Micro Meeting Notes 3/8/22

General

CAP Surveys 100% correct on FFN, Sofia Strep, and Influenza A/B,RSV,Covid PCR

Rounding beginning this month-purpose is to have 1 on 1 communication to discuss issues, what's working, safety concerns, suggestions for improvement, etc. Will post "stoplight" report listing department needs and their attainability/progression.

Extra Sunday help is no longer required since Covid volume is down and we are out of Solana kits. Thank you to all who volunteered!

We will begin having weekly "duties" every month to keep us on track with QC, inventory, etc.

- Week 1: QC and inventory-make sure all kits/reagents in use are QC'd (new and/or 30 day), and make note of media/reagents close to expiration or of low quantity.
- Week 2: Cleaning/Maintenance-monthly cleaning of centrifuges, refrigerators, freezers, etc.; instrument maintenance.
- Week 3: Rounding/AIDET
- Week 4: Catch up

Technical

Review of Q234: For non-sterile cultures (sputums, wounds, etc.) this is a Gram stain based guideline to determine extent of culture work up. If 1-2 pathogens are present, organism(s) will get I.d. and sensitivity if pathogens are in greater quantity than normal flora. Otherwise, minimal I.d. (gnr, Pseudo sp., etc.) will be done and the potential pathogens will be listed. If 3 potential pathogens are present, refer to specimen Gram stain. If 2 of 3 potential pathogens are seen on the Gram stain, they are worked up with I.d. and sensitivities. If all 3 are in the Gram stain, minimal I.d. only and list. Again, if potential pathogens are present in quantities of few or less with moderate amounts of resident flora, they would have minimal I.d. only. All organisms listed should be held (and a comment documenting such) in case work up is requested. If 4 or more potential pathogens are present, only minimal I.d. is done or report all as mixed flora depending on body site/Gram stain.

Thios: Please do not set thios on routine swab cultures UNLESS an anaerobic culture is ordered. Thios should be set on specimens such as tissues and body fluids or normally sterile sites.

RF: SureVue (the company that manufactures the Rheumatoid Factor kit) is no longer making the latex reagent. As soon as our current kits are used up, we will begin sending these to Quest. The test code is LAB206.

GN broths: we will soon be testing all stool cultures for Shiga-Toxin from the GN broth. This will require a measured amount of stool to be inoculated into the broth with timed incubation. More details will be released when we "go live" with this procedure.

MCIM: 2022 CLSI guidelines do not recommend routine testing for carbapenemase production and our pharmacy/infection control are not concerned about the presence/absence of carbapenemase. Patients are placed in isolation solely on resistance to carbapenems regardless of mechanism of resistance. Hence, we will no longer be doing MCIM's to test for carbapenemase production. Please continue to confirm carbapenem resistance if there is no patient history of these organisms.