**JAN 5 2016- TM DEPT MEETING**

PRESENT: Kim, Jennifer, Becky, Chris, Kate F, Kate B, Sean and Paul

Topics discussed:

1. Platelet Box- for convenience, please leave the plastic bag inside the box
2. Abbreviations- are not to be used on documentation. i.e. units of RBC’s must be written as such
3. Blood/component transfusion tags- encourage everyone to use the unit # stickers on the back of the blood component AND patient ultra demographic label (can cut to fit) on the donor tags whenever possible as to cut down on transcription errors.
4. QC sheet- ensure that the ‘in use date’ is being documented on the sheet as well as placing ‘in use’ stickers on reagents.
5. Separating PAC samples- we will only be separating PAC samples for those surgeries that are >14 days in the future.
6. Discussion around completing an investigation when you have found out that the patient has been discharged: It was decided that we should continue to finish all investigations whenever possible. If it is not urgent, it may be left for days to complete.
7. Pathologist consults- reminder to 1-Complete a Path consult form every time you speak to a pathologist (black binder on sign out bench) 2- Leave original attached to the requisition 3-Mark on path consult chart (on side of single Helmer fridge) and attach a copy of the completed path. consult form to this chart.
8. Review of procedures: Antigen Phenotyping-please review when to issue R1R1 and R2R2 crossmatch compatible units when applicable and Sending Ab investigation to Referral Hosp (WRH) form
9. RDU Cooler- reminder that the cooler should only be issued when the porter/RN is NOT available to come back to subsequent units. It is best practice to only issue one unit of PC’s at a time.
10. Issuing Blood-reminder that a FULL signature is required for ‘issued to’ NOT just initials. -we try to keep the issuing bench as clean as possible meaning please remove or change gloves when answering phone or issuing blood/products.

-It is very important that we are all issuing consistently according to our IHL-TMD-III Issuing blood components or Products Routine-Ouellette Campus specifically how the RN\Porters are to be checking and reading information back. Remember that clerical errors are the number one cause of Transfusion Reactions! We have had complaints from nursing staff that not everyone is being consistent hence causing confusion. A copy of this procedure is hanging on the side of cupboard for your convenience to review.

 11. Back copies of requisitions- please file with most recent in front. Albumin back copies may be

 paper clipped together for the same patient however please do not include reqs for crossmatch

 or type and screen with this grouping.

1. Additional testing. i.e. DCT only ordered- try to assess ‘bigger picture’ of patient and determine

whether or not to do additional testing such as antibody screen, DCT and Eluate. If the patient has known antibodies it is probably advantageous to do a complete investigation and have phenotypically matched units available in case the need arises for transfusion.

1. Apheresis platelets- reminder when entering into the inventory log to please highlight in yellow. Also remember to indicate if there is a container 1 or container 2 in the appropriate column.
2. MTS and 10ul pipettes- please be careful that pipette does not become contaminated and if so clean with a Kleenex dampened with saline. Also, please clean periodically regardless.
3. Orders to CBS- please be sure to check over that you are ordering the correct product and the amount from CBS. Specifically Dr Zanganeh’s office does not always request the same dosage or amount of Berinert every time.
4. Request for 50ul non repeater pipette- One to be ordered
5. New segment cutters- 2 different kinds of segment cutters are being trialed in the dept at the moment.
6. Looking up File Cards- be VERY careful when filing cards away that they are in proper alphabetical order. We have found many which are were misfiled. There is a ‘cheat sheet’ taped on the counter just below the files for reference.
7. Log book computer updates- do not file away the back copy of the requisition or the file cards until all the updates have been done accurately.
8. TM Units- reminder to record ALL activities on the unit sheets including thawing, wasting, check results, looking up file from a phone call request, looking for a sample…etc. I suspect we are still not capturing all of our units accurately.
9. Expiry dates- we have found many errors in the issuing log with expiry dates for albumin and other products. Please ensure you are documenting correctly. i.e. 05-2018 = 31 May 2018
10. RDU top copies of requisitions- may be kept attached to back copy in crossmatch folder until time of issue. (Most staff are forgetting to give when we separate it and attach to hanging clip on sign out bench)
11. Wasted/Expired products/components- ensure that everything including albumin, IVIG , factor products are documented in the Disposition tab in inventory when it is expired or wasted. We need this for month end balancing and disposition report to CBS.
12. Filing in binders- starting Jan 2016 we are to file anything in binders with the most recent on top.
13. Purging patient files- it is that time of year again! When time permits, please shred any patient file card which has not received any blood or blood products in the last 3 years. I have detailed this process on a card taped under the room temp graph for reference.
14. 7:30-3:30pm bench- we are going to trial this bench to handle the more complicated cases and antibody investigations as to stream line work flow. The 10-6pm Provue bench will set up the next days OR’s once QC is running. However, as always, we need to continue working as a team to meet workflow demands. Please let me know your feedback on this once we have trialed it for a few weeks. This will not apply when we have a new MLT training in dept. who may be jumping around benches to see everything.
15. Provue 10-6pm bench- reminder that this bench is responsible for finalizing the BBD orders in Ultra on a DAILY basis. Please see me if you are still unsure of this procedure.
16. Anti f- recently identified in the immediate spin crossmatch phase for a patient. This is a combo of anti c and anti e. We must transfuse with EITHER c neg or e neg units (as they both must be present for the anti f to react) Procedure to be updated.
17. Transfusion Rx- any adverse reaction to any blood or blood component should follow our existing procedure. If there is an adverse reaction reported to any other products( IVIG, albumin…) please obtain a copy of the blood transfusion record and complete FORM 1 of transfusion Rx procedure and forward to Jennifer Bawden for reporting.

If you have any questions, please contact me

Thanks,

Kim St Louis

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