

## LAB Dept MEETING – Huddles

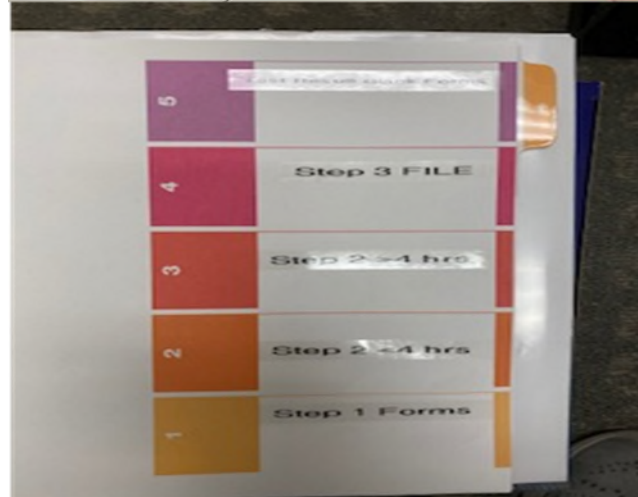
**Date of Meeting:** March 9, 2021

**Attendees:** Rizza Alcorido, Dennis Burguillos, Priscila Dar, Myrna Ocab, Robert Oda, Janice Tacderas, Quang Trinh, Sandy Burciaga, Letty Fajardo, Juanita Fernandez, Mark Gomez, Marietes Gonzalez, Melanie Magee, Mariela Mora, Tessa Strickland, Theda Bryant, Patricia Chea, Marissa Calilung

Topic	Details	Action Item, responsible person, date due, or informational only
KUDOS SAFETY TIP	<ul style="list-style-type: none"><li>• Infection control performed rounds and found several employees wearing acrylic nails.<ul style="list-style-type: none"><li>✓ KP policy states that employees with patient care are not allowed to have acrylic nails and employees will be sent home to remove the acrylic and before resuming work.</li><li>✓ Phleb and CLS are included in this policy as we draw and process patient specimens.</li></ul></li> <li>• Construction Update- SPA door will be close for construction.</li></ul>	Informational

**DOWNTIME  
BINDER (Blue)**

- ✓ Pre and Post Forms
- ✓ Test Blank Forms



ALL STAFF

## MVMC Downtime Guide

### Step 1- Unscheduled Downtime

- Lab employee who discovered computer issue to complete the **Attachment A: Computer System Problem Logsheet**
  - ✓ Call Helpdesk- write ticket number
  - ✓ Call House Supervisor- write name with date and time.
  - ✓ Call Lab Manager if >2 hours

### Step 2- Post Downtime

- <4 hours Downtime
  - ✓ Chemistry CLS to complete **Attachment A: Validation Procedure Log** within 15 mins.
  - ✓ Use one accession number to trace from KPPI-Cerner-HealthConnect.
- >4 hours Downtime
  - ✓ All CLS to complete **Attachment B: Computer System Outage Accuracy** within 72 hours.
  - ✓ Cover different test systems- CBC, Chemistry, UA, Coagulation, BB, and Micro.
  - ✓ One or several accession numbers to cover different departments is acceptable.

### Step 3- File all documents in this binder

Outpatient vs Inpatient Order

# BPAM Orders available to provider in the Inpatient/Emergency Department on Dec 3rd

CLS

Prior to Dec 3<sup>rd</sup>, all orders appear as below. After Dec 3<sup>rd</sup> only Ambulatory orders will appear as below.

After Dec 3<sup>rd</sup>, orders from IP/ED will follow format below.

