



LAB Dept MEETING – Huddles
Don't forget to acknowledge the sign in sheet

Date of Meeting: September 9, 2021

Attendees: Sandy Burciaga, William Craig, Juliet Garlejo, Mark Gomez, Kathy Jose, Raquel Lecaro, Charisse Manalili, Mariela Mora, Myrna Ocab, Ren Pineda, Janice Tacderas, Michelle Trammell, Patricia Chea, Marissa Callilung, Maria West.



Topic	Details	
KUDOS	Thank you to all laboratory staff for working extra shifts and covering short staffing. Thank you for the yummy hotdogs!	
SAFETY TIP	Central Line Blood Stream Infection (CLABSI)- by Charlene Bruce Reminder to always practice proper good hand hygiene when drawing patients: Example: Change clean gloves after touching a doorknob if you need to step out and call a nurse, etc. Always clean counter or any surface first where you put your phlebotomy tray. Proper hand hygiene is a must and should be practice every time to help prevent infection.	Informational
Fire Drills	<ol style="list-style-type: none"> 1. Fire Extinguisher- during fire drills <ul style="list-style-type: none">  Will be assigned to Phleb SPA and CLS Chem- bring the fire extinguisher to the Fire Drill locations Fire extinguishers are located – one by door close to admin desks, other one by eyewash at the back, front of chem analyzer, DXC#1 (new location)  We encourage all new employees or those that have not experience to join the fire drill. 	ALL STAFF
Low Molecular Weight Heparin- Live in MVMC	Reminder that LMWH is performed in MVMC Due to low volume test- CLS to perform QC for every 8 hours of patient testing.	ALL Staff

Test Information	
Alternative Names:	•Anti-Xa [LMWH] 12 hour •Low Molecular Weight Heparin •ANTI XA (HEPARIN LMWT) 12H
KRMS Procedure Code:	8552004
Health Connect Order Code:	LOW MOLECULAR WEIGHT HEPARIN, 12 HR, ANTI FACTOR XA [85520
CPT Code:	85520
Methodology:	Chromogenic substrate assay
Performed At:	Medical Center Laboratories or Regional Reference Laboratories, N Hollywood
Department:	Special Coagulation
Testing Schedule:	• Medical Center Laboratory: Daily • Regional Reference Laboratories: Daily [same day testing if sample arrives by 3:00 P.M.]
Turn Around Time:	Medical Center: Same Day Regional Reference Laboratories: 2 days
Formulary Status:	*Formulary
Comments:	In general, LMWT requires no monitoring. Monitoring can be helpful for patients in whom pharmacokinetics may deviate substantially from norm (e.g. patients with renal impairment, morbid obesity, pregnancy). The standard dosing of LMWT occurs in 12 hour intervals, while 24 hour dosing is rarely employed. Therefore, ANTI XA (HEPARIN, LMWT) 24 hour should rarely be ordered.

Digoxin reagent

Beckman's still having supply issue on Digoxin reagent. This shipping hold is not related to the performance of the assay but rather tied to a raw material component and the latex used in the assay.

Currently, we only have 1 box left. When we open this last box, please load only on one analyzer. We will only use 1 analyzer to run Digoxin in order to conserve. Run QC only as needed. Always check QC first and make sure it's acceptable before running patients.

CLS

Manual Time Log	<ul style="list-style-type: none"> • Use of Manual time log should be rare. Only if system is not working • For any Manual time log (correction from past pay period)- please submit to a manager directly to we can correct and pay will be available on the next paycheck. • If urgent and it cannot wait- please advise the manager when submitting your form. 	
Modified Q-score	<ul style="list-style-type: none"> • Follow Modified Q-Score policy <ul style="list-style-type: none"> ❖ Phleb to log in specimen then give to CLS ❖ CLS to make determination if it needs to be plated • If Physician ordered Respiratory culture and Modified Q-Score <ul style="list-style-type: none"> ❖ Mod Q-Score CAN be cancelled and Regional Lab will perform Gram Stain. <ul style="list-style-type: none"> - Phleb to log in specimen and give to CLS to make that determination. 	
New Specimen Labeling Form	<p style="text-align: center;">Process</p> <ul style="list-style-type: none"> • Refer to policy “Irreplaceable Specimens” for full information. Available in LabNet and MasterControl • Use the form “Specimen Labeling/Re-labeling Waiver” • Have nurse or physician complete the top portion and re-label the specimen. • Lab to complete the bottom part with Lab Manager approval before proceeding. <p style="text-align: center;">8/20/21 Lab Management </p>	

SPECIMEN LABELING/RE-LABELING WAIVER



Choose an item.

AFFIX PATIENT LABEL OR WRITE PATIENT INFORMATION =
 (PATIENT NAME/MEDICAL RECORD NO. AND/OR DOB)

TO BE COMPLETED BY PROVIDER/DESIGNEE

I, (print name) _____ certify that the urgency of the patient's medical condition is sufficiently grave as to warrant labeling/re-labeling of the unlabeled/mislabeled or mismatched specimen that was collected and submitted to the laboratory.

