

Quest Diagnostics Nichols Chantilly At Shady Grove Adventist Hospital and Washington Adventist Hospital

BLOOD BANK STAFF MEETING

MINUTES

(05/06/2014)

PRESENT:

5.6.2014 @ 0640-0710 (WAH) STEPHANIE CODINA, MARY-DALE ABELLANO, VANESSA ROBINSON

5.6.2014 @ 1500-1545 (WAH) STEPHANIE CODINA, TARA APPELBAUM, HABIBA LAKO

5.7.2014 @ 0640-0725 (SGAH) STEPHANIE CODINA, YVONNE, NGWA, SHAKIMAH RODNEY, ANNE RIENKS, NAMRATA

SHRESTHA

5.7.2014 @ 1450-1530 (SGAH) STEPHANIE CODINA, MONA PATEL, GABRIEL NJIKA

DISTRIBUTION: BLOOD BANK STAFF MEMBERS

MEETING COMMENCED

Item	Discussion	Action	Follow-up
Minutes			
Competencies	All BB staff members should be done with MTS quizzes and competencies. Please get these in as soon as possible if you have not completed them.	None	None
Readback	Reviewed the readback process with staff. We are missing too many things on readback. When we have FDA-reportable events/RQIs it tends to be related to readback. A. The purpose of readback is to compare the blood bank product tag to the pick-up slip and blood product label to ensure we are giving the right product to the right patient. B. DO NOT use the pink form during readback. C. The BB staff member reads from the request form and blood product label while the pickup person reads from the blood bank product tag. D. YOU MUST READ ATTRIBUTES, BLOOD TYPE, PRODUCT REQUESTED, AND EXPIRATION DATE. Antigens/antibodies are read back as part of the attributes. These are the things we are missing.	None	None
History Check	Reviewed the history check process with staff. A. Many staff members missed the duplicate patient for the competency. The patients did not have SSN information, so we cannot link them. HOWEVER, that doesn't mean we ignore them. You MUST check the history for both patients. We also send to HIM so they can investigate patient identity. B. You must check for designated units EVERY time you do a history check. We check by first letter of last name. ACTIVELY review the patient's history. We viewed an example where the WAH and SGAH histories contradicted each other and the tech did not notice.	None	None

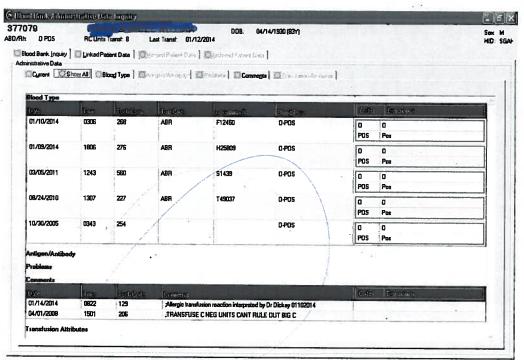
Item	Discussion	Action	Follow-up
Sunquest Validation	The Sunquest validation is almost done. As soon as the validation is done, I will start working on procedure updates. I will put the MTS quizzes in as soon as the procedures are written. Please DO NOT take them until you have been trained.	None	None
	 A. All information from units must be barcoded. If you type in barcode-readable information, Sunquest will not let you do anything with the unit. If a barcode is not readable, quarantine the unit until it can be fixed. DO NOT MAKE UP A CODE as it will affect billing, component prep, etc. Also, problems will not get fixed unless I am notified. B. We have turned blood label check on which means we won't have to do manual label checks anymore. C. We can no longer branch from BOP to BCP. You must prepare the product THEN allocate to the patient. This is because blood label check will take the product back to an unavailable status until complete. We should not branch from BOP to BCP anyway, because it sends a note to the nurse stating the blood products are ready when they are not. D. Aliquots will have A codes instead of E codes (this is for billing). E. We will prep HLA matched platelets from a C code to an E code. F. Auto/Directed units will convert to a special code when they are barcoded (we don't have to manually change this). G. As soon as we are live, we will work on getting rid of archived information. 		
RhIG	WAH pharmacy will take over RhIG on Wednesday, May 21YEAH! Notification have been made, training has been performed, the hospital policy is updated. We will need to start faxing the fetal cell screens for WAH patients to pharmacy. They average 4 per month.	None	None
Cardiac Surgery Platelet Protocol	I met with Dr. Massimiano (cardiac surgery), Dr. Underwood (anesthesia), and Dr. Cacciabeve. We have defined a platelet protocol for WAH. • We will maintain 2 platelets in house at all times for cardiac surgery patients. ALL staff members need to ensure this inventory is maintained and platelets are ordered in as soon as one goes out. • We will hold platelets for high risk cardiac surgery patients. • High risk is defined as those that have a known platelet defect (von Willibrands or anti-platelet medication), "redo" cases, and those with long bypass times. • Only the attending surgeon or anesthesiologist can designate a patient as high risk. • Notification will occur via a new communication order called "high risk cardiac surgery." They will enter the date on which platelets are needed and we will acknowledge to create a record of notification. • We will automatically allocate 2 platelets to the patients. • We must call OR before giving the platelets to other patients. We will have our own procedure for this process as soon as the hospital protocol is finalized.	None	None
ARC WAA's	ARC is no longer calling warm autos for patient who have been transfused, because they don't do allogeneic adsorption. We will build a new Ab code for "panagglutinin in plasma."	None	None
	Please enter the following in the AbID when you see them from ARC: Panagglutinin in plasma (new code to come) Panagglutinin in eluate (PEL) DO NOT order an eluate and result the PEL.		

