



Quest Diagnostics Nichols Chantilly  
At  
Washington Adventist Hospital

**BLOOD BANK STAFF MEETING**

**MINUTES**

**(01/10/2014)**

**PRESENT:** 1.10.2014 @ 0640-0720 STEPHANIE CODINA, MARIA MORRIS, TSEGAYE NEGASH, VANESSA ROBINSON  
1.10.2014 @ 1545-1620 STEPHANIE CODINA, TARA APPELBAUM, HABIBA LAKO

**DISTRIBUTION: BLOOD BANK STAFF MEMBERS**

**MEETING COMMENCED**

Item	Discussion	Action	Follow-up
Minutes Recognition	Passed out recognition to a number of BB employees.	None	None
New Utilization Initiative	<p>Beginning in November 2012, Transfusion Committee started looking at post-transfusion hgb values to assess the possibility of over-transfusion. We now look at every patient who has a POST-txn hgb value &gt;11 g/dL. We have noted that many patients who have a high post-txn hgb have received 2 units of blood.</p> <p>Old thinking: If you need to give blood, you need to give 2 units. If you only need to give 1 unit, you don't really need to give blood.</p> <p>New thinking: Blood is a drug that has infectious and non-infectious risks. You should give the minimum amount that obtains the desired clinical effects.</p> <p>Transfusion Committee is rolling out a new initiative "Why give 2 when 1 will do" with the physicians to try to educate them that it is better to give 1 unit then re-evaluate the patient. If the patient needs more blood, that's fine, we'll give it. If the patient doesn't need more blood, we saved the patient the potential risks of an additional transfusion.</p>	None	None
Career Ladder	BB career ladder has been submitted. We need HR/Corporate approval before moving forward.	None	None
Training Plan	<p>BB training plan is done and is in binders: 1 for trainer and 1 for learner.</p> <p>Next step is to create a train the trainer program. We will validate all BB trainers. In the future, you will need to be an approved trainer to train in BB.</p>	None	None
Students	SGAH will get 4 MLT students in the next few months. 1 from AACC beginning in Jan, 1 from HCC in Feb, and 2 from HCC in Feb. HCC still has 4 students who won't be able to graduate unless they find a BB rotation for them.	None	None

Item	Discussion	Action	Follow-up
Staffing	<ol style="list-style-type: none"> <li>1. Poan has resigned his nightshift position for a new job. Last day was 1.3.14.</li> <li>2. Simon has resigned his position to move to California. Attempting to get approval to re-open his position.</li> <li>3. Ronald has moved from FT to PT. He will no longer work Monday evenings in BB. We will not get his position replaced.</li> </ol> <p>Discussions about how to cover shifts. Group decided the following:</p> <ol style="list-style-type: none"> <li>1. Monday shifts will be covered by the person working the weekend before the Monday. We will look at what hours work best for this shift, but will start with 11-7:30. The midshift person must stay until the other employee working gets lunch.</li> <li>2. Khadar will cover Simon's shifts for the near future. If we are unable to fill the position, we will look at changing around the weekend rotations.</li> <li>3. Do not have enough time to pass off critical information between nights and days on weekends. Group agreed to change hours of weekend shift from 0630-1500 to 0600-1430.</li> <li>4. Do not have enough time to pass off critical information between nights and days when there is only 1 night tech (so hours are 2230-0630) and 6am tech is off. Group did not feel this was an issue and decided not to change this process.</li> </ol>	None	None
Nursing Training	<p>We are doing refresher training with nursing staff regarding the mandatory elements of transfusion documentation. Nursing education is disseminating an SBAR outlining the expectations and each nurse will be required to read and sign an attestation statement. In addition, we created key points cards for the nursing badges. I want you to be aware of the information that is being disseminated in case you get questions. You can direct questions to Stephanie.</p>	None	None
Use of BB Labeling System	<p>I have met with ED leaders at both locations to discuss use of the BB labeling system. The message we are disseminating is simple,</p> <p><b>ONLY USE THE BB LABELING SYSTEM FOR T&amp;S SPECIMENS. This includes both TS and TSNEO.....nothing else.</b></p> <p>Please continue to make copies of non-T&amp;S specimens that are labeled with the BB labeling system.</p> <p>If you receive a sample labeled with the BB labeling system WITHOUT orders.</p> <ol style="list-style-type: none"> <li>1. Call for orders.</li> <li>2. If T&amp;S not needed OR if orders not placed within a reasonable amount of time, call and request that BB armband be cut off. Document the call in the shift log.</li> </ol>	None	None
Test Performed By	<p>CLIA requires all lab printouts to contain information about the performing lab. Sunquest does this, but Cerner does not. To remedy, the informatics team is working on TPB comments. Core lab went live this week. BB and micro to follow. They cannot write a rule that will append to BB results, so we will have to add this comment to all orders (they are building a field for us). More to come when this goes live. In the meantime, please be aware that the location you type into the computer generates this information and MUST be correct. If you verify BB samples, you must be logged into SBB at SGAH and WBB at WAH. <b>You cannot log into micro and verify BB results. You must log out of micro and log in as WBB or SBB before doing this.</b></p>	None	None
Sunquest Upgrade	<p>We have started working on upgrading Sunquest from v6.3 to v7.1. Tentative go live date is May 2014. More to come.</p>	None	None

