

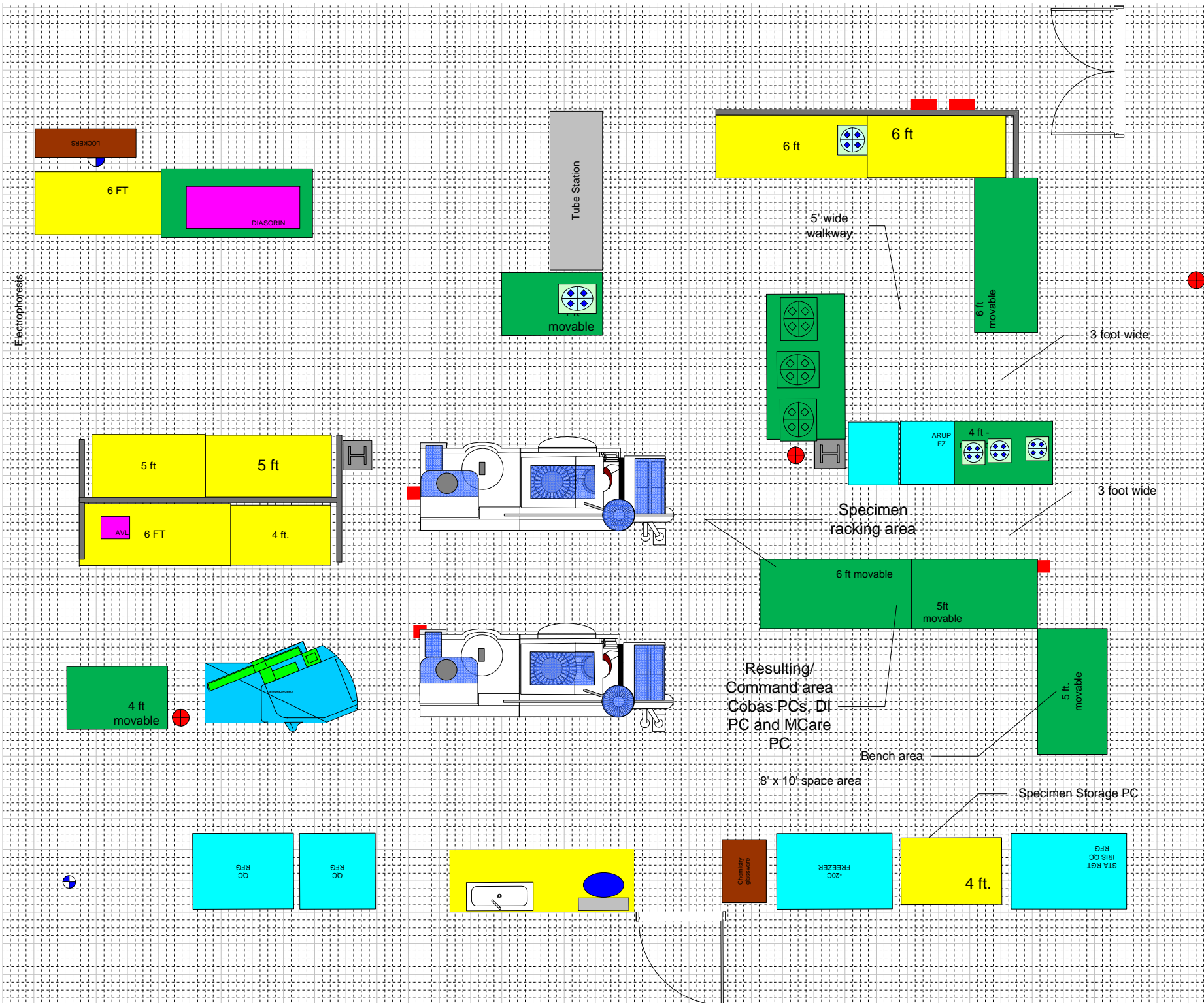
November 2012 Hematology Department Meeting
Tuesday, November 27, 2012

Attending: Kim Lee-Nash, Susan Rowan, Kay Schanual, Carolyn Wade, Julia Sauls, Bruce Reese, Evan Evans, Kathy Stanley.

