
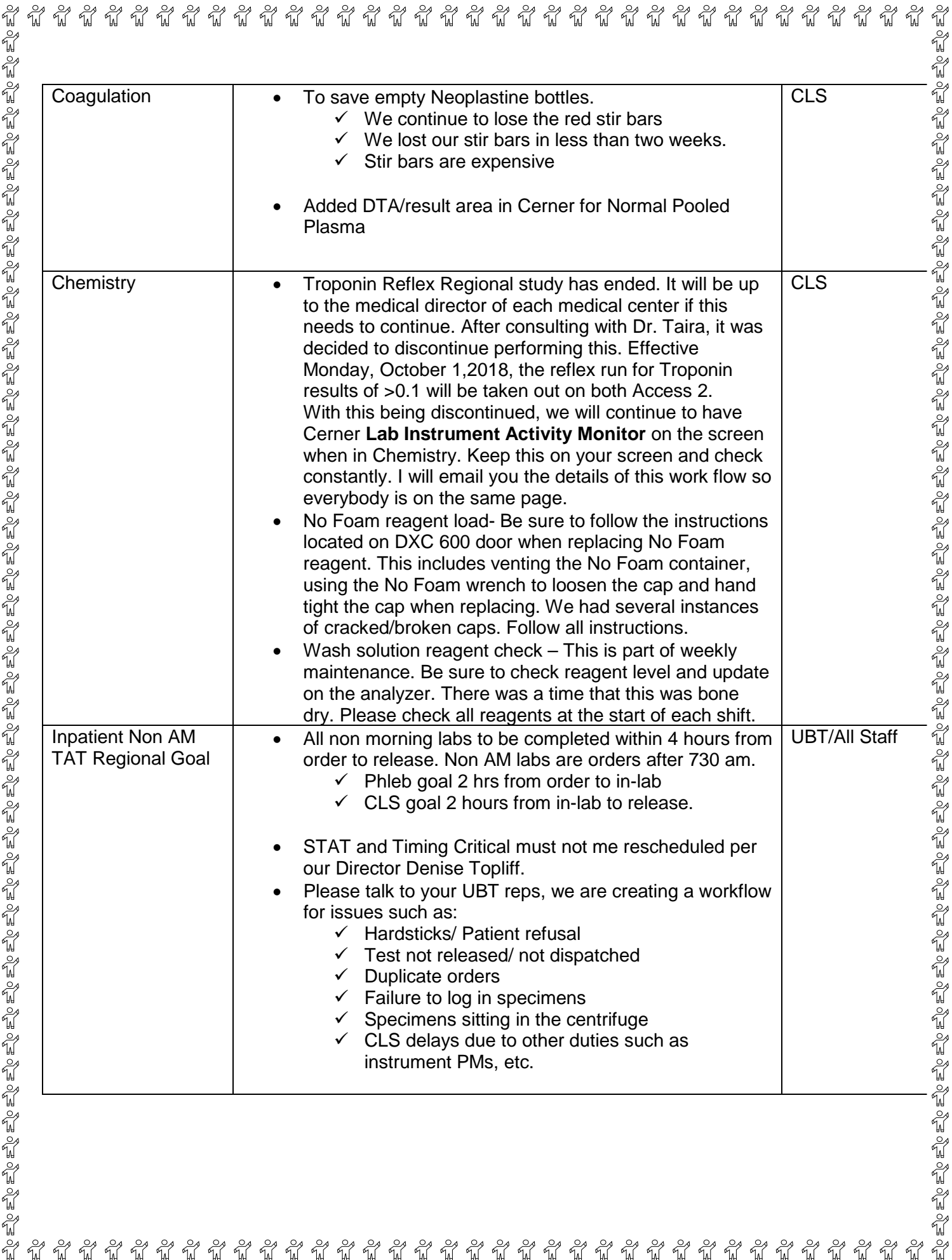


**LAB Dept MEETING – Huddles**  
*Teamwork makes the Dreamwork*

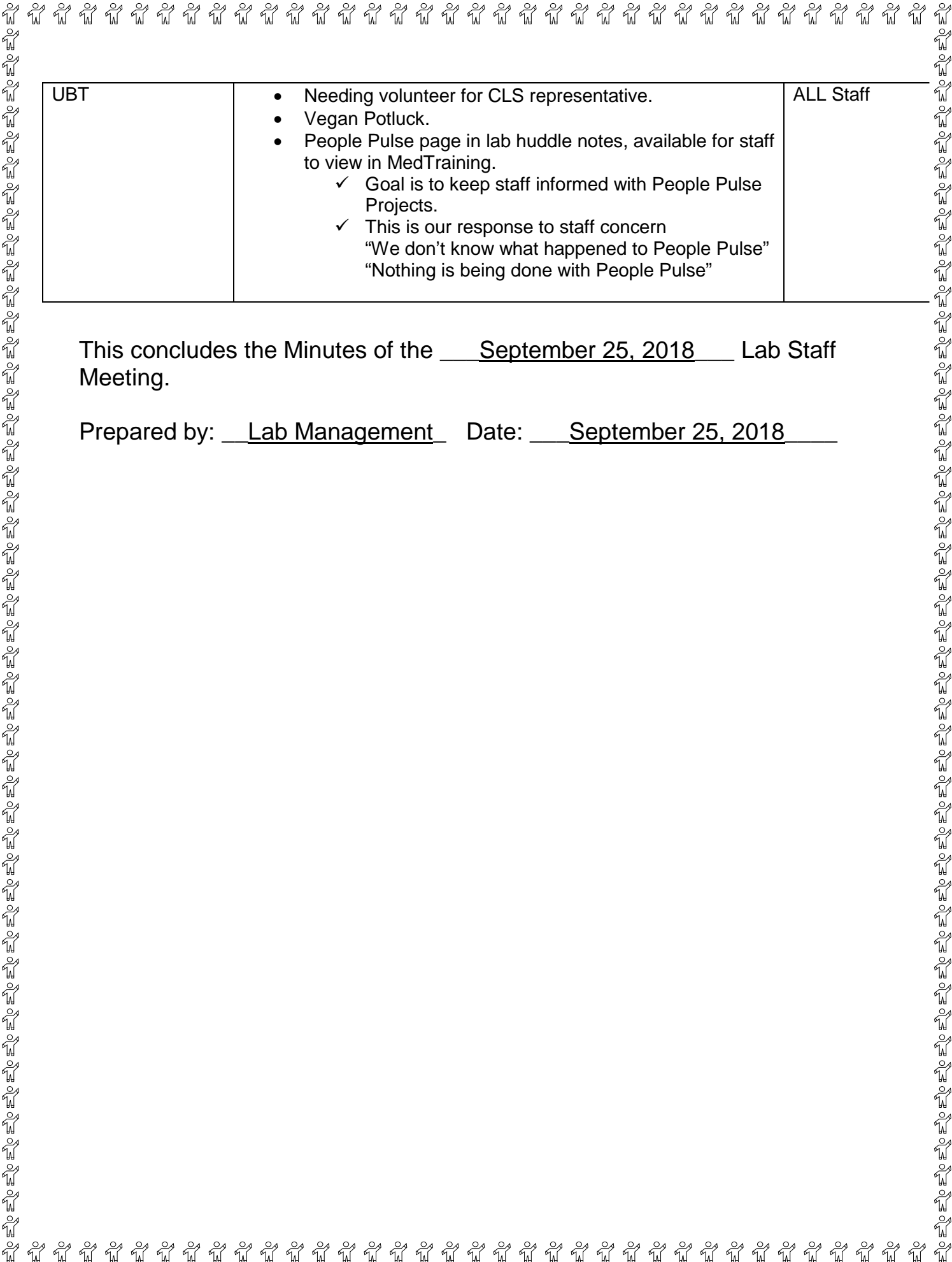
**Date of Meeting:** September 25, 2018

**Attendees:**

Topic	Details	Action Item, responsible person, date due or informational only
KUDOS SAFETY TIP	<ul style="list-style-type: none"> <li>• Thank you to all staff for completing the People Pulse. We already exceeded our last year's response rate.</li> <li>• Business Continuity Plan- We have this plan that we follow on how our department will function in the event of a disaster. The binder is located on top of the cabinet by processing area (behind Theda)</li> <li>• Congratulations to all phlebotomist for zero misdirected pathology specimens. Suggestion from phleb to celebrate. Please talk to your UBT rep on how you want to celebrate.</li> </ul>	Informational
Total Incentive Plan	<ul style="list-style-type: none"> <li>• Total Health Incentive Plan Currently not meeting our goals. Make that appointment to your doctors and get that health screening done. There's an incentive waiting for being healthy </li> </ul>	ALL STAFF
Anatomical Pathology Project	<ul style="list-style-type: none"> <li>• Training from Sept 25 to Sept 28, 2018</li> <li>• Go- Live date Oct 1, 2018</li> <li>• Educational video available in KP Learn</li> </ul>	ALL STAFF
Use of Manual Time Log	<ul style="list-style-type: none"> <li>• Manual time log is used when phone not working or any gaps in the timekeeping.</li> <li>• Not for tardy, call offs, Cesla, FMLA, late punches, etc</li> <li>• Use of Manual time log should be RARE.</li> <li>• KP policy states that we have to use the phone for timekeeping.</li> </ul>	ALL STAFF
