

Core Lab Department Meeting

Monday, February 20, 2017

Attending: Ja'Lisa Turner, Bruce Reese, Victoria Douglas, Lisa Ellis, Diane Weihrauch, Kay Schanuel, Chris Riebold, Susan Stubblefield, and Evan Evans.

1. Mission and Vision topics:

- a. Quality – Discussed specimen quality, collection, and quality work and test results.
- b. Accountability – Filling out daily maintenance checklists, not to leave monthly items until the end of the month, issues addressed and resolved.

We discussed various topic dealing with specimen collection by ED and repeated errors, hemolysis, clotting, etc. Remember that when there are non-blood collection issues (i.e. urine, cultures, labeling of any specimen) a Midas report needs to be filled out to be able to track these errors and help resolve them. Also discussed that it is important post-analytically to make sure the results being verified are correct.

Susan did ask Kim Howell (who is the nurse manager over ED and ICU/IMCU and she indicated that we should call all redraws to 75151

2. Turn-around times: A quality issue not mentioned above. I big congratulations to all shifts as the Core Lab ER TATs are very good. We have made a change for this year to separate the Hematology and Chemistry testing and have a different goal for each (<25 minutes in Hematology, <40 in Chemistry) and then combine into a single goal. We added Lactates as one of the test we measure TAT on this year, but did remove slides (diffs, smear reviews) from the general numbers, but retained a separate TAT for those.

In January – averaged 11.20 minutes in Heme (HGB, PT UA-protein), and were < 25 min 93.4%, in Chem (GLU, TNI, Lactate) the average time was 34.14 minutes and < 45 minutes 86.30%. Overall that means we had an average in-lab TAT of 22.21 minutes and within our goal 89.99%.

Susan had researched TAT times to see how we compared to other facilities and we found that most institutions look at in-lab TATs of 45-60 minutes as being their goal. So we are doing very well in that regard. In fact the Chest Pain accreditation teams was so impressed with our TAT they mentioned that we could discontinue Point-of-Care TNI in the ED.

So – keep up the ~~good~~ great work!

3. Urban lab specimens: Be careful when bringing in any out-reach (Urban, Gamma, etc.) specimens. We had a couple specimen recently that were collected 3 days prior and never spun down – those specimen were unacceptable and need to be redrawn. I have talked to Urban and Marsha Hays says that when Urban in closed (their hours being 0800-2000, phone # 314-241-1539) we should call her cell – 314-852-0625. If during working hours at Urban we get no answer, we can call her cell phone also.

Remember, while we will sometime give a little more wiggle room for a labeling error from an out-reach site, we should never ignore poor specimen quality.

A note – when talking to Marsha at Urban – she was very complimentary on the professionalism and attitude of everyone she has talked to in our Lab.

4. Red-bag trash/waste:

We have noticed a number of issues in regards to items found in the large red glass/sharps containers, red-bag and regular trash:

The glass/Sharps containers – should only have glass or sharps (needle) placed in them – plastics pipettes, applicator sticks, bio-hazard bags, 24-hour urine jugs, gloves, etc. DO NOT go in the sharps/glass container.

Red-Bags – Kimwipes, plastic pipettes, MLA pipette tips, gauze, gloves, plastic cups, discarded specimen tubes, bio-hazard bags, and 24-hour urine containers go in red-bag trash. Glass, needles, paper (unless contaminated with blood or body fluid) DO NOT go in red-bag trash. Also – you should not empty a small red-bag container into a larger red bag and re-use the red-bag. If a small red-bag is full, replace it! The entire small red-bag can be placed in a larger red-bag.

Paper – only paper with confidential patient information is to be shredded. All other paper should go in the big blue recycle bin.

Recyclables – all plastic, non-confidential paper, cardboard, etc. should go in the recycle bin located behind the Centaur. Rinsed out reagent containers should be placed in the recycle bin unless they are on the list by the sink in Chemistry. Those Cobas cassettes on the list must be discarded in red-bag trash.

So what's left for the tan trash cans – paper towels, Styrofoam cups, non-biohazard containers that cannot be washed out (i.e. Styrofoam cups or food containers), any non-bio-hazard or confidential trash that cannot be recycled.

5. Scheduling: The current scheduling cycle is underway. We are very pleased with how the self-scheduling has gone so far. We should have the weekend schedule for the second half of the year out soon. If things continue to go well, we may even look at self-scheduling for the weekends in 2018.
6. Lab Processing paper trays – a reminder that the top paper tray (next to the specimen buckets) is for MCare generated paperwork (add-ons, site batches) only – no patient orders should be placed in the top bin. The bottom bin is for any specimen orders received in lab processing.
7. Non-meeting items: A couple of issue that I wanted to address that did not come up during the meeting:
- IRIS – Be careful when performing maintenance that you make sure the sample needle on the Velocity is not bent, or does not become bent if you leave a cap on. If the sample

needle becomes bent you can get false negative results. If after performing maintenance and you feel you might have bent the needle, or if a cap was left on and the sample needle jammed into it, please run QC to make sure it is operating properly.

Training: Please remember to keep trainees checklists up-to-date. If you are training someone on their last scheduled day on a bench – make sure the checklist is complete for that bench. If you are training on their last day in the department – check over their checklists to make sure they are done, or have them see me, Vicky or Carmella to make sure the checklists are complete.

8. Susan's corner

- a. We are looking at front-end automation for the Core lab, probably for the 2019 budget. More details to follow.
- b. New bonus pay for picking up an extra shift within 24 hours of need - \$40 for techs if they work at least 4 hours, \$80 if they work at least 8 hours.
- c. Lab Express – must be in uniform (green shirts) and have their Lab Express IDs.
- d. New client soon – DaVita, mostly Heme and Chem.
- e. Ordering and supplies – the bugs are slowly being worked out of the system.
- f. Goals – we are looking for a lab-wide goal for 2017 that all departments and shift have responsibility and control over. Any suggestions welcome.
- g. ED draws – we are unable to hire the number of phlebotomists needed to staff the ED 24-7-365 here or at East. We are going to have each member of the ED ERT and RN staff have mandatory re-training on the Mobi and drawing and re-sign the agreement not to deviate forms.

We will hire phlebotomy positions to staff a single phlebotomist in the ED for the high volume times to help (not draw all).

We asked ED and they would like all redraw calls called to 75715.