

# THE NANOGRAM

Martha Jefferson Hospital Laboratory Services

Winter 2011

## Quarterly Newsletter on MJH Website

This newsletter is from the Laboratory and will be distributed on a quarterly basis. It contains important information and news briefs concerning laboratory services. In addition to normal distribution, each issue will be posted at [www.cvillepathology.net](http://www.cvillepathology.net) under the News Brief section.

## Postponement of the New CMS Regulation that Requires Signatures on Lab Requisitions

Earlier in the winter, The Center for Medicare and Medicaid Services (CMS) announced the rule that requires the signature of the ordering physician on all paper laboratory requisitions effective January 1, 2011. Recently, this effective date has been postponed until a future undeclared date.

MJH Laboratory Services would like to educate physicians and their staffs on the upcoming rule so that everyone can be prepared for the implementation when the new effective date is announced. Laboratories will be responsible for verifying that each paper requisition includes a valid physician signature prior to performing the testing. Thanks for your attention to this upcoming change.

## FYI Box

Your patient sample results are only as good as the collection.

- *Remember the "Rule of 10"*
  - Mix your tubes 10 times
  - Allow the tubes to clot upright for a minimum of 10 minutes to a maximum of 30 minutes before spinning
  - Spin in the centrifuge for 10 minutes
  
- *Be aware of the order of draw.*
  - Light blue Citrate
  - Plain red
  - SST (tiger top or gold)
  - Purple EDTA

## New Reference Range

New Albumin Reference Range : 3.4 - 5.2 g/dl

## MJH Microbiology Changes

Microbiology is an integral part of the healthcare team. It is the responsibility of the microbiologist to provide clinicians with reports with clear cut conclusions that include only clinically relevant results.

It is important to note that specimen labeling is extremely important in regards to skin and soft tissue cultures. Surgical site specimens should be differentiated from lacerations, abscesses, decubiti, etc., which should, in turn, be differentiated from one another. Different specimens require different work up in the lab and certain organisms may have less importance in the non-surgical specimens.

The following changes are:

1. Wound Cultures should be ordered as either surgical or non-surgical.  
     For outpatients, designate surgical or non-surgical on the order sheet.  
     For inpatients, specify in your order non-surgical or surgical.  
     If the wound is decubiti or a feeding tube source, specify in your order.
2. If the respiratory culture is from a cystic fibrosis patient, designate in your order.
3. Throat cultures for all pathogens will no longer be performed. There is no evidence that pathogens other than Group A Strep, Non-Group A (groups C & G) Strep, and Arcanobacterium cause sore throats. The only legitimate use of a throat culture is to differentiate treatable bacterial pharyngitis from untreatable viral throat infections. By reporting bacteria other than the above organisms, unnecessary treatment may occur. Physicians who are interested in testing a patient for Neisseria gonorrhoea from the throat will need to indicate on the order sheet and a THGV (throat culture for Neisseria gonorrhoea) should be ordered.

*Changes took place on Wednesday, January 5, 2011.*

### **Instructions for Collecting a Stool Specimen**

1. The best specimen is a fresh diarrheal stool. Specimens obtained with mineral oil, bismuth, or magnesium compounds are unsatisfactory for Ova and Parasite evaluation. It is also preferred to collect fecal samples before the administration of antimicrobial or antidiarrheal agents.
2. Collect stool in clean, dry, plastic stool container. Stool may be collected in a clean bedpan and transferred to the collection container (avoid contamination with urine, soaps, and disinfectants).
3. Pediatric specimens may be collected in a disposable diaper worn inside out (with the plastic covering against the child) and the specimen transferred to the collection container.
4. Specimens should be clearly labeled with the following information:
  - A. Patient's name and date of birth
  - B. Date of collection
  - C. Time of collection