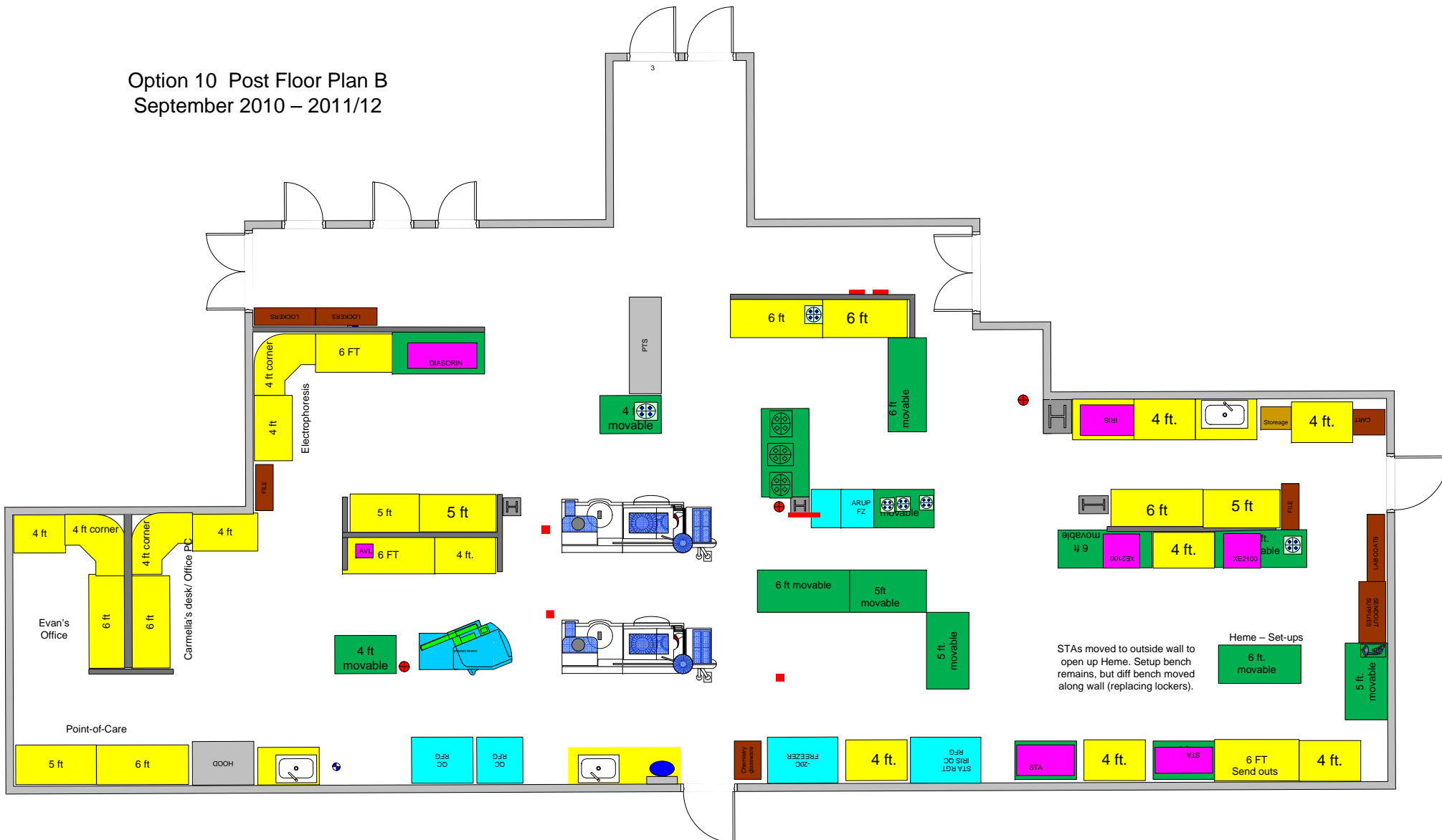
1. New kit/lot crossover – we had a suggestion to perform the new lot crossover study when new kits have arrived, instead of waiting until they are almost in use and we run out of the old kit to perform the cross-over. Because of storage issues, we would need a single box of the new lot/shipment brought up to the lab for testing, and when complete, returned to the storeroom and all other boxes of that lot/shipment marked as QC complete.
2. Critical Value calls – We have seen an improvement since we stopped using the ‘print’ comment and started calling all stats. However, we are still seeing a few either critical PT or INRs not being called. Please remember if both are critical, both results have to have the critical call comments.
3. Easy Cell – Digital imaging system we demoed earlier in November. While it seems like ‘neat’ technology, I don’t see where it would actually save any time in reviewing slides – a tech would still have to look and review all the cells/slides. I don’t think it is something we will look at in the near future.
4. Evaluation Time – We are currently writing evaluations. All evaluations will be given in December and you will learn your raises at that time (yes – there will be raises, ranging from 0 – 3.5%). As for personal goals for 2013 – we need to make sure your goal is one that you have complete control over – many techs had an individual TAT goal for the year, but there are too many variables outside of that techs control that go into a TAT, that it is not a truly reflective goal. So we will discuss a possible goal during your eval, but I will give you time to think about a goal afterward and we will set up the goal in a follow-up meeting.
5. ARUP on-line training. ARUP has a new web-based on-line ordering system (to replace the System 2000) and on-line exception handling (they will no longer call exceptions, but we would have to check the exceptions daily. ARUP will be here for training on December 11th, to train everyone who is here.
6. PKUs – I just want to re-state the e-mail sent earlier in November. Please make sure all PKUs are filled out legibly and are collected > 24 hours from birth. If we can catch that while the baby is still in-house we can have it re-collected before they leave. It is required that the infant be at least 24 hours old – this allows them to have ingested and digest protein in their diet – false negative results can occur if the PKU is drawn too soon. Please remember that the PKU envelope needs to be given either to a supervisor by 1130 or taken to the receiving dock by 1230