Annual Competency	<ul style="list-style-type: none"> <li>• CLS Annual Competency due by end of September 2018</li> <li>•</li> </ul>	CLS



Coagulation	<ul style="list-style-type: none"><li>• To save empty Neoplastine bottles.<ul style="list-style-type: none"><li>✓ We continue to lose the red stir bars</li><li>✓ We lost our stir bars in less than two weeks.</li><li>✓ Stir bars are expensive</li></ul></li><li>• Added DTA/result area in Cerner for Normal Pooled Plasma</li></ul>	CLS
Chemistry	<ul style="list-style-type: none"><li>• Troponin Reflex Regional study has ended. It will be up to the medical director of each medical center if this needs to continue. After consulting with Dr. Taira, it was decided to discontinue performing this. Effective Monday, October 1, 2018, the reflex run for Troponin results of &gt;0.1 will be taken out on both Access 2. With this being discontinued, we will continue to have <b>Cerner Lab Instrument Activity Monitor</b> on the screen when in Chemistry. Keep this on your screen and check constantly. I will email you the details of this work flow so everybody is on the same page.</li><li>• No Foam reagent load- Be sure to follow the instructions located on DXC 600 door when replacing No Foam reagent. This includes venting the No Foam container, using the No Foam wrench to loosen the cap and hand tight the cap when replacing. We had several instances of cracked/broken caps. Follow all instructions.</li><li>• Wash solution reagent check – This is part of weekly maintenance. Be sure to check reagent level and update on the analyzer. There was a time that this was bone dry. Please check all reagents at the start of each shift.</li></ul>	CLS