#### ***Details For Stool Specimens***

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|---|
| <p><b><u>Tri Packs</u></b><br/>         White: Unpreserved For Leukocyte and C. Diff<br/>         Pink: Preserved Formalin for Ova and Parasites<br/>         Orange: Preserved for Culture</p>   |
| <p><b><u>Clostridium difficile</u></b><br/>         Only liquid samples are acceptable</p>  |
| <p><b><u>Stool Cultures</u></b><br/>         Fresh sample in clean unpreserved container, send to lab within 30 minutes. If using orange preserved container, fill to line, send to lab within 96 hours.</p> <p>To ensure recovery of enteric pathogens multiple sample may be obtained. Three consecutive samples obtained during the acute stage (first 3 days) are suggested.</p>  |
| <p><b><u>Ova &amp; Parasites</u></b><br/>         Fresh sample in clean unpreserved container.<br/>             Liquid: send to lab within 30 minutes<br/>             Soft: send to lab within 1 hour<br/>             Formed: send to lab same day<br/>         If using pink preserved container, fill to line, send to lab within 24 hours.</p> <p>To ensure recovery of parasitic organisms that are passed intermittently and in fluctuating numbers, the examination of a minimum of 3 specimens, collected over a period of 7-10 days is recommended.</p> |
| <p><b><u>Giardia/Cryptococcus antigen</u></b><br/>         Preserved in pink container, fill to line, send to lab within 24 hours. Unpreserved, send to lab within 1 hour of collection.</p>  |

### **ABNs for Medicare Paps**

Here are a few reminders about Medicare Paps.

- ◆ There are circumstances where an ABN is not needed for a screening Pap (circumstances include if this is the patient's first Medicare Pap or if there office has documentation that it has been greater than 2 years since the last Medicare Pap), but the specimen has to be held to confirm this before processing. If such circumstance has already been determined by the office and this is why an ABN is not being submitted, indicating this on the requisition ("1st MC Pap"; "Last MC Pap >2 yrs") would avoid the delay.
- ◆ An ABN is ALWAYS required for screening HPV testing, regardless whether it is the patient's first Medicare Pap, how long it has been since her last Pap, etc. Reflex HPV orders, on the other hand, do not require an ABN if the Pap does not.

### **Acceptable Samples: C difficile Testing**

According to the guideline published by the CDC, the Society of Healthcare Epidemiology of America (SHEA), and the APIC, an acceptable sample for Clostridium difficile testing is a liquid stool (diarrhea). Diarrhea has been defined as an unformed stool that conforms to the shape of the specimen collection container. The MJH Microbiology Laboratory will only accept a liquid stool for C. difficile testing. These same guidelines also state that serial testing is not recommended.

As of September 20, 2010 the MJH Laboratory will no longer call samples that are rejected for C difficile. The test is cancelled with the comment, "Liquid sample not submitted" which appears on the patient report.

If you have any questions, please call the Microbiology Lab at 434-654-7172.

### **Healthwise Segment on Pathology**



On October 20, 2010 Martha Jefferson Anatomic Pathology Laboratory and Charlottesville Pathology was the feature on the CBS 19 Healthwise Segment. Dr. Laura Spinelli (Pathologist) was interviewed during the segment and discussed the importance of pathology, why pathology should remain in a local laboratory, and how it relates to patient care.

Watch the video and read the story at the Healthwise archive located below.

<http://www.newsplex.com/healthwise/headlines>

Click on the story titled, *Diagnosing a Disease*.

### **REMINDER: Self Pay Patients**

Please indicate in the insurance section of the requisitions that are sent with specimens if a patient is Self Pay. If it is simply left blank, there is always a question as to if insurance information was forgotten. Thank you.

# Happy New Year!

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We are looking forward to a great 2011 that is full of wonderful accomplishments in patient care. Thanks for a successful 2010 and let's enjoy the upcoming year.

## **Important Telephone Numbers**

- Need lab results from the Clinical Lab, call 654-7170 or fax 654-7164.
- Outreach Department, call 654-7183
- Need lab results from the Anatomic Pathology Lab 654-7955 or fax 654-7944.
- AP Client Services Representative, Noel Jorgensen, at 654-5525

**The next Nanogram newsletter will be Spring 2011 distributed in April 2011.**