1. Housekeeping:
* Jennifer contacted them to see when and what service we receive from them.
* We receive service only Monday-Friday 16:00 – 21:00, not on weekends or holidays.
* This doesn’t mean it can’t change but this is what it is now.
1. October 5 and 6:
* Jennifer was away at the NWT Cancer Screening meetings.
* In the NWT we screen for colorectal, breast and cervical cancer.
* Jennifer has the PowerPoint presentation and all her notes in a binder. It is on the book shelf in the core tech II area. It has NWT Cancer Screening Stakeholder Meetings on the spine
* Don’t take the binder out of the lab as it contains patient information
* 2 issues that Jennifer brought up at the presentation were: the difficulty we have with sharing lab results with specialists that are not in the NWT and the accuracy of patient demographic information, it can be different depending on what health centre the specimen comes from.
1. Repatriation:
* Jennifer asked the group how it is going. She hasn’t heard anything and assumes no news is good news.
* Erin received one call about what req. to use. She forwarded her Jennifer’s email.
1. Joanne Engram:
* Jennifer met with Joanne. She is our new director of health services and has many portfolios under her. Jennifer wants to be transparent about this meeting.
* Joanne wants to create a new allied health portfolio and would like to have a director/manager of this portfolio and then each area will have its own lead.
* Jennifer brought up the Cameron Enquiry, the cases in Newfoundland where incorrect lab practices resulted in incorrect breast cancer screening results. Jennifer stated that we can learn from this case and use it to our benefit so that we don’t have the same thing happen here in the NWT.
* They discussed how Accreditation Canada does not do much in the lab and does not look at our procedures to make sure they are up to date.
* Where will people be: biological safety might not be under lab but under risk management or occupational health. LIS will probably move to informatics.
* Needs to be structure of governance in the lab, which means everybody doing the same thing. One option is to have a technical lead for all the labs in the NWT.
* Dynalife contract is up soon. Not sure if will go out to RFP now or if we will just sign a 1 year contract and then investigate other options. At this time, we don’t want to give Dynalife a 5 year contract as they need more accountability
* Lab needs a lab safety officer role/position. This is part of accreditation and is a priority.
* All positions will be staffed by expression of interest. If you are interested you need to express this. Just let Jennifer know so that she can plan.
1. Jennifer meeting about new hospital:
* Jennifer checked all the new blueprints and the changes are made based on staff feedback.
* Discussed design and security. There will be CCTV everywhere in the lab. Every staff member will have a personal distress alarm on badges that can track where you are in case of an emergency.
* There will be 3 panic alarms. 1 in micro and 2 in the rest of the lab.
* There will be a camera outside the main door so people can see who is ringing the doorbell before going to door.
1. Roundtable:
* Laura S – reminded core lab staff that they need to receive blood cultures before they go on the Bactec. If they are not received, the automatic reporting by the LIS will not work. Erin said we should be scanning all specimens individually and not just the whole list to make sure we are not receiving specimens we have not received.
* Vivian – brought up how ER is calling for collections when we are on rounds. This was not supposed to be the process; they are supposed to be collecting at this time. Jennifer will resend the memo to make sure they follow the correct procedure.
* Veronica – brought up how renal transplant specimens do not have a CC to the specialist and therefore we cannot give them a copy of the report. Should CC the clinic not the actual doctor.
* April – brought up Task List to print manifest in numerical order. This will cost extra money so might not be done. Even if it is approved, there will still be a delay. Jennifer brought up that Connie will be in LIS until the end of the project and Laurie’s mat leave has been posted. April also mentioned how they will be starting validations for the new system and that Connie will need help with this, especially from micro.
1. Core lab/MLA issues:
* If receive 2 specimens make sure you put extra on one of them so they don’t both get run.
* Evening shift – samples received from Hay River, Ft. Smith need to check test pending by ordered. If not matching, send Softcom instead of fax. Get better feedback this way and then all techs can see that this specimen is being investigated so they don’t have to investigate it as well.
* Jean asked how long is too long for a specimen to be on the unreceived list. She wanted to know if there was a procedure that listed the times it takes for specimens to get here from other health centres. Mike said that if it is not here within a week then there is usually a problem. Some of the techs go back 2 weeks to a month on the first day of their evening shift then only go back 2 weeks for the rest of the week.
* The centrifuge in blood bank needs to be shut. Please don’t leave it open.
* Rotation of ortho slides: if you are going into a new lot number, flip them all over so that it is known that the lot number is now in use. Make sure you check that this is the lot number in use before you flip them. There are stickers that show if it is calibrated or not but flipping says it is in use.
* Packing blood products for flights in am: if we know flight will arrive within 24 hrs we can pack it the night before. Saves a lot of work for the morning tech. There was an email that says how to back the boxes and what needs to go in them. Try to make sure it is as ready as you can make it for the am.
* CBC smears without 2 identifiers: It is a standard that we shouldn’t accept slides without 2 patient identifiers on them. If we start to get a lot please let Jennifer know so that she can investigate it.
* <1.1 sugar, report or not: assumed specimen was left unspun. Should this result be reported? There is a procedure for this. First we need to call them and investigate what happened. We also need to investigate if the result could be legitimate. Even results that are not compatible life can be legitimate. If can’t get the information needed, take it to your Tech2 or manager to find out. If it is in the night just put the specimen in the fridge and keep it for the am.