September 2012 Core Lab Meetings

Hematology: Tuesday, September 18, 2012

Attending: Brandon Mason, Vicky Douglas, Kay Schanuel, Kim Lee-Nash, Bruce Reese, Susan Rowan, Evan Evans.

Chemistry: Wednesday, September 19, 2012

Attending: Paula Swierczek, Joyce Kniepmann, Beth Albrecht, Nancy Mohler, Chris Zalocusky, Nancy Buckley, Evan Evans.

Due to many similarities in subjects, I am combining the Hematology and Chemistry Meeting minutes into a single memo this month.

1. Stats- make sure all Stat specimens are processed quickly in all areas. All ED stats are highlighted in pink, while non-Ed stats will have a yellow or non-pink highlight mark. Make sure you announce that you have a stat when you place the tube in the department. Be careful when removing tubes from the centrifuge to make sure the stats are separated and placed in the stat rack. Again – make sure the department knows it has a stat. In the department make sure you acknowledge a stat has been delivered. For 2013 we have budgeted for an additional centrifuge to help with the workload. I mentioned that the refrigerated centrifuged could be used, but it is off to the side and easy to forget about – you could set a timer to go off when it’s spin cycle goes off to remind you.
2. Add-on tests. I know we are seeing many more of these, especially in areas where CPOE is being used. Please make sure tubes placed in storage in a timely manner so it is easier to look up the tube. If you are given a number of add-ons due to the fact that the tubes are not available, please be gracious. With the workload due to our volume and the add-ons, as well as constant phone calls, lab processing can be very busy. Since this area feed specimens for both Chem and Heme, if you have time please try to help the area out, take some tubes to verify, take some add-on to add-on, answer the tube system if you see the LP person on the phone.

A note on the ED add-ons. One of the reason we are seeing more add-ons is the process that is taking place in the ED to see patient’s more efficiently. Most ambulatory patients are seen in triage and some orders are placed at that time based on the patients’ symptoms. The triage patients are usually seen by a nurse practioner, and then later by the physician, who might order more tests based on a more thorough patient exam.

1. CAP – we are in the inspection window, so please make sure reagents are labeled properly as you use them. Remember if you have a reagent that is not labeled you should discard it and open/prepare a fresh one, making sure you properly label it.
2. Mobilab – We are looking to have this available in 2013. It is hand held device that will scan the patients armband and bring up the tests they have ordered (current and in the future, so they can combine). The labels will print at bedside (and you can ask for extra labels too). After drawing the blood and labeling the tubes, each tube is scanned (to collect) and then you rescan the patient’s armband to close the draw. In lab we would only have to scan the tube barcode to receive. This will provide positive patient ID and hopefully reduce additional sticks on patients. On the handheld the phlebotomist can also look back to see if there is a specimen to add a test on and place an add-on request. This will be in use for out-patients as well as in-house.
3. The BD urine vacutainer tubes will be available for use starting Monday, September 24, 2012. Old supplies of urine collection kits will be used up before the new kits are sent to the floors, so we will see both types of urine specimens (old collection cups, new BD tubes) for a little while until the old supplies are used up.
4. Shift hand-off sheets – if you have any issues with items not completed on the sheet, please give to Evan, Carol, Vicky or Carmella to resolve.

Hematology specific items:

1. Monthly Maintenance – if you have time, please check to see that monthly maintenance has been completed. Too often it’s not done, or left to late in the month, or only a few people do it. If this continues we will begin to assign it to make sure it gets done.
2. Expose II – if you make up the big jug, please remember to also replace all the small containers of Expose II.
3. Send out requisitions – we no longer need to keep a copy – all the info should be in MCare. For Pap smears the request form is scanned in as the requisition – it can be viewed in the EMR or through the registration menu – remember to enter the requisition number in MCare.

Chemistry specific items:

1. Reminder – with many tests only requiring QC once every 24 hours, those tests can be run on all 3 shifts. There is no need to hold tests for days to run if it has been QC’d. If a test has not been QC’d, then it is up to the tech to decide to run it or not (if it is not a Stat). You can hold non-labor hepatitis test for days.
2. Please remember to print and save both the QC request list and load list. This will help the tech the next day to verify that all QC testing requested was performed (remember you can request QC on masked test, but it will not run until un-masked).
3. Please bring up full bags of centaur and Cobas tubes – we have a drawer set aside for each in addition to a place for loose, ready-to-use supply. Do not bring up a half bag of tubes ad leave the other half done a shelf (where it can be knocked off and waste a good deal of time cleaning up).
4. Auto-verification. Nancy and Chris are working on why there are some lockouts with some users. Also – When QC is held, please wait until the QC is in before releasing the hold. You will also have to release each patient that might have been held due to the QC. Remember that the A1C and HB results will appear to be held – if they are in Cobas and MCare, you can release the hold on them (they have no value in Bio-Rad, which is why they hold). On October 10th we will have auto-verification round table meetings (for each shift) to talk about issues and what change/improvements you would like to see.