



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

**BLOOD BANK STAFF MEETING**  
  
**MINUTES**  
  
**(07/10/2014)**

**PRESENT:** 7.10.2014 @ 0640-0725 (SGAH) STEPHANIE CODINA, EMIEL DUARTE, YVONNE NGWA, DIPTI PATEL, SHAKIMAH RODNEY, RONALD ROJAS,  
 7.10.2014 @ 1535-1610 (SGAH) STEPHANIE CODINA, SARAH DELINGER, GABRIEL NJIKA  
 7.11.2014 @ 0650-0725 (WAH) STEPHANIE CODINA, MARIA MORRIS, VANESSA ROBINSON, TSEGAYE NEGASH  
 7.11.2014 @ 1500-1535 (WAH) STEPHANIE CODINA, TARA APPELBAUM, HABIBA LAKO

**DISTRIBUTION: BLOOD BANK STAFF MEMBERS**

**MEETING COMMENCED**

Item	Discussion	Action	Follow-up
Minutes			
	Note: June meeting time was used to train for the Sunquest v6.4 upgrade and CPOE		
Recognition	1. SGAH BB was recognized as an exemplary clinical rotation site for MLT students by HCC. Yvonne and Anne took the lead in training students, but everyone contributed. Good Job! Please note, this recognition also appears in the SGAH Prism for July. 2. SGAH BB was recognized for effective blood management practices. Specifically, Transfusion Committee was impressed that platelet wastage was at world class level. Only 5 platelets were expired or wasted in Q2 2014. Keep it up! 3. Mary-Dale was recognized by the medical staff including the CMO for her efforts in collecting data about transfusion in orthopedic surgery. The data proved to be extremely useful and will be pushed to the orthopedic department to drive blood utilization efforts. Great work!	None	None
T&S Specimen Labeling	I have received a few PI/variance forms for cancelled specimens lately. Reason for cancellation: Wrong label used. Scenario: T&S was labeled with a different lab label (ie CBC or BMP label)  Our policy states sample must be labeled with BB label, patient name, patient MRN, time/date of collection, collector's initials/ID.  If sample meets those requirements, we should NOT cancel. If CBC or Chem label is used, simply add a T&S label like we do when the Cerner label is used.	None	None

Item	Discussion	Action	Follow-up
T&S expiration	<p>Please note the hospital policy allows a new T&amp;S to be collected at any point (from 0001 to 2359) on the day of expiration. The policy was designed to allow overlap between samples to ensure the patient is covered and BB has enough time to complete testing and find compatible blood products. Please DO NOT cancel specimens OR write PI/variance forms when a new sample is collected within 24 hours of the current sample expiring.</p> <p>We had a recent situation that highlights this:</p> <ul style="list-style-type: none"> <li>• WAH patient has cardiac surgery.</li> <li>• T&amp;S expires at midnight.</li> <li>• Patient not doing well. Anesthesia called lab/BB to order new T&amp;S. Lab/BB told the MD NOT to order a new T&amp;S until the current one expires. MD did NOT place order.</li> <li>• T&amp;S expired at 2359.</li> <li>• Patient coded at 0002. They cracked his chest on the floor and he bled out.</li> <li>• Patient required a large number of emergency release blood products because we (lab or BB) told them not to order a new T&amp;S.</li> </ul>	None	None
CAP Surveys	<p>Seeing issues with the J CAP survey. The J is the comprehensive BB survey and covers ABO, Rh, AbS, AbID, Ag typing, XM, etc. Each survey comes with 5 patients (red cells and plasma) and 1 donor unit (red cells only).</p> <p>If you test a patient, you perform the T&amp;S.</p> <ul style="list-style-type: none"> <li>• If AbS negative, perform ISXM and you're done.</li> <li>• If AbS positive, you MUST follow our procedure for AbID. <ol style="list-style-type: none"> <li>1. Perform AbID and DAT</li> <li>2. Have second tech review (we do this for 100% of patients, so we need to do for CAP survey)</li> <li>3. Antigen type BOTH the patient and the unit. The unit antigen typing may be omitted for CcEe antigens, since this is done by another tech. We would not re-antigen type units typed by ARC or in-house, so we don't need to repeat for CAP survey.</li> <li>4. Crossmatch. Note: we crossmatch the unit regardless of the antigen status. This differs from normal procedure, because CAP wants to ensure we "can" detect incompatible crossmatches.</li> <li>5. Print the results using "Blood Bank Inquiry" and "Show Reaction Results." We have to fill in the strengths of reactions for some tests. This information disappears fairly quickly.</li> </ol> </li> </ul>	None	None
Cord Bloods	<p>Please be very careful when reviewing mom's MRN in cord blood orders. When these were originally built, the CHOLD order automatically generated when the baby was admitted. In addition, Cerner pulled mom's MRN automatically. The order was changed with CPOE, so physicians now have to place CHOLD orders AND type mom's MRN in. I have asked that the order be updated to automatically generate and automatically pull the MRN again, but I have not gotten a response from the Care Excellence team.</p>	None	None
Crossmatching	<p>Once again, please don't forget to update the number of units ordered when crossmatching red cells to a T&amp;S order.</p>	None	None
Bringing Kits into Inventory	<p>For A1 and B cells as well as positive and negative controls for manual capture, each bottle has a lot number AND the kit has a lot number. We generate all data based on the bottle lot number (QC, patient testing, recalls, etc). When you bring these into inventory, please document using the BOTTLE and not the kit for these reagents. The same thing goes for reagent receipt QC.</p>	None	None

