



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

**BLOOD BANK STAFF MEETING**

**MINUTES**

**(10/06/2014)**

**PRESENT:** 10.06.2014 @ 0640-0720 (SGAH) STEPHANIE CODINA, MARY-DALE ABELLANO, HOJAT GOUDARZI, ANNE RIENKS, NAMRATA SHRESTHA, HAMERE TADESSE  
 10.06.2014 @ 1525-1545 (SGAH) STEPHANIE CODINA, YVONNE NGWA, GABRIEL NJIKA  
 10.07.2014 @ 0630-0710 (WAH) STEPHANIE CODINA, MARIA MORRIS, VANESSA ROBINSON, SHAKIMAH RODNEY  
 10.07.2014 @ 1450-1520 (WAH) STEPHANIE CODINA, TARA APPELBAUM, HABIBA LAKO

**DISTRIBUTION: BLOOD BANK STAFF MEMBERS**

**MEETING COMMENCED**

Item	Discussion	Action	Follow-up
<b>Minutes</b>			
<b>CAP Surveys</b>	<p>When performing CAP surveys, <b>YOU MUST READ THE INSTRUCTIONS!</b></p> <p>A. JAT instructions clearly say the samples cannot be used for antigen typing. Yet, each survey, we have antigen typing performed.</p> <p>B. The eluate sample is a cell suspension and <b>NOT</b> packed cells. It cannot be treated like packed cells (same goes for sickle screen survey).</p> <p>Also, you <b>MUST</b> follow our internal process where applicable. For example, our normal testing process goes from Echo to manual capture to LISS. If you test the JAT survey, you should be going to manual capture for selected cells (not directly to LISS).</p>	None	None
<b>Data Entry Review</b>	<p>When performing second tech review....</p> <ol style="list-style-type: none"> <li>1. Antigen typing and AbID workups go to AbID bin when done for supervisor review.</li> <li>2. For those items that are strictly data entry reviews (ie T&amp;S when