**EINSTEIN MEDICAL CENTER**

**MICROBIOLGY STAFF MEETING MINUTES**

**SUBJECT:** MICROBIOLOGY STAFF MEETING

**ATTENDEES**: Kim Toms, Lan Dinh, Katie Kepner

**DATE:** 1.10.25

**AGENDA**

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| **CATEGORY** | **TOPIC** | **ANNOUNCEMENT/ UPDATE** | **DISCUSSION** |
| January  Anniversaries |  | * Tam 5 years | Congrats! Thank you for your hard work. |
| Staffing |  | Open Positions: Had 2 PRN positions open and 1 FTE   * **1st PRN Position:** Welcome, Melvin! PRN on weekend #1. Starting his weekends on February 1st and 2nd. * **2nd PRN position:** Euraka Wallace supposed to start January 13th rescinded her offer on 1/2/25 for personal reasons. Will re-post position. * **1 FTE:** still working on getting position posted, waiting on HR who is having issues due to the Workday transition. * **Current Student:** Kin from CCP – Welcome! * **Sana:** PRN on leave will be returning on March 3rd for re-training * **Nea:** Will be learning old work starting in February |  |
| Technical Micro | **O&N**  ID’ing CNS in Blood Cultures  **O&N**  Linking Organisms in WorkCards  Logging Mycoplasma results on Biofire for children =<18 years old  Quality Control  Validations | * Reminder to identify all CNS in blood cultures. There was a change in the list of contaminants: * CONTMINANTS:   + All CNS except:     - Staph lugdunensis     - Staph shlopferii     - Staph pseudo intermedius     - Staph delfini   + Diptheroids   + Micrococus sp.   + Cutibacterium sp.   + Bacillus, not anthracis * List does not include Lactobacillus or Streptococcus viridans anymore * Need to “link organisms” in Cerner when identifying bacteria starting 1/10/25 * Will be a tip sheet on how to link organisms sent out * **What this means:** Takes about 2 clicks in Cerner when reporting organisms to have the organism be “linked for the state to flag it as a report to be pulled”. Once linked the organism name will auto populate in your prelim or final report. When you click on the name of the organism a box will appear and it will allow you to place a quantity that will also auto populate in the report, if you don’t want to have to manipulate the boxes when reporting. If you have successfully linked an organism there will be what we’re calling a silver bean shaped icon to the right of the organism name being linked. * IT suggests linking every organism to ensure we don’t miss linking any organisms as this is important for the state to pull an accurate report for themselves. However, there are some exceptions due to the organism name auto populating in the prelim or final report. * EXCEPTIONS: Think about it.   + SITUATION #1: If you have two gram negative rods and one is a LF and the other an NLF. When you “link your organism” the prelim would say LF gnr and NLF gnr. They are likely going to be different organisms so it would be okay to link both organisms into the report.   + SITUATION #2: You have two lactose fermenters on the plate. You want to link both organisms right away, but the prelim will say lactose fermenting gram negative rod and lactose fermenting gram negative rod. If they both turn out to be E coli you wouldn't want your next report to have said that there were two organisms and now you are reporting it as one E coli.   + SITUATION #3: If you have young staphs on the plate that you think might be potentially one organism you don’t want to “link” 3 coag negative staphs and then report out that it is all one type of Staph epidermidis.   + Use your best judgement * Continue shipping appropriate organisms to the state for serotyping and send sensis as appropriate if we’re doing that * We are now calculating the positivity rate for infection prevention for the Mycoplasma outbreak. There is a binder on the culturing bench that when you receive a phone call for adding on a Biofire Respi panel for a pediatric patient after the COVID/FLU/RSV test comes back negative, you are to place a patient sticker in the binder and write whether the result was positive or negative for Mycoplasma. * If your QC is out, you can’t release patient results. Understand there was some leniency on the DSX before, can’t have that anymore. If QC fails, repeat the QC and patient testing and only release results when QC passes. * CAP requirement below, change in workflow and updates to SOPs about meeting this CAP requirement   A yellow text on a white background  Description automatically generated   * February the MicroScan PosCombo46 will be ready for use | Discussed  This is a new process that will allow the PA State Department of Health to pull our reports for any reportable organisms.  If QC fails, repeat the QC and patient testing and only release results when QC passes.  Need to QC an instrument prior to initial use, after major maintenance or repair, and after relocation.  Updates to SOP about which QC needs to be run for the instruments when undergoing such issues. |
| Competency | Medtraining.org  2024 Competencies  2025 Competencies  Direct Observations | * Need to complete what you are behind on in medtraining.org for 2024. See personal email from Coral about what you are assigned. * Complete by 1/31/25 * Internal blinds were not done, we are not technically competent for 2024. Sasha wants to have our 2024 competencies re-done. Currently evaluating these least painful way to do this. Don’t want to do it and said I don’t want to do it but we technically have to. * Internal blinds will be used for 6-month, 1 year, and then annual competencies. * I need about 2 volunteers to help gather samples for the internal blind competencies for 2025. Volunteering is an example of how you can boost your performance reviews. * Have gathered all of virology thus far and am in the works of gathering culturing. Gram stains are also specifically collected already. Still need to do this for TB/PCR/Bloods/COVID/Reading Bench. * Have new folders in virology filing cabinet behind the bench for everyone. These contain a paper that has an MRN and FIN next to your name. Use this MRN or FIN to order your competency tests in Cerner Department Order Entry, pick one of the blind samples to test, write what blind sample you picked in a comment, run the test, and result your answer.   6 month, 1 year, and annual competencies direct observations can only be performed by those that have bachelors degrees. This would be: Maria, Katie, Michelle, Poonam, Rho, She-Are', Kanoline, Sani, and Sana, and Coral on bloods |  |