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Platelets	When you expire a platelet AND request credit from ARC, be sure to use the correct disposition code of "unit expired, credit requested" so we can pull the unit from the wastage stats.	None	None
Shipping Products Between Sites	<p>Reminder: We MUST ALWAYS document shipment of products between sites. If we ship to another site for use at that site, use the ARC transfer form. If we ship to one site and back again, use the internal transfer form. In BOTH situations, you need to transfer the blood product in the computer.</p> <p>Example:</p> <ul style="list-style-type: none"> <li>• WAH needs an irradiated platelet.</li> <li>• SGAH does not have platelets in inventory.</li> <li>• WAH ships a platelet to SGAH. WAH completes the internal transfer form and ships the platelet in the LIS.</li> <li>• SGAH receives the platelet and irradiates the unit.</li> <li>• SGAH ships the irradiated platelet back to WAH. SGAH completes the internal transfer form and ships the platelet in the LIS.</li> </ul> <p>We are legally required to account for where blood products are at all times. We can't do this if we don't accurately fill out the paperwork.</p>	None	None
SGAH Pneumatic Tube	Training was supposed to be held at SGAH this week. The tube station is not working properly, so the hospital made the decision to cease all training and resume in August. Tentative go live is set for the second week of August.	None	None
Town Hall Meetings	Mandatory Town Hall meetings will be held at SGAH next week. I will put a schedule up and assign people to attend.	None	None
Recurring T&S Order	We have a new recurring T&S order to be used for L&D patients who are hospitalized for bed rest prior to delivery. The order will automatically generate a new T&S every 3 days until the patient is discharged. This likely won't affect BB, but I am telling you for awareness in case we see issues.	None	None
High Risk Cardiac Surgery	The "high risk cardiac surgery" order is now live. When we see this order, we will allocate 2 platelets for the patient on the day of surgery.	None	None
Order Management	All blood product orders will now be called to Penn-Jersey. ARC will disconnect the phones in Baltimore next week. Please sign off on memo in MTS.	None	None
New Processes That Will Be Coming	<p>Several new/edited SOPs will be coming out in the next month or so. We discussed each briefly. More to come.</p> <ol style="list-style-type: none"> <li>1. New neonatal emergency release/massive transfusion protocol.</li> <li>2. New neonatal "hold" procedure for surgery.</li> <li>3. New process to track blood products through destruction.</li> <li>4. New return and reissue policy (if blood is issued and returned and does not meet requirements to return to inventory, we will change the expiration to 4 hours from the time the blood was removed from the refrigerator and reissue to the same patient)</li> <li>5. New armband policy for bleeding patients (if BB runs out of plasma to crossmatch, we will request a new T&amp;S. The nurse/phlebotomist will leave BOTH armbands on the patient until the bleeding episode is over).</li> </ol>	None	None
Positions	<p>Please note that we have 2 positions posted:</p> <ol style="list-style-type: none"> <li>1. SGAH Group Lead</li> <li>2. SGAH/WAH day/eve position. This person will work every other weekend evening shift (F at SGAH, S/S at WAH), Monday eves at SGAH, and dayshift the rest of the time. This person will also be the backup for evening shift holes.</li> </ol> <p>If interested, please apply online.</p>	None	None

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Schedule	<p>We are at minimum staffing on nearly all shifts for the next several months. We have mandatory overtime to meet minimum staffing levels. If you did not volunteer for an extra shift, I assigned one to you. You are more than welcome to trade your shift with someone else if you cannot work it, but you are responsible for finding coverage.</p> <p>Reminder: Attendance discipline is expedited if you call in sick for a shift that you requested not to work.</p>	None	None
Meeting adjourned			
Next meeting week of August 4, 2014			

Stephanie Codina  
Recorder