### **LAB Dept MEETING – Huddles**

Date of Meeting: December 6, 2018

Attendees: Jocelyn Ybarra, Alan Dandridge, Raquel Lecaro, Lourdes Maniago, Maria Villafuerte, Mayra Castillo, Gregory Johnson, Michelle Trammell, Mark Gomez, Elliott Faure, Melanie Magee, Juanita Fernandez, Patricia Chea, Marissa Calilung, Theda Bryant

Topic	Details	Action Item, responsible person, date due, or informational only
KUDOS SAFETY TIP	<ul> <li>KUDOS to all phlebotomistwe have the lowest urine</li> <li>culture cancellation rate for the whole region.</li> <li>KUDOS to all for our improved inpatient TAT. From 87% early this year, we went up to 93%. Thank you for all your hard work.</li> <li>Thank you to everybody for sharing their blessing to De Jesus-Raya Family. Thank you Theda for leading the team for this project.</li> <li>KUDOS to Marissa for listening to staff concerns.</li> </ul> Safety Tip: <ul> <li>Watch your step when walking. Been raining recently.</li> </ul>	Informational
New Lab Staff	<ul> <li>Welcome AJ Tolentino- New CLS</li> <li>Welcome Mayra Castillo- New Aerotek Phlebotomist</li> </ul>	Informational
Pathology form	See sample below. Lab staff to sign in Lab Staff MOB area, where Lady Gaga name is at.	ALL STAFF
Meals Guideline	Follow the meals guideline. See Attached	ALL STAFF
Reminders	<ul> <li>Downtime competency assessment quiz due on Wednesday, December 12,2018. Thank you to all who submitted. Submit to Marissa.</li> <li>Annual EH&amp;S training quiz and KP Learn course due on November 26,2018- extended to December 5,2018. There are still a few who are either incomplete or haven't submitted at all. Thank you to all those who completed this annual mandatory training.</li> </ul>	ALL STAFF

Use tie-line	Use tie-line whenever possible. Kaiser spends >\$800K for outside lines. Tie-line is free.	ALL STAFF
Schedules	Review your schedules, they are posted in advance  • Draft schedule posted for 1 month  • Vacation bid posted 1 <sup>st</sup> quarter of the year  • Holiday bid posted 1 <sup>st</sup> quarter of the year.	ALL STAFF
Start of draw guidelines.  Effective Dec 15, 2018.	A lot of phlebs are still not following the guideline for draw. You are expected to start your draw/specimen processing based on the guideline.  Effective Dec 15, 2018, management will start reviewing individual performance, failure to follow the guideline is a performance issue and will result to correction action.  This is a change that has not been easy for everybody, we appreciate your resilience and hard work.	Phlebotomist
Pathology specimens	Second reminder  DO NOT save pathology specimens in the refrigerator. Once received, put in the red bin, then continue adding to that bin as we receive them.  Pathology specimens have formalin as preservative, there is no benefit in putting them in refrigerator.  We kept missing/delaying specimen transport to pathology bec it was left in the refrigerator.	Phlebotomist
RMC Pathology	Starting Dec 1 ,2018, RMC Pathology will be open on Saturdays from 0800-1630.  We can start sending A/P specimens daily	Phlebotomist
Phlebotomy supplies	Last Friday night, ED was ordering Lead test and we do not have Tan Vacutainer. When you use the last supply make sure to order it by writing on the supply form.	
Filing of ED orders	Juanita volunteered to clear the filing cabinet once a week.	

	Thank you for being a team player!	
Quiet at Night Week 2 reminders Nov 12-18	<ul> <li>Week 1 Nov 5 – 11</li> <li>dB Monitoring app. Ave 50-60</li> <li>Hush Tag</li> <li>Quiet signage on the floors</li> <li>Week 2 Nov 12-18</li> <li>Lab carts have been repaired</li> <li>Week 3 Nov 19- 25</li> <li>Be conscious when turning on lights in the patients room. Always ask first or let them know that you are about to turn on the lights</li> <li>Close doors and cabinets quietly</li> <li>Week 4</li> <li>Continue to be conscientious when you are on the floors. Keep voices, electronics, and movements at library level noise.</li> </ul>	Phlebotomist

	Week 4: Nov 26 - Dec 2 Focus 3: Physicians & Staff Voices & Movement
	Utilize huddles and visual boards to communicate the importance of a quiet environment and how physicians and staff voices & movement play a vital role in creating a healing environment
	Continue to implement Focus 1: Environment & Technology at 10 PM every night
	Continue to implement Focus 2: Physician & Patient Engagement every evening
	Implement Focus 3: Physicians & Staff Voices Movement from the hours of 10 PM to 5 AM  Decrease physician and staff voices
	Conduct Leader Rounding
	Huddle with staff and review any Quiet challenges
Proficiency testing	To be more consistent, use Cerner results instead of raw data / instrument print outs when transcribing API or CAP proficiency results on result forms, unless the instruction says otherwise like for iQ200, it specifically says not to edit instrument print out. Always carefully read and follow all instructions.