| SOP Updates | Equipment Failure Form  Quality Assurance Form (QA Form)  MediaLab | * When equipment fails fill out the new Euipment Failure Form. This will allow us to track how long equipment has been out of use for or in need of a repair. This will help determine which equipment is giving us the most issues, so we know what the highest priority in replacing is. * There is a section that asks you if you completed QC before resuming patient testing. I want a copy of the QC to be attached to the form so we can be in compliance with CAP should they ask to see how we are meeting the previous explained requirement about needing to do QC after major repairs. * Quality Assurance Forms, AKA “QA Forms” * QA and OnPoints:   + These are to be filled out any time there is an OnPoint being written. We are doing great at being factual in our OnPoints (thank you to those completing them). I need a way when the OnPoint gets sent to me to have more detail about it for tracking purposes. The QA form is to be filled out and a deeper explanation as to what happens needs to be filled out on the QA form. Feel free to use the back to write on it. There is a spot to write the OnPoint number associated with it. * QA and QC   + This form will also be filled out if there is a QC failure   + No OnPoint needs to be submitted for that category * If you are confused if something needs an OnPoint, fill out the Quality Assurance form, hand it in, and Coral will notify you through email if an OnPoint needs to be submitted. * Will get documents uploaded to MediaLab soon * Will email to the aemc micro emial the forms for now |  |
| General Announcements | Time and Attendance  New Thermometers and Humidity Reader for Lab | * Employees may swipe in up to six (6) minutes prior to the start of the scheduled shift or swipe out to six (6) minutes prior to the end of the scheduled shift. This is not a grace period that excuses late arrivals or early departures. Employees are expected to be at the workstation and ready to begin work at the start of the shift. * Ordered on 1/9/25 for all fridges and freezers. Will need to be replaced yearly so we don’t have to calibrate our own thermometers moving forward. * New humidity reader for the CO2 incubator. |  |
| Safety | Lead Tech Room  Employee Incidents  Topic: Sharps Containers  Needleless Lab | * No lab coats and gloves in the lead tech room, please was hands or sanitize when you enter as there is food * Sharps need to go in the sharps container. 2 needlestick events in the past 2 months due to the blood culture subculture units. One instance was from a subculture unit needle being placed in the hood biohazard bag and when someone took the bag out it pierced her skin. Sharps includes loops and any hard plastic that can break and become sharp, please place in the sharps container to keep us safe. * Change in subculturing units for blood cultures. Switching devices from the current subculturing needle units to a blood vacutainer and 3 mL syringe. This will reduce the risk of needle sticks. Note that the vacutainer has the needle inside and the only way to stab yourself is by sticking your hand into the vacutainer. There is a rubber stopper over the needle to try to prevent harm. Follow all the steps or vortexing, cleaning the top of the blood bottle then next place the vacutainer on top of the blood. The syringe will be able to be placed on the top of the vacutainer and blood can be transferred to plates, slides, and into cryo tubes with minimal risk of harming self. Items ordered on 1/9/25. NOTE: These items belong in the sharps container for disposal. | Discussed  Discussed  \*\*\*\*\*\*\*\*\*\*\*\*\*Coral print picture |
| Employee Issues |  | * COVID Run on Roche COBAS: Can we assign times that the two COVID runs need to be done a day? There is minimal testing, do we really need to be running twice a day? Second shift would like to set up the specimens for the day shift run. * Having to do the cryptococcal antigen test after a CSF is run on the Biofire and we know it is negative for Crypto. * Performing e-test QC on every Strep viridans in a blood | Have to report “total volumes” to upper leadership and the report has been over reporting the amount of COVID testing we’re doing on the Roche by about 400-500 tests. Once a couple months goes by and we have accurate data, we can revisit this. Short staffed on day shift right now, run it when we can is the best we can do right now. More to come.  Emailed IPC to see if we can stop performing the cryptococcal antigen  Will eventually validate for weekly QC to be performed to stop doing daily QC |
| Enterprise / Hospital /  Lab News |  | * Workday: Workday Essentials for Employees eLearning issued was issues in MyJeffHub Learning. If you have not completed the eLearning please do so and if you do not have it assigned Coral know. * G Drives and H Drives: All being transitioned over to One Drive and Teams. G Drives will become “read only” starting 1/13/25. Move all items off of your G Drives and H Drives onto One Drive ASAP. | If you need assistance, see a lead or manager. |
| Employee Questions / Concerns /  Suggestions |  | Anything new?   * Coral to write on calendar in lead tech door when someone has time off approved. Please also see Schedule shared as Excel file. |  |
| Medtraining.org |  | * Sign off on meeting minutes by 1/31/25 in medtraining.org |  |