

LAB Dept MEETING – Huddles

Date of Meeting: July 18, 2019

Attendees: Myrna Ocab, Jocelyn Ybarra, Juliet Garlejo, Alan Dandridge, Raquel Lecaro, Greg Johnson, Mark Gomez, Melanie Magee, Juanita Fernandez, Grisel Stott, Patricia Chea, Marissa Calilung, Marie Rutledge, Theda Bryant

Topic	Details	Action Item, responsible person, date due, or informational only
KUDOS	<p>Thank you Theda for organizing our lab coats...Tricia</p> <ul style="list-style-type: none"> • Time in Service Recognition for July <ul style="list-style-type: none"> ➤ Raquel Lecaro- 9 years ➤ Rizza Alcordo- 1 year • KUDOS to Juanita Fernandez. She has accepted the full-time position for PM shift. 	Informational
Safety Tip	<ul style="list-style-type: none"> • Safety conversation question for July: What is your role to ensure we're minimizing the risk of injury in your work areas? <ul style="list-style-type: none"> 🚧 Recognizing the risk 🚧 See something, say something 🚧 Be on alert 🚧 Request to have more red bins in the main lab? We will look into it. 	
Waste Management Update	<ul style="list-style-type: none"> • These were findings found last week. <ul style="list-style-type: none"> ➤ Odor eliminating spray (Carrascent) found in regular trash. These bottles, empty or non-empty, should be disposed in black RCRA containers. ➤ Post it note with writing found in regular trash- if you write anything on any piece of paper, it should go in PHI container. ➤ Found email printout in regular trash- all KP documents must be discarded in PHI • Disposing reagents: <ul style="list-style-type: none"> ➤ Bulk reagent containers like DxH diluent, iQ200 Lamina, etc. need to be emptied in sink, triple wash container then flush with a lot of water. Uncap containers before disposing. ➤ DxC reagent cartridges can be disposed in red biohazard bags, uncapped and turn upside down. 	

	<p>Questions, ask manager or local EH&S.</p> <p>Where do we discard used gloves? if it touched patients or specimens, must be discarded in red biohazard bin</p>	
Nurse collect specimens	<ul style="list-style-type: none"> Floors are responsible for delivering their specimens to the lab. Our communication with nurses is that they can ask lab if we can deliver for them but lab can say yes or no. If lab says yes then it becomes our responsibility. 	Phlebotomist
Gram Stain from tissue	<p>Gram stain from Tissue are performed in RRL. See plating chart.</p> <p>What is the reason for this?</p>	CLS
Proficiency Testing Reminders	<p>We need to review the process of handling proficiency samples that we huddled about before:</p> <ul style="list-style-type: none"> Work with only one sample at a time. Do not take out all the samples from the box as there's a bigger chance of picking the wrong sample. Use specific Cerner accession label assigned to each PT sample. Verify the sample ID on the vial before and after aliquoting. Always be sure to check you're running the correct PT sample. Remain focus and alert always. Initial and date the vials you've worked on. Don't wait until the end of the shift before running samples. Always check QC before running sample. Check for QC trends and shift also, not just QC acceptability. Do not run in duplicate unless it's necessary like dilution. Always follow the API instructions on the result forms. Initial the result forms. Put the specimen # on instrument print-outs and Cerner reports. Submit instrument print-outs, Cerner reports, QC and API result forms on or before the due date. 	CLS

<p>QC Reminder</p>	<ul style="list-style-type: none"> This is to remind everyone to please check the LJ graphs (chart review) when reviewing QC daily. Even QC is acceptable, checking the graphs will help us detect QC trends and shifts. Perform corrective action as needed like re-calibration, etc. <p>Document all corrective actions done on the analyzer QC log. Document on the shift report any QC issue not resolved (even trends and shifts) and you can e-mail Marissa too.</p>	<p>CLS</p>
<p>DXH 800 / SMS Reminders</p>	<ul style="list-style-type: none"> Perform all weekly SMS maintenance including flushing reagents lines and stainer once a week. No exemptions. Be sure to write the start date on Hazardous Waste label Always review X-B print outs, initial, date and put in folder after review. Follow P&P- XB Analysis for corrective actions. 	<p>CLS</p>
<p>Code OB</p>	<ul style="list-style-type: none"> Go Live Oct 15, 2018 Communicated to staff on Oct 11, 2018 We had our first Code OB on 7/09/19 <ul style="list-style-type: none"> ✓ To draw 4 “rainbow tubes” plus pink top tube ✓ Note: Code OB does NOT replace hemorrhage protocol. <p>Hemorrhage protocol must still be activated following our Policies and Procedures.</p>	<p>ALL STAFF</p>
<p>KPHC password</p>	<ul style="list-style-type: none"> On July 25,2019, Windows password will be used for KP Health Connect Login. KPHC will no longer have its own password. Read instructions posted (by schedule cabinet) to help you change your KPHC password. 	<p>ALL STAFF</p>
<p>2019 Lab Goals</p> <p>People Pulse Question: Do you know your goals?</p>	<p>CLS</p> <ul style="list-style-type: none"> ED in-lab to verify TAT- CBC (15 mins), Elec (20 mins), Trop (35 mins), Lact (35 mins)- 10/12 months CLS competency completion before Oct 1, 2019-100% <ul style="list-style-type: none"> CLS to print and review pending- 95% compliance <ul style="list-style-type: none"> <input type="checkbox"/> A shift: 1700 <input type="checkbox"/> B shift: 0500 <p>Phleb</p> <ul style="list-style-type: none"> IP/ED samples sent on the first available courier- 75% IP Non AM draws (from order to draw, except 0515 am)- + 1.5 hours 95% IP Timing critical (order to draw)- + 15 mins- 50% <p>Managers will post monthly updates on the UBT board</p>	<p>ALL STAFF</p>