Signature: _____ Date: _____

**RETURN A SIGNED COPY TO THE LABORATORY AS SOON AS POSSIBLE
 MUST BE SIGNED BY PROVIDER OR DESIGNEE**
 IF A SIGNED COPY IS NOT OBTAINED IN A TIMELY MANNER, SPECIMEN WILL **NOT** BE
 PROCESSED AND MAY LEAD TO DELAY IN TESTING AND/OR CANCELLATION.

*****IMPORTANT NOTES (REGION WIDE POLICY)*****

Specimen labeling Policy: ALL SPECIMENS MUST BE LABELED AT THE TIME OF SPECIMEN COLLECTION IN THE PRESENCE OF THE PATIENT. ALL UNLABELLED OR MISLABELED SPECIMEN (wrong patient identification) MUST BE RECOLLECTED UNLESS THE SPECIMEN IS DEEMED IRREPLACEABLE/UN-RECOLLECTABLE.

Reason this specimen that cannot be replaced/recollected (check one below):

- The specimen was obtained by an invasive procedure.
 (Examples include spinal fluid, body fluids, crystals, biopsies or other pathology specimens)
- A medication has been administered or a medical treatment has been performed that affects the laboratory result. (Examples include: Culture [including blood culture] when an antibiotic has been given after the specimen was obtained OR Drug level when the drug has been administered after the specimen was obtained.)
- Other _____

TO BE COMPLETED BY LABORATORY STAFF

Specimen Source	Test(s) Ordered	Accession #	Collection Date/Time	Error description

Laboratory Approval Signatures/Date & Time

Manager/Designee	
Quality Manager/Designee	
CLIA Director/Designee	

UOR submitted on

Tracking Number: _____



BLOOD BANK MEMO – SEPTEMBER 2021

1. NEED EXTRA SPECIMENS FOR ABID WORKUP - REVISED

When extra specimens are needed from the patient for additional testing or for ABID sendout to Lifestream Ref Lab, the CLS must do the following:

- a. Contact the physician via email HConnect, Call or Page the physician
- b. If no immediate reply, Call the On-call physician by calling the OPERATOR (Dial "0" and ask for on-call physician).
- c. The physician will need to order ABID – need to draw 2- 3 specimens for Reference Lab Sendout or ABID work-up.
- d. Check the OR schedule for the surgery date
- e. Another option is to call the OR Nurse to inform them of the need for more specimens before surgery date. The Dr. needs to place an order for ABID and patient notified to be redrawn.
- f. Document all the calls and notifications.
- g. If it was not resolved, endorse it to next shift CLS to complete notification.
- h. Do not call service rep at the Iris MOB to call the patient for more specimen draw STAT.

2. ANTIBODY ISSUES WORKFLOW – NOTIFY M.D.

- a. When there are ABID issues, the Blood Bank CLS will need to contact the physician or alert the on-call physician (dial "0" for operator and ask for on-call physician)
- b. This needs to be done if there an issue with the antibody work-up, and/or need more specimen drawn for reference lab sendout on ABID confirmation.
- c. Another option is to call the OR charge nurse regarding the need to get more samples for ABID work-up or for sendout.
- d. The BB CLS needs to check the surgery date of the patient and to be aware to endorse all pending work to the next shift.

BLOOD BANK MEMO- continued...

3. **SICKLE CELL POLICY ADDENDUM TO MASTERCONTROL POLICY – REVIEW:**

- a. If there is No Molecular typing report done, sendout to Lifestream Reference Laboratory for Molecular typing testing.
- b. If the patient needs blood STAT due to critical need and the molecular report has not been completed yet, follow the Sickle Cell policy.
The Blood Bank may provide C,E,K and HgbS negative units until there is an Molecular Typing report.
- c. For All Sickle Cell patients with ANTIBODY SCREEN result NEGATIVE or POSITIVE. **Give Extended Phenotypically Matched Units that are negative for Antigens:**
Cc, D, K, Ee, Fya/b, Jka/b, Ss based on the Molecular typing report.
- d. EXCEPTION: If Lifestream Reference Laboratory indicates there is a rarity of the blood antigen negative units, it will take a long time to obtain units and recommends only the minimum required antigen negative units,
- e. Call the physician and find out if they can wait or if the patient critically needs the blood now.
- f. Notify the Medical Director and get an approval and document all notification.
- g. For example: The patient has Anti-C,e,K, Dia, Warm Auto-ab and Lifestream can only obtain the recommended neg ag: C,e,K, Dia, Hgb Sneg due to the rarity of the blood and there will be a significant delay in providing blood. Call the physician and find out if they can wait or if the patient critically needs the blood now. Notify the Medical Director and get an approval and document all notification.

EasyNet Replacement



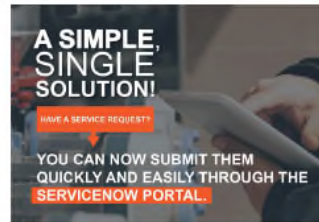
Nuvolo Postcard.pdf



ServiceNow

Transition Handout_F:

Facility Operations Service Requests Now Moving to ServiceNow



WHAT IS HAPPENING?