Ambulatory Cerner Product Order Name (Display in ORV and accession label )	Ambulatory Cerner Product Order Description (Display in DOE)
Pr RBC mL	Prep RBC mL
Pr RBC Ut	Prep Red Bld Cell unit
Pr RBC neo	Prep Red Bld Cell Neo
Pr Plt mL	Prep Platelet mL
Pr Plt Ut	Prep Platelet unit
Pr Plsm mL	Prep Plasma mL
Pr Plsm Ut	Prep Plasma Unit
Prep Cryo	Prep Cryo
PCryoRdP mL	Prep Cryo RePlsm mL
PCryoRdP Ut	Prep Cryo RePlsm unit

BPAM Inpatient/ED Cerner Product Order Name (Display in ORV and accession label )	BPAM Inpatient Cerner Product Order Description (Display in DOE)
RBC mL	Prepare RBC mL
RBC Ut	Prepare RBC unit
PLT mL	Prepare Platelet mL
PLT Ut	Prepare Platelet unit
Plsm mL	Prepare Plasma mL
Plsm Ut	Prepare Plasma unit
Cryo	Prepare Cryoprecipitate AHF
CryoRdP mL	Prepare Cryo Reduced Plasma mL
CryoRdP Ut	Prepare Cryo Reduced Plasma unit

These are the "New" BPAM orders. Next slides will discuss troubleshooting these orders

Monthly Review for Phlebotomist

### Monthly Review of Work for Certified Phlebotomy Technician (CPT)

Name: \_\_\_\_\_ Year: \_\_\_\_\_

INSTRUCTIONS	EVALUATION CRITERIA		
<ul style="list-style-type: none"> <li>Review specimen rejection and complaint data</li> <li>Indicate the applicable evaluation criteria code(s) (i.e. 1A, 2B, etc.) for the involved CPT if issues found. If no issues found, place a ✓ mark indicating acceptable performance.</li> <li>Document corrective action/comments as appropriate</li> <li>Initial and date the monthly review of work for CPT</li> </ul>	<table border="0"> <tr> <td style="vertical-align: top;"> <p>1. Specimen Rejection</p> <p>A. Blood Culture Contamination per set (1A)</p> <p>B. Low Blood Culture Volume per set (1B)</p> <p>C. Wrong container (1C)</p> <p>D. Urine Culture Low Volume Cancellation (1D)</p> <p>E. Mislabelled/Misidentified (1E)</p> <p>F. Misdirected Specimen (1F)</p> <p>G. Missed SO ARUP/Quest (1G)</p> <p>H. TB Gold QNS (1H)</p> </td> <td style="vertical-align: top;"> <p>2. Customer Service Complaints</p> <p>A. No <i>Vocerra</i>, cannot be reached (2A)</p> <p>B. Not following Customer Service Policy (2B)</p> <p>C. Inappropriate venipuncture site resulting in contaminated specimen (2C)</p> <p>D. Phlebotomy supplies left in patient room including tourniquet (2D)</p> <p>E. Unprofessional behavior (2E)</p> </td> </tr> </table>	<p>1. Specimen Rejection</p> <p>A. Blood Culture Contamination per set (1A)</p> <p>B. Low Blood Culture Volume per set (1B)</p> <p>C. Wrong container (1C)</p> <p>D. Urine Culture Low Volume Cancellation (1D)</p> <p>E. Mislabelled/Misidentified (1E)</p> <p>F. Misdirected Specimen (1F)</p> <p>G. Missed SO ARUP/Quest (1G)</p> <p>H. TB Gold QNS (1H)</p>	<p>2. Customer Service Complaints</p> <p>A. No <i>Vocerra</i>, cannot be reached (2A)</p> <p>B. Not following Customer Service Policy (2B)</p> <p>C. Inappropriate venipuncture site resulting in contaminated specimen (2C)</p> <p>D. Phlebotomy supplies left in patient room including tourniquet (2D)</p> <p>E. Unprofessional behavior (2E)</p>
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Phlebotomist

UBT

This concludes the Minutes of the \_March 9, 2021\_\_\_ Lab Staff Meeting.

Prepared by: \_Patricia Chea, Marissa Calilung\_\_\_ Date: \_\_\_3/11/2021\_\_\_