November 2024 Lab Meeting

1. Read all CAP PT instructions closely before running samples.
2. Creatinine Delta critical to go into effect 11/25/2024-be sure you are familiar with this workflow and the situations where the delta is now critical-see below



1. This is a good time to review the troponin delta results that stops autoverification (see below).
	1. Delta Check:
		1. Autoverification is stopped for troponin when a sample result is flagged as a delta failure when comparing the result to the most previous troponin result. The 1-hour troponin result is compared to the baseline troponin, and the 3-hour result is compared to the 1-hour troponin.
		2. Delta check failure criteria: Troponin result is >50% difference **and** >20 ng/L different that the previous result. The initial result must be ≥40 ng/L.
		3. Investigate all troponin results that flag as a delta check failure before reporting. Examples of reasons for the failure may be a labelling error or an instrument malfunction. Rerunning the sample(s) may be part of the troubleshooting.
		4. Request a redraw or manually verify the troponin result based on the outcome of the investigation.
2. Critical calls for inpatients must be called and documented within 30 minutes, 60 minutes for outpatients. This is a YNHHS metric (target 95%) that is looked at very closely and each outlier is investigated and patterns ( techs, floors etc.) will be identified.
3. Also, please be careful when resulting samples, we have had an increase in corrected reports due to multiple different reasons.
4. If you have a PTO request, try to get it into INFOR as soon as possible (and let laura know you did). Because of the staffing shortage, only 1 person can be off at a time. We will be training Vallen to work as a per diem in the lab days/eves as needed? She will start training the week of 11/25.
5. Laura is looking to get approval for 1.6 FTE’s Central Processor position. Based on test volumes and when the most samples come in, the hours for this position will be determined.
6. Please remember to date all qc/reagent vials. Virginia will be monitoring this.
7. We stopped autoverification on the Cepheid Covid only and multiplex tests to use up our current inventory of Emergency Use Authorization (EUA) kits. The FDA has approved the new cartridges which will result with a different comment than the comment associated with the EUA kits. Until we finish the EUA kits we will be manually verifying the interfaced result and adding the EUA comment manually (detailed instructions re in an email sent 11/18). Hoping to be done with the “old” kits by 12/1.
8. We are validating the 2nd 4022, please run the biorad QC and aution QC daily, and run patients as well. Please put all print outs in the manila envelope on the bench
9. When changing the sensor and sensor on the ABL, please let Virginia know so that the QC file can be updated in Beaker. Also, the external QC will be documented on the P drive. Virginia will notify staff when it’s created.
10. Save all paper printoffs for calibration reports on the e411. They need to be scanned and entered into P drive because the analyzer does not store calibrations. The scanned reports should go into the Milford campus-chemistry-e411 folder. Put paper printouts in Laura or Virginia’s door after scanning and initialing
11. Do not forget to document all QC actions (especially calibrations) in beaker. The result you order and enter in beaker after calibration should be documented with the comment “post calibration”.
12. When QC’ing cepheid cartridges, please document the cartridge lot number and qc lot number (see below)

Click on the editing (pencil) icon:



Click on the list phrases icon:



Type qc and click on QCLOT, then click “Add an Close”



Document the lot # for BOTH cartridge and QC, then click the save (disk) button.

