

LAB Dept MEETING – Huddles

Date of Meeting: May 25, 2017

Attendees: Michelle Trammell, Juliet Garlejo, Jocelyn Ybarra, Dexter Alcorido, Mark Gomez, Janet Gerges, Priscila Dar, Melanie Magee, Elliott Faure, Greg Johnson, Bill Craig, Robert CaSteel

Topic	Details	Action Item, responsible person, date due, or informational only
KUDOS SAFETY TIP	<ul style="list-style-type: none"> • Kudos to Kaiser MVMC phlebotomy staff for achieving zero misdirected specimens from January to March 2017 CONGRATULATIONS! • Unopened alcohol pad—open the pad before discarding to regular waste • No liquid in regular trash • EE should not bring personal lotion/soaps and do not use KP trash. <p>Waste Stream Audits: Lessons Learned</p> <ol style="list-style-type: none"> 1. If in doubt about how to dispose of something, ask! 2. Remember, toothpaste, shampoo, and lotion (used or unused) cannot go in regular trash, but instead should go in the blue and white pharmaceutical containers. 3. Alcohol wipes must be opened before throwing in regular trash. 4. Don't throw any sharp objects (e.g., scissors) in the trash. 5. Err on the side of caution. If in doubt, treat as controlled/hazardous waste. Never throw red biohazard bags in the regular trash. 6. All business documents go into the Goodwill shred bins. Even sticky notes with member name and MRN are considered PHI and should not be thrown in regular trash. Don't leave documents with PHI out where other members can view. 7. Remind members about safeguarding their personal information. Offer to properly dispose of this waste for them if they indicate they don't want it. Note that regional compliance provided signs to either post in member areas or hand to members that reinforce the importance of safeguarding their PHI (see May 9 e-mail). 8. No liquids go into regular trash. Period. Be careful of syringes and specimen cups, as they often have liquid in them. Don't throw the bags of liquid soap that go in the soap dispensers in the trash. <p>If you have questions, please reach out to any member of our</p>	Informational

	waste management team.	
	<ul style="list-style-type: none"> We will be posting 2 Limited Part time for phlebotomist. Code Stroke Survey on May 23, 2017 Survey Monkey in June or July for People Pulse update 	ALL STAFF
	<ul style="list-style-type: none"> When needing more specimen for LifeStream send out, make sure to communicate that request to service reps in Iris 2. Do not call physician to re order test, this would mean that members will have to pay another co-pay. iChem Velocity weekly maintenance – Check the maintenance log first before loading new strips. If weekly maintenance is done that week, don't do it, if not done, then it needs to be done before loading the new strips. Running QC on new iChem Velocity strips – Document on problem log that QC was reran that day due to new strips load. Don't run QC too early – when this happens, it shows that we run QC twice on that day and no QC run on the next day. Print correction log daily for all sections – ChemS, HemS, CoagS, UrineS, MicroGLS, ImmuneS Reminder: Please don't forget to fill up a shift report at the end of your shift. Follow assignments on the schedule. Part of Chemistry start up is to check all reagents and replenish if necessary. CO2 was found empty one day and numerical volume on the analyzer screen doesn't match with the actual volume. Access 2 – Never transfer a partial reagent pack that was use on a different Access 2. This could cause erroneous results. Always use the yellow open/expire stickers when opening new vials of controls and some reagents. 	CLS
	<p>OB and Lab agreed workflow</p> <ul style="list-style-type: none"> OB Manager will educate MD's to put orders as either RN collect OR Lab collect for both BB and Chem/Heme/Coag. RN's to check their lab orders daily If labs are not drawn after 15 mins, lab to verify with OB 	Phlebotomist

