

Blood Bank Huddle Notes

12/8/2023

Please make sure you sign online at the MTS site.

I. FUN on FRIDAYS

- a. In December, the lab will be spreading the holiday spirit with Hot Cocoa and Treats
- b. December 15th: sponsored by Anatomic Pathology and Blood Bank
- c. If you would like to take part, please bring a treat to share.

II. QUALITY

It might seem like these items are small and insignificant, however each one of these events represents a deviation from protocol and consequently a risk to our patients.

Patient safety and quality are still the standards for the Troy Blood Bank.

a. Quality Events

- i. Units issued as compatible but were incompatible.
- ii. Incorrect volume of unit entered in LIS.
- iii. Critical DAT result NOT called to the RN
- iv. Neonatal DAT turnaround time >120 minutes
- v. Failure to add the "delay" comment.
- vi. The wrong type of crossmatch was performed (ISXM, gel XM)
- vii. Emergency issue of components when the patient had a current TS.
- viii. Using homozygous cell as a control cell
- ix. Comments not added to RHGAN
- x. RHG action was not ordered on RHG candidate
- xi. Failure to document employee ID of staff called for critical

III. EDUCATION

a. Antigen Typing

- i. There is a new log where the technologists need to document the number of units that were typed and who they were typed for so we can recoup billing.
- ii. The log called, Antigen Typing Billing Log, needs to be documented with the following categories:
 - 1. Name and MRN of patient the units were antigen typed for
 - 2. The antigen that was tested (ex: S, M, Fya...)
 - 3. The # units that were preliminary antigen typed or scanned from Versiti's antigen query.
 - 4. The # units that were tested in house for the antigen
- iii. Do not worry about billing for the antigens. Ghada will take care of the billing but she needs all shifts to fill out the billing log.
- iv. QC only needs to be done once per day but if you feel more comfortable doing QC with your batch of testing, you can do that too.
- v. We still need a transfusion history to make sure patient has NOT been transfused in last 90 days.

b. Antigen QC entry

- i. When entering QC for antigens that require multiple phases, make sure to enter the comment on the QC to document the phases the test was read at.
 - 1. 4-Results > Quality Control > Results > Edit
 - 2. Select the antigen that you ran QC for in the RACK# box
 - 3. Accept > Enter
 - 4. When entering the QC result, select F8 > then F5 (canned comments)

5. Select appropriate comment (AGQCT) and enter the information:
 ? Controls Tested by Tube Method
 ? Immediate Spin:
 ? Incubation:
 ? AHG:
 ? CC:

c. Cold Reacting Antibodies

- i. An investigation for patients with historical or suspected cold reacting antibodies is required every three months. This investigation is required every three months if unexpected reactivity is observed in the reverse ABO type, the antibody screen, or immediate-spin crossmatch (e.g., observed in a post emergency-issue crossmatch).
- ii. If an incompatible crossmatch is observed on a patient with a cold reacting, non-specific antibody, and an investigation has not been done in the last 30 days, then an investigation must be performed on the current sample.
- iii. If the antibody screen is reactive, a gel panel is performed to attempt to identify any clinically significant antibodies that may be present.
 1. In addition, an all-phase tube panel is performed. The purposes of this panel is to determine whether a cold reacting antibody is present, to attempt to identify the specificity of the cold reacting antibody, and to determine whether the antibody is reacting at the AHG phase.
 2. The all-phase tube panel is read at the following phases: I.S., RT, 37°C, AHG, and CC. An additional incubation and reading at the 4°C phase may be performed.
- iv. When crossmatching for a cold antibody, perform gel crossmatches. Continue to gel crossmatch up to a reasonable number of units.
- v. A reasonable number of crossmatches for patients with an insignificant cold reacting antibody (without identified, clinically significant antibodies) is 6 units.

IV. Departmental News

a. Welcome to CHE

- i. Craig Keiper – Med Tech for afternoon shift
- ii. Melissa Camitan – Med Tech for afternoon shift
- iii. Julianne Wilson – Med Tech for midnight shift
- iv. Lindsey Stafford – Med Tech for afternoon shift
- v. Mary Reeves – Med Tech for afternoon shift

b. Goodbye...we'll miss you!

- i. Dr. Pansare – moving to a warmer climate!