In this issue:

Microbiology
- Change in Reporting Rapid Molecular ID of Blood Cultures
- New Order Code for CSF and Synovial Fluid Culture
- Antibiogram 2015 data available on Sharepoint

Patient Safety
- Scanning of lab reports into EPIC
- Focus on Turn Around Time

EPIC Test Update
- Phospho-Tau test build

LabUpdate is a periodic publication of the Clinical Laboratory of UC Health. By way of this publication, lab users are provided: 1) updated operational information relevant to the practice of laboratory medicine within UC Health facilities, and 2) didactic material generally applicable to laboratory medicine.

Microbiology

Change in Reporting Rapid Molecular ID of Blood Cultures

Reporting of Rapid Molecular ID of organisms from blood cultures has changed. When a blood culture is positive, and a rapid ID panel is initiated, a new test will be automatically generated in EPIC, rather than included within the blood culture workup as previously reported.

In the Blood Culture report, you will be directed to look in the Micro tab for Blood Culture Rapid Molecular ID – Gram Positive or Blood Culture Rapid Molecular ID – Gram Negative test heading for results. This “new” test should appear right below the Blood Culture order that generated the test. The change was made necessary due to instrument interfacing with the laboratory computer system. The interface allows the data to be directly uploaded and is more efficient and accurate than our previous manual system.

If you have any questions about this change or about the Blood Culture Rapid Molecular ID panels, please call Microbiology at 584-3913.

New Order Codes for CSF Cultures and Synovial Fluid Cultures

New order codes will be going live in EPIC soon for the following Microbiology tests: Bacterial Culture of CSF with Gram stain (CSFCULT, LAB2048) and Bacterial Culture of Synovial fluid with Gram stain (SFC, LAB2049). These were new codes were built to facilitate locating the Gram stain results for these two normally sterile body fluids. When the Gram stain is reported out, those results will appear as a separate test in EPIC. The Gram stain will still be linked to the culture results in EPIC and will share a common accession number in Microbiology.

The Laboratory hopes that this change will clarify the reporting on these two cultures and improve communication with the physicians and nursing staff.

If you have questions about this change, please call Microbiology at 584-3913.

2015 Antibiogram Data

Antibiogram data for 2015 is available for reference on the UC Health intranet under the Clinical Laboratory home page. If you have questions, please call Microbiology at 584-3913 or Dr. Rhodes at 584-3923.

Patient Safety

Scanning of Lab Reports into EPIC

Laboratory reports from outside testing facilities are now being scanned into the tab specific to the type of testing result received: Lab, Micro, Path/Cyto.

This replaces the practice of scanning all results from outside facilities to the Media Tab in EPIC.

If you have any questions, please contact Laboratory Customer Service at 585-LABS.
Focus on Turn Around Time

With the implementation of total lab automation in the UCMC Core Laboratory in August of 2015, decreasing STAT and Timed turnaround times and outliers became a more focused effort.

After Lean assessment of the front end of the laboratory, the removal of waste, and the centralizing of specimen loading real improvements have been realized. Below are STAT EP1 outlier percentages pre-automation to current day as well as Troponin Turnaround Times and percent outliers. Many thanks to all of the laboratory staff who worked together to improve these vital laboratory tests.

EPIC Test Update
Phospho-Tau Testing To Athena Diagnostics

EPIC Code: LAB 2105 (PhosphoTau Athena 177)

A new test code to order Phospho-Tau on CSF specimens has been built in EPIC. This test will route from the UC Health Laboratory to Athena Diagnostics.

CSF phosphorylated tau is a possible marker for discriminating Alzheimer's disease from dementia with Lewy bodies. Currently, there is no definite diagnostic test for Alzheimer's disease (AD) except by postmortem observation of senile plaques and neurofibrillary tangles and by excluding other dementing disorders. However, with the promise of drugs that may delay progression, improving diagnostic certainty or making accurate and positive diagnosis early in the course of AD becomes critically important for conducting emerging therapies that might bring maximal benefits to patients when these therapies are administered in the early stages of AD. Recent studies of biomarkers have specifically focused on the analysis of cerebrospinal fluid (CSF) levels of microtubule-associated protein tau and amyloid β-protein ending at amino acid 42 (Aβ42). Several independent groups have confirmed that tau levels are increased and Aβ42 levels are decreased in CSF samples from patients with AD compared to normal controls and patients with certain neurological diseases. (1)