Evening Shift meeting minutes

December 16, 2014

Present: Jennifer Harris, Linda Althardt, Jan Henry, Lindsay Powell, Alyssa Weygandt

* Old Business
  + General
    - Charge tech duties were forwarded to Jan. We will review. Please forward any additional ideas to Jan or myself.
    - Can phlebotomy come help with processing when not busy?
      * Answer: Yes. Robyne and Kathy have discussed it and are agreeable with this, but they want to see how it works with the night shift first. The evening shift phelbs do have some clerical stuff they are responsible for in the evening and Robyne wants to make sure that it can work with the work they are required to do.
      * ERT work-
        + Everyone should have received an email about ERTs not calling the phone and instead calling for help over the radio.
        + On a side note, I know that it can see as though the phlebs are overwhelmed in the evening looking at our tracking. C&D is NOT responsible to cover ED. They can help **IF** their work is done. C&D is not staffed to cover ED and can not be responsible to help them. If ED calls for someone to come help and none of the phlebs are available, politely let the ED know that the phlebs will not be able to help them at this time and to see their lead or supervisor for more help/instruction. If you have questions, please see me.

* Departmental Business
  + Blood Bank
    - The new fetal hemoglobin kit should be being used in parallel with the old kit. Please start doing these so that we can evaluate this and change if we want.
    - Factors are GONE! Yeah!!! Pharmacy will be picking up the factors and we will no longer have them to deal with in the BB. I will put out an official notice when it happens for sure.
    - AABB/CAP inspection-We didn't receive any deficiencies on our AABB inspection, but we did get one on the CAP inspection. It was on a standard that went into effect April 2014 that says we need to correlate between methods of testing. A new procedure and form have been developed and the reading was assigned in MTS. Please read and sign off there. The only real change is that the same sample is run in three different methods and we keep track of it on this form.
    - We have run out of the manufactured fetal hemoglobin controls. Please use the ones that I created and froze on slides in the freezer in the box marked, "Created". These slides are already fixed so you just need to go from step 7 with the control slides. The patient slides will still need to go through all steps.
    - Shiloh lab-We need to start looking at our processes and thinking about how we can make the BB processes work with less printed paper. There will only be one printer in the new lab. I am only really concerned with GTS and ABO/Rh orders printing. Transfusion orders, orders for delivery and transfusion forms shouldn't be a problem. Right now we are just thinking….
    - It was suggested that we do ABO confirmations on all L&D patients who need it. I agree, so effective immediately, we will begin performing ABO confirmations on all patient's who are in ED and we know are pregnant and anyone on L&D floor.
    - It was suggested that there be a comment added to a GTS so that the floor would know that blood is ready, not ready, or that we will call when it is ready. I am talking about this with Melissa and I will get back to the group next month.

* Chemistry
  + Autoverification for the Centaur and STA will go into effect in January with the Sysmex to follow soon afterward. This will effect all areas as it should lessen some burden as we downsize some staffing and gear up for the Shiloh opening.
* Hematology
  + Nothing

* People
  + Histo Lead tech
    - Still interviewing
  + Phlebotomy position
    - 1 position still open.

* Financial
  + None

* New Business
  + Donna's Retirement party is on 12/30 in the conference room.
  + Medical Necessity-This has not impacted BB, but Kathy is looking into how it works and what we will need to do in other areas for add ons.
  + It was asked if the benches could be divided out more on the schedule to ensure that there is someone responsible for all benches and better define roles. I agreed that this was a good idea, so beginning in January, I will divide up the evening shift benches into:
    - Sys-in charge of Sysmex and Coag
    - UA-in charge of UA and sendouts
    - Ch-in charge of all chemistry instrumentation
    - P-in charge of processing
    - M-in charge of "big M" micro
    - m2-in charge of "m2" stuff in micro
    - BB-In charge of blood bank
    - B-blood bank back up

If you have any questions or further suggestions, please let me know.

Respectfully submitted,

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Blood Bank Supervisor