

General Information

- a) Jocelyn has created a yellow use first sticker to help with stock rotation and wastage.
- b) Please try to keep thrombin lot numbers together and keep barcode sheets
- c) Low on drift control – revert to 6C when run out. ESR QC mon and thurs
- d) SMS staining overnight automatic reagent change and less slides in basket – faster & drier
- e) New haem checklist – same jobs, just more recorded.

New Policies, Procedures, Alerts or Reminders

- f) Development of new morphology workflow and training of targeted staff underway
- g) The managerial target in morphology is systems, workflow and standardisation in parallel with staff training to address blood film TAT and stress levels.
 - a. This is in response to comments such as
 - i. “when the system does X I have to do Y which frustrates me”.
 - ii. When “person X does Y and person Z does B then I have to do G” because I don’t know what’s going on
 - iii. I often “go to do a task and find someone else is already doing it” so I feel like I am wasting my time
- h) The removal of “reason for blood film” was to force us to use worklist driven processes rather than personal staff dependent workflows and identify holes in the system.
- i) We ARE collecting DATA on all staff (including managers) throughput to give us information about workflow impingements so these can be our focus. This is no secret and we have been able to do this for more than 2 years
 - a. If you feel personally targeted, this is not the case, all systems and staff are being examined to identify the systematic issues in morphology as a priority. see next examples
- j) Charting in Cerner of eg HB, PLTS, MCV. If you don’t know how to do it, then ask Steve, Andrew or Jocelyn.
- k) F9 and F10 scrolling in remisol
- l) Numerous staff who had not adopted excel scanning of blood films for checking Ctrl-W despite there being emails and instructions to do so
- m) 4 new leukaemias with VLY flags only – previously low priority films but now urgent
- n) False “trial” films should have been resolved. If you see any, please supply accession numbers to Jocelyn. Up to 25 in a morning all holding up release of results and generating films
- o) Double header so we can train and do films at the same time

Rosters / Staffing / Recruitment

- p) New roster almost complete in Kronos – Please check Kronos against Excel and advise.
- q) 0.2 Friday Immunology = Lefy with Helen backfill til July 2019

OH&S or Environmental issues

r)

Staff concerns or suggestions for future “group consultation”

s)

IT issues / Network Alerts / Trials / Projects

t)

New Staff / Social Events / Congratulations / Conference applications

u)

Morphology workflow and efficiencies

- Morphology workflow is a team effort requiring vigilance and active pursuit of missing films
- Front end staff AND morphology staff must be more engaged in monitoring worklists and TAT
- Samples are NOT to be downgraded from Urgent to routine.
 - This includes platelet clumps which have no indication of platelet number on them.
 - The faster you clear that film, the faster it archives and future delta checks take place.
- When vetting ONLY write a M on the film for morph required. IG, Haem etc no longer required
- Abnormals by results “should” end up in one of the priority lists – please alert Steve if not
- “IF” you can complete a film on aerospray then please do so eg plt clumps only.
- Expectation – Advanced staff 10 films per hour average when examining films (6 min a film)
- Expectation – Junior morphologist 6 films per hour average when examining films (10 min a film)

Introduction of the Morphology workflow staff member

- A staff member is designated MW on the roster now
- This person is to check the daily checklist is being completed – weekends falls to all staff
- This means either complete themselves or delegate with polite discussion/negotiation eg

Control-W and Scan into excel worksheet to cross reference
Scan routine films (F10) for things that should be in priorities and move to STAT/ASAP – <i>alert senior if you think an additional rule needs to be made.</i>
Slide filing
DiffPad Stat films confirmed in tray 09:00
DiffPad ASAP films confirmed in tray 09:00
All films “Sample list” checked for date:time Last Run 09:00 and investigate delayed samples
Vet or Sort multiple accessions on same patient 09:00

- Ctrl-W is to be checked via scanning films into excel and printed as a record for lookback. Seek training if you don’t know how. A new sheet has been created in the HB correction excel workbook.
- Putting films into numeric order is unnecessary and time consuming – please don’t.
- Vetting must be done from the films and not the list – this causes issues in morph later when misreads are assumed to be vetted from list. This is a challenge when removing duplicate names.
- Red tray Urgent first, Yellow tray ASAP second, Blue trays routine last.
- Share the trays and work in order of priority to share the workload and complexity of films
- Malarias into cut-down tray please for ease of handling in film bay
- Charting eg HB, MCV, Neuts in powerchart, see Steve, Jocelyn, Andrew

Type it in re-work

- If it’s not on type it in, then it “shouldn’t” be used eg anisocytosis.
- If you have a request for missing text then please see Jocelyn or Steve.
- If you know the diagnosis then state it so the next scientist doesn’t have to search powerchart

Handy hint

- If a film wanders first time as “no records match for your criteria” then re-wand and manually type it into “remisol advance”. This could be a misread or off-line film that is required. These are the films that get filed and lost and “someone” has to hunt for them.