ServiceNow is the new tool for facility operations requests. You will be able to submit tickets, access the status of your tickets, and amend comments through ServiceNow.

WHERE IS THE SERVICENOW REQUEST LINK?

To submit a facility operations service request click here: https://kp.servicenow.com/sp?id=sc_cat_item&sys_id=6f1b7c97db3933007e4f62eb8a961995

HOW CAN I LEARN MORE?

To learn more about how to submit a service request through ServiceNow, visit the training support page here: <https://sp-cloud.kp.org/sites/EdgeCybersecurityProgram/SitePages/ServiceNow-Transition-Support.aspx>

WHO CAN I CONTACT WITH QUESTIONS?

You can contact your facility operations service support team with questions or to learn more.

A SIMPLE, SINGLE SOLUTION!



FOR CLINICAL
TECHNOLOGY REQUESTS


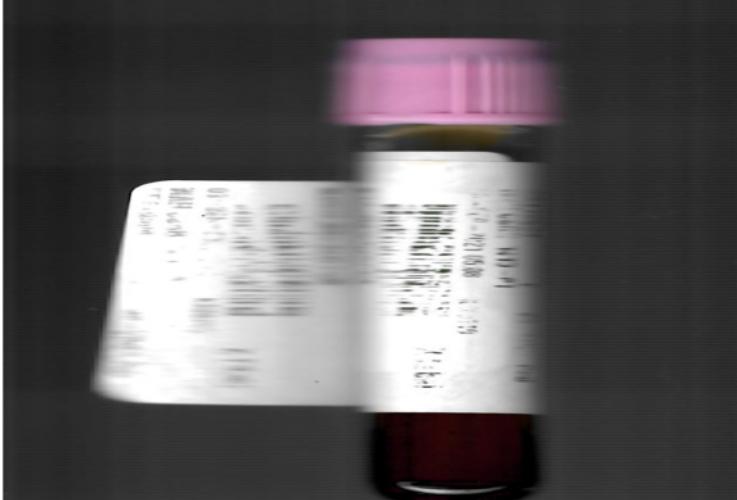



FOR FACILITY AND
SECURITY REQUESTS

HAVE A SERVICE REQUEST?



YOU CAN NOW SUBMIT THEM
QUICKLY AND EASILY THROUGH THE
SERVICENOW PORTAL.

<p>BB Pink top tube</p> 	<p>Reminder to TAPE the original label before re-labeling the specimen. It is essential to be able to trace the date/time and person who drew the specimen for transfusion.</p> <p>As you can see below, without tape, it will smear the label and hard to identify who drew the specimen.</p> 	
<p>SDS online</p>	<ul style="list-style-type: none"> MVMC Lab SDS is online now. Please check email on how to access. The most updated versions of all SDS are online now. 	<p>ALL STAFF</p>
<p>UBT</p>	<p><u>MVMC LAB UBT UPDATE</u></p> <ul style="list-style-type: none"> Two new Co-Leads <ul style="list-style-type: none"> Manager Co-Lead Lottie West Labor Co-Lead Janet Gerges New UBT Representative <ul style="list-style-type: none"> Mariela Mora Need volunteer for CLS UBT <ul style="list-style-type: none"> Representative - <u> "Open" </u> New UBT Projects <ul style="list-style-type: none"> Chemistry: New Specimen Tracking System Workplace Safety Project: Exercise during shift hand off - Stretching Healthy & Safety project: Healthy Recipe <i>Banana Bites</i> Health & Safety Project: Healthy Potlucks Affordability Project – Reduce Cost on Disposable Lab Coats Next MVMC Lab UBT Meeting – Sept. 23, 2021 	<p>ALL Staff</p> 
<p>COAGULATION</p>	<p>Stago Coagulation Autoverification due Sept 2021 – Done Stago Heparin Calibration due Sept 2021. – Needs to be done.</p>	



Special Features



Good evening everyone and Happy Friday,

If you haven't already heard, we are having a KPHealthConnect Update on 9/11/21. There will be a **complete outage** on Saturday morning from 12:30AM to 3:30AM. Please see the email below for details.

I would also like to take this opportunity to encourage all users of KPHC to visit the MyHelp Update suite on <https://myhelp.kp.org>.

If you have any questions, please don't hesitate to reach out to me at any of the numbers listed below.

Please stay safe and healthy!

Thank you,

[Amanda L. Parker](#)

Site Leader, KPHealthConnect

Riverside Service Area

Kaiser Permanente

Riverside & Moreno Valley Med. Centers

Office: 951-602-4381 Tie: 8-247

KP Cell: 951-212-1403

Cell: 951-809-6010

E-Mail: Amanda.L.Parker@KP.org

KPHC Hotline: (951) 353-5638 T/L 8-258

***ALL LAB STAFF PLEASE SIGN THE
HUDDLE SIGN-IN SHEETS!***

This concludes the Minutes of the _Sept 9 2021__ Lab Staff Meeting.

Prepared by: Patricia Chea, Marissa Calilung, Lottie West Date: 9/9/2021

