

May 2013 Chemistry Department Meeting
Tuesday May 28, 2013

Attending: Nancy Buckley, Anita Konieczny, Beth Albrecht, Joyce Kniepmann, Carmella Blacet, Paula Swierczek, Evan Evans, and Kathy Stanley.

1. DI results – If it stops in DI, determine why before releasing. Items that are stopped in Di are colored coded as to the reason, and the color guide is posted at each analyzer. Please use the quick guide or procedure to make sure you make the correct choice as to dilution. To make sure you add comments correctly (for alert values) release those lines individually in DI so you can add the needed comment. When you release the rest of the results that have no error they will auto-verify.
2. Found result errors – Do not delay the correct patient results from being posted. Correction should be made as they are found, do not wait for the tech that made the error to make the correction. Remember that incorrect result is on the chart and might be used to decide treatment. When you find an error, please give me a copy of the data monitor sheets and I will address the issue with the tech. If we start to see a trend from a specific tech, we will arrange for re-training.
3. Shift Handoff – Carol and I are looking at the specimens left from the change of shift from nights to days. We have found that occasionally the night shift phlebotomists will hold their specimens and bring them down in batch at 0600, explain why some 0400 ICUS draws were found in racks at 0600, not tested. Carol and I are investigating and will have more for the June department meeting.
4. MobiLab – Goes live after AM pickup 5-30-2013 (Thursday).
 - a. We will no longer require random number on aliquots – just date, your initials and specimen type (written or label).
 - b. Remember to use the Iatric specimen receipt for MobiLab labeled specimens. Specimens with Meditech lab labels (ATC, Dr. Wades, O’Fallon, etc.) will still require receipt by sample type.
 - c. ED drawn specimens must be labeled and received immediately so they do not get re-stuck by phlebotomy (they will be on their MobiLab list until we received the specimen in Meditech).See also e-mail sent on prior to go-live.
5. Chemistry – A number of items planned for the rest of the year:
 - a. We are looking at trying to end our Liaison contract early so we can move Vitamin D testing to the Centaur. Vitamin D testing would be done as specimens are received (not batched). Without the Liaison bench, we will ask Micro if they will switch C&D coverage days so the Maintenance tech can cover C&D on Thursdays. The occasional Mondays and Saturdays would be covered by the XP tech.
 - b. Once the Liaison is gone, and after a little cosmetic change to that area, we will move the Centaur to the Liaison location (water and power from when the

modular was there are still available). Hopefully this will be done during the summer (July or August).

- c. To help better regulate the lab temperature, the hospital is going to install new duct-work and vents in the fall. Part of the work involves new return ducts, which will be placed on the wall in Chemistry where the Modulab and airfuge are. Those will be moved to the other side of that sink; the Jewett will be moved down to make room for cabinets. The main overhead duct-work is over the Cobas, so they are going to construct scaffolding over the Cobas to allow for us to work underneath, while they work overhead. Because of the work that needs to be done, during that time we will have to move the Cobas benches (not the analyzers) to where the Centaur currently sits. We are planning on this occurring over a weekend so we have a little less workload and staffing to work around.
- d. And finally, after the duct work is done, we will be adding an additional c-mod to Cobas 2. The new c-mod will allow for full backup of urine tests, as well as additional throughput for our common tests. To minimize the downtime to Cobas 2, they are going to bring the new unit in with a loaner core unit, so correlations and validations can be performed. Then the Cobas 2 will be shut down and split, to place the new c-mod into it. During that time, we will be running strictly on the Cobas 1. This operation will take 1 ½ to 2 days. We are planning on doing this over a weekend. Carmella has volunteered to come in one night to perform the required maintenance on Cobas 1 during this time.

Once we have dates, more detailed information will be provides on all of these items.

6. Competency/CEU:

MobiLab and NexScreen urine cup training counts as a CEU credit on your competency. You are required to do 4 CEU activities each year as part of your competency. If you take a course worth 3 CEU credit, it will only count as 1 of those 4 required for competency. MTS course, as well as on-line courses available from Siemens and Roche can be used for CEU and APDP credit. Just print the certificate after completing and give to Carmella and I for CEU credit – for APDP, please retain for your records. Carmella will be giving everyone an update of their completed competency so far this year within the next week.

7. Miscellaneous items:

- a. RO water/supplies – When the common supplies were moved upstairs, it was hoped that people would just grab what they need and the departments would not need to keep a large supply of items in the department themselves. This is not happening, so the suggestion is to reduce the minimum number of items held in the department (i.e. only 2 boxes of each glove size) and create a separate small inventory sheet that could be done 1x week. I will also ask if a small cart could be placed in the Lab Mart room.
- b. For all shifts – if you pull a Cobas batch report and there is “no records found”, please notate that on a sheet of paper and place with the data monitor so the next day we know why we don’t have a report.

- c. It is hard for the Centaur tech to hear when there are Stats placed in their rack. The Cobas tech should grab those specimens and take them to the Centaur tech to make sure they are not delayed.

8. Kathy Section

- a. Unit Practice Counsel (UPC): As part of the Memorial's Relationship Based Care model we are creating a Unit Practice Counsel for the lab. This group would be asked to help solve problems and issue that arise in the lab. Items like the dress code, development of standards of practice, shift handoffs, scheduling are items that could be addressed by the UPC. Ideally ~ 10% of staff should be on the UPC, meaning 10 members in the lab, covering all departments, shifts and staffing level, but not including supervisors We will ask that all staff nominate 2 co-workers for the UPC. Members of the UPC will be responsible for attending scheduled UPC meetings, helping to arrive at consensus based decisions, disseminating information about issues to their co-workers, bring issues raised by co-workers to the UPC. Nominated people would have to agree to serve a 2-year term on the UPC. More information on this will be forthcoming.