	<p>who will be drawing the blood</p> <ul style="list-style-type: none"> • OB RN will use Medicopia consistently • Lab will not make special trips to pick up specimens. On rare occasions, OB might call and ask help for specimen pick ups. Phleb can make decision if they can help or not. RN to accept phleb response. • When OB calls to alert lab that they put in a STAT order, lab to acknowledge and communicate that to the floor phleb. Please call phlebs on their Cisco phone. 	
	<ul style="list-style-type: none"> • Refresher on Cytology workflow. Large volume Body fluid containers are sent to RMC Mon to Friday. • New incubator tote workflow. We have been getting reports of incubator totes not turned on or not enough power. Please refer to the attached workflow. 	Phlebotomist
UBT	<ul style="list-style-type: none"> • Rewards and Recognition <ul style="list-style-type: none"> ✓ To post Rounding Plus recognition monthly ✓ To have 100% MedTraining acknowledgement within 2 weeks 	

This concludes the Minutes of the ___5/25/17___ Lab Staff Meeting.

Prepared by: ___Nancy___ Date: ___5/26/17___

Effective: May 17, 2017

Target Audience: Ordering and Authorizing Providers

Inactivated Procedures with Recommended Alternatives

- Inactivated codes have replacement codes in department and personal Preference Lists, as well as other appropriate SmartTools (e.g., SmartSets).
- Orders targeted for inactivation that are on your personal Preference List are removed and the corresponding alternative orders substituted. For example, if there is a single code to replace a deactivated code, the single code replaces the deactivated code in your personal Preference List.
- The majority of these inactivated code changes are seamless to you in KP HealthConnect. **The exception is that when using Chart Review filters currently containing these inactivated codes, you must edit these filters or create new filters to include the new replacement codes.**
- Future and standing orders containing these inactivated orders will be respected.

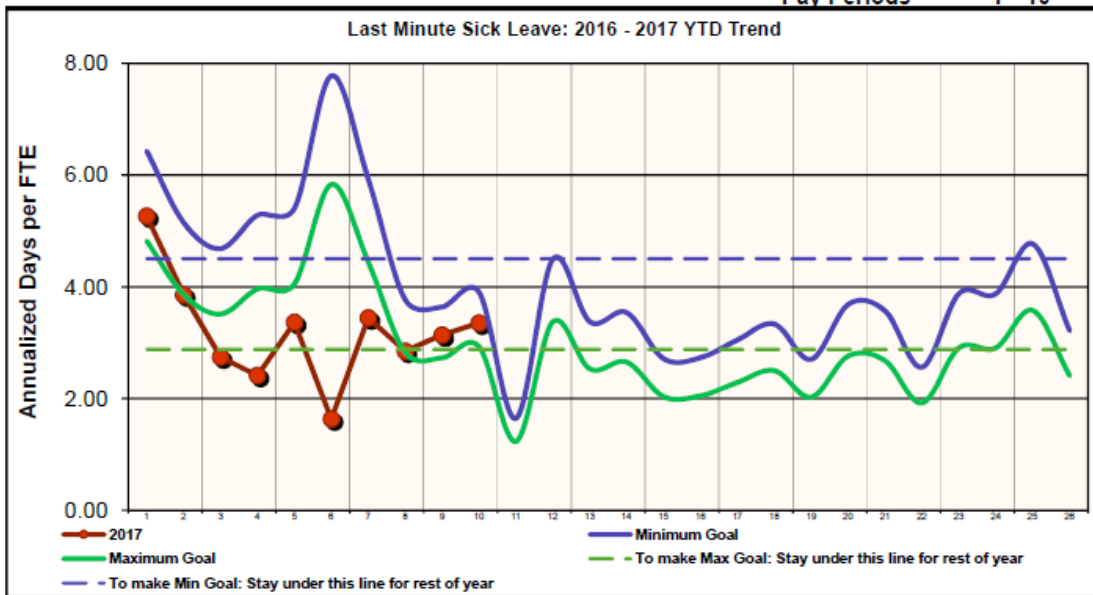
Inactivated Order	Recommended Alternate Orders
ENTEROVIRUS, MOLECULAR [87801D]	ENTEROVIRUS DETECTION, CSF, PCR [87498A]
IGE, PECTEN SPP [86003Z99T]	IGE, SCALLOPS [86003ZZM]
HYPERSENSITIVITY PNEUMONITIS PANEL, QL, IMMUNODIFFUSION [207273]	HYPERSENSITIVITY PNEUMONITIS PRECIPITINS (ASPERGILLUS X 2, MOLD X 1, BACTERIA X 2, PIGEON SERUM) [250690]
N-METHYLHISTAMINE, URINE. [83789F]	N-METHYLHISTAMINE W CREATININE, URINE [247331]
T CELL PANEL (CD3, CD4, CD8, CD4/CD8 RATIO) [208306]	T CELL PANEL (CD3, CD4, CD8 ABSOLUTE AND PERCENT W CD4/CD8), FLOW CYTOMETRY [247234]
LEGIONELLA PNEUMOPHILA (SEROGROUPS 1, 2-6, 8) AB, IFA [242245]	LEGIONELLA PNEUMOPHILA ANTIBODY [86713B]
PLATELET AUTOMATED COUNT, CITRATED PLASMA [85049H]	PLATELET AUTOMATED COUNT [85049D]
CT GUIDED INJ SACROILIAC JOINT W ARTHROGRAM. [27096E]	CT GUIDED INJ BILAT SACROILIAC JOINTS W ARTHROGRAM [27096S]
XR SACROILIAC JOINT ARTHROGRAPHY W INJECTION. [27096F]	FLUORO GUIDED INJ BILAT SACROILIAC JOINTS W OR WO ARTHROGRAM [27096H]