Osmolality testing reminder	<ul> <li>This has been included in previous huddles. Osmolality is a manual test that is very dependent on operator's technique in sample processing. Always follow all instructions carefully as indicated in P&amp;P especially the sampling part when performing this test. We got 1 out of 3 unacceptable result on the last API urine osmolality testing.</li> </ul>	CLS
	<ul> <li>FLU &amp; RSV testing needs separate reagent tubes. It was discovered that many staff are using the same reagent tube to prepare the FLU and the RSV to be used to add the 3 drops to the sample well of the device.</li> <li>FLU comes with its own reagent tube 3 drops (300uL)</li> <li>RSV comes with its own reagent tube 3 drops (300uL)</li> <li>Items from different kits are never to be interchanged even if it is to be used for the same test.</li> <li>Please see the diagram attached.</li> </ul>	CLS
STAFF Feedback	<ul> <li>Still finding icepacks in the totes. Phlebs are not clearing the totes before filing</li> <li>Need to remind Phlebs to carry their phones while on the floor</li> <li>To verify CLS breaks</li> </ul>	

This concludes the Minutes of the _	_12/6/2018	Lab Staff Meeting.
Prepared by: _Lab Managers	Date: _12/6/	10

2018 Cancelled Urine Cultures													
FACILITY	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total YTD
ANAHEIM	1	0	3	2	2	1	0	1	1	5	0	0	16
ANTELOPE VALLEY	2	4	3	1	0	12	2	4	2	2	0	0	32
BAKERSFIELD	2	1	4	4	0	3	5	2	2	2	0	0	25
BALDWIN PARK	5	4	15	13	21	26	22	25	15	14	0	0	160
DOWNEY	1	1	1	1	11	6	4	4	5	2	0	0	36
FONTANA	2	3	5	9	19	22	13	16	15	9	0	0	113
IRVINE	0	1	1	3	1	1	1	4	4	0	0	0	16
LAMC	5	11	5	3	4	7	4	10	3	3	0	0	55
MORENO VALLEY	0	2	2	0	0	0	0	0	0	0	0	0	4

ONTARIO	0	2	4	3	6	11	3	5	6	10	0	0	50
PANORAMA CITY	2	3	4	4	3	3	5	2	3	6	0	0	35
RIVERSIDE	1	2	1	4	12	7	4	9	9	15	0	0	64
SAN DIEGO	7	5	8	6	6	3	4	12	9	5	0	0	65
SOUTH BAY	11	12	16	11	9	16	7	22	13	12	0	0	129
WEST LA	6	14	12	6	9	10	7	12	4	17	0	0	97
WOODLAND HILLS	7	1	5	5	2	4	2	4	2	4	0	0	36
TOTAL	52	66	89	75	105	132	83	132	93	106	0	0	933

## People Pulse Page

Lab UBT Level 5 "Teamwork makes the Dreamwork"



Accomplished







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%		

Note: Lab UBT is now Level 5...Hooray!!!

# Guideline for inpatient draws and specimen processing starting November 19, 2018

	Start of draw/ specimen processing	Routine	STAT	Timing Critical
C shift	0445	<u>&gt;</u> 0515-1245	0515-1245	0515-1245
D shift	1246	1246-2045	1245-2045	1245-2045
H1 shift	2046	2046-0445	2046-0445	2046-0445
H2 shift	2116	2116-0514	2116-0514	2116-0514

Note: this guideline is to help phlebs prioritize if you have too many things going on but it should not stop staff from working until the end of their shift.



#### RIVERSIDE MEDICAL CENTER ANATOMIC PATHOLOGY SPECIMEN TRACKING

	P	ROOF #1		
Location: 💢 Corona	☐ Heaco	ck	□ Indio □	Iris MOB 2
☐ Meridian	☐ Murriet			Palm Desert
☐ Palm Spr ORIGINATING DEPARTMENT NAM	Ings U Temec	ula MOB 1	□ Wildomar □	] Other
DERMATOLOG'		9/24/18	Pathology Departmen	nt: 951-353-4058
PATIENT'S NAME PRINT	MEDICAL RECORD NUMBER	# OF CONTAINERS	DEPARTMENT PERSONNE NAME & NUID PRINT	PATHOLOGY PERSONNEL NAME & NUID PRINT
Lois Lane	001234567	2	Bruce Wayne R123456	
Clark Kent	007654321	1	Diana Prince N123456	
*		W.		
	*			
ORIGINATING DEPARTMENT/CLIN		NUID: S12	23456 <sub>Date:</sub> 8/13/1	PATHOLOGY/MEDICAL CENTER LABORATORY USE ONLY DISCREPANCIES/COMMENTS
LABORATORY STAFF-MOB Print Name: Lady Gag	a		3456 <sub>Date:</sub> 8/13/18	
COURIER	<u> </u>			
Print Name:  LABORATORY STAFF-HOSPITAL		NUID:	Date:	
Print Name:		NUID:	Date:	

## **Meals Guideline**

CLS 12 HR shift

Hours worked	Meals
12 hours	1 meal
>12 hours	2 meals
24 hours	3 meals

## Phlebotomist 8 HR shift

Hours worked	Meals
8 hours	1 meal
12 hours	2 meals
>12 hours	3 meals
24 hours	4 meals

Meals: 30 minutes. EE must clock out.

