March Meeting Minutes

BB, Eve, Nights

**March 17 & 19, 2015**

Day shift- Kay Schanuel, Chris Zalocusky, Jennifer Harris

Evening shift-Linda Althardt, Jan Henry, Susan Rowan, Alyssa Weygandt, Jennifer Harris

Night shift-Thelma Thurnau, Doug Auffarth, Nicole Settle, Kathy Stanley, Jennifer Harris

* **Old Business**
  + Blood Bank
    - (Tabled for now) 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….
    - (Still investigating) 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.
    - (Tabled for now) MTP protocol-this was discussed with the day and evening shift, but it is on indefinite hiatus as I wait for doctors to make decisions before moving forward any more.
    - (Still investigating) Is it possible to put the requests for blood on the tracking list? (Evenings asked) Follow up next month if possible.

* Hematology
  + None

* Chemistry
  + (OPEN) Follow-up on maintenance for Chemistry on Nights.

* Micro
  + None

* General-All
  + (Still investigating) Medical Necessity-This has not impacted BB, but Kathy is looking into how it
  + (OPEN) I need a safety committee representative for the blood bank. This can be a person on any shift. The committee meets quarterly around 1330 in the afternoon. Please let me know if you can do this.
  + (OPEN) I need everyone's personal goal by 2/2/15. There are still a few who haven't given me theirs

* General Evenings
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    - Evenings has fielded the question about changing the holiday rotation so that it is rotated more like the night shift. Survey sent out to get a consensus on what the majority of the shift would like to do regarding this.
    - Followup-Consensus was NO. The holiday schedule will not be changed for the evening shift and will remain as is on a first come-first serve basis and regular rotation.
  + (Still investigating) Need help with Dr. Neil McClymont
    - Ordering multiple add ons way after original order.
    - Very stressful to complete
    - Time consuming and possibility for mistakes rises.

* General Nights
  + None

* **New Business**
  + Blood Bank
    - A unit was sent to the floor that was part 1 of a double, while Mcare showed that part 2 was sent and visa versa. This is a FDA reportable. Reminder to everyone to ensure that you are checking the unit that you have in your hand against what is shown on the screen.
      * Emailed memo was sent out after meeting to everyone who does BB about this. Please refer to memo or Jennifer for any further questions or concerns.
    - Evening shift commented that there are multiple things that are being missed, not done or not communicated. This includes:
      * Writing any special requirements on blood orders
      * Indicating on orders when second types are needed for both inpatients and OPS.
      * Orders being placed before the end of the day shift do not seem like they are complete for what is needed, but only contain some of the products needed.

I know that there are some new techs in the blood bank who are still getting their bearings when working alone and in the department altogether. Please keep in mind that if you aren't sure, just ask or at least communicate it in the log. To the rest of the staff, please be patient with these newer techs. They are generally not blood bankers and need time to adjust. Please be kind and just remind them when they miss a detail.

* PLEASE READ--To go along with the above mentioned, as we get more and more people crosstrained, we all need to be better communicators and thoughtful towards each other. People are not doing things on purpose to make your life harder, they missed a step or a detail in a very haphazard and stress-filled process. Please take the time to guide and remind them of the step(s) that they missed. We always learn better through our mistakes than through our successes.
* Controls reminder-Please remember to check the lots on any of the reagents that you put onto the manual racks or the instruments. Check that the lots are the same between the two manual racks and the instrument racks. Check that the lot is the same as the one being removed and if it isn't, PLEASE DO THE QC.

* Hematology
  + None

* Chemistry
  + None

* Micro
  + None

* General All
  + **Utility Room-**Discussion on email sent by Kathy S about change to utility room after Sharon retired earlier this month. Please see email or Kathy S if you have any questions or concerns.
  + **Success Sharing**-Discussed the letter from Mark Turner that went out by email regarding the Success Sharing program. The program was in effect last year, but many employees (not necessarily the lab) didn't remember ever hearing about it. The program has changed this year slightly to hopefully increase the chances of receiving a payout.
  + IMPORTANT-Make sure everyone is pulling the "Collected Not Received" report before the end of your shift and at the designated intervals. This is becoming a major problem. It is phlebotomy's job to check their trays and it is our job to check that report. This is a double check because we are all human, but it doesn't work if everyone is forgetting to pull this more than they are remembering.

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* (Investigating) Question was asked if the lunch break could be combined with the break so that techs could take 1 hour break because it seemed that they weren't getting their breaks like the other shifts.
  + Answer-
  + According to the Hospital Employee Handbook:

4. MEAL BREAKS

All employees working a shift in excess of five (5) consecutive hours will be granted a 30-minute meal break without pay. If your meal break is interrupted after less than 20 minutes and you are required to return to your work area, you will be paid for your meal break. Your department manager or supervisor is responsible for scheduling meal breaks within your work area.

5. REST BREAKS

**If departmental workload permits**, you may take two 15-minute paid rest breaks during a shift of 8 or more hours, or one 15-minute break for each 4 hours worked. Rest periods are scheduled by your department manager or supervisor. Rest breaks may not be used to shorten your work day by arriving at work late or by leaving work early.

-I have asked Kathy Stanley who states that breaks should not be combined with lunches and one hour lunches should not be taken.

* Call-ins where discussed at great length. There is currently no good solution given the circumstances and the staffing at this point. Many ideas were floated around. I spoke with Kathy Stanley on the subject. The decision for now from her is that we will do the best we can to make sure that the hole it covered when someone calls off. **SUPERVISORS ARE NOT EXPECTED TO COME IN AND COVER THE SHIFT, ALTHOUGH THEY MAY UNDERSOME CIRCUMSTANCES**. There is no hard and fast rule. After Chris B and Bill are trained and on their shift(s), we will re-assess the problem and determine the right solution to address this problem.
* Evening shift also requests from Jan/Rita how it is that they would like it communicated to them what the changes to the schedule should be after review. At times, changes have been made and then they are not there on the final schedule. Would appreciate a follow-up if the changes were not able to be made to acknowledge that Jan/Rita saw them.
* Evening shift reported that calls to ext. 5840 for redraws are being directed all around and are much more time consuming and a pain than just called the phlebotomist like they were doing.
  + Kathy said that she would address this with the ER staff nurses and if the secretary tries to transfer, refuse and tell them that they are supposed to rely the message.

* General Nights
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  + Night shift also reported that calls to ext. 5840 for redraws are being directed all around and are much more time consuming and a pain than just called the phlebotomist like they were doing.
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* People
  + Histo Lead tech
    - Still interviewing
  + 2 FT positions filled
    - Bill Adams has started
    - Chris Battaglia has started

* Financial
  + None

Respectfully submitted,

Jennifer L. Harris, MT(ASCP)SBBCM

Blood Bank Supervisor