Item	Discussion	Action	Follow-up
Entering ARC Reference Results	<p>Review the attached report and see what you would enter in the LIS.</p> <ol style="list-style-type: none"> <li>1. Please note that you MUST differentiate between antibodies found in eluate and antibodies found in plasma.</li> <li>2. In this situation, you would enter the following:               <ol style="list-style-type: none"> <li>a. EABGE</li> <li>b. EAKEL</li> <li>c. ABGE</li> <li>d. AFYA</li> </ol> </li> <li>3. Three different techs entered the following INCORRECTLY:               <ol style="list-style-type: none"> <li>a. AKEL</li> <li>b. ABGE</li> <li>c. AFYA</li> </ol> </li> </ol>	None	None
AIDET Training	<p>Reviewed the AIDET training PPT (attached) and discussed expectations. Each employee must complete and return the AIDET worksheet. We are required to perform 3 direct observation competencies on EVERY employee. More to come.</p>	None	None
Open Forum	<ol style="list-style-type: none"> <li>1. Reminder that we don't need to test check cells on ANY positive reaction, regardless of strength. A positive is a positive. There is no need to confirm that the AHG is still working for a positive reaction.</li> <li>2. ED has started ordering T&amp;S and ABO/Rh at the same time on the same patients. If you see this:           <ol style="list-style-type: none"> <li>a. Run the T&amp;S</li> <li>b. Cancel the ABO/Rh as a duplicate</li> <li>c. Make a copy of the specimens for me (for follow-up)</li> </ol> </li> <li>3. Cord bloods are being found in the trash. Likely they are being accidentally discarded with bags &amp; tags. To remedy:           <ol style="list-style-type: none"> <li>a. REMOVE ALL LABELS FROM BAGS before discarding.               <ol style="list-style-type: none"> <li>i. Extra patient labels go in shred bin</li> <li>ii. Extra armband labels go in regular trash</li> </ol> </li> <li>b. ONLY the biohazard bags should go in red bag trash</li> </ol> </li> <li>4. Questions about crossmatches. When do we go to LISS crossmatch when Echo crossmatch was incompatible?           <ol style="list-style-type: none"> <li>a. Should only go to LISS when warm auto present</li> <li>b. I approved going to LISS for a patient who was positive on all cells tested on Echo but had anti-E and -K in LISS.</li> </ol> </li> <li>5. Can we accept small EDTA tubes for crossmatch? Yes, if the specimen is labeled properly. We want to discourage nurses from doing this, because it doesn't always leave us enough plasma for workup and crossmatch. However, it is acceptable.</li> </ol>	None	None

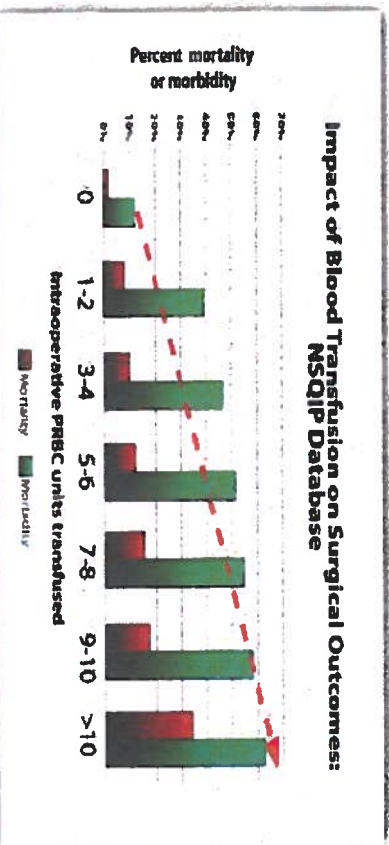
Meeting  
 adjourned  
 Next meeting  
 week of February  
 3, 2014

Stephanie Codina  
 Recorder



# Why give <sup>2</sup>, when <sup>1</sup> will do?

Complications associated with transfusions are dose-dependent



1. Bernard et al. *Annals of Surgery*, 2003; 238  
 2. Ferraris et al. *Arch Surg*, 2011; 246(11)  
 3. Neuhouser et al. *Clinical Medicine*, 2005; 5(112)

“Optimal blood use involves administering enough RBCs to maximize clinical outcomes while avoiding unnecessary transfusions that increase costs and expose patients to infectious and non-infectious risks.”

