

# Blood Bank Huddle Notes

10/16/2023

Please make sure you sign online at the MTS site

- I. Blood Bank Updates**
  - a. Vision Service Contract Update**
    - i. Sources tell me we have a service contract with Ortho now.
    - ii. Still in the process of updating purchase orders and stuff
    - iii. Official notice to come soon
- II. Corewell Health Updates**
  - a. Flu Shots For Corewell Health East team members**
    - i. Troy - Area C, suite 308
    - ii. Nov. 13 and 14, 6:30 a.m. to 11 a.m. and Noon to 4 p.m.
  - b. Employee Performance Evaluations**
    - i. Beginning October 1<sup>st</sup>, a new performance evaluation process will begin for staff members.
    - ii. You must complete your portion of the evaluation by October 31<sup>st</sup>.
- 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. Phenotypically matched units**
    - i. If a patient has panreactivity, as in the case of a WAA or CAA, and we need to order phenotypically matched unit for transfusion then we must also honor the M antigen.
    - ii. If the patient is M antigen negative, we need to order M negative units even though we would normally crossmatch for compatibility with an anti-M.
  - 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.
    - ii. 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. Crossmatched units on neonates need to be reviewed daily to make sure the neonate hasn't been discharged or the unit is not too old for the neonate.
  - d. 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).
  - e. Warm AutoAntibody (WAA)**
    - i. Patient with WAA need both a gel XM and a 60 NL XM if the patient's WAA is reacting and causing panreactivity in the gel.
      - 1. The gel XM is entered first as incompatible.
      - 2. The 60 NL is entered next as compatible.

**f. Quality Events**

- i. O negative units placed on the O positive shelf making it look like we had no O negative RBCs.
- ii. Documentation of incorrect QC rack.
- iii. No “FLAG” in Epic for antibody patients especially neonates
- iv. Passive Anti-D ruled in with screen cells (cannot use screen cells for anti-D rule outs)
- v. Volumes on RBC units is incorrect (1 mL)
- vi. GND patients need Immediate Spin crossmatches (ISXM)
- vii. Once a weak D, always a weak D. Please be careful when accepting Vision results. This patient was result as O negative when she should have been O weak D+.
- viii. Temperature of returned units not properly documented in SoftBank. There was a discrepancy between the written sheet and the LIS.
- ix. Wrong patient label placed on antigram. Not noticed until reviewed by Lead MT.
- x. Paperwork of returned units discovered in the trash. All paperwork from MTP/EI/cooler is saved for review.
- xi. Documentation of return incomplete. Missing important information: tech, date, time, temp
- xii. Inventory of RBCs not organized and checked and per daily checklist.
- xiii. Band number was on the sample but not in the computer. When this happens, you need to call to confirm the band number. If it matches the sample’s band number, then you can accept the sample.

**g. Appropriate Use of Antigen Negative Units.**

- i. Recently, we have had a rash of antigen typed blood being used inappropriately.
  1. A patient that had an anti-Kell was transfused with a O negative unit that was antigen negative for K, S, C, e, Jka.
  2. The patient that received this unit could have easily waited for another unit to be antigen typed.
- ii. When you use antigen query, the BB only gets charged for matches. So, if you need 6 units and we only have 3, we are only charged for the 3.
- iii. There are some antigens that we don’t need to even query...like Kell.
  1. When you are trying to determine if you should query or not, look at the chart of antigen presence in populations.

**h. Anti-V**

- i. If non-reactive, Caucasian donors or V negative units are requested.
- ii. If reactive, the gel crossmatch will suffice to detect incompatible units that may have the V antigen.

**i. Preliminary Antigen Typing**

- i. Preliminary antigen typings provided by the supplier must be confirmed as antigen negative by retesting before it can be safely transfused to a patient requiring antigen negative units.
- ii. When performing antigen testing on donor units, ANY reactivity is a positive result.