

# Blood Bank Huddle Notes

9/29/2023

Please make sure you sign online at the MTS site

## I. Blood Bank Updates

### a. Placing Orders

- i. We are no longer placing orders for RHGPP and Acid Elution. See the attached memo for details

### b. Warm Auto Antibody (WAA)

- i. Start with gel (screen and/or panel as indicated by SOP)
- ii. If panreactive in gel, perform testing using the 60 NL method (Surgiscreen).
  - 1. If the Surgiscreen is all negative, you do not need to perform more ruleouts. Crossmatch the units using gel and 60NL.
    - a. If the gel XMs are positive, result them first as incompatible, then result the 60 NL
  - 2. If the Surgiscreen has positive and negative cells, continue rule outs using 60 NL. Crossmatch the units in gel and 60 NL.
  - 3. If the Surgiscreen is all positive due to the WAA, more testing needs to be performed. Absorptions are performed to determine if there are any underlying alloantibodies. This is sent to Royal Oak or Versiti depending on the workload/staffing at RO.
    - a. If unable to rule out all alloantibodies, provide phenotypically matched RBCs.
    - b. The key to remember here is that even though we have made units available for the patient, we still don't know if there is underlying antibody activity. The adsorption will give us that information.
    - c. If the patient does not have a genotype performed by Versiti already on file, you can antigen type for some of the antigens depending on the DAT.

### c. Procedures to READ and SIGN

- i. If you haven't already done your read and signs, please complete them as soon as possible.
- ii. The following procedures are scheduled to "Go Live" in October:
  - 1. *Investigation of Cold Reacting Antibodies*
  - 2. *Transfusion Services Criteria for Specimen Acceptability*
  - 3. *Tissue Complication/Adverse Reaction Policy*
  - 4. *Inventory and Ordering Blood Products from Established Suppliers - Troy*
  - 5. *Special Transfusion Requirements For Patients Greater Than Four Months Old - Blood Bank*
  - 6. *Interpretation of Antibody Investigations*

## II. Corewell Health Updates

### a. Mandatory Employee Education

- i. All team members are required to complete unconscious bias training by Tuesday, October 31<sup>st</sup>. The *Foundations of Unconscious Bias* course has been assigned in Workday to those needing to fulfill the requirement.

### b. Open Enrollment for 2024 Benefits

- i. Employee can select their desired benefits in open enrollment from 11/6/23 to 11/21/23. You must make selections this year even if you want the same benefits as last year.

**c. Employee Performance Evaluations**

- i. Beginning October 1<sup>st</sup>, a new performance evaluation process will begin for staff members.
- ii. Corewell Health is a "pay for performance organization" which means that future pay raises are based on individual performances.
- iii. Team members are required to conduct a self-evaluation by Tuesday, Oct. 31.

**d. Vacation / PTO**

- i. Just a reminder that no PTO will be granted from 7/21/2024 to 8/3/2024 due to the implementation of the new computer system.
- ii. This has been mandated by upper leadership but If you have "special circumstances" please see me.

**e. COVID Vaccine**

- i. The FDA-and CDC-approved Moderna COVID-19 vaccine **recommended** for the 2023-2024 respiratory season will be made available to team members systemwide beginning Tuesday, Oct. 10.

**III. Versiti Updates****a. Wet Workshop**

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

**IV. QUALITY CONCERNS:****a. Quality Events** -Since the last edition of the Huddle Notes the following Quality Events occurred in the Blood Bank:

- i. Documentation of incorrect QC rack
- ii. GND patients need Immediate spin crossmatches (ISXM)
- iii. Patients with an Anti-A<sub>1</sub> require ISXM with group O cells or A<sub>2</sub> or weaker subgroup red cells. (HINT: It's much easier to use group O cells).
- iv. Changing the reaction strength of the cell on the Vision when receiving error code: TFC (too few cells) or TMC (too many cells) or WLL (wrong liquid level). These error codes require the sample to be rerun before resulting.
- v. If any tech notices that a patient requires IRR and has not been reviewed then it is the responsibility of the tech to fill out the form, put the IRRPD message in Softbank, and send an email to Dr.Johnson and CC Terri, Simona, Ghada, and Jill (now doing irradiation reviews).
- vi. When dayshift does inventory, they should be checking the neonatal XM binder and the neonatal units on the shelf to see if the babies have been discharged. If they have been discharged then mark it in the binder with the discharge date and remove the tag from the unit.
- vii. The 2nd person to do the OB delivery log review should check everything from the beginning to make sure nothing is missed.

**b. Best Practice Reminders**

- i. When using a CBC lavender top tube for send outs, make sure to add the BMISC test and appropriate comments in SoftBank.
- ii. When a Comment Text added to the patient's chart, it should be done in a way that the most recent comment is on top (or seen first).
- iii. When getting a call that a patient is getting rebanded, make sure that any prior messages that were added to the antibody screen have been internalized, such as the "delay" comment or the "products available" comment. The "REBAN" canned comment should be the only thing external and should be added above any of the other comments. available upon request comment". It can be confusing to the nursing staff if blood is ready or not. (Trust me...it happened).

- iv. Every shift is responsible for pulling a pending report at the start and the end of their shift. All displayed information must be resolved or accounted for before filing.
- v. Make sure you log yourself out of the Vision when leaving the Blood Bank and please try to alternate which Vision is used on the off shifts.
- vi. Anti-Jka and Jkb need homozygous cells for rule outs.
- vii. Anti-D vs. Passive Anti-D: Patients with Anti-D are not RhIG candidates