January 2013 Hematology Department Meeting

Tuesday, January 29th, 2013

Attending: Anita Konieczny, Vicky Douglas, Carolyn Wade, Brandon Mason, Bruce Reese, Susan Rowan, Julia Sauls, Evan Evans, Kathy Stanley.

1. Goals for 2013 - Personal goals are due by January 31st. I have many, but I still need some staffs. We did set the department goal for Hematology as TAT of ED tests from rec-ver of < 20 minutes, 90% of the time. In 2012 we averaged a TAT of <18 minutes, with almost 86% at < 25 minutes. We feel that with changes in Lab Processing (MobiLab) and the new XN analyzer and auto-verification on the STA and on the XN we should be able to meet the goals we have set.
2. Xn-2000 – Correlations are done, much thanks to everyone who helped perform the 200 cell diffs. Waiting on interface from Meditech (they say April, but we are pushing for earlier). If you attended one of the train-the-trainer meetings and you have an interesting specimen, please run it on the XN to get a feel for how it works. The XN has a specific body fluid mode (it automatically performs a background count before testing the specimen). The linearity for body fluids is down to 0, so we can do CSF fluids. The analyzer also performs a differential (mono-nuclear and poly-morphonuclear cells and non-WBCs), however we will still do a manual diff to differentiate mesothelial and macrophages cells.
3. Uro/Sero
4. 2 step PPD testing – Vicky will add a section to the procedure regarding 2-step PPD testing. The 2-step PPD is simply 2 separate PPD test administered 7 days apart. The patient will still have to come in and have the PPDs read at the 48-72 hours for each one. The goal of the 2-step is to determine a past TB infection (can have a negative first step, but the second step may be positive).
5. Iris – If the microscopic module is down, Blood Bank as a centrifuge (in their storeroom area) that we can use to spin specimens in the department.
6. Lab Processing –
7. Remember to label aliquots as serum or plasma, for both in-house and send out testing. Due to outreach and add-ons, we cannot assume the primary specimen type is what is in the aliquot tube.
8. Chemistry working Lab Processing – it does seem that when Chem is scheduled in Lab Processing they have some difficulties (drown). They do not have the experience in LP as Heme staff has. When there was more coverage of evenings by dayshift, especially in Chemistry, we assumed the Chem techs would get their LP shifts that way, but that is no longer the case, and the Chem LP coverage is far between in some cases (Chem-Heme cross-trainers working the weekend do work LP every Sunday (for the most part). We will talk to Jan and Rita about having Chemistry cover more LP shifts when Kim is not here and I will ask at the next Chem staff meeting if any would like to work some consecutive days in LP if Kim has time off to hone their skills (this worked well in Heme during Kim’s maternity leaves). We do hope that with MobiLab the process in Lab Processing will get better we will only have to barcode the tubes as in-lab and not have to enter the random# and draw information.
9. If you get a call requested a fax for a specimen ordered in outreach you will have to fax the report, HIM does not see the lab outreach reports to be able to do this.
10. 2013 Competencies – Due to a CMS and CAP change, competencies will be more involved in 2013. CAP requires 6 points of competency (Direct observation of testing, maintenance, an unknown or survey specimen, problem solving and review of QC and workload) for each system. Previously we could define what we considered a system, and we defined Core Lab as a system, so you only had to have a single direct observation on any test, any maintenance, a survey/unknown on any test, a clerical check of QC and results. Now we have to narrow each system to either and analyzer or kit, so the Sysmex is a single system, STA is a single system, the OraSure HIV is a single system, the Monotest is a single system, and all competency points must be completed for each. We are working on a new form and are trying to make it easy for each tech to complete all of the items throughout the year. More will be coming on this as we solidify what needs to be done.
11. Kathy’s section.
12. Night shift opening – Brandon is going to work 2 weeks of night to see if it will work for him. If Brandon does decide to move to nights full-time we will hire a phlebotomist in order to reduce tech staffing of C&D. If Brandon decides nights is not for him, we will hire an experienced night shift tech.
13. Aliqouting – We had 5 Red Rule violations in the last 6 months. Mostly these have been aliquoting errors, so please be careful and aware when aliquoting. Make sure you check the patient identification before and after you have completed the aliquot and only work on one patient at a time.
14. MobiLab – the software has been loaded and we are waiting on the hardware. We are looking at a go-live of May 1st. All staff will be trained on MobiLab (as it will also be used for out-patients) and as we approach go-live much more will be said about it.
15. Employee Engagement – Overall we are at the benchmark for employee engagement in the lab, with the phlebotomist feeling more engaged than the techs. Hospital-wide Environmental Services (housekeeping/laundry) have the highest engagement. Kathy will bring the detailed results to the next department meetings and we will discuss what area we want to work on.