Inpatient Non AM TAT Regional Goal	<ul style="list-style-type: none"><li>• All non morning labs to be completed within 4 hours from order to release. Non AM labs are orders after 730 am.<ul style="list-style-type: none"><li>✓ Phleb goal 2 hrs from order to in-lab</li><li>✓ CLS goal 2 hours from in-lab to release.</li></ul></li><li>• STAT and Timing Critical must not be rescheduled per our Director Denise Topliff.</li><li>• Please talk to your UBT reps, we are creating a workflow for issues such as:<ul style="list-style-type: none"><li>✓ Hardsticks/ Patient refusal</li><li>✓ Test not released/ not dispatched</li><li>✓ Duplicate orders</li><li>✓ Failure to log in specimens</li><li>✓ Specimens sitting in the centrifuge</li><li>✓ CLS delays due to other duties such as instrument PMs, etc.</li></ul></li></ul>	UBT/All Staff



UBT	<ul style="list-style-type: none"><li>• Needing volunteer for CLS representative.</li><li>• Vegan Potluck.</li><li>• People Pulse page in lab huddle notes, available for staff to view in MedTraining.<ul style="list-style-type: none"><li>✓ Goal is to keep staff informed with People Pulse Projects.</li><li>✓ This is our response to staff concern “We don’t know what happened to People Pulse” “Nothing is being done with People Pulse”</li></ul></li></ul>	ALL Staff
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This concludes the Minutes of the September 25, 2018 Lab Staff Meeting.