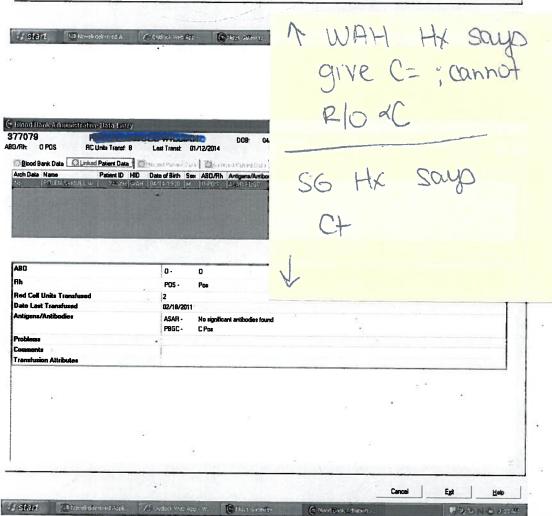
Item	Discussion	Action	Follow-up
Transfusion Order Forms	We reviewed transfusion order forms that were rejected by BB but should not have been. See attached.	None	None
IntelliQuest	Compliance training will be on IntelliQuest this year. Please log in and make sure you have access. Let me know ASAP if you don't have access. You don't want lack of access to prevent you from completing this requirement.	None	None
CMV-negative blood	We have worked really hard to manage CMV-negative blood use. Usage has decreased dramatically, but the inventory has not. This indicates BB staff members are ordering too much into inventory. We should not keep more than 2 O's and 2A's in house unless we have a user. This excludes neonatal units which are on standing order.	None	None
Cord Holds	Question was posed about how to hand CHOLD specimens when the infant has a TSNEO from NICU. The purpose of the CHOLD is to document receipt of the sample in the event of a code pink. We should still receive the sample and indicate no testing is required. We can add a comment that a TSNEO or other test has been performed. If we have CHOLD samples that sit for more than one shift, please check to see if other BB testing was performed and follow the procedure above. If we don't have other testing, call the patient care area and ask the RN to order the CHOLD. The order should automatically appear when the baby is admitted, but the nurse can manually de-select the test.	None	None
Meeting adjourned			
Next meeting week of June 1, 2014			

Stephanie Codina	
Recorder	

Rh Immune Globulin (RhIG)

S	Situation	 Effective May 21, 2014 Blood Bank will no longer dispense Rh Immune Globulin (RhIG). Pharmacy will start dispensing Rh Immune Globulin (RhIG) to prevent Rh alloimmunization in Rh-negative individuals exposed to Rh-positive cells.
В	Background	Transfusion and P&T Committees decided that pharmacy would take over dispensing RhIG to help standardize the administration process for all manufactured blood products. Benefits of the change include: Standard administration documentation on the Medication Administration Record RhIG will be stocked in the pyxis machines in ED, 3100, and Infusion Center
A	Assessment	 A physician will write an order for RhIG administration. Dosage will be determined based on fetal cell screen or Kleihauer-Betke test results with the following exceptions: Pregnant women who are <20 weeks gestation will always receive 1 vial of RhIG. Pregnant women receiving the 28-week prophylactic dose will always receive 1 vial of RhIG. The laboratory will call the nursing unit if test results suggest more than 1 vial of RhIG should be administered to the patient. The RN will contact the MD/LIP to obtain the order for the correct dose vial(s). The RN will verify the that consent (Blood & Blood Products consent form)was obtained or obtain the consent, good for the entire hospitalization for the Rh Immune Globulin (RhIG) injection prior to administration. If the patient has signed the Consent for Operative, other Invasive & Non Invasive Procedures for surgical or obstetric procedure they will not need an additional consent form unless after post operative day #3. RhIG needs to be administered as per MD order as soon as possible after dispensing from pharmacy or the Pyxis. Observe the patient for 20 minutes for any reaction. Complete identification card and give to the patient to validate they have received RhIG injection. Outpatient (Women's Center) RhIG injections will be administered in the Infusion Center. The ordering location will fax/send an order for RhIG administration and recipient consent to the Infusion Center prior to administration.
R	Recommendation	The blood bank will continue to monitor this process and will notify the patient care area if a potential RhIG candidate has not received the proper dose of RhIG.





PHYSICIAN DROERS	Fax completed form to blood bank	at x5864
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TRANSFUSION ORDERS

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TRANSFUSION **ORDERS**

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TRANSFUSION **ORDERS**

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TRANSFUSION ORDERS

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Fax completed form to blood bank at x5864

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Shady Grove Adventist Hospital

Date



Provider Signature

Nurse Sig

TRANSFUSION ORDERS

Time

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USC Signature.