October 2012 Hematology Department Meeting

Tuesday, October 23, 2012

Attending: Vicky Douglas, Susan Rowan, Julia Sauls, Patty Isbill, Brandon Mason, Kay Schanual, Evan Evans and Kathy Stanley.

**New Stat Spin centrifuges –** New Stat spin centrifuges went into use today. They are very similar to the olf unit, but have an extra spin cycle. The PRP mode spins in 30 second – we do not use this one. The 2 minute spin can be used for our in-house coag testing, the 3 minute spin can be used for send out coag testing. Both the 2 and 3 minute spins make platelet poor plasma, the 3 minute spin taking just a few more out and providing a harder pack to get the most plasma out for send out testing. There is even a 5 minutes spin cycle (press both the 2 and 3 minute button simultaneously).

**CAP –** we in our window, so make sure all reagents get labeled when placed on-board the analzyers.

**New BD Urine tubes** – Remember that if a specimen has both a UA and chemistries you must pour off an aliquot for the chemistry testing before running on the IRIS. Once the specimen has been tested on the IRIS, it cannot be used for chemistry testing – the lamina may cause inaccurate results.

They will begin using the new collection kits out front soon. They are going to tear down the kits giving only the cups and castile soap towelettes to the patient. They will give the (unfilled) yellow and gray top tubes to UA for storage. We will also have some plain red-top tubes available (for chemistry testing). We have asked C&D/registration to paperclip the registration label sheet to the MCare specimen labels for the urines. When we retrieve the urine from the pass-through we will still fill both the yellow and gray-top tubes and you can use the Meditech registration label if there is not a MCare label available. You can also fill a plain red top tube at this time for any chemistry testing (as opposed to pouring the specimen off). You can then discard the urine collection cup (remember the blue cap in sharps waste), and we’ll retain the other specimens.

**Kathy’s section:**

For several years we have been performing Histology for Anderson Hospital. They have informed us that they will bring Histology back in-house on December 1st. The Anderson workload account for about 1/3 of the work in Histology, meaning that, regretfully we are going to lay off a couple of Histo/Path employees. One of the secretaries, Kathy, will be let go – they are looking for other secretarial positions within the hospital. Shelly can help cover the secretarial duties as well as accessioning, and there are other Histo techs that can help accession. Mike Newel will also be let go – he was part-time and the last tech hired and is not fully trained, so is not able to cover as many positions in Histo as the other techs.

Shortly, self-evaluation forms will be made available to you in Health Stream. Everyone must fill out a self-eval as part of their yearly evaluation. They have tweaked the evaluation process this year, for the lab it will be weighted more for performance then the customer service. Also, in looking at raises, there will be a bell curve applied to the entire hospital – last year the lab had its own bell-curve. It has not been decided yet it there will be peer evaluation this year – if they are they may be assigned in Health Stream. In nursing all nurses are peer-evaluated. In December the supervisor will fill out the evaluation and you will be given them as last year.

Employee Engagement survey – will also be available shortly. Kathy apologizes for not getting last year’s results out, but we fit within the benchmark values on employee engagement – 26% of techs were highly engaged, while 45% of phlebotomists were highly engaged.

Remember to use you locker to store valuable items at all times. Recently someone reported that there purse had been stolen from the breakroom, resulting in a call to the police to file a report and a concern that we had someone working here that we could trust. Two weeks later the person found their purse in a drawer were they remember they placed – it had not been stolen, just misplaced. If kept in your locker (which should be locked whenever you are not standing in front of it) this should not be an issue.