

## Micro Dept Meeting Notes 1-4-22

### Technical

Make sure charges are being entered for agglutination, presumptive and definitive I.d.'s. Agglutination charges are appropriate for Staph latex, Strep typing, and O157 typing. We can charge presumptive I.d.'s for Gram stains/wet preps performed on urine cultures when used to I.d./list organisms such as Lactobacillus, Yeast, etc. Don't forget to enter "add charge".

I ordered Staphaurex to try as I've been seeing a lot of questionable positive results with our current Staph latex resulting in more I.d.'s having to be run on the Vitek.

Erik Hernandez would like to resume working on the antibiotic cascading that was started awhile back. Sue Babinchak will build the cascading rules in Epic once we come up with what we want them to look like. Cascading limits the use of expensive antibiotics and reduces overuse of stronger antibiotics that can lead to resistance when less potent antibiotics can be used.

Imipenem should no longer be reporting on enterics/Pseudomonas aeruginosa.

Tetracycline will report on MRSA and any Methicillin susceptible coag negative Staph in blood cultures. It will not report on MSSA.

If an anaerobe is suspected and no anaerobic culture is ordered, sub the thio aerobically and anaerobically (if growth is noted in the broth, but not growing on the plates). Mention anaerobic growth in the chartable comment and we will charge if the physician requests an I.d.

Influenza only orders should be auto final verifying again.

Solana rep coming Thursday to investigate our recurring invalids. They will send us a kit, master mix, and pipet tips ahead of time to use during observation.

The 10 disk procedure is being replaced by the 4 disk procedure to confirm calls of ESBL from Vitek. Procedure updates will be assigned as "competency" in MCN. New resulting worksheets will be printed to record results.

Once workload on Solana is decreased, we are going to start training on ordering isolates/components in Epic beginning with urine and blood cultures.

We are also going to try scanning all urine cultures as opposed to putting them in numerical order. We will check for 'missing' urines on the outstanding list. This will save a lot of time not putting plates in order before reading.

### Covid

Communication going out to Urgent/Express care locations to limit use of 4-plex cartridges to only specific defined patient populations.

Veritor-trying to get antigen testing back in house for ED/in-patient discharges.

Will begin sending outpatient Cvids to Quest beginning Monday, 1/10. We will not have to change orders. They will go on a generic packing list which we will print X3. We will keep a copy, give a copy to Marilee for crediting, and send 1 copy to Quest. Danell will show us how to build the packing lists and package the specimens. Mon-Fri specimens must be in the SPA by 2 p.m. Saturday by 12 p.m.

Cartridges are currently critically low. We are only getting 5 boxes next week. HCW's, employee self swabs, Homewood and pre-op specimens will be run on the Solana with a 24-36 hour TAT. An email was sent to Dr. Peck regarding the cartridge situation and the increased TAT. We do not have time to field calls regarding amount of time remaining for a particular specimen. Inform whoever is calling that results can be expected in 24-36 hours. Do NOT give results to HCW's/employees. Direct them to the UPMC portal for results.