

**July 2016 Core Lab Meeting**  
**Tuesday, July 19, 2016**

**Attending:** Joyce Knipmann, Kim Lee, Carmella Blacet, Diane Weihrauch, Vicky Douglas, Denise Manning, Kay Schanuel, Lisa Ellis, Susan Stubblefield.

**1. Competencies: Due by August 15<sup>th</sup>.**

**2. Staffing –** Sean – Agency tech for Evenings – being trained for Chem for evenings.

Megan – Agency tech for Micro – currently being trained in Micro.

Agency techs are hired for 13 weeks, but can be extended if needed.

Dusty – Full-time evening shift – will start August 1st – will train in Heme first.

Full time Days – expect an announcement soon, will have to fill position this tech comes from.

Still have opening for Full-time night shift tech for MHE.

**3. Receiving supplies/Labeling –**

**1. Do not** cover lot#s or expiration dates! Please use the smaller labels with only the received dates for Cobas reagent cassettes – label on the short end so the date can be read in the storage bins.

**2.** For any box that has multiple vials/containers inside that will be used individually – use the larger labels that have the received and the open date.

**REMEMBER** to write the open date on the box when you open it!

**3.** Remember to write the in-use date on any vial once you place it in-use.

**4.** Remember to use Bio-hazard labels on items (squeeze bottles) you make. These need to be completely filled out. If you see something that is expired, discard it. If there is no expiration date, or in-use date, so you don't know if it is still good – discard it.

**4. Workflow - 1.** Our ED Turn-around Time (TAT) have not been up to our expected numbers this year.

We monitor the Received-to-result times for HGB, PT, GLU, TNI, UA and smear review and manual diffs from the ED. Our expectation is a TAT of < 35 minutes > 90% of the time. While we have some days that reach this, we've had many more that have not and our ED volume has decreased since MHE opened. I want to remind people that the work load should be prioritized that OR, ED, ICU stats are highest, then other STAT tests, then In-Patient, MHE, OPS, ATC routines, and last is OP work. I think that when we get the dumps of draw site specimens that the STAT testing gets lost in the mix. The specimen from the draw sites (MOB1, SH, COL, SMI, and even routine specimens from MHE) can wait while the STAT work is done – it can sit until there is a less busy time to even receive (especially on evenings).

**2.** We will look at ways to have better workflow in the Core lab – for that reason we moved the Hem refrigerator to move certain reagents closer to UA to reduce wasted steps. There are other items we will look at that might including a consolidation of instrument batches (combine the Cobas 1 and 2 batches, maybe even adding the XP, so Chem has a single result batch, combine the Sysmex and STA batches) – MHE uses a

single result batch for all of their analyzers. We may also do some further equipment moving (if we have a single Cobas batch, we could move the XP to the area where the Cobas 1/ specimen storage bench is), we might even look at different bench assignments during the day. However – at this time we do not know how our workload will look 6 months from now – MHE has not reached its full occupancy and there are still some services (surgery) that are not running at full volume at MHE. We will not make changes just to make changes, but will try to do them to provide a better work environment for you.

## 5. BJC items:

- a. **Cerner/LIS conversion – delayed?** – Due to the cost associated with interfacing Cerner to Meditech for the year until the move to EPIC house wide, and the fact that BJC is expecting a major upgrade to Cerner right after we go live (meaning we would go live and then have to start building to accommodate the upgrade, like our moves from Meditech Magic to 6.0) we are recommending that we delay the Cerner project to go-live in 2018 instead of 2017.
- b. **Benefits** -There will be future session on the benefit changes later this year. I also expect an FAQ of common questions from the sessions they did hold. Open enrollment for the new health care plan will be Oct-Nov of this year.
- c. There is a BJC steering committee looking at testing across the system. We know that when we do go to Cerner we will move our reference lab to Mayo, but there will probably be some testing that we send to Barnes, including most likely electrophoresis. We are actually looking at moving some of the Pap Smears to Barnes earlier to regain the workload from Women's Care (MMG OB-GYN).

## 6. Susan's topics

- a. Susan is very glad to be back in the lab – the last few years working with non-lab people makes her appreciate us all the more.
- b. Her first priority is making sure we get fully staffed and then she wants to look at the scheduling process and see if it can be streamlined.
- c. CAP inspection this year (Sept 11 – Dec 11<sup>th</sup> is our window) – we know we run a good shop, and our procedure should all be good since we had to re-format every single one of them in April. But remember the details (see labeling above).
- d. Competency – per CAP Belleville and East are two separate facilities and thus people working at both sites must do competency at both sites. MHE has an initial 6-month competency that will be due October 12<sup>th</sup>. For next year we will look to make sure staff working at both sites have the time in each department to complete their competencies.
- e. Keep up all the good work – we have a great team and we provide excellent results.