Core Lab Department Meeting
Tuesday, June 21, 2016

Attending: Patty Isbill, Kay Schanuel, Julia Sauls, Nancy Buckley, Paula Swierczek, Evan Evans.

1. **POC –**
   a. Loaner units – In the POC office are loaner Accu-chek if a floor needs them. We have one that is specifically set up for MCC (MMC Loaner) – it should only be given to MCC. Also – do not give MCC any other unit. The MMC unit is set up to recognize the E account numbers MCC uses.
   b. Supplies – i-Stat reagents (cartridges) are in the Bally and can be given out to a when needed – please place a note in the POC office as to what you gave out. ACT cartridges can also be handed out. All other POC supplies are from the hospital storeroom – Accu-chek glucose strips, UA strips for ED, urine preg tests, etc.
   c. Questions – please direct questions to one of the POC staff, or have the person call 75099 – the POC phone has voice mail.

2. **QC deletions –** If you have values that are way out of range (more than twice the target values); please delete the QC (either in DI or in MCare) instead of resulting it and adding a comment. These situations can be due to the incorrect QC being run or due to other reasons (i.e. today we found that someone (?) had somehow (?) loaded a Desorb bottle (!?!) as heparin substrate – needless to say QC did not work), or even expired QC.
   Stago QC – Stago control have an assayed control range and we are required to determine our own range. Unfortunately if our calculated range falls outside of the range Stago supplies us the instrument will not allow us to go beyond their range. So the instrument may indicate the QC is out and it will hold in the expert module. If you release the QC in the expert module, it will fly through the DI and in MCare if it is in-range. You can then say 'Confirm" at the STA. Currently this is the case with heparin controls. Patty helpfully posted the current heparin QC ranges on the PC as a reference.
   Also - if you are having QC issues with material you have to make up - please make sure you are using fresh DiH2O - I would suggest that you let the Di faucet run a little bit before obtain water for the QC material (or reagent). Also - make sure any glass wear you are using is clean.

3. **Auto-verification** - Sysmex went live on June 13th – thanks to everyone for coming in for training and for a pretty smooth go-live. Big THANKS! to Nancy for all of her hard work to write the rules and testing – with all of the nuances (first specimen, subsequent, smear review vs. manual diffs) it was a much more difficult build that all the other instruments. Nancy as already made one modification – if you repeat a specimen it will hold even if there are no flags (i.e. – the first specimen has a platelet abnormal distribution flag, but the rerun has no flag).

4. Maintenance check-offs

Don't forget to fill in all maintenance check list for the area you are working each day – this includes on the weekends. If there are separate monthly (quarterly, etc.) maintenance calendars, please check those daily also. Also – don't hesitate to perform a weekly or monthly maintenance item early if you are in a situation that makes sense to do it. For example – on Tuesday there were only 3 or 4 strips on the Iris, so the tech did the weekly maintenance so as not to waste strips.

Note: the Mini-Vidas issue with strip A1 – service came in and ran a number of service tests, but did not find a reason for the issue. QC has worked since that time.

5. Staffing –

All areas are extremely tight at the moment. We are looking for new tech and in the meantime we are looking at agency techs for temporary help (one for micro and one for core lab), C&D already has 2 agency temps. Everybody has been great about working extra shifts to help out. With the opening of East I know there are some changes in our workload and workflow, however I don't feel that we can truly make staffing or other changes based on only 75 days of information, especially since East has been running only about half-full and has not begun a full surgery schedule. Also as we become more integrated into the Barnes system (and especially with the new computer), there may be testing we currently do but will send out (I am thinking electrophoresis might be sent to Barnes, but you never know).

Once we have more data, we may look at various changes to staffing, but I want everyone's input – are there benches that can be changed to be more efficient? Some physical changes that can be made to make the workflow better? Would a tech working a middle shift (say 1100-1930) help during the times we have outreach, East and a higher volume of specimen coming in? Are there tasks we have techs doing (inventory, supplies, cleaning, etc.) that we could have a non-technical person do, freeing a tech for testing? I am willing to look at anything and I would like to hear everyone's ideas.

It's also important that everyone work together as a team in the lab. There are many times one area might be busy, but another is not – it's important that we all help each other out. You may be assigned a bench, but we all work in the lab and our goal of providing quality patient care (in our case quality patient results in a timely manner) takes all of us to achieve. No one should be drowning while someone else is on the internet, or talking to another tech – you should all be aware of the lab as a whole, not just your bench assignment. And this is a two-way street, people need to accept help when offered as well as look for help they can give.