**Date of Meeting:** 5/21/2020

Attendees: Juliet Garlejo, Raquel Lecaro, Lourdes Maniago, Mey Phiri, Yetunde Kosoko, Bill Craig, Michelle Trammell, Mark Gomez, Marietes Gonzalez, Melanie Magee, Juanita Fernandez, Vanessa Cardenas, Mariela Mora, Patricia Chea, Marissa

Calilung, Marie Rutledge

Topic		Action Item, responsible person, date due, or informational only
SAFETY TIP	<ul> <li>EAP offering 24/7 access. Call 877-801-5751.</li> <li>Everybody is invited to attend the townhall meeting today at 1500-1600 with ICU Dept. Check your email for call in number. See flyer on the board.</li> </ul>	All Staff
KUDOS	Thank you for all your hardwork and resilience during difficult times	
MedTraining Huddle Minutes	<ul> <li>We want to share all information to everybody to help us be able to work efficiently.</li> <li>Please make sure to read the Huddle Minutes in MedTraining and acknowledge.</li> </ul>	All Staff
PUI/COVID Bed Huddle	Please support our new process. Our goal is to get the most updated PUI/COVID info from nurses during their bed huddle. We are adding 15 mins to give enough time for nurses to discuss.  • Phleb floors to attend bed huddle at 0415, 0800, 1045, 1645, and 2245.  • Use the log form • If you cannot attend the huddle, ask help from your partner or call house sup when time permits.  • We need everybody's cooperation to make this work.	Phlebotomist
Specimen Processing Area (SPA) PM log	<ul> <li>Phleb working SPA on midnight is responsible for completing the PM log</li> <li>If you cannot complete, please ask help from your partner or next shift</li> </ul>	Phlebotomist

	<ul> <li>If you missed the pm, you are required to document at the back of the form under problem log.</li> <li>All weekly and monthly PM must be completed.</li> <li>Yellow highlight</li> <li>Assigned in the schedule</li> </ul>	
AM Draws test of change starting May 6, 2020	Goal: LD results to be completed before 7:30 am to start the discharge process.  M-F	Phlebotomist
To reconvene 5/12/2020 to discuss outcome	<ul> <li>H floors to draw L&amp;D at 0400- pick up specimens from other floors (if time permits), then deliver to lab</li> <li>C1- start with ICU</li> <li>C2 and C3- rest of the floors</li> </ul>	
	<ul> <li>S-S</li> <li>H floors to draw ICU at 0400- pick up specimens then deliver to lab</li> <li>C1- start with LD- deliver to lab</li> <li>C2- rest of the floors</li> </ul>	
	CLS: To run and verify right away.	
New SPA Hand Off Communication	We are trying a new hand off communication for SPA. Goal:      Consistency in communication     Better teamwork     Improved workflow  We will send out survey after two weeks. We want to hear from you.	Phlebotomist
Annual Competency	Phleb- Quiz due May 8, 2020  CLS- due Oct 1, 2020 (we recommend completing early while our census is low)  New CLS- follow your 6 months due date	All Staff
Lactate reflex workflow	<ul> <li>Reminder- Lab Phlebotomists need to call ED nurse to draw this test while the patient's still in ED. Remember this is a lab collect and ED nurse may miss it. Lab can see this in KPPI/Medicopia.</li> <li>CLSs – ask phlebotomist first before cancelling the lactate order for that day.</li> </ul>	All Staff

	<ul> <li>We had some lactate fallouts where upon investigation were due to lactate reflex not being drawn. This is lab's and ED's responsibility.</li> </ul>	
ED STAT TAT	<ul> <li>We're not meeting the TAT goal (in lab to verify) for CBC (Hgm)</li> <li>Phlebotomists- Reminder to bring STAT CBCs at the back on a timely manner. Do not wait for the Chemistry in the centrifuge.</li> <li>CLSs- Run and verify all STAT CBCs right away.</li> </ul>	All Staff
Cellular Phone/Personal Communication Device Usage Policy	2. Personal telephone calls, when necessary, are to be made or received during authorized breaks or meal times from public telephones or personal cellular telephones in accordance with this policy. If public or cellular telephones are inaccessible, in an emergency, employees may use the telephone at their work location.	All Staff
Riverside COVID Testing Locations	Physician Ordered Covid-19 Testing Here -Sputum Swab v.1.do	All Staff
	•	CLS

This concludes the Minutes of the	5/21/2020	Lab Staff Meeting.
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Prepared by: \_Patricia Chea, Opal Hallman, Marissa G Calilung, Marie Rutledge Date: 5/26/2020

KAISER PERMANENTE® MORENO VALLEY MEDICAL CENTER ADMINISTRATIVE POLICIES AND PROCEDURES		Number:	SC,MV.ADMIN.01-010
		Effective Date:	5/09
		Reviewed:	1/14, 8/15
Title:	CELLULAR PHONE/PERSONAL COMMUNICATION DEVICE USAGE POLICY	Revision:	10/17
Policy Owner:			
Approved By:		Page(s):	1 of 2

#### Purpose:

The purpose of this document is to establish a policy for managing the use of mobile wireless communication device technologies within the Hospital and Medical Office Buildings.

