

LAB Dept MEETING – Huddles

Date of Meeting: June 22, 2017

Attendees: Jocelyn Ybarra, Raquel Lecaro, Juliet Garlejo, Michelle Trammell, Melanie Magee, Mark Gomez, Greg Johnson, Elliott Faure, Mhae Villafuerte, Alan Dandridge, Bill Craig, Marie Gonzalez, Marissa Calilung, Marie Rutledge, Denise Topliff, Tricia Jasper, Nancy Boyd

Topic	Details	Action Item, responsible person, date due, or informational only
KUDOS	<ul style="list-style-type: none"> • Congratulations to all phlebotomists for zero Quantiferon errors from Jan 2017 to May 2017. • Big thanks to Michelle, Marie, Juliet, Letty, for your help during unscheduled KPPI downtime. • Thank you to Marissa for bringing yummy food last Saturday 	Informational
SAFETY TIP	<ul style="list-style-type: none"> • Eye wash lever by DXC 600 #1 sticks out. Be careful not to hit yourself when you go by that area. 	
	<ul style="list-style-type: none"> • When you are requesting vacation in TORT on days that are already finalized. Make sure to communicate that to all managers by sending them an email. • Read MedTraining Huddle Notes within 2 weeks. Goal is to have 100% compliance. • Osmolality Blood panel live on 6/21/17- read e-mail sent on 6/21/17 • Lactic Acid with Reflex to repeat – live on 6/21/17- technical bulletin posted on huddle board. 	ALL STAFF
	<ul style="list-style-type: none"> • When receiving supplies, make sure to rotate when storing. Old reagent must be moved to the front. • Hematology Annual Competency due September 1 ,2017 • Chemistry, UA and Immunology annual competencies are due on or before October 7,2017 	CLS

	<ul style="list-style-type: none"> • Access 2 system check- failed system checks always need to be investigated. A washed check %CV of 8.0 and above needs to be investigated or repeated even acceptable range is <12%. Check aspirate probes, make sure they are installed right and properly seated, no leaks, use fresh cleaning solution then repeat system check. If all these checked out and system check still fails, call hotline and initiate service if necessary. When doing weekly maintenance, always replace aspirate probes with clean or new ones before performing system check to make sure they are working properly as expected. • Use osmolality patient log always. Reprint Cerner label and fill up log. • Consistently follow the P&P when correcting patient reports. Always call provider/nurse and always document when you correct a report. After a result is verified and you need to correct it for any reason, always call and document the call. 	
	<ul style="list-style-type: none"> • If we received the send out C. Diff order, please communicate to floor to cancel that order and enter the correct one. Should be C. Diff Antigen w/ Reflex to PCR. This is now an in-house test. • Regional Courier Warm Handoff Project <ul style="list-style-type: none"> ✓ Regional courier will initiate the “Medical Center Courier Log” form (see attachment) ✓ Lab personnel and courier will sign and make sure the information is correct. ✓ All totes/packages/incubator, etc that courier will be picking up will be tracked using this form. 	Phlebotomist
UBT	<ul style="list-style-type: none"> • Voice of the Customer <ol style="list-style-type: none"> 1. When cancelling tests, use 3 key words <ul style="list-style-type: none"> ✓ <u>C</u>ancelling the test bec.... ✓ Please <u>r</u>eorder ✓ <u>R</u>ecollect if necessary 2. When calling for critical result <ul style="list-style-type: none"> ✓ Ask read back of result and CLS name (CLS to introduce themselves using full name) 3. Lab not helpful and rude. Continue to provide excellent customer care to our customers: patients, nurses, physicians, etc. Communicate good service but not saying “ I am by myself!” or “I don’t know I just got here!”. Better to say “ Please give me info and I will get back to you” or “ We will be there ASAP”. 	

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This concludes the Minutes of the June 22, 2017 Lab Staff Meeting.

Prepared by: Patricia Jasper Date: June 23, 2017

Hi all,

Starting with the **OCT 2017 CLS/MLT license renewals** “online” renewal applications will begin. The big change besides application and paying online there are two critical processes:

1. CLS/MLT must have a current email address filed with the State Laboratory Field Services. There is a requirement to update your email address and your mailing address within 30 days.
2. **Digital scanned copies** of your **CEU certificates** must be submitted with the renewal application. (currently only a list is submitted with the certificates submitted upon request, this is now changed)
3. You will be notified how to make your application (online or paper) 60 days prior to your renewal

“Keep your certificates in a safe place”

Fred Ung, CLS

Director of Laboratory Quality and Compliance

Dept. of Quality, Management and Implementation

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Lab Informatics Announcement

SCPMG Laboratory System –Lab Informatics Department

Additional ARUP Tests Migrating to Cerner RLN

Effective Date: June 6, 2017

Announcement Effective 06/06/2017, three (3) additional ARUP performed tests will be migrating over to Cerner Millennium. This will allow the appropriate result data to be electronically transmitted through the Cerner interface to KPHC directly and is consistent with our current laboratory processes. System interface changes are being done behind the scene.