Cell phone assignments	<ul style="list-style-type: none"> • All phlebs who stepped out of the lab to perform draws MUST bring their assigned Vocerra phone. • See the attached assignment 	ALL STAFF
HIV Combo	<ul style="list-style-type: none"> • New HIV combo now orderable in HC. See attached technical bulletin 	ALL STAFF
UBT	<ul style="list-style-type: none"> • Working on three projects • Need volunteer for CLS rep and Co-Lead ✓ Hand hygiene <ul style="list-style-type: none"> 1. To clean/sanitize work area before the start of your shift. <ul style="list-style-type: none"> Phleb to use communication log CLS to use form in communication log ✓ Adopt or spread project and People Pulse Action Plan <ul style="list-style-type: none"> 1. Staff picked "Escape Room" ✓ Improve TAT <p>People Pulse Question: are you part of the Lab UBT?</p> <ul style="list-style-type: none"> • Yes, we all are 	ALL STAFF

This concludes the Minutes of the _July 18, 2019 Lab Staff Meeting.

Prepared by: Marie Rutledge, Patricia Chea, Marissa Calilung _ Date: 7.18.19

Phlebotomist Cell Phone Assignments

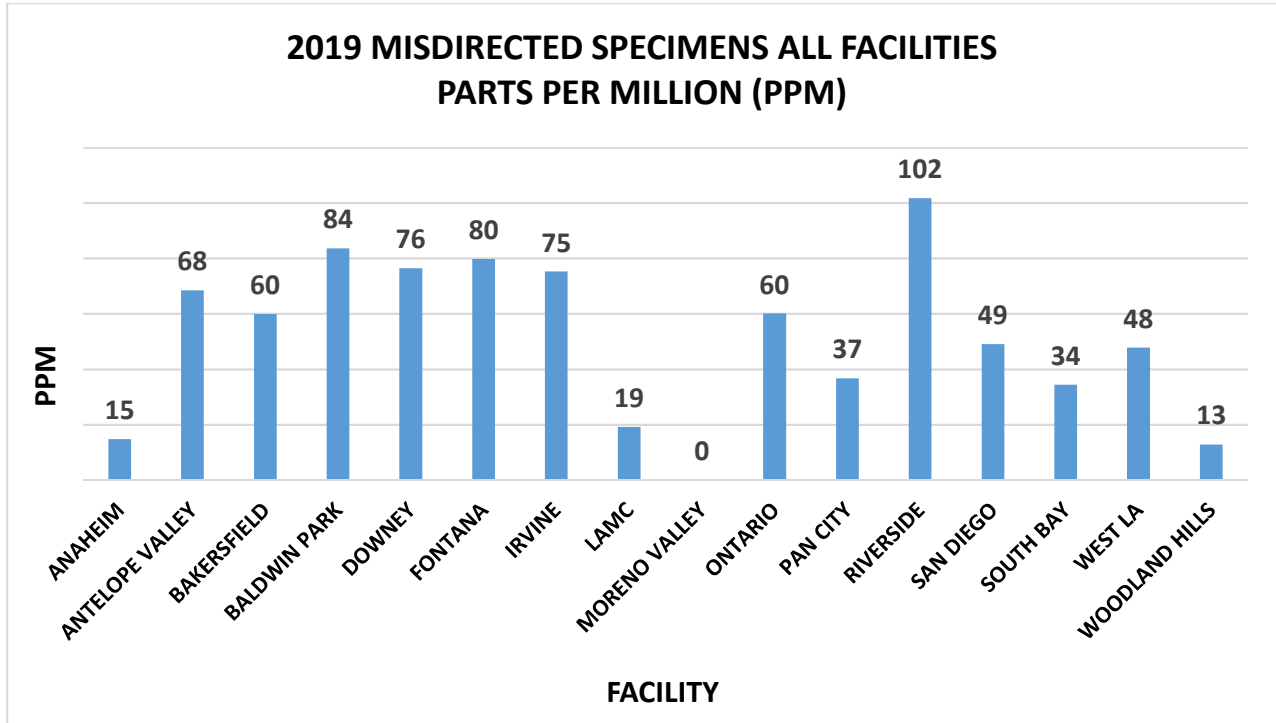
AM Phlebs	Phone
C1 (Floors)	3163
C2 (SPA)	3164
C3 (Floors and SPA)	3165

