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

4/19/16 Day shift- Jennifer H., Kay S., Joyce K., Glenda M., Sarah K., Denise M.

4/19/16 Evening shift- Jennifer H., Kathy B., Lindsay P., Jan H. Rebecca E., Alyssa W.

4/21/16 Night shift- Jennifer H., Leslie M., Paul C., Thelma T., Kathy B.

* **Old Business**
  + Blood Bank
    - OPEN- XM in Blood Bank
      * This is **NOT** in effect until the new procedures come out.
      * Validation is complete.
      * Have to write the procedure and then implement.
      * Target date is May 1.
      * Need a trainer from each shift
        + If willing to train the others on your shift, send me an email.
    - 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.
      * Dr. Bolesta has ok’d that I streamline this process. Writing the procedure now. Look for the change in the near future.

* Hematology
  + None

* Chemistry
  + OPEN- Night shift asked if the BNPs could have their own number like the lactates were moved to. It would save on re-draws due to the white tube not being drawn.
    - Sent email to Evan and Nancy-3/24/16
  + OPEN- Night shift asked if it would be possible to just hit print for lactates that have decreased, but are still normal.
    - Sent email to Evan – 3/24/16
  + OPEN- Lactates-if normal, then a second isn’t supposed to be drawn, but on nights there have been multiple normal on the same patient and when they talk with the nurse, the nurse would cancel the repeat order.
    - Sent email to Evan & Kathy S.- 3/24/16

* Micro
  + None

* General Evenings
  + None
* General Nights
  + OPEN- Phlebotomy is not assisting on night shift like it was planned when nights took over maintenance.
    - UPDATE-There will be a meeting planned to address all night shift techs and phlebotomists regarding expectations going forward.
      * We will NOT re-hash the past.
      * Look for information in the future.
* OPEN- Crystal Brown is becoming overbearing with ordering procedure.
  + - Jan G. looking into.
    - UPDATE-Will work with informatics and Brenna to show Ms. Brown how to look up results and order.
      * This will not be a quick fix, but we are working on it.
* **New Business**
  + Blood Bank
    - Infant Transfusion procedure
      * In effect 4/25/16
      * 1 unit
        + O Neg
        + CMV neg
        + < 10 days old
        + HgbS neg
      * XM’ing on baby account, but with MOM’s plasma
      * Plasma for transfusion must be compatible with BABY’s ABORh
      * UPDATE-A new unit will be delivered every Thursday on day shift. Will only have to order a unit if it gets used.
    - Discarding units
      * Make sure that if the unit goes into the box, then you MUST record it on the paper on the outside of the box.
    - Day shift asked if L&D could order the Rhogam workup on mothers when they are admitted for delivery. This just means that the order would sit out there until the baby was born, but there would be less time spent, by BB staff, on making sure it gets ordered.
      * Email sent to L&D 4/19/16
    - Samples coming from MHE
      * These samples will come in the regular batch.
      * Perform testing as you would any of the MHB specimens
      * Put results into the computer as you would any MHB specimens
      * No special requirements other than MHE should send or fax the anagram of the positive screen they did if any.
    - Anything that East requests (such as reagents or stickers) please leave a note or an email for Glenda or myself so that we can follow up and get the replacement back.
    - IMPORTANT- Anyone who has been as East and gets transferred here DOES need a new sample here. Even if they tell you that they are going to use the old account or anything else that they tell you, if they want to have blood available here, then we need a GTS.
    - If a patient has a GTS at East, and they have never been seen before, and then comes here at another time, we do need a GTS, but we do not need an ABOC. The systems are linked so there are 2 types in the system and we do not need 2 types just a MHB. If you have questions, please see me.

* Hematology
  + What is wrong with the IRIS?
    - Don’t know, Evan is working on with the company.
  + Eve shift noticed that 1 or 2 samples have “flown” from the Coag machine, but the Coag machine says that QC failed.
    - Evan says that he would prefer if it was re-run. In some instances it is just a rounding difference, in others it could be something more, so please just re-run it to make sure that the result is accurate.
* Chemistry.
  + East specimens are higher priority than outpatient (O’Fallon, Smithton, Columbia, etc.). Please process these first.
* Micro
  + None
* MHE
  + Locker and breakroom across from lab have now been designated as sterilization staff only.
    - Spoke with Kathy S and Jan G about it.
    - Kathy S will send out where all the other locker rooms are for those who are having trouble finding a locker to use.
    - Food will have to be stored in the breakroom by the employee entrance unless you put it in a lunchbag with an ice pack and then you can put it in the pathologist or Eric’s office until you need it.
  + Please remember to send all of the Micro labels that print off when a specimen is received. Micro would appreciate those labels being sent with the specimen rather than having to reprint all of those labels.
  + Make sure when sending Micro specimens that they are in a separate batch from all of the other specimens and that they are individually bagged.
* General All
  + UPDATE- Hiring
    - Thought we were done hiring, but we need more. Not sure how many.
      * Still have 4 open Phleb positions

* General Evenings
  + None

* General Nights
  + None

Sincerely,

Jennifer Harris, MT(ASCP)SBBCM

Blood Bank Supervisor

Evening and Night Shift Supervisor