January 2013 Chemistry Department Meeting

Wednesday, January 30, 2013

Attending: Anita Konieczny, Carmella Blacet, Nancy Buckley, Paula Swierczek, Evan Evans, Kathy Stanley.

1. 2013 Personal Goals – Personal goals are due by January 31st. I have many, but I still need some staffs. We did set the department goal for Chemistry as TAT of ED tests from rec-ver of < 35 minutes, 85 % of the time. In 2012 we averaged a TAT of just under 35 minutes once auto-verification was in place, and we are seeing the % completed < 35 minutes climb to the upper 70s. We feel that with changes in Lab Processing (MobiLab and a new centrifuge), as well as adding an addition c501 onto Cobas 2 will help us to meet this goal by the end of the year.
2. Lab Processing –
3. Add-ons – add-on tests can be written on the specimen tube (near the top, not on the label), they do not have to be placed on a yellow sticker.
4. Coverage – There is concern that when Chemistry techs are working in Lab Processing they are struggling as they do not work in there as often as Hematology does. Previously, when there was a greater need of evening shift coverage by days, we considered that if you worked Chem on evenings you covered LP, so Chem techs were not rotated through as frequently as during the day. We have asked Jan and Rita to try to have Chem techs cover on those days that Kim is not here. We found during Kim’s first maternity leave that by working a week straight in LP really improved the skill level, so if any tech would like to work consecutive days in LP when Kim has more than one day off in a row, we can arrange that, just inform me or Jan or Rita.
5. 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
6. 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.
7. Auto-verification issues - Nancy has created a new auto-verification update (4.5 months) to the auto-verification notebook. Please review it. A note for those that are working on reducing missed critical call comments, in the DI you can just send the critical result to MCare and enter the comment and verify. When you send the remaining results from DI, they will auto-verify.
8. Cobas issues – We are working on the purple and yellow alarms to reduce the need to add reagents and QC during the shift. It is a work in progress as our volumes grow. We have a call in to Roche looking at the HDL and ISE issues (sporadic QC out). Please keep an eye out for updates from Carmella.
9. 2013 Competencies – 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 Cobas is a single system, Liaison is a single system, the AVL is a single system, so you will have to show all 6 types of competency for each system. 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.
10. Kathy’s section.
11. 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.
12. 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.
13. 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.
14. 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.