## QUIET AT NIGHT

5-Week Action Plan Overview for Ancillary and Support Services Department

Week 1: Nov 5 - 11

Week 2: Nov 12 - 18
Focus 1: Environment 8
Technology

Week 3: Nov 19 - 25
Focus 2: Patient &
Family Engagement

Week 4: Nov 26 - Dec 2 Focus 3: Physicians & Staff Voices & Movement Week 5: Dec 3 - 9
Full Implementation &

Utilize huddles and visual boards to communicate the importance of a quiet environment, how sleep contributes to healing, and share ways we can all contribute to a healing environment

- Share Quiet Huddle Message
- Review unit Quiet signage
- Participate in the Take 5 Sound Check Activity, using a dB monitoring app to measure noise

Introduce the Quiet Code Word: HUSH Tag Helping Us Support Healing Utilize huddles and visual boards to communicate the importance of a quiet environment and how environment and technology play an importance role in creating a healing environment

Implement Focus 1: Environment & Technology at 10 PM every night

- Be conscious of dimmed lights and the noise equipment can make
- Lower phone, walkie talkie, other technology volume
- Submit noisy carts for maintenance
- Close doors and cabinets quietly
- Use quiet code word when colleagues are being too loud

Conduct Leader Rounding

Huddle with staff and review any Quiet challenges

Utilize huddles and visual boards to communicate the importance of a quiet environment and how patient engagement plays a vital role in creating a healing environment

Continue to implement Focus 1: Environment & Technology at 10 PM every night

Implement Focus 2: Patient Engagement every evening

- Use AIDET when entering patient rooms
- Be conscious of the patient's night time preferences (on careboard)
- Ask the patient if it is ok to switch on the lights

Conduct Leader Rounding

Huddle with staff and review any Quiet challenges Utilize huddles and visual boards to communicate the importance of a quiet environment and how physicians and staff voices & movement play a vital role in creating a healing environment

Continue to implement Focus 1: Environment & Technology at 10 PM every night

Continue to implement Focus 2: Physician & Patient Engagement every evening

Implement Focus 3: Physicians & Staff Voices Movement from the hours of 10 PM to 5 AM

 Decrease physician and staff voices

Conduct Leader Rounding

Huddle with staff and review any Quiet challenges

Utilize huddles and visual boards to discuss the importance of a quiet environment

Continue to implement Focus 1 at 10 PM every night

Continue to implement Focus 2 every evening

Continue to implement Focus 3 from the hours of 10 PM to 5 AM

Complete the post unit assessment tool

Conduct Leader Rounding
Huddle with staff and
review any Quiet

challenges

#### Man Andreas An

3

- Squeeze

Clinical Laboratory Liquid Nasopharyngeal Wash/Aspirate and Swabs in Transport Media Samples

Remove a reagent tube, test device and pipette from the kit and label with patient's name.



Vortex or mix thoroughly.



Remove the cap from

the tube and discard.

Invert tube and add 3 drops to the test device sample well.



Add 300  $\mu L$  of vortexed sample to the

tube using the pipette.

Let the test run for 10 minutes before inserting into reader. Cover device if testing in a laminar flow hood to avoid inconsistent flow.



Press the attached tip firmly

When the test is ready, power-on the reader. When prompted, insert the test device into the reader and read the results on the screen.



#### INTERPRETATION OF RESULTS

The BD Veritor System Reader (purchased separately) must be used for all interpretation of test results. Refer to table at right.

Test results must NOT be read visually.







Becton, Dickinson and Company 7 Loveton Circle Sparks, MD 21152 USA

8090281(02)

Reader Display FLU A: + FLU B: -	Interpretation		
	Positive Test for Flu A (influenza A antigen present)	Positive Test Results – Influenza A antigen present; does not rule out co-infection with other pathogens.	
FLU A: - FLU B: +	Positive Test for Flu B (influenza B antigen present)	Positive Test Results – Influenza B antigen present; does not rule out co-infection with other pathogens.	
FLU A: - FLU B: -	Negative Test for Flu A and Flu B (no antigen detected)	Negative Test Results – Negative results are presumptive and it is recommended that these results be confirmed by viral culture or an FDA-cleared influenza A and B molecular test. Negative test results do not preclude influenza viral infection and should not be used as the sole basis for treatment or other patient management decisions.	
RESULT INVALID	Result Invalid	Invalid Test – If the test is invalid, the BD Veritor System Reader will display a "RESULT INVALID" or "CONTROL INVALID" result and the test or control must then be repeated.	
CONTROL INVALID	Control Line Error		

The BD Veritor System Reader reports dual positive influenza A and influenza B results as "Result Invalid." True dual positives are exceptionally rare Specimens generating a "Result Invalid" should be retested. Upon retesting, if the specimen produces a "Result Invalid" the user may want to conside other methods to determine whether the sample is positive or negative for influenza virus.