PM Phlebs	Phone
D1 (Floors)	3163
D2 (SPA)	3164
D3 (Floors and SPA)	3165

GY Phlebs	Phone
H1 (Rotating. Check schedule)	3163
H2 (Rotating. Check schedule)	3164

Plenty of reasons to be proud of

Clinical Pathology Misdirected Specimens



People Pulse Page

Lab UBT Level 5

“Teamwork makes the Dreamwork”



Accomplished



Pending



Future

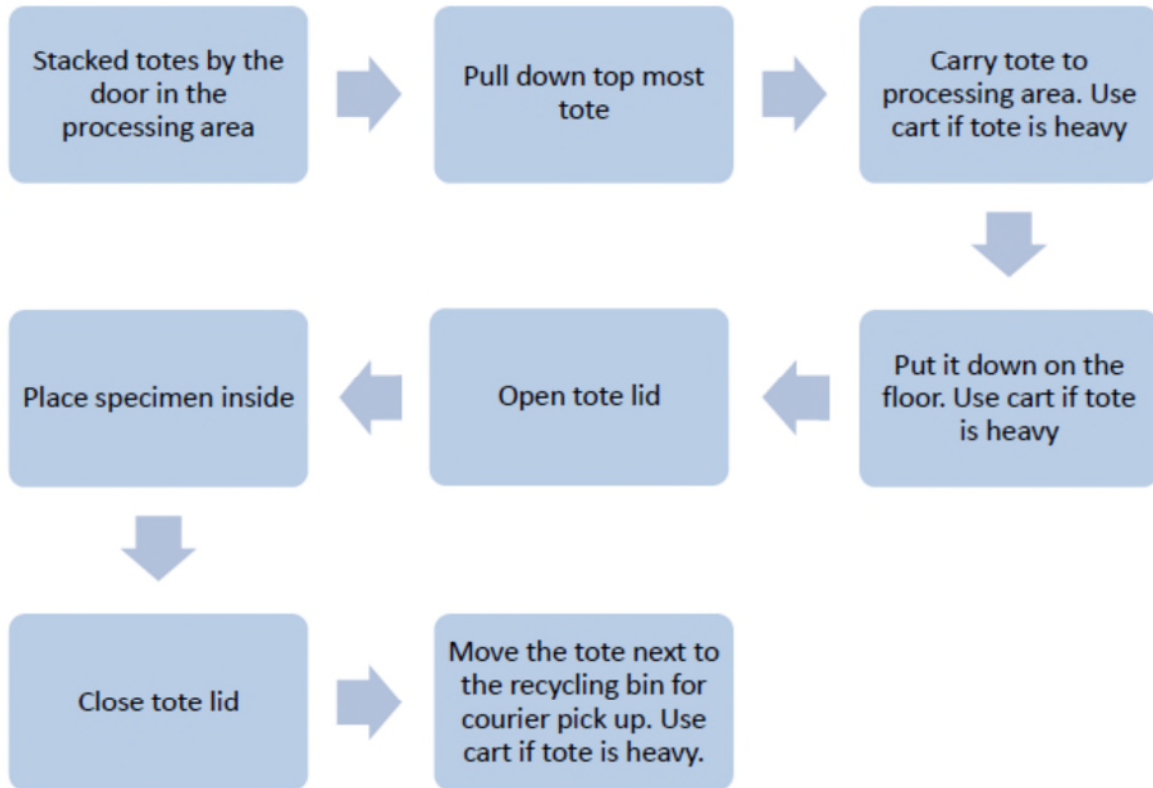


No Go

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%		
1/2019	Presented to Lab UBT		
3/2019	Managers to discuss result to employees		Available on UBT board if you want to see the result
4/2019	UBT to work on action plan (3) I would feel comfortable raising an ethical concern or compliance-related issue to my immediate supervisor or someone else in management		Survey sent by Theda on 4/26 due May 1, 2019 No response received. Second email sent 5/7/19 due May 14, 2019 Received 2 responses from the survey
5/2019	UBT members are asked to vote which activity they prefer based on the 6 ideas from UBT reps brainstorming		Due before next UBT meeting on June 18
6/18/19	5 votes for Escape room. (4 votes=family feud, 4 votes=3 truths and a lie)		UBT reps will submit questions/suggestions for this activity

2016 MVMC UBT Lab Task Standardization

Use cart to carry/move totes and/or heavy supplies



Note: Save your back. Please use a cart when transferring or moving heavy supplies.