Prepared by: Lab Management Date: September 25, 2018

# People Pulse Page

Lab UBT Level 4

*“Teamwork makes the Dreamwork”*



Accomplished



Pending



Future



No Go

Date	What's Happening	Stoplight Report	For Follow UP
9/10 to 9/28	2018 People Pulse		
	50% People Pulse response rate as off 9/18/18. Goal is min 75%		
	73% People Pulse response rate as off 9/25/18. Goal is min 75%		

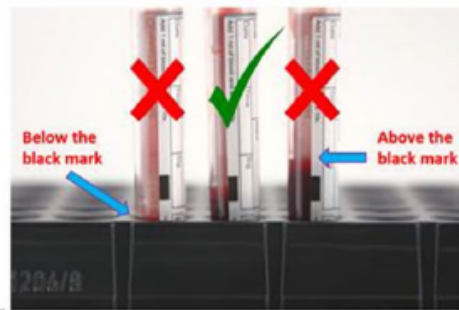
# Technical Bulletin

## Laboratory Care Delivery System

### QUANTIFERON-PLUS TUBE COLLECTION IMPORTANT REMINDERS

- **The draw level should be at or within the black volume indicator mark on the tube:**
  - The black mark indicates the validated range of collected sample - between 0.8 and 1.2 mL.
  - If the level of whole blood in any tube is outside of the black mark, a new blood sample should be obtained; under- or over-filled tubes may lead to erroneous results.
  - A tube in which blood is at but does not exceed the black mark is still acceptable for testing.
- **Ensure adequate time for the blood tube to fill:**
  - As 1 mL tubes draw relatively slowly, keep the tube on the needle for 2-3 seconds after the tube appears to have completed filling. This practice will help ensure that the correct volume is drawn.
  - Do not take the tourniquet off too early as this may stop the blood flow into the tube.
- **Evaluate tubes for fill volume:**
  - Redraw an under- or over-filled tube prior to the removal of the tourniquet.
  - An extra package of tubes should be open and accessible to redraw a like-colored replacement tube.
- **Do not cover the black mark on the tube:**
  - When labeling the tube, do not cover the black indicator mark so that the blood level can be assessed without peeling off the label in the laboratory.
- **Alternative collection methods:**
  - Drawing an extra lithium heparin tube for use in filling short draws is **off label and unacceptable**.
  - Filling tubes directly from a butterfly is acceptable on a case-by-case basis. A “purge” tube should be used to ensure the tubing is filled with blood prior to the QFT blood collection.

✓ The black mark on the side of the tubes indicates the range of 0.8 to 1.2mL fill volume.  
✓ Sample in all 4 tubes should be **AT OR WITHIN** the black mark.



# Technical Bulletin

## Laboratory Care Delivery System

### ALERT: HIGH REJECTION RATE FOR PROSTATE HEALTH INDEX SAMPLES

Since the Laboratory Care Delivery System began to perform the **PROSTATE HEALTH INDEX [253473]** on Tuesday, August 28, 2018, the **Regional Reference Laboratories have rejected >10% of all samples submitted due to improper sample processing.** As with any other frozen serum sample, it must be promptly centrifuged, aliquoted to a new container, and frozen. Unfortunately, numerous samples received were frozen in the original phlebotomy tube, which is strictly forbidden by both the assay and phlebotomy vendors. The barcode label is being updated with the special instruction line, “spin/aliqu/frz”, to guide in processing. Complete test information and processing instructions can be found in LabNet. <http://kpnet.kp.org:81/california/scpmg/labnet/testmenu/testmenu.jsp?TID=11121>

### QUESTIONS?

- Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077
- Darryl E. Palmer-Toy, MD, PhD; Physician Director, SCPMG Regional Reference Core Laboratories:  
818-503-7028, tie-line 397
- Vincent L. Dizon; Director of Operations, Chemistry: 818-503-7050, tie-line 397
- Chongbae S. Lee; Director of Operations, Core Lab: 909-902-2823, tie-line 263