February 2013 Chemistry Department Meeting

Monday, February 25, 2013

Attending: Carmen Rigney, Denise Manning, Joyce Kniepmann, Nancy Buckley, Diane Weihrauch, Paula Swierczek, Kathy Stanley, Evan Evans.

Special Guest Star – Tess Thouvenot.

1. New glucose meters/procedures. Tess discussed the new Inform II glucose meters:
2. New tool for resets (cannot use paper clip). There is only a single type of rests and we are not informing nursing how to do resets, they should all be performed by the lab.
3. Flashing red light on base units – this is fine, we have an issue with the RRC software (that is being worked on) and the meters are not downloading when placed in the base (hence the red flashing light). However, since all the meters are wireless, they are downloading when tests are completed so it is not an issue.
4. Because they are wireless and constantly downloading, when you check the device manager you should never see any unit that has not downloaded over the last 24 hours, so no more phone calls to the floor to ask them to dock the meter.
5. New procedure for ADT override – due to the change to using the patients H# for ID and a re-mapping, we are seeing very few overrides needed. Please see Tess or Evan for training.
6. We are seeing more “Will repeat test” comments – you have to look up in the EMR to see if a repeat was performed, if it was you can mark the initial test as “Do Not Upload”
7. Contour meters still available, but only for the following circumstances: Triglycerides > 1800 or if the patient has galactosemia. We are considering adding a comment to any triglyceride> 1800 informing the floor that a contour meter will have to be used for POC glucose measurement. (If the Trig is > 3000 a comment will say the patient needs to be drawn to monitor blood glucose levels). The floors will have to notice in the patient’s history that they have been diagnosed with galactosemia.
8. Urine Drug Screen cups (NexScreen) for stats. To provide stat urine drug screens to ED, OR and labor when Cobas 1 is down (either for maintenance or a downtime situation), we are going to cancel the DAU we do on the Cobas and use a NexScreen urine drug screen cup. The NexScreen urine cup is a Point-of-Care device (our pain management area is thinking of using this for their patients), that will give us comparable results to our urine drug screen. We can test using from 2-30 mL of urine and results are available within 5 minutes. Since it is a manual read test, we will have a worksheet for resulting the test. Any positives we will call and ask if a confirmation is needed (as we do now). The test cup does screen for a few drugs we do not currently test for on the Cobas (PCP, Methadone, Oxycodone, Ecstasy and Tri-cyclics), but we will report out these results. When the Cobas 1 is running, we will perform testing on the Cobas. The NexScreen test will only be orderable by the lab. This is a stop-gap measure until we install a 2nd C-module on Cobas 2 to provide backup urine testing…
9. New C-mod, new test for Centaur. In the late summer we will make some changes in Chemistry’s layout that is based on the following:
* Installing a 2nd c-mod on Cobas 2 – this will allow for urine drug screen, and other test to have a permanent back-up on the Cobas.
* Our contract for the Liaison expires in September and we are going to move Vitamin D testing to the Centaur. IN addition, we will begin c-peptide testing on the Centaur in March/April.
* The hospital would like us to look at purchasing equipment for Memorial East early, so there is not a huge cost in 2015.

So, this is our plan:

* When the Liaison is gone, we will move the Centaur to where the Liaison is. That area still has the water and power hook-up from the Mod. We will remove some of the partition that is there and the file cabinet to give it more room.
* As part of a new reagent agreement with Roche, we will get the equivalent to a new C-C-E unit. When the Centaur is moved, Roche will temporarily install a C-E mod in its place and bring it up to provide back for Cobas 1. When it is up, we can take the Cobas 2 down and Roche will install the second C-mod on it. Once the Cobas 2 is back up and running, Roche will take down the backup C-E and we will store it for Memorial East.
* To create some space on the Cobas E-mods, we are looking at moving the following tests to the Centaur: TPSA, CA-125, AFP and Insulin. Free PSA we are looking at making a send out test, due to its low volume. If a free and total PSA are ordered, it would be sent to ARUP.
1. Common Lab item storage (the Pit)/ Inventory. Since C&D have moved their supplies to their new area, are plan is to use the Pit (yes, we are looking for a new name for the room), as a store room for the common lab supplies (white buckets, red bags, paper, etc.), so each department can keep less of those in the department itself. Vicky and Rita are working on this project.
2. Items from meeting:
* Please remember that if you use the last calibrator, please make up more so it is ready for the next person to use. This mostly applies to frozen calibrators. If you do not have time to make it up, leave a note that it needs to be made up, so the next shift (or days) can make it up.
* If there are maintenance (daily, weekly, etc.) that are not filled in, make a copy of the form and please inform Carmella or myself and we will ask the tech in question if they did it and have them fill out the form Do not circle or write on the form that it was not done.
1. Kathy’s section
* Brandon has accepted the Night shift position. We will hire a phlebotomist and once that phlebotomist is trained techs will no longer be scheduled for C&D.
* MobiLab – hardware is here and Susan and Melissa are going to start the build. We still anticipate a May 1st go-live date.
* Micro Staffing – to provide better patient care and to better utilize the new Vitek, evenings micro is going to be concentrated to only 3 techs (Lindsey P, Lindsay S and Alyssa) –t hey will work from 1300-2130. On weekends, Micro days will drop to 2 techs, one will work form 6-1430, the other 0900-2130 and they will alternate those shifts the next day.
* Competency – Due to new CMS and CAP regulations each analyzer or stand-alone test is considered a separate system direct observation (testing and maintenance), problem solving, survey/unknowns, supervisory review, must be recorded for each. I will maintain the records and Carmella, Vicky and I will have days scheduled for DO (including coming in early for nights and staying late for evenings). I will provide a monthly spread sheet that shows what you have completed. We will develop a quiz to cover the problem solving for Heme and Chemistry.
* Fire Drills – CAP requires that we have a record that each employee has participated in a fire drill. So please remember to sign the clipboard from security (hunt them down if need be) to indicate you have participated in the fire drill.
* Memorial East – Kathy will be sending out an e-mail shortly to see who has an interest in working at the Memorial East site in 2015. We plan on all techs assigned there to be fully cross trained in all areas (Heme, Chem, Blood Bank and the few micro kits tests that will be done. We plan on a staffing pattern of 4 day, 2 evening and 1 night tech, with a lab processing tech every 24 hours.
1. Employee Engagement – Kathy went over the Employee engagement survey results from last September. Detailed handouts were given to staff members (if you did not attend the meeting, Kathy can give you a copy, just ask or e-mail her). While the hospital results were very similar between 2011 and 2012, in the lab our numbers were better; Disengagement and ambivalence went down, while we saw an increase in contentment and engagement. We were happy to see that among our top strengths were:

Conflicts are resolved fairly in my department,

My unit/department has enough staff,

My organization supplies me with the equipment I need,

My organization pays me fairly,

Abusive behavior is not tolerated in my department,

My organization does a good job in selecting and implementing new technologizes to support my work.

In all of those areas we saw significant improvement from 2011.

The areas the survey indicated that needed improvement were as follows:

I have job security (an area we saw a decrease in from 2011)

I am interested in promotion opportunities in my unit/department.

I believe in my organizations mission.

We realize that when the survey took place we had announced layoffs in Histo, which affected the first item, and we realize that we do not have a lot of management level in the lab to aspire to. We do not quite understand why the "I believe in my hospitals mission" statement went down.

So we are looking for any suggestions as to what we can do to improve the employee engagement scores even further.

In the meeting the following were suggested:

Better communication (case-in-point, how we did on the CAP inspection).

Better recognition of god jobs (what would be the most meaningful way to do this?).

Please give any suggestions to Kathy or me via e-mail or face-to-face.

As always – Kathy and I appreciate all the hard work you did in 2012 and will do in 2013!