Reference: Clinical Transfusion Medical Committee of the AABB. (2012). Red blood cell transfusion: A clinical practice guideline from the AABB. *Annals of Internal Medicine*, 157, 49-58.

# Transfusion Documentation

1.3.2014

S	Situation	Routine blood administration audits have revealed problems with transfusion documentation.
B	Background	Blood administration audits performed during 2013 show only 58% of transfusions performed at SGAH are documented per hospital policy. Transfusion is a high-risk, high-volume procedure that requires 100% compliance.
A	Assessment	<p>Hospital policy 101-01-137 and procedure 101-01-137a, "Blood Product Administration" outline the transfusion process and identify the mandatory elements of documentation. These include:</p> <ol style="list-style-type: none"> <li>1. An order from an authorized provider</li> <li>2. Documentation of recipient consent</li> <li>3. Documentation that the bedside clerical check is performed by two qualified individuals (one must be the transfusionist)</li> <li>4. Donation identification number (blood product unit number)</li> <li>5. Name of the blood product--RBCs, plasma, platelets, cryoprecipitate ( Whole blood is ONLY used for neonatal exchange transfusions and should not be routinely selected)</li> <li>6. Date and time transfusion is started</li> <li>7. Date and time transfusion is stopped (transfusion must be stopped if not completed 4 hours from the time it was issued from blood bank)</li> <li>8. Volume transfused</li> <li>9. Transfusion-related adverse events (including documentation that the patient DID NOT experience symptoms of transfusion reaction, if applicable)</li> <li>10. Vital signs including temperature, pulse, respirations, and blood pressure must be documented at the following intervals             <ol style="list-style-type: none"> <li>a. Prior to starting transfusion (within the 15 minutes preceding the transfusion start)</li> <li>b. 15 minutes after the transfusion is started</li> <li>c. Hourly while the transfusion is running</li> <li>d. At the time the transfusion is stopped</li> </ol> </li> </ol> <p>ALL transfusion documentation is completed in Cerner with two exceptions:</p> <ol style="list-style-type: none"> <li>1. Documentation is placed on the pink form during periods of computer downtime.</li> <li>2. Documentation is performed manually in the OR.</li> </ol> <p><b>*Note- Blue text in the Blood Transfusion Band is "reference text" click on it to see policy reference and VS procedures</b></p>
R	Recommendation	<p>Nursing staff members must follow hospital policies for transfusion documentation.</p> <p>Contact Stephanie Codina, Blood Bank Manager at x6689 for additional information.</p>



**AIDET<sup>SM</sup>**

**Five Fundamentals  
of Patient  
Communication**

StuderGroup

**Objectives: Today you will...**

- ▼ Learn how to use the Five Fundamentals of Service (AIDET) to communicate more effectively and consistently with patients and families
- ▼ Learn the importance of a first impression
- ▼ Create your own AIDET
- ▼ Begin Using AIDET immediately

StuderGroup

## Five Fundamentals of Service

<b>A</b>	Acknowledge
<b>I</b>	Introduce
<b>D</b>	Duration
<b>E</b>	Explanation
<b>T</b>	Thank You

## Key Words

- ▼ Key words are those phrases and sentences that we use to connect the patient and their family back to the quality of care and service we provide
- ▼ Patients are distracted, frightened, and many times in pain
- ▼ Patients are looking to connect with us
- ▼ Key Words unlock the door to great service



**A**

**Acknowledge**

In person, with your body:

- ▼ Smile!
- ▼ Make eye contact
- ▼ Use open body language

*Make patient feel special*

**I**

**Introduce**

Begin With	Next Level "Manage Up"
<ul style="list-style-type: none"> <li>▼ Name</li> <li>▼ Department</li> </ul>	<ul style="list-style-type: none"> <li>▼ Self, Skill Set, Experience</li> <li>▼ Co-workers</li> <li>▼ Other Departments</li> <li>▼ Care team</li> </ul>

## Managing up- Taking "I" to the next level

What is managing up?

