Lab Focus

***December 2003**– monthly insert to* 'Scope *from Fairview Clinical Laboratories*

Sound bites. . . .

Some patients that formerly typed as Rh negative are now typing as Rh positive due to the increased sensitivity of the blended antisera that became available a few years ago. These are able to detect some of the partial D red cells (R_o^{Har}, D^{Va}, D^{Vc}) that the human IgG antisera did not. Patients testing Rh positive using direct testing methods that previously tested Rh negative should be treated like any other Rh positive patient and would not need RhoGam even if administered previously.

Nancy Ward, CLS, SBB
Blood Bank Laboratory

To track pending labs on a discharged patient in FCIS, you can add that patient to a discharge list. When the result is reported, you can find it by opening that list and looking for the New Result Flag. The patient can be removed from the list after all results are reviewed and no pending tests remain.

Special Lists* appear under the Current Lists with an * next to the name you assign when creating the list. To set up a Special List*:

- Highlight the patient's name
- Go to Save Selected Patients
- Name your list or add to a list that you have already made (ex: Discharged Patients)
- Select OK

You should remove the patient from this list when you have the lab information that you need because if they are readmitted they will appear on your "Special List" rather than on the census list for the unit to which they are admitted.

You may also set up a more permanent list for discharged patients using the Criteria Based List Option. Refer to your FCIS Pocket Guide for those directions or call the Information Center to be referred to someone who will help you with this process.

These methods can be used to find documents for discharged patient as well as laboratory results.

Louann Singer, RN, MS
FUMC Physician Services Lead
Fairview Clinical Information Systems

Changes to Congenital Thrombophilia Testing

Effective Dec. 1, special coagulation laboratory testing for the diagnosis of congenital thrombophilia will be changed to comply with recommendations from the CAP Consensus Conference XXXVI, which were published in the November 2002 issue of *Archives of Pathology and Laboratory Medicine*. The following changes will be implemented:

- Only Protein C activity, Antithrombin activity, Free Protein S, and Plasminogen activity assays will be used routinely.
- Protein C antigen, Antithrombin antigen and total Protein S antigen assays will be available and can be added to the same sample if the above screening assays are abnormal.

Please direct questions or comments, please to the Special Coagulation Laboratory (612) 273-4797.

Agnes Aysola, MD, Medical Director
Special Coagulation Laboratory

New Methodology for Respiratory Viral Cultures

Effective late December, the Virology Laboratory will institute a new rapid test for respiratory virus cultures. This test, a rapid respiratory shell vial assay, will identify Influenza A, Influenza B, Parainfluenza 1,2,3, Respiratory Syncytial Virus (RSV) and Adenovirus. In most cases, the respiratory shell vial assay results will be available 48 hours after the specimen has been received in the Virology Lab, replacing the hemeadsorbing test that took 10 days to finalize.

The request process for ordering a respiratory viral culture will remain the same; i.e., the rapid respiratory shell vial will be included in the respiratory viral culture (VCRE). Shell vial results reported at 48 hours will be the final result for the respiratory virus portion of the culture. The culture will be held for an additional three weeks to identify Cytomemgalovirus (CMV) and other non-respiratory viruses (HSV, VZV, enterovirus).

Please call the Virology Lab with any questions (612) 273-5195.

Karin Libby, Laboratory Manager

West Nile Virus Summary Data

Minnesota experienced a three-fold increase in reported cases of West Nile Virus (WNV) infection in 2003 as compared with 2002. While Minnesota's numbers pale in comparison to those in Colorado, Nebraska, South Dakota and some others, a three-fold increase is significant. In addition there were 23 blood donors detected with WNV infection. Having a test in place meant that we didn't transfuse components from those donors who were probably infectious. This is a clear success for blood collection agencies and test manufacturers in the ongoing effort to see that our blood supply is as safe as possible. Detailed statistics are below.

Bob Bowman, MD
Co-Director, Transfusion Services
Fairview-University Medical Center

Summary of the infected Minnesota donors:

- Total number of WNV-infected donors reported in MN: 23
- Donor age: Median 53 years (range 32-74 years)
- Gender: 12 (55 percent) female, 11 (48 percent) male
- Date of donations: range 8/4/03 to 9/24/03