during the week, and delivered to the ED security desk by 1030 on Saturdays. During a holiday week, if UPS is running a different schedule (i.e. day after Thanksgiving, Christmas Eve) we will post where and when the envelope should be delivered to.

7. Lab Processing – Make sure you enter the correct phlebotomist initials when receiving blood. We had an incident where the incorrect initials were placed in (and no- it was not a legibility issue) MCare and that person was reprimanded for an error that was made, but when the tubes were pulled, they had a different phlebotomist's initials on them. When Mobilab is in place (hopefully 1st half of 2013), this will not be an issue.
8. Sysmex – Please be very careful when deleting the previous day's patient controls. Last week someone accidentally deleted all the level 3 controls values for the previous month. Fortunately Carolyn had already submitted the data, so we didn't lose but a few days, but if she hadn't the process of retrieving and manually submitting the data is arduous.
9. An MLA pipet with dried blood the length of the barrel was found in the drawer by the PFA/FFN units. Please remember to wipe off any contaminated equipment before placing back in to drawer or wherever they are stored. IF Cap had found this, it would have been a deficiency.
10. UA tracking lists. Please remember to check these to make sure there are no OP urines sitting in the pass-thru. Kathy and I will ask Robyne to have Tasha or whoever is out there to please bring the urine to UA when they hear one placed in the OP bathroom pass-thru. I will also send an e-mail out to all staff to please bring urine labels to UA when they deliver OP blood to Lab Processing (or if they retrieve specimens from Lab Processing).
11. Combination of Lab Processing and Send outs – Chemistry is consolidating to a single resulting test on the Cobas, which should allow for a little more room in Lab Processing to allow the send out tech to move into the area as the second LP helper. This will free up the Coag tech to assist with diffs (especially on short-staff days). Some plans were looked at, and I will be discussing those plans during the Chemistry department meeting also.



Option 10 Post Floor Plan B
September 2010 – 2011/12



This plan moves the Centaur XP to where the old mod was to open up more area for the COBAS stations. Again – the Cobas 1 terminal would be closer to the analyzer.