- ▼ Managing up is positioning others in a positive light
- ▼ It is a form of communication that lets patients and families know they are in good hands

## Managing up vs. Managing down

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>▼ "You are in good hands"</li><li>▼ "He is my doctor too!"</li><li>▼ "The food is excellent here"</li><li>▼ "David will take great care of you"</li><li>▼ "Crystal is a great nurse"</li></ul> | <ul style="list-style-type: none"><li>▼ "We are short staffed"</li><li>▼ "I'm sorry, we are really busy"</li><li>▼ "They never tell us"</li><li>▼ "That's not my job"</li><li>▼ "They are always late"</li><li>▼ "That's our policy/We've always done it that way"</li></ul> |
|--|--|

### Advantages of Managing Up Self, Skill Set, Experience And Certifications

- ▼ Decrease anxiety
- ▼ Improved patient experience
- ▼ Increase compliance
- ▼ Improved clinical outcome
- ▼ Patient feels safe

### Advantages of Managing Up Coworkers

- ▼ Patient feels better about their next care giver
- ▼ The patient feels more at ease with the handoff, thus their coordination of care
- ▼ Coworker has a head start in winning confidence

**D**

**Duration: how long?**

- ▶ How long will it take to complete the activity, procedure, or appointment?
- ▶ How long will the patient need to wait before they see their physician, get test completed...?
- ▶ When should they expect you to return to finish their visit or treatment, give discharge instruction, finish registration...?

**E**

**Explanation**

- ▶ What will happen and what should patient expect?
- ▶ Why are we doing this?
- ▶ What questions do you have?
- ▶ **USE UNDERSTANDABLE LANGUAGE**

**T** Thank You

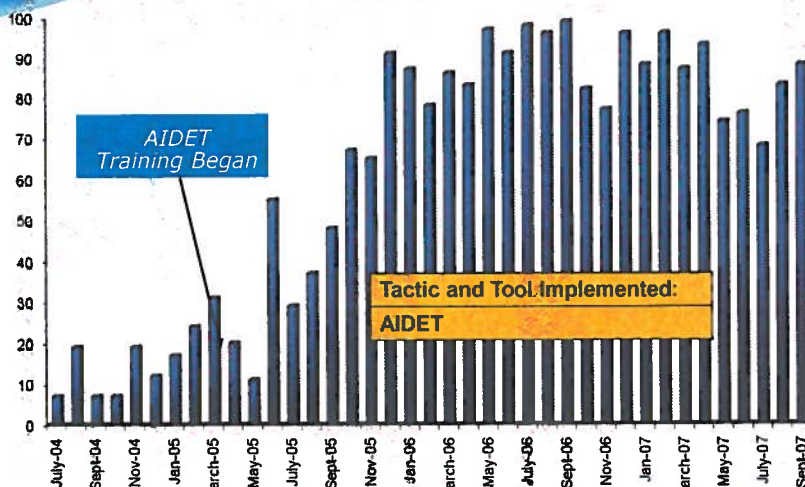
- ▼ Thank them for allowing you to care for them
- ▼ Thank them for choosing your facility
- ▼ Thank them for their cooperation

**Advantages of AIDET**

- ▼ Decrease anxiety with increased compliance



## Outcome - Outpatient Satisfaction



Source: Illinois Hospital, Beds = 303, Admissions = 17,486, measured by Press Ganey Associates, Inc.

## Example – Patient Registration

**A**

Greeting; eye contact; smile - acknowledge the patient by addressing them by name.

**I**

Hi, I'm Tina. I will be registering you today for your visit with us. The staff caring for you today are excellent and they will take very good care of you.

**D**

It will take about 5 minutes to complete the registration and have you sign the necessary paperwork.

**E**

I will be using the computer and asking several important questions to complete your registration. If I need to repeat the questions, please let me know.

**T**

Thanks for choosing us for your care today.

### Example – Clinical

**A**

Greet patient. Good morning Mr. Smith, how are you feeling today?

**I**

My name is Sue. I am clinical assistant and taking care of you today. I have been working here at the cancer center for 2 years. I will take very good care of you today....

**D**

I will be getting you ready to see the doctor. It should take about 10-15 minutes.

**E**

I will be checking your blood pressure and temperature and drawing some blood from you.

**T**

Thank you for coming in today. Do you have any questions for me?

### Be Courteous And Attentive

- ▶ **Polite, friendly and courteous behavior makes a good first impression**
- ▶ **You only have one chance to make that first impression**
- ▶ **ALWAYS make it your very best**

TEN FIVE RULE 10/5

- ▼ 10 feet-eye contact and a smile
- ▼ 5 feet –speak/acknowledge, “Good Morning”



*Never Underestimate  
the Difference You  
Can Make*

*~ Quint Studer ~*