PSP Tracking Report

Moreno Valley



Pay Periods 1 - 10



Last Minute Sick 3-Day Individual Maximum for Full-Time LMP Union Employees	TBD
Percentage of employees in this area who will currently get paid more for being 3 Days or Under:	

2017 Last Minute Sick (SCL & BKL rate of 8-hour days per FTE) Status

2017 PSP Goal Status					2016 vs 2017 Performance			2017 Payout
2016 Baseline	2017 Year-To-Date (projected year end rate)	Min Goal (50% Pay-Out)	Max Goal (100% Pay-Out)	% Change From 2016 Baseline	2016 Periods 01 - 10	2017 YTD	% Increase or Decrease From 15' Number To 16' YTD	Percentage of Last Min Sick PSP Payout you would get at this performance level:
3.01	3.18	4.00	3.00	5.60%	3.90	3.18	-18.49%	91.00%

2017: Where you need to be for rest of Year in order to make goals:			
Stay below these rates for rest of year to reach Last Min Sick goals:		Average employee needs to use less than these numbers of Last Min Sick Days for the rest of the year:	
Min Goal	Max Goal	Min Goal	Max Goal
4.50	2.88	2.77	1.77

On Track to Make Maximum Goal ■

On Track to Make Minimum Goal ■

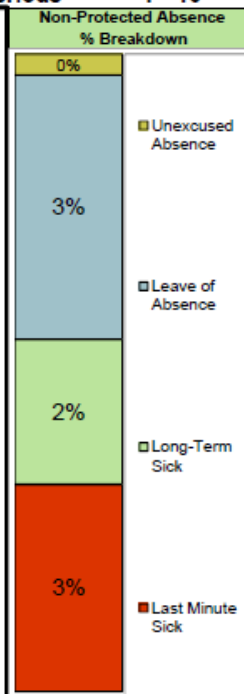
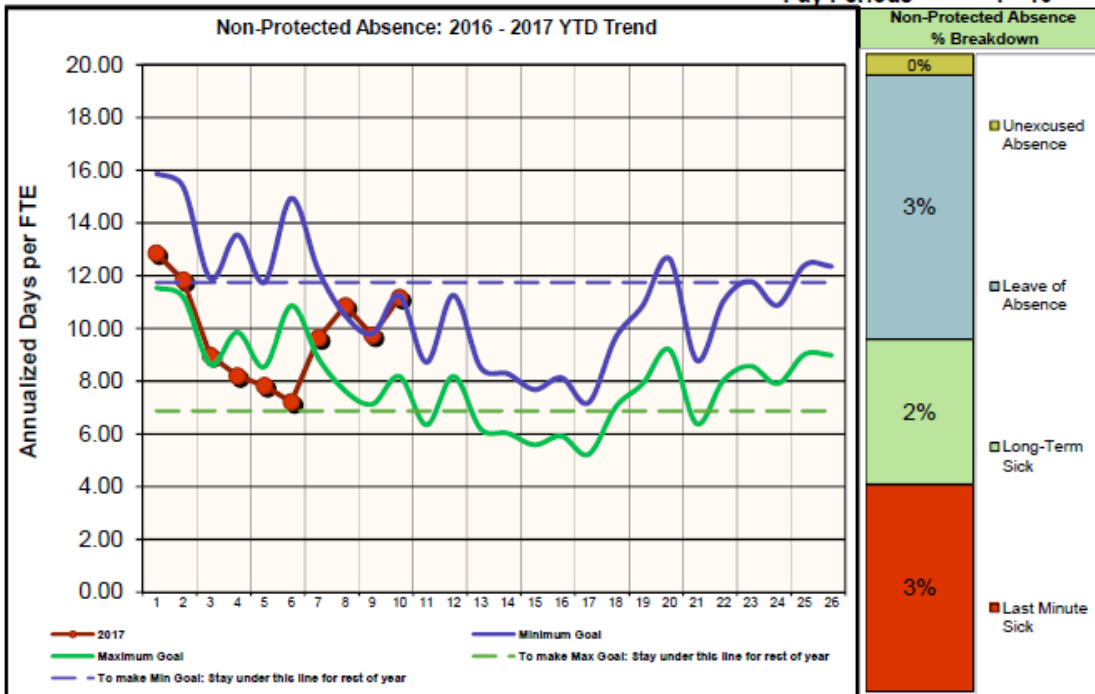
Not on Track to Make Either Goal ■

PSP Tracking Report

Moreno Valley



Pay Periods 1 - 10



NPA 11-Day Individual Maximum for Full-Time LMP Union Employees
