1. **OPC’s:**
   1. TMB/ELA asked if it is essential to keep OPC reports for longer than 1 week.
   2. MWA explained that the reports (with referring MLT’s initials) are only meant for MLT’s to compare their microscopic examination with those of the pathologists’.
2. **Rotating Stock:**
   1. ELA/MWA remind staff that you must rotate stock as you put it away. Oldest should be pulled out so newer supplies are not used first. This matters for cost and effectiveness of supplies.
   2. Always take the oldest and/or current lot to ensure we use it up before newer supplies.
3. **Performance Appraisals:**
   1. JDB will be scheduling individual appraisals over the next few weeks
   2. Resources to assist you are available on HR’s ePerformance website
   3. JDB suggests all staff review the Core Competencies section to think about how to improve their skills over the next year; will be useful in identifying goals for PDI applications
   4. Additional items to be reviewed include:
4. Mandatory training status
5. Attendance, all leave types
6. **Hematology Computer:**
   1. Please do not turn off the sound so it can be used to flag the completion of a differential
7. **Roundtable:**
   1. MOO explained an incident with MRSA/VRE swabs where no one could identify when the specimen was dropped off to the lab so ward thought results were taking too long
   2. AAA has received 4/5 calls from Dr Pelova regarding missing perinatal results. Problem is identified as Dr’s names are not being recorded on the perinatal requisition prior to submission. All staff are asked to check req’s for completeness and legibility prior to referral
   3. MWA reminds Core Tech’s to complete BB draft procedure review timely
   4. ELA points out that some ECG’s are being scanned incorrectly. Multiple ECG’s are being attached to a patient file. This will require staff to be more attentive when scanning.
   5. ELA also points out that a couple drug levels were collected too early on morning rounds. If you are collecting a trough or peak level you must have the dosage information so confirm with nursing prior to collection. Typically trough levels are collected 30min to 1 hour prior to next dose.
   6. DVW reminds any staff removing faxes from the fax machine must review them to determine if there is anything special to deal with. New requisitions; reports for Blood Bank, etc. Please do not just file in with the rest of the reports; important items may not be handled timely
   7. JDB to speak with COO Les Harrison next week regarding workload/staffing levels. Year over year workload has increased plus the repatriation of some NWT testing has significantly increased our work.

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