October Chemistry Department Meeting

Monday, October 22, 2012

**Attending:** Lisa Ellis, Joyce Kniepmann, Nancy Buckley, Beth Albrecht, Paula Swierczek, Vicky Douglas, Evan Evans, Kathy Stanley.

**Reagent Issues**: Remember that all reagents should be labeled with the date placed on the analyzer and your initials. Make sure you label it so it can be seen. If the receive label is towards the back where you can’t see it when on-board, make sure you write the on-board, expiration date, and you initials so it can be seen when on-board.

Make sure you are placing the correct reagent in the right space. Recently someone placed an ISE reference electrolyte in place of the ISE standard – they are not interchangeable and there were no initials on it so we could correct that person.

Also – make sure you put the correct dates on. On 10-15 I was visually examining the Cell Clean volumes and noticed that Cell Clean one had a hand written expiration date of 10-10-12. It claimed it was placed on-board on 7-13-12. The revised expiration date for Cell-Clean one is 28 days. Now 7-13-12 was the date the reagent was received, and I’m sure it was probably placed on board on 10-10, but I had to replace it as I had no proof. If you find an unlabeled reagent on-board, you should replace it and bring to my attention.

Also remember when placing new reagents in use, they need to be checked off the reagent lot checklist.

**QC issues:**  If you have QC that does not come in until after calibration, please e-mail me or Carmella. Over time QC values will trend and I will make adjustments (if needed) to help avoid the headache that is out-of-range QC.

**ATC add-ons** – I asked a couple of weeks ago for copies of add-ons from ATC if they originally ordered a BUN, CREAT LYTES and then add Glucose later. So far I’ve received 2. That is really not enough for me to talk to ATC about, so unless I see better evidence, I will not follow this up.

**New Urine Tubes** - The yellow capped tube can be run directly on the Cobas analyzers if the specimen only has chemistry tests ordered. If a specimen has both UA and chemistry, UA will pour off an aliquot for the chemistry test. If a specimen is run on the IRIS, the same tube cannot be used for any other testing (due to possible cross-reactivity with lamina used by the IRIS). When out-patients begin to use the new collection cups, UA will aliquot into a red-top tube for chemistry testing.

**Auto-verification –** I reviewed data from the period of October 1st through October 7th. During that time 98.5% of all results from the Cobas were auto-verified. The next step we want to take is to consolidate down to a single resulting batch in Meditech for both Cobas. I would like dayshift to consider how best to implement this, looking at how specimen would be handled, resulting, maintenance. I can picture one tech handling the resulting end, while the second tech would handle the specimens, loading, unloading, storage, as well as maintenance (when one tech is performing maintenance, the other would be solely responsible for the other analyzer). That is just a general thought; I would like everyone’s help in looking at the logistics of this situation.

**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.