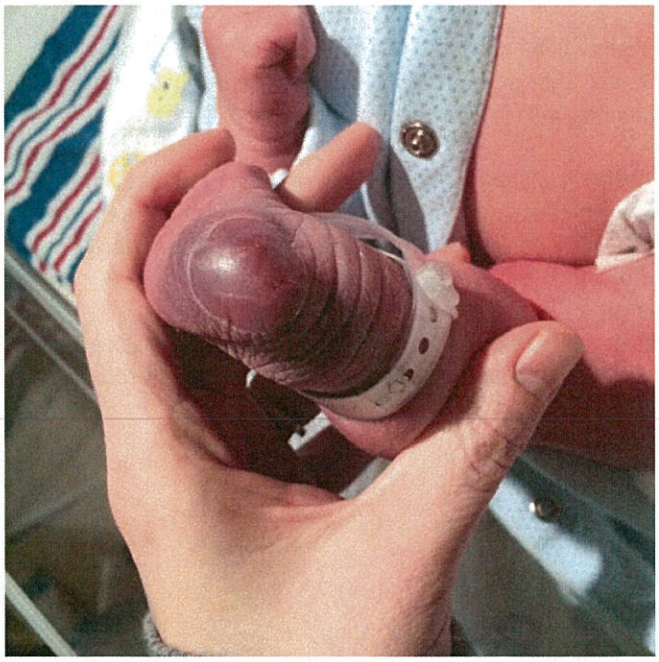
Laboratory Staff Meeting

Location: Laboratory – Core Laboratory

06 JAN 2016, 13:30 – 14:10

1. Mandatory Training:
    a. TDG:
        a. Thanks to those who completed theirs mandatory TDG training prior to Dec 31st deadline
        b. JDB will check who needs TDG training in 2016 and order new supplies
        c. If you are not trained you will not be able to work certain shifts because it is needed to open/pack boxes
        d. Training takes 4-8 hours so if you need time off see JDB for scheduling
    b. Please keep all other mandatory training up to date
2. STH Foundation:
    a. Foundation is accepting requests for funding. Items typically less than $2000
    b. If you have any ideas forward them to JDB
3. Risk Pro's:
    a. When filing a Risk Pro any supplemental documents/evidence should be given to JDB for attachment to the Risk Pro file
    b. Baby Heel Poke Incident
        a. During review of an open case where a baby had exceptional bruising it was noticed that someone had taken blood incorrectly from the back of the child's heel. Remember that blood can only be collected from the sides of the heel. Incorrect technique can cause you to hit the heel bone and risk serious infection or damage.
        b. Staff suggested Respiratory and OBS staff all be reminded too.
        c. AER suggests OBS does pre-care for us such as applying heel warmers and be readily available with sugar water to help keep the infants calm. Use of sugar water during blood collection has been discussed before and exists as an OBS policy.



4. Coagulation tubes:
    a. Improper mixing can significantly affect results. Most affected are the smaller 1.8mL tubes
    b. Ensure you see the air bubble in the tube mix the whole length of the tube 5 times

5. INR Critical Value:
    a. TMB asks if the Critical Value is still set at 4.5 since she found an example where it did not flag a call to the physician
    b. Mike responded that yes the value is still at 4.5 and will investigate
6. Blood Bank Reagents:
    a. AER reminds staff to not register/open blood bank reagents until they are being put into use
    b. ELA reminds staff that this is for reagents only, not product inventory
7. 5600 ADD Disks:
    a. The 5600 has been updated so duplicate HbsAb repeat testing is no longer required
8. IV Placement Follow-up:
    a. JDB spoke with ER/ICU regarding IV site usage as discussed in our previous meeting
    b. ER staff will discuss and an all staff email was sent to remind STHA staff that IV's must be moved within 24 hours of admission; per hospital policy
9. New Supervisor:
    a. JDB would appreciate all staff in assisting her transition into the Supervisor role.
        a. If you are unsatisfied with her supervision speak to her directly
        b. If you have suggestions for changes/improvements speak with her directly
        c. Good communication is necessary for us to succeed
10. LIS Stuff:
    a. Server upgrades:
        a. AUX server upgraded today
        b. MAIN server to be upgraded tomorrow. Downtime needed from 11:35-12:15
    b. UPGRADE:
        a. ALD/MLD begin training tomorrow so will not be available for anything less than an emergency
    c. Tasks:
        a. No tasks will be accepted in email, phone or direct contact
        b. Tasks are to be submitted in LIS Sharepoint only by those given access.
        c. Guidelines will follow shortly
11. New Hospital:
    a. The newest design has been posted. Please review right away and provide feedback suggestions
    b. Open houses will be available for your general feedback to the design team
    c. JDB and Sarah will be meeting with the team to discuss the design too
12. Transportation Problems
    a. Buffalo suspension may lift soon
    b. DVW is working on creating TDG worksheets to help staff pack properly
    c. JDB will audit all rejected samples due to recent transport problems for a proper QA review