 If Med Center Area meets Non-Protected Absence goal, percentage of employees in this area who will currently get paid: **TBD**

2017 Non-Protected Absence (rate of 8-hour days per FTE) Status

2017 PSP Goal Status					2016 vs 2017 Performance			2017 Payout
2016 Baseline	2017 Year-To-Date (projected year end rate)	Min Goal (50% Pay-Out)	Max Goal (100% Pay-Out)	% Change From 2016 Baseline	2016 Periods 01 - 10	2017 YTD	% Increase or Decrease From 15' Number To 16' YTD	Percentage of Non-Protected Absence PSP Payout you would get at this performance level:
9.41	9.79	11.00	8.00	4.09%	10.84	9.79	-9.66%	50.00%

Average employee needs to use less than these numbers of Non-Protected Absence Days for the rest of the year:

2017: Where you need to be for rest of Year in order to make goals:			
Stay below these rates for rest of year to reach Non-Protected Absence goals:		Each employee needs to use less than these numbers of Non-Protected Absence Days for the rest of the year:	
Min Goal	Max Goal	Min Goal	Max Goal
11.75	6.87	7.23	4.23

■ On Track to Make Maximum Goal
■ On Track to Make Minimum Goal
■ Not on Track to Make Either Goal

Moreno Valley



Ambulatory - SCPMG May 2017

- Maximum target achieved
 - ◐ Minimum target achieved
 - Target not achieved
- KAISER PERMANENTE.

