1. Chemistry label printer:

* April wants to know how the new chemistry label printer is going and if there are any issues.
* Staff think it is good and are loving it.
* Nothing is getting missed.

2. Biosafety Audit:

* Carolyn did the afterhours audit last night.
* Same things are on the list that can’t be changed due to the old building.
* She found 3 expired bleach solutions. This is not good.
* Fridges and freezers look clean and defrosted but there is no documentation of this except in Microbiology
* Jennifer put in a request for lights to be fixed.
* Training rates are good for the lab. It is a requirement of employment and if you need time but can’t get it, talk to Jennifer.

3. Mike – New Centrifuges:

* All set for their proper force and time for each specimen type.
* Make sure use correct setting for sample.
* Need new inserts for CSF tubes.

4. Amy – Rounds:

* Remember to check with dialysis to see if they have any blood work. There was a complaint that no one came in.
* If it is a STAT sample they need to bring it down themselves.

5. Amy – Blood bank racks:

* There are racks that hold cards as well as tubes or we can order more PEG racks.
* Let her know what you think.

6. Mono Testing:

* Can there be a reflex for mono testing after smear is read?
* Need to go through system improvement process and be approved but first need to check with DynaLIFE to make sure this is something that should be done.
* Maybe we can at least add a comment that it should be done, but again will check with DynaLIFE.
* Could be open to liability as they might rely on the comment and different techs might get different results.

7. Amy – CBS RO:

* Amending expiry date on CBS RO will save time.
* Everybody should be doing that.
* Amy will show how.

8. External proficiency survey testing:

* Jennifer has had a large amount that had to be investigated.
* Failures are serious.
* Need to make sure they are received and handled in appropriate fashion.
* Previous direction from Tech 2 was that they needed to handle these specimens.
* Jen, Laura, Mike and Muhammad will meet to discuss this.

9. Pending List:

* Jennifer received email from core member that pending lists are not being checked and resulted in recollect of sample.
* Has happened numerous times.
* Does everyone know how to call your pending list? If not make sure you ask.
* There is a procedure for checking pending list.
* Micro needs to check their lists as well.
* Should be done during shift and at end of shift.

10. Lab assistants:

* Jennifer has asked to add CPR training on LMS for lab assistants as they will continue to do ECG.
* Anyone can do it if they want, ask Jennifer.

11. On call and evening shift:

* PCC are not being notified before staff are leaving the building.
* Even if leaving evening shift, need to let them know.
* If they don’t have specific work to do then you can leave.
* PCC have been getting upset if we don’t wait for work that’s coming. Jennifer says to do what they say at the time but talk to her about it the next day.

12. Round table:

* Amy – in blood bank you can do your own check specimens for your samples.
* Muhammad – in urine area make sure lot management is being performed. Check lot numbers and expiry dates.
* Mike – Can’t reach him by cell phone right now.
* Mike – XM validation still needs 20-25 diffs to be read. That is all that is left for data collection.
* Vivian – Dr. Ayoubi is still telling patients it is ok to drink coffee for fasting blood work. Can we tell him that this is not ok?
* Kim – no inpatients should be put in the rack by the front bench. It is the bottom priority area. Either bring it to technologists or give them the tubes to spin.
* Amy – when we have a gas, can the lab assistants physically put it in a tech’s hands and not just tell them and put it in a rack. Also, the urine bench technologist does blood gases. This is who should go to first.