Michael Arbuckle

From: Jennifer DBernier
Sent: Wednesday, January 06, 2016 4:38 PM
To: Michael Arbuckle
Subject: FW: re-siting IV's when initially placed in the AC

Jennifer G. Daley Bernier, R.T. (CSMLS)
Laboratory Supervisor
Stanton Territorial Health Authority
550 Byrne Road
P.O. Box 10
Yellowknife, NT X1A 2N1
☎ 1-867-669-4166 | 🖷 1-867-669-4141 | http://www.stha.hss.gov.nt.ca/

From: Celine Pelletier
Sent: Tuesday, January 05, 2016 12:56 PM
To: STH_ClinicalCoordinators; STH_PatientCareUnits
Cc: Jennifer DBernier
Subject: re-siting IV's when initially placed in the AC

Hello all,
The lab phlebotomists have been noticing that a lot of peripheral IVs are being initiated in the AC for continued care which limits the access for laboratory collection.
I would like to remind everyone that when a peripheral IV is initiated in the AC for IV therapy, it is usually done so in an emergency and it should be considered dirty and must be re-sited within 24 hours so that:

a. Infection does not begin, and patient comfort is maximized
b. Lab can perform phlebotomy.

AC access should be reserved for emergency situations, OR and injection of contrast for CT scanning. It should be removed after CT is done.
ER staff should make an effort to send patients to in-patient units with a limb peripheral IV.

Thank you for your cooperation and understanding.

Céline Pelletier
Nurse Practitioner Intensive Care Unit | Infirmière praticienne aux soins intensifs
Stanton Territorial Health Authority | Administration de santé territoriale Stanton
Box |C.P. 10, 550 Byrne Road
Yellowknife, NT X1A 2N1
Tel |Tél: 867-669-4217 Fax: 867-669-4131
Email | Courriel: celine_pelletier@gov.nt.ca / www.stha.ca

Michael Arbuckle

From: Jennifer DBernier
Sent: Wednesday, January 06, 2016 4:38 PM
To: Michael Arbuckle
Subject: FW: IV placement

Jennifer G. Daley Bernier, R.T. (CSMLS)
Laboratory Supervisor
Stanton Territorial Health Authority
550 Byrne Road
P.O. Box 10
Yellowknife, NT X1A 2N1
☎ 1-867-669-4166 | 🖷 1-867-669-4141 | http://www.stha.hss.gov.nt.ca/

From: Shelley Fewer
Sent: Tuesday, December 22, 2015 10:33 PM
To: Jennifer DBernier
Subject: Re: IV placement

Hi Jennifer
Thank you for your email and our telephone conversation today. It would be beneficial to look at these incidences as they occur. Please continue to bring these concerns to my attention.
Shelley

Sent from my iPhone

On Dec 21, 2015, at 5:07 PM, Jennifer DBernier <Jennifer_DBernier@gov.nt.ca> wrote:

> Hello Ladies,
>
> In one of the recent staff meetings it came up that the technologists and lab assistants have noticed a significant increase in the number of IV's that are placed in the AC.
>
> While I appreciate that emergent situations do require quick assessment and IV placement, it was mentioned by two of my very experienced technologists that it seems that the AC site is being used with increased frequency for IV placement, which makes it extremely difficult for the laboratory staff to collect samples from "approved" sites. This becomes particularly challenging when the patient is diabetic and some sites, such as the feet and lower legs are off limits for phlebotomy.
>
> Could you kindly remind your staff to be mindful of the need for future blood work when selecting IV sites for patients?
>
> Thank you both very much for your attention in this matter,