GOAL	YEAR TO DATE	GOAL STATUS
UBT Adopt/Spread Projects		
Adopt/Spread Projects (10%)	Performance Year-to-Date 0.0%	○
	Minimum Target: 70% Maximum Target: 90%	
	2018 Year-End (Baseline): 91.7%	
Adopt Five Projects (10%)	Performance Year-to-Date 0	○
	Target: Adopt Five (5) Projects	
	2018 Year-End (Baseline): n/a	
Attendance		
Last Minute Sick (15%)	Performance Year-to-Date 3.91	◐
	Minimum Target: 4 days Maximum Target: 3 days	
	2018 Year-End (Baseline): 3.74	
Non-protected Absences Reduction (5%)	Performance Year-to-Date 13.18	○
	Minimum Target: 11 days Maximum Target: 8 days	
	2018 Year-End (Baseline): 12.82	
Ambulatory Quality		
Influenza Immunization (10%)	Performance Year-to-Date 50.3%	◐
	Minimum Target: 48.0% Maximum Target: 53.0%	
	2018 Year-End (Baseline): 47.3%	
POE SOR Composite (10%)	Performance Year-to-Date 43.8%	◐
<small>Proactive Office Encounter Successful Opportunity Rate</small>	Minimum Target: 40.0% Maximum Target: 44.0%	
<small>OR</small>	2018 Year-End (Baseline): n/a	
CSG Composite Goal	Performance Year-to-Date 89.4	○
<small>Clinical Strategic Goal Ambulatory Quality</small>	Minimum Target: 90.0 Maximum Target: 100.0	
	2018 Year-End (Baseline): 97.8	
Outpatient Care Experience		
Helpful (10%)	Performance Year-to-Date 89.4%	◐
	Minimum Target: 89.0% Maximum Target: 90.0%	
	2018 Year-End (Baseline): 88.7%	
Showed Care and Concern (10%)	Performance Year-to-Date 86.6%	◐
	Minimum Target: 85.5% Maximum Target: 87.0%	
	2018 Year-End (Baseline): 86.1%	
Workplace Safety		
Complete UBT Safety Plan and Tracking Log (20%)	Performance Year-to-Date 1%	○
	Minimum Target: 80.0% Maximum Target: 90.0%	
	2018 Year-End (Baseline): 95.24%	

Technical Bulletin

Laboratory Care Delivery System

REPLACEMENT OF RAPID HIV TEST FOR EMPLOYEE HEALTH AND UNKNOWN HIV-STATUS LABOR AND DELIVERY PATIENTS

The Laboratory Care Delivery System is pleased to announce that, effective Wednesday, July 17, 2019, the Alere Determine™ HIV 1+2 Antigen/Antibody Combo assay will replace the Orasure/Oraquick HIV-1/2 Rapid Antibody test. The new Combo test is a rapid qualitative immunoassay used for the simultaneous detection of HIV-1 p24 antigen and antibodies to HIV 1 and 2, providing an improved detection window for early acute HIV diagnosis by several days.

NOTE: Rapid HIV testing is only performed in Employee Health and unknown HIV-status Labor and Delivery patients.

TEST INFORMATION

Test Location	KP Regional Medical Centers		
KPHC Order Display Name	RAPID HIV TEST (HIV 1 ANTIGEN W HIV 1, 2 ANTIBODY)		
KPHC Order Code	87806B		
Specimen Source	MC: LAV5 for STAT testing (plasma) RRL: GLD6 for follow-up testing (serum)		
CPT Code	87806		
Turnaround Time	STAT, as soon as specimen is collected		
Sample Stability	2 days: room temperature (15- 30°C) <7 days: refrigerated (2- 8°C) >7 days: frozen (-20°C or colder)		
KPHC Result Components	Display Name	CID	Base Name
	HIV 1+2 ANTIBODY+HIV1 P24 ANTIGEN, QUALITATIVE, RAPID IA	12428226	HIV

QUESTIONS?

- Your local laboratory
- Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077
- Jonathan C. Gullett, MD, Physician Director of Microbiology, jonathan.c.gullett@kp.org
- Ken Van Horn, PhD, D (ABMM), Technical Directory of Microbiology, ken.van-horn@kp.org