#### Policy:

- Cell phones, two-way radios, and other radio frequency emitting mobile wireless communication devices are known to potentially disrupt the operation of medical equipment. Therefore, in order to provide a safe treatment environment for all patients, it is the Medical Center's policy to manage its radio frequency environment.
- Personal telephone calls, when necessary, are to be made or received during authorized breaks or meal times from public telephones or personal cellular telephones in accordance with this policy. If public or cellular telephones are inaccessible, in an emergency, employees may use the telephone at their work location.
- Employees, providers, patients, vendors/contractors, and visitors may use mobile wireless communication
  devices in all areas of the medical center, except as prohibited by this policy. Wireless communication devices
  must be TURNED OFF in the following patient care areas:
  - a. Operating Rooms ORs (beyond red line)
  - b. Labor & Delivery Operating Rooms L&D ORs (beyond red line)
  - e. Intensive Care Unit ICU (patient rooms)
  - d. Post Anesthesia Care Unit PACU

Note: Personnel within a restricted area will step out of the area to answer a call or otherwise initiate the use of a wireless communication devise.

- Upon issuing a visitor pass, the Security Office will provide vendors/contractors visiting Mereno Valley Medical Center facilities with the attached instructions (Attachment 1) regarding wireless communication device usage within these facilities.
- Employees/providers will observe Healthcare Information Portability Act (HIPAA) laws and guidelines when using mobile wireless communication devices within the medical center to discuss Protected Healthcare Information.

#### Definitions:

Wireless Communication Devices – refers to cellular telephones, walkie-talkies, wireless personal data assistants, and two-way pagers.

#### Procedure:

A distance of at least one meter (approximately three feet) will be maintained between an active wireless
communication device and all activated medical equipment.

Title:	Cellular Phone/Personal Communication Device Usage Policy	SC.MV.ADMIN.01-010
Manual:	Administrative Policies and Procedures	Page 2 of 2

#### **Procedure Continued:**

- The following actions will be taken if abnormal medical equipment activity is noted in the proximity of a transmitting wireless communication device:
  - a. Step back from the activated medical device beyond a distance of three feet.
  - b. Discontinue use of the wireless communication device.
  - c. Report the malfunction, or suspected malfunction, of the medical equipment via the Medical Center's Unusual Occurrence Reporting (UOR) and Safe Medical Devices Act (SMDA) reporting processes.

#### **Enforcement:**

All employees are empowered and obligated to request discontinuation of mobile wireless communications device usage in restricted areas, or in any area if interference with an activated medical device is suspected. Failure to comply with this policy by any person will result in a call to Security. Upon receipt of such a call, Security will dispatch an officer to escort the violator from the restricted use area and/or the Medical Center.

#### References:

- ECRI Guidance Article, "Wireless Communication Devices and Electromagnetic Interference, ECRI's Updated Recommendations", November 2001.
- Mayo Clinical Proceedings, "Communication Technology: Patient Safety and the Patient-Physician Relationship," Vol. 1, January 2001.

Attachment: Instructions to Vendors/Contractors

### **MVMC Lab Specimen Processing Shift Report**

Date		Time:	(To be cor	mpleted 30 mins befo	ore end of yo	our shift)	-	
Outgoing Ph	hleb:			Oncoming Phleb:			(File)	
	ED Paper Checked and Filed Area Clean and Wiped Down							
	No specim	nen in CO2 Inc	ubator/Micro Hood			transferred to	SO/Pending printed	
Indicate Nu	mber of T	otes Ready fo	Courier Pick up (Pa	And acking Slip Closed, Pa	Attached ic Trac Printe	d, Temperatu	re Logged)	
	Red tote-	RMC		Quest Frozen		ARUP Froz	en	
	Purple tot	e- CRL		Quest Ref		Incubator-	CRL	
	Pathology	Bin- RMC		Quest Ambient		Other:		
	Called A-Li	ine at 0100 fo	0400 pick for Path	ology. Tracking #			_	
Specimen Is	ssue				Nothin	g to report		
				*				
Computer Is	Computer Issue (Cerner, Printer, Label Printer, Scanner, etc)  Nothing to report							
Equipment Issue ( Centrifuge, Incubator, Hood, Refrigerator, etc)  Nothing to report								
							,	
Miscellaneo	ous (MAYC	) pick up, Coro	ner pick up, etc)		Nothin	g to report		

CHECK IF MORE INFORMATION AT THE BACK \_\_\_\_\_ ALL specimens must be sent to the next available courier



### Special EAP Immediate Access Line

## Due to the effects of COVID on our lives, through June 30, 2020, EAP will be offering 24/7 immediate access services.

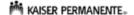
A licensed EAP Counselor can talk to you about issues you might be having at work or home regarding stress, anxiety, depression, grief, or relationship difficulties that may be related to the COVID-19 crisis.

Immediate Access Line please call: 877-801-5751

#### **Contact Your Local EAP**

If you would like to access your local EAP Consultant to discuss issues (and/or get a referral to resources such as therapy, financial/legal, or childcare), please call to make an appointment.





kp.org/eap

