# Core Lab Department Meeting Tuesday, July 7, 2015

Attending: Nancy Buckley, Vicky Douglas, Carmella Blacet, Diane Weihrauch, Carmen Rigney, Anita Konieczny, Beth Albrecht, Kay Schanuel, Joyce Kniepmann, Julia Sauls, Patty Isbill, Paula Swierczek, Lisa Ellis, Mimi Luechtefeld, Evan Evans, Marlene Kibria, Carol Thompson, Marquise Harris.

### 1. Chem –

- a. Sebia capillary demo July 21<sup>st</sup>. Uses less specimen and is more automated then current method. Instrument can also perform A1C. July 21<sup>st</sup> is a Tuesday, so we can run our SPE/IFE on both and really see the difference.
- b. New XP will be moved and go-live July 22<sup>th</sup>.
- c. Urine IFE specimens After testing is completed, the original urine cup can be placed in that days urine rack in the Bally.
- d. Reminder to write the date and your initials on any reagent you place on-board (any analyzer!).
- e. Do not thaw QC material too early some QC have components that are only good for a few days (i.e. Cardiac markers pro-BNP is only good for 2 days), so if thawed too early it may not be put into use until after those components have expired.
- f. Per request when we have temporary ranges for QC (due to new lot, etc.) we will post them at the analyzers, not just use e-mail to communicate them. I will develop a form for this so we have consistency.
- g. When saving Cell Wash to be combined, please remember to place the Combined Cell Wash label on the analyzer so it can be filled in properly.

### 2. POC

- a. Urine preg testing now in RALS. ED, OPS, GI lab will enter preg test results via the Inform II. When checking POC you will also need to look at Pregnancy (in addition to Accu-chek Inform II, i-Stat and Clinitek Status). You should only see ADT errors on the preg test.
- b. New Flow chart for resolving issues Tess is working on this and when available she will hand out to everyone.
- c. Daily POC assignment we have gained additional hours for POC for Tess, Glenda and Linda. As much as possible we will have a POC person assigned every week day. However, do to some extra tasks that the POC people are being assigned; you should ask each day if they would like you to do the POC exceptions for them.

## 3. Heme –

a. STA – paperwork got a little lost, so I've had it re-printed and sent along again. Hopefully we will be able to go-live in August.

#### 4. Core –

a. Weekend OPs – After the ED register an out-patient, they should send the paperwork (labels, script, etc.) over to LP so we can place the order. Unless, by rare chance, the ED registration person has worked lab registration they do not know how to place lab orders. Once we've placed the orders in MCare, contact C&D via radio to say that there is an outpatient to be drawn in the ED. The paperwork can then be placed out front in the C&D bin for scanned orders. If there is no indication the order was scanned, place it with a note stating needs to be scanned on Tasha's desk.

**Note:** If the out-patient has urine to be collected, it can be done in the ED, they have plenty of restrooms available.

5. Sharing the Success – Mimi Luechtefeld (guest speaker).

Mimi talked about the importance of our patient standards and HCAHPS surveys and patient satisfaction.

CMS requires us to send patient survey to gauge how well we provide service. For CMS/HCAHPS purposes only the 'top' box in a survey is counted – we only get credit for an answer of 'always' to question regarding how often the patient felt we acted on their needs. On the weekly HCAHPS report that is e-mail out the number under Top Box Score indicated the percentage of all surveys that marked 'always' to those questions. For the "Rate Hospital 0-10", the number is the percentage who answer 9 or 10.

The 'Rate the Hospital 0-10' is important since our "Sharing the Success" goal is based on that number. Each employee working > 1000 hours/yr. is eligible for a bonus of up to \$1,000 if the hospital reaches certain goals for "rate Hospital 0-10' and budget goals. It is tiered, so if the top goals for either are not reached we can still earn a bonus from \$100 up to \$1000.