GOAL	YEAR TO DATE	GOAL STATUS
Affordability		
Affordability Projects (20%)	Performance Year-to-Date	0%
	Minimum Target: 50% Maximum Target: 75%	
	2016 Year-End (Baseline): 79.8%	
Attendance		
Last Minute Sick (15%)	Performance Year-to-Date	3.18
	Minimum Target: 4 days Maximum Target: 3 days	
	2016 Year-End (Baseline): 3.01	
Non-protected Absences Reduction (5%)	Performance Year-to-Date	9.79
	Minimum Target: 11 days Maximum Target: 8 days	
	2016 Year-End (Baseline): 9.41	
Ambulatory Quality		
Influenza Immunization (4%)	Performance Year-to-Date	40.4%
	Minimum Target: 45.0% Maximum Target: 51.0%	
	2016 Year-End (Baseline): 39.2%	
Readmission O/E Ratio (2%)	Performance Year-to-Date	.81
	Minimum Target: ≤0.80 Maximum Target: ≤0.78	
	2016 Year-End (Baseline): .75	
ANY appointment completed within 5 days (2%)	Performance Year-to-Date	61.1%
	Minimum Target: 60% Maximum Target: 70%	
	2016 Year-End (Baseline): 63.8%	
Colorectal Cancer Screening (4%)	Performance Year-to-Date	81.2%
	Minimum Target: 82.0% Maximum Target: 83.0%	
	2016 Year-End (Baseline): 81.7%	
Successful Opportunities Rate (SOR) or Screening Rate		
Breast Cancer Screening (4%)	Performance Year-to-Date	33.2% / 87.4%
	SOR: Minimum Target: 36.0% Maximum Target: 43.0% Screening Rate: 90% (no min.)	
	2016 Year-End (Baseline): 36.9% 87.5%	
Diabetic HbA1c Testing (4%) (ages 18-75)	Performance Year-to-Date	62.5% / 68.5% / 66.9%
	SOR: Minimum Target: 60.0% Maximum Target: 66.0% Screening Rate: 77% (no min.) Control Rate: 67% (no minimum)	
	2016 Year-End (Baseline): 64.7% 95.1%	
Outpatient Care Experience		
Receptionist Helpful (10%)	Performance Year-to-Date	88.2%
	Minimum Target: 88.2% Maximum Target: 89.5%	
	2016 Year-End (Baseline): 88.0%	
Nurse/Assistant Showed Care and Concern (10%)	Performance Year-to-Date	84.9%
	Minimum Target: 85% Maximum Target: 86%	
	2016 Year-End (Baseline): 84.9%	
Workplace Safety		
Task Standardization (10%)	Performance Year-to-Date	0%
	Target: 80% (no minimum)	
	2016 Year-End Score (Baseline): 100%	
People Pulse Index (10%)	Performance Year-to-Date	0%
	Target: 80% (no minimum)	
	2016 Year-End Score (Baseline): 97.8%	

Moreno Valley Employee Health Services office hours will officially change on 5/31/2017 to better support the 12 hour shifts. New hours are 7:00 am – 3:30 pm. Attached is a flyer that may be placed on the unit huddle boards to spread the work. Thank you.

EMPLOYEE HEALTH SERVICES NEW HOURS

EFFECTIVE WEDNESDAY, MAY 31, 2017

**HOURS OF OPERATION WILL BE MONDAY - FRIDAY
7:00 AM- 3:30 PM**



Processing Instructions for Cytology Specimens



Received in large container bottles

1. No need to fix the specimen. Send the whole container.
2. Storage: Refrigerated
3. Send to RMC Monday thru Friday (Do not send on Holidays or weekends)
4. If specimen is received on Friday after the 1230 pm courier, then refrigerate the specimen and send early Monday.



Received in small containers

1. Fix specimen using 1:1 50% Reagent Alcohol.
2. Use the sterile container for fixing, attach the hazard label with the expiration date of the alcohol used.
3. Label with patient information
4. Send to RMC Sunday night thru Friday.

Incubator Tote Workflow

Step 1

- Received incubator tote from Courier

Step 2

- Plug green charger (located at accessioning and pathology area)

Step 3

- (To perform if next shift needs to use incubator tote) C and/or D shift to unplug green charger then perform battery test, needs min 2 green lights.
- Transfer fully charged tote to the fax machine area and plug black power cord then **TURN** it on.

Step 4

- 30 mins before courier pick up...unplug black charger then **TURN** it on (for the second time) and perform daily maintenance (temperature check)

Step 5

- Courier will pick up incubator tote