**June Blood Bank, Evening and Night shift Meeting Minutes**

6/16/15 Day shift- Glenda Martiszus, Joyce Kniepmann, Jennifer Harris, Bruce Reese, Brenna Cardin, Anita Konieczny, Linda Althardt

6/16/15 Evening shift-Linda Althardt, Jan Henry, Susan Rowan, Alyssa Weygandt, Jennifer Harris, Kathy Brown, Nicole Settle, Kathy Stanley, Jim Beverly, Brenna Cardin

6/17/15 Night shift-Thelma Thurnau, John Matthews, Kathy Stanley, Jennifer Harris, Kathy Brown

* **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.
		- (Still investigating) Is it possible to put the requests for blood on the tracking list? (Evenings asked)
		- (Tabled for now) MTP procedure is still not in effect. Waiting on decisions from nursing. Will update when I know more.

* **Hematology**
	+ None

* **Chemistry**
	+ None
* **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.

* **General Evenings**
	+ (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**
		- Cord blood samples should have the baby's random number on it in order to receive it. Starting June 22, any cord blood that is missing the random number or has the incorrect random number will be rejected just like all other specimens.
		- If a patient has EVER testing positive for CMV IgG, that person is not a candidate to receive CMV negative tested products. If any doctor or office gives grief about this, then call me or a pathologist for guidance.
		- Reminder that if a patient makes a new antibody, then that is a delayed transfusion reaction and should be worked up. At the least, a DAT should be performed and sent out for an eluate if positive. See DAT procedure.
		- It was suggested that we should look at the steps for the RhoGam workup on the computer side and see if we can cut that down or make it more streamlined.
		- Kay is doing well after her surgery and should be back on Monday if all goes well.

* **Hematology**
	+ None

* **Chemistry**
	+ DI water tank randomly stopping. Reported to Culligan. Nights reported that it is occurring on random days, but that it always seems to happen between 3-4:30am. Kathy to have Evan follow-up.

* **Micro**
	+ Still getting some incorrect collection containers.
	+ Be sure to only give ER or the floor the number of collection containers that they need at that time and not a whole handful of containers.

* **General All**
	+ We have hired Leslie Miller for full-time nights. She is currently training in Chemistry.
	+ We have hired Paul Crawford for full-time nights. He is starting today in Micro.
	+ New developments have happened with the new hospital. We will not be able to share staff between the locations like previously thought.
		- There will be a manager on-site. This job description is being written and will be posted internally soon.
		- The positions for the new hospital will be posted internally first. You must apply using the form attached to John Ziegler's email for these positions. See Kathy S for more details.
		- After it has been decided who is going and who is staying, then the remaining positions at both sites will be posted externally.
	+ Effective July 1, the lab will be reporting to Mike McManus instead of Ruth Holmes.
	+ Brenna and Melissa are stepping into the clinical analyst position permanently. They will still work their weekends, but the weekdays will be for MCARE. Melissa will be stepping to a 80 hr/wk role and Brenna into 64 hr/wk.
	+ Last week, all managers starting rounding on their units. Jan G did this for Kathy last week, but Kathy will be doing this going forward on Fridays from 10-11 for day shift and she will catch evenings and nights when they are available.
	+ Reminder: If you pick up an extra shift after the schedule is posted, you will need to email this to Rita for her to keep track of your irregular shifts. She does not go back and look.

* **General Evenings**
	+ Preferred scheduling- general concensus was "Whoo-Hoo". It appears to be going well. Linda and Diane have some ideas to help it go smoother and be easier for Rita. Will keep updated.
	+ AMS faxing had some issues that were brought to Brenna. If there are any other issues, please forward to Evan and Brenna/Melissa.

* **General Nights**
	+ AMS faxing appears to be working alright.

Sincerely,

Jennifer Harris, MT(ASCP)SBBCM

Blood Bank Supervisor

Evening and Night Shift Supervisor