procedures and ensure that they perform a root cause analysis per the policies criteria. This is a CAP standard.	
Need Help?	Contact your Manager / Supervisor	