

Blood Bank Huddle Notes

9/22/2023

Please make sure you sign online at the MTS site

I. Blood Bank Updates

a. Procedures to READ and SIGN

- i. The following SOPs have become active in Policy STAT:
 - 1. Investigation of Cold Reacting Antibodies
 - 2. Transfusion Services Criteria for Specimen Acceptability
 - 3. Tissue Complication / Adverse Reaction Policy

b. Vision Service Contract

- i. Still waiting for legal to approve contract
- ii. Do not call service unless directed by Supervisor or Medical Director

II. Corewell Health Updates

a. Flu Shots For Corewell Health East team members

- i. Appointments are required at all on-site clinics. Please schedule an appointment in advance.
- ii. You will need to use a Corewell Health computer and have a myBeaumontChart account in order to access the appointment site.
- iii. If you are unable to fill out the consent form online, please ask for a paper copy at your appointment.
- iv. Troy - Area C, suite 308
- v. Nov. 13 and 14, 6:30 a.m. to 11 a.m. and Noon to 4 p.m.
- vi. It appears there are no October dates for Troy.

b. Employee Performance Evaluations

- i. Beginning October 1st, a new performance evaluation process will begin for staff members.

III. Versiti Updates

- a. **Until further notice, the irradiator will be out of service starting Thursday, September 14th.** The irradiator that is located at the Livonia Distribution Center is going to be moved on Thursday, ahead of our physical relocation. This is due to our vendor constraints, as we are unable to reschedule the move and installation of the equipment.

b. Wet Workshop

- i. Thursday, November 2nd at the Grand Rapids center.
- ii. This workshop's topic will be **MANAGING URGENT TRANSFUSIONS.**

c. Liquid Plasma

- i. Our standing order of Liquid plasma from Versiti arrived yesterday.
- ii. We are schedule to receive 3 units of liquid A plasma every other week
- iii. Do no give to patients < 12 years of age.

IV. QUALITY CONCERNS:

a. Kp^a Antigen

- i. It is preferred to get confirmed Kpa neg units as this antigen is part of the Kell system and is clinically significant.
- ii. If needed urgently and confirming would take too long, then prelim neg Kpa units would be acceptable. This is a verbal communication stated by Dr. Davis and Dr. Johnson, it is not clearly stated in the SOP.

b. Cord Blood Samples Requests

- i. A cord blood should be requested when the shingle prints for expecting moms with antibodies. Do not wait until the sample is rec'd or TS results. A cord sample should be collected whether or not the screen is positive. Recently we

had a mom with a Warm IgG that needed a cord collected and the baby was delivered 20 minutes after the shingle printed so no call was made in time and no cord was collected.

c. Neonatal Crossmatch

- i. When doing a XM for a baby unit, make sure you document it in the Neonatal XM binder, not just on the index card that goes on the unit.
- ii. Once that baby is discharged and the index card gets removed, we have no record of the XM unless it is also written in the binder.

d. Homozygous Rule Outs

- i. When doing antibody rule outs for the Duffy (Fya, Fyb) and Kidd system (Jka, Jkb) , only use HOMOZYGOUS cells.
- ii. These systems are the exceptions to the "1 homozygous or 3 heterozygous" rule most antibodies follow.
- iii. These systems have a tendency to show dosage and we cannot reliably rule out the antibody if we are only using heterozygous cells.

e. LOT # Changes

- i. Any nonspecific antibody (TWTI, Warm IgG) that reacts at 37/AHG, must be worked up when the lot# changes for the Selectogen[®] even if it has already been worked up within 90 days (or within 30 days for OB patients).

f. Anti-CD38

- i. A patient that has a historical anti-CD38 ONLY, can have the NEXM comment removed when they no longer take the medication AND the ABSCN returns to negative.
- ii. The patient will then be an electronic crossmatch
- iii. There must not be any other unexpected antibody activity to be EXM eligible.

g. Post-Partum Rhig Evals on Rh Positive Women

- i. If a shingle prints for a RHGPP on a mom that is known to be Rh pos then the tech can cancel the order as "not indicated".
- ii. Do not triage these shingles and leave them for dayshift because the RHGPP can be drawn on mom in this time which is not necessary.

h. QC of Expired Panels

- i. Make sure that you are using the correct type of diluted anti-D when performing QC on an expired panel.
- ii. There is a Tube anti-D control that is a 1:200 dilution and there is a gel Anti-D control that is a 1:2000 dilution.
- iii. The gel reaction should be around 1+/2+ since it is a higher dilution. If you are getting a 4+ reaction, then you are likely using the tube anti-D dilution which is incorrect, and testing must be repeated.

i. Quality Events

- i. Since the last edition of the Huddle Notes the following Quality Events occurred in the Blood Bank:
 - 1. Documentation of incorrect QC rack
 - 2. No "FLAG" in Epic for antibody patients especially neonates
 - 3. Rule outs for Kidd antibody (Jka and Jkb) with heterozygous cells
 - 4. Passive Anti-D ruled in with screen cells (cannot use screen cells for anti-D rule outs)
 - 5. Patients with allo anti-D are NOT RhoGAM candidates
 - 6. Volumes on RBC units is incorrect (1 mL)
 - 7. GND patients need Immediate Spin crossmatches (ISXM)