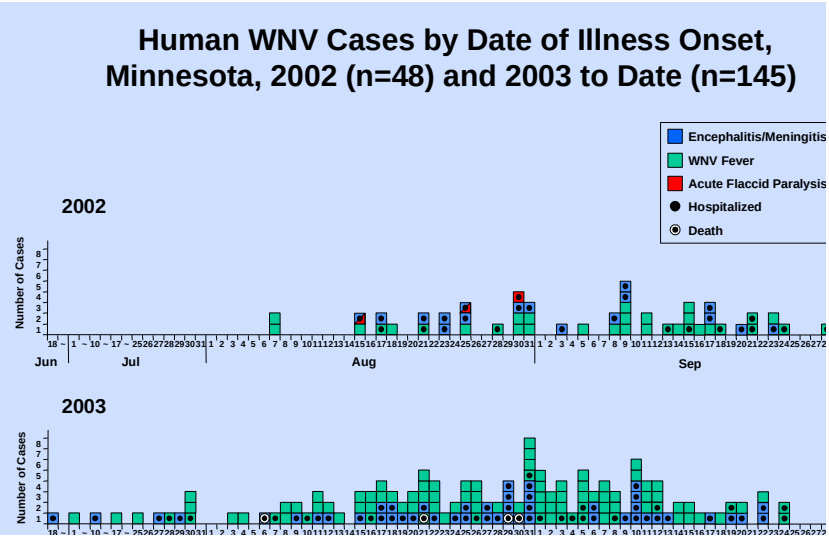
See the chart below showing exact dates, as well as Minnesota WNV human case epicurves from 2002 to 2003 for comparison.

- County of donor residence: Metro: Carver (1), Dakota (3), Scott (2) Greater MN: Blue Earth (1), Brown (1), Clay (1), Cottonwood (1), Douglas (1), Kandiyohi (1), Lac Qui Parle (3), Le Sueur (1), Lyon (1), Olmsted (1), Ottertail (1), Renville (1), Sibley (1), Swift (1), Wilkin (1).
- Five of 23 donors (22 percent) were also classified as WN fever cases. The remaining cases were asymptomatic, or their symptoms were not severe enough to be classified as a WN fever case. Three of five WN fever patients donated blood AFTER their onset of symptoms (2,7, and 17 days). Their illnesses included headache, fever, fatigue, and body aches.

Brief Minnesota WNV case update: Overall we are up to 145 cases (4 fatal) in Minnesota residents in 2003. Median case age was 47 years (range 2 to 96 years). Ninety-six (66 percent) cases were classified as West Nile fever, 26 (18 percent) as encephalitis, and 23 (16 percent) as meningitis.

Visit www.health.state.mn.us: Click on Quick Links, then West Nile virus for maps and additional information.

David Neitzel, MS, Epidemiologist
Minnesota Department of Health



Pathology Coverage Changes

Fairview-University Medical Center

As part of the Model for Growth strategic planning for clinical services across both campuses, Fairview and UMPhysicians leadership have jointly decided that anatomic pathology professional services on the Riverside campus will be transitioned to UMPhysicians. Effective Nov. 10, a UMPhysicians-employed staff pathologist will be present in the Laboratory on the Riverside campus.

Drs. Larkin, Grotte, Dexter, and Porter, Fairview-employed pathologists currently working on the Riverside campus, will continue to provide pathology services for the large number of surgical pathology and cytology specimens referred from other Fairview facilities, primarily the Lakes and Northland sites. They will also provide on-site surgical pathology coverage at Fairview Ridges Hospital on a rotating basis. Dr. Larkin will continue as Fairview-University Medical Center's Chief of Pathology Service and Medical Director for Anatomic Pathology, which includes responsibility for medical oversight of Fairview's system-wide Histology Laboratory that is housed on the Riverside campus. Dr. Grotte is Director of Fairview's system-wide Immunohistochemistry Laboratory, also on the Riverside campus.

Fairview Ridges Hospital

Due to increased surgical pathology and hematopathology volumes, additional pathology coverage was added mid-November. Additional coverage will be provided primarily by Drs. Steve Larkin and Priscilla Porter from the Riverside campus

Fairview Lakes Regional Medical Center

Beginning early 2004, on-site pathology coverage will be provided due to increased surgical pathology activity and the plan for continued growth. Coverage will be provided primarily by Drs. R. David Dexter and Monna Grotte from the Fairview-University Riverside campus. Plans for facility changes – a pathology office and an on-site histology laboratory (for frozen sections, gross tissue examination, etc.) – are underway with the goal of beginning service in the first quarter of 2004.

Fairview Southdale Hospital

Due to a high productivity level in surgical pathology, hematopathology and cytopathology, staffing will be adjusted to add a pathology assistant in 2004. This will allow the six pathologists on staff to devote additional time to reading microscopic surgical pathology specimens while the pathology assistant assumes most of the gross tissue dissection and examination.

Fairview Red Wing Hospital

Effective April 2004, pathologists from the Fairview-University Riverside campus and Fairview Ridges Hospital will begin providing back-up coverage to Dr. Eric Burton in Red Wing. Since his retirement in 2002, Dr. Donald Leaf has provided this back-up coverage.

Rick Panning
President, Laboratory Services