- There are NO changes in the KPHC order entry workflow for the providers.
- There are NO changes in the transferring/tracking of outside reference laboratory specimens for the medical center laboratories. Follow existing SOPs.

Additional ARUP Tests Migrating to Cerner RLN

KRMS		HealthConnect	
KRMS Procedure Code	KRMS Procedure Description	2-PROC_NAME	100-PROC_CODE
8214300	AMNIOTIC FLUID - O/D	AMNIOTIC FLUID SPECTRAL SCAN, LILEY ANALYSIS, OD 450	82143C
8237810	CEA, PANCR CYST FLD	CEA, PANCREATIC CYST FLUID	82378F
8215010	AMYLASE-PANCR CYST FLD	AMYLASE, PANCREATIC CYST FLUID	82150Q

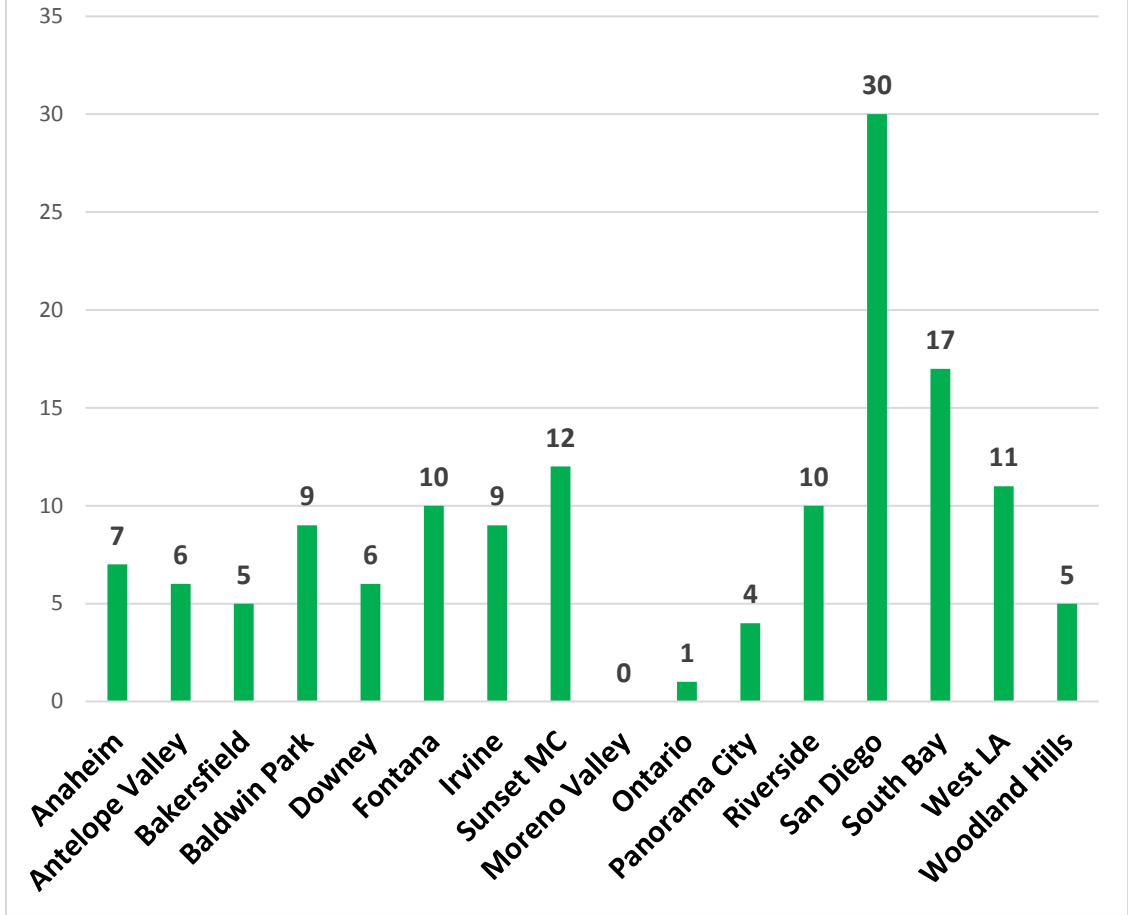
Note: CEA and Amylase Pancreatic Cyst Fluid will no longer be sent to UCI for testing and CLSs will no longer need to transcribe results in Cerner.

Reference Document For detail workflow instructions on transferring/tracking outside reference laboratory specimens, refer to the regional SOP and workflow diagram – Transferring/Tracking Outside Reference Laboratory Specimens.

Distributed By: Laboratory Informatics Department
Phone: (818) 503-6894 or Tie Line: 8-397-6894

Issued Date: May 31, 2017

Quantiferons Cancellations 2017 YTD Transport Temp Error By Facility



Technical Bulletin

SCPMG Laboratory System – Laboratory Operations Committee

IMPROVE SEPSIS CARE WITH NEW REFLEX ORDER FOR LACTIC ACID REPEAT COLLECTIONS

Starting June 21, 2017, a new reflex order for lactic acid will be available on the KPHC sepsis protocol order sets and inpatient preference lists, “LACTIC ACID W REFLEX TO REPEAT [83605R]”.

In this reflex order, any initial lactic acid result of 2.0 mmol/L or greater will automatically create a second lactic acid order to be collected 3 hours after the initial result. It is expected this new order will improve collection of second lactic acid samples for sepsis protocols, when appropriate. The existing single order for lactic acid will remain available for ordering.

The new reflex order for lactic acid has been approved by SCPMG Laboratory Operations Committee to be added to the regional Laboratory Reflex Testing Policy.

	EXISTING ORDERABLE	NEW ORDERABLE
KPHC TEST NAME [KPHC ORDER CODE]	LACTIC ACID, BLOOD [83605C]	LACTIC ACID W REFLEX TO REPEAT [83605R]
DETAILS	Single order for lactic acid without reflex	Reflex order where an elevated initial lactic acid of ≥ 2 mmol/L will reflex to a second lactic acid collection 3 hours after the initial result.
RMS PROC CODE	8360500	8360503
LRR NAME [LRR CODE]	Same result component as KPHC 83605R – results will trend together. LACTATE, SER/PLAS [1812]	Same result component as KPHC 83605C– results will trend together. LACTATE, SER/PLAS [1812]

QUESTIONS?

Client Service Center, 1-888-4LAB NFO, or tie line 8-397-7077

Technical Bulletins are archived on LABNET for your convenience.
<http://kpnet.kp.org:81/california/scpmg/labnet/index.htm>



**PATHOLOGY RED BINS COMING:
We are getting 4 large and 2 medium**

Large 20" x 14" x 12"
Medium 18" x 10" x 6"
Small 10" x 8" x 7"



SAVE the DATE

KPHealthConnect 2017 Update August 26, 2017!

The next KPHealthConnect update is scheduled for Saturday, August 26, 2017.
The following Critical Action Items can ease transition and help you prepare physicians and staff for upcoming changes:



Prepare Now

- Block KPHC Connector's schedule to attend **Train the Trainer** on July 18 or July 19
- Block ET times for the first 2 weeks of August for training
- Block KPHC Connector's schedule for August 28th and 29th all day for Support
- Choose a Department Ambassador to be your resident expert and help colleagues on the day of go live
- Monday 8/28 – **Ambulatory Provider schedules** may have appointment slots held (the equivalent of 60 min in AM and 40 min in PM)
- 8/29 and after: if a providers first day back in clinic is Tuesday or later it is recommended to block 40 min in AM and PM



Three weeks before the Update

- Start training departments on changes and confirm block schedules for Connectors and Reduced schedule for Providers
- Review "Top Priority Changes to View" prior to Update via [Pre-recorded WebEx](#) and/or [access the Playground](#)
- Utilize Department Ambassador to spread information to staff about training opportunities & ensure training has occurred
- Remind your department about the upcoming Update and review [Downtime Policies](#) with staff and providers



During weekend and first week of implementation

- Continue to support time "blocked" for Connectors to round and support physicians and staff on Monday, August 28 & 29th. Please **DO NOT** adjust their scheduled and send them back to clinic
- Encourage prompt reporting of issues to the local KPHealthConnect team 951-353-5638 (8-258)
- Call into the daily Conference Calls to receive status updates on known and reported issues

Date: _____
 Route: _____

Regional Courier Dispatch: 818-503-6900 / tie line 8-397-6900

Keep for 30 days after initial date entry

MEDICAL CENTER COURIER LOG

Process:

1. Write Date and Route Number
2. Write actual pickup time (when courier signs)
3. Write number of totes that courier is to pickup
4. Sign and write NUID number after verifying pickup with courier.

Pickup/Delivery Time	Type	Totes	Incubator	Miscellaneous	Facility	Lab/Ancillary Employee		Courier	
						Signature	NUID	Signature	NUID
Lab Pickup Time (Circle AM/PM)	Barcode Label								
	No Barcode Label								
AM PM	Empties				_____	_____		_____	
Lab Pickup Time (Circle AM/PM)	Barcode Label								
	No Barcode Label								
AM PM	Empties				_____	_____		_____	
Lab Pickup Time (Circle AM/PM)	Barcode Label								
	No Barcode Label								
AM PM	Empties				_____	_____		_____	
RRL Delivery Time (Circle AM/PM)	Barcode Label								
	No Barcode Label								
AM PM	Empties				_____	_____		_____	

Lab Manager or designee to scan and send at end of day
 For Lab Schedules Please Visit Labnet and click on the Smartship Link

Email daily to:
 jabir.r.bekele@kp.org