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

8/18/15 Day shift- Glenda Martiszus, Jennifer Harris, Anita Konieczny, Kay Schanuel, Melissa Huschle, Anita Konieczny, Linda Althardt, Chris Zalocusky, Paul Crawford

8/18/15 Evening shift- Jennifer Harris, Kathy Brown, Sara Goodrich, Alyssa Weygandt, Lindsay Powell

8/20/15 Night shift-John Matthews, Jennifer Harris, Kathy Stanley, Kathy Brown, Doug Auffarth, Chris Battaglia, Leslie Miller

* **Old Business**
	+ Blood Bank
		- UPDATE- MTP procedure is still not in effect. Nursing has finished their procedure but I am unsure about their training. I will notify everyone when it is really in effect.
		- (OPEN)-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. Melissa is looking at this and I am talking with the Pathologists about this as well.

* Hematology
	+ None

* Chemistry
	+ None

* Micro
	+ (OPEN)-Dianne I. will be training the "m"s to do the CTNG. Please see her for checklist and training. I have no update at this time.

* General-All
	+ (Still investigating) Medical Necessity-This has not impacted BB, but Kathy is looking into how it
	+ (CLOSED) Thelma has volunteered to be the blood bank safety representative. Thank you Thelma!
	+ UPDATE- Hiring for MHE is NOT waiting on a manager to be hired any longer. Kathy is going to begin the hiring process now and fill in the manager when that decision is made.
		- 2 techs from the day shift are going PT at MHE and Memorial
		- 1 evening tech is moving from Memorial to MHE
		- Kristie C. will be going to MHE as well for the evening shift.
		- The current plan is to decrease staffing by 1 on both the day and evening shift once the volume goes down at Memorial.
		- There will most likely be an open position on evenings, but most likely not on days, but that remains to be seen.

* General Evenings
	+ 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
		- We have had several problems with the Echo QC working. The #2 ABORh vial doesn't seem to want to work. Immucor has suggested that the probe be primed several times before running. I have been running the QC cold, almost straight out of the refrigerator. This seems to work.
			* It was brought to my attention that the package insert does say to warm the QC to room temperature before testing.
			* I spoke with Immucor who said that they do NOT recommend running the controls cold.
			* New recommendation is to limit the time that the controls are out before running. Package insert says to warm to 18C-30C. I think that having them out between 15-30 minutes before running, including spinning time, should warm them to the right temperature, but check them before running.
			* If you have any further problems or suggestions, please let me know.
		- We have had several antibodies lately that we do not have the antisera for in order to type the patient. If this happens, please send the cells to MV reference lab for typing.
		- We've had a question about extra tubes that are sent to the blood bank after the original GTS and are labeled for 2-5 minutes after the original draw and whether these can be used for the ABOC.
			* NO-I'm going to make a soft rule that they need to be at least 10 minutes apart (don't tell the ER that). Having said that though, I want you to use your best judgment. If you are not comfortable with it, then have the tube re-drawn.
			* Kathy S would like examples if this happens again.
		- I asked around as to why we write the plt number on the white board. There was no real reason, so from now on, we are just going to write the ABORh and the exp on the board. There is no reason to write the unit number unless it is being saved for a specific person or reason.
		- For Days and Evenings, when we get an OPS order faxed, we first need to check if we have a current sample on that patient. If we do, then order the units in Meditech and put the order in the book. If we don't, then put the order in the black stand up file where we normally put the path reviews waiting for return. When we do get the patient's sample, make sure that you order the units on the patient's order and RECEIVE the blood order.
		- REMINDER- Please make sure that you are receiving blood orders when you get the patient's sample. It is a real pain to have to go back and look all of that information up when you are ready to issue the unit when it could have been done at the time of receipt when all of the info was at your fingertips.
		- REMINDER-When nursing comes to pick up a unit from the blood bank, a patient sticker, facesheet or some other means of identification need to be brought with them. IT CAN NOT BE HANDWRITTEN. This needs to be brought EVERY time. No exceptions.

* Hematology
	+ None

* Chemistry
	+ On Cobas 1, cellwasher 1, it seems that it is going yellow at 9pm which is the time that the evening shift is taking Cobas 2 down for the night shift. As a result, some have been changing it before it goes yellow so that it doesn't go red on night shift and leave them without an instrument.
		- I have communicated this to Evan and he is looking into how to manage this.

* Micro
	+ When reporting out positive blood cultures, it is the current practice by day shift to hide the comment that is placed in MCARE about who was called and when. The infection control council would like to be able to see this information in the future.
		- Can't "unhide" it because when the original ID is updated to the organism's name, then it looks like we called E.coli to the floor when we in fact called GNR.
		- Kathy is asking if evenings and nights would be able to just type in the original ID (GNR, GPC, etc) in the comment.
			* Ex. ORGANISM: Gram negative bacilli

 Called to: Jennifer RN Date/time/initials: 8/8/15 2215 JLH

* This is not set up yet and Kathy still needs to figure out whether the gram stain will be called or wait for the cephid result. More updates to come.
* Evenings-please put the patient's label on the cephid print out. It is helpful for Kathy in the long run and she would appreciate it if you could remember to do this.
* Please take a look at the procedure on CRE plating. Everyone did go through this with Kathy when she put out the procedure, but now that we had a real one, there was some questions.
	+ See below for the blue circles. This is where the antibiotic disc needs to go for the CRE cultures.
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* Competencies for Micro are due on October 15 just like the rest of the lab. Kathy was confused about what she needed to do and she thought that she needed more time, but please don't wait until the last minute!!!!!

* General All
	+ Affiliation with BJC is in its final stages of the due diligence portion and an agreement will most likely be signed by the end of the summer.
	+ SELF-EVALUATIONS-These are now available on Healthstream. They are MANDATORY and must be completed by Oct. 15.
	+ Robyne's retirement-
		- Friday, 8/28 is Robyne's last day.
		- Phlebotomy will be covered by Kathy S until a new supervisor is hired.

* General Evenings
	+ Preferred scheduling-
		- There will be times that the schedule will need to be changed at the last minute because of things beyond Rita's or Jan's control. Even though you have done your self scheduling, we will still come to you in order for you to help resolve the new shortages.
			* *If you would rather that the last minute shortages be assigned rather than coming back to the evening shift for help in resolution, please let us know.*
	+ Outpatient outreach can be ordered by anyone. LP doesn't have to be the only one to do this.
	+ If the phone is ringing, pick it up. The phone is everyone's duty, not just the person in that particular department.
	+ The division of sendouts and "m" duties is being discussed. It appears that several people feel that the work is not being shared. More to come on this.
	+ If you have nothing to do, please go around and help others! This "karma" will come back to you and help you out when you need it.
		- Ex. If you only work Heme and Chem is drowning, then go help the LP so that they can go help Chem.
		- I truly believe that you are all awesome techs and that you just don't realize that others need help.
		- Those who need help also need to speak up. I know its hard to stop what you are doing and ask for help, but sometimes, no one knows that you are drowning until you say something.

* General Nights
	+ Nicole will be moving, temporarily, to the Thelma and Leslie weekend and Paul will be with John and Doug.
		- I didn't want to set Paul and Leslie up for failure by putting two relatively inexperienced techs on the same weekend.
		- Once they are more comfortable, then we will switch back.

Sincerely,

Jennifer Harris, MT(ASCP)SBBCM

Blood Bank Supervisor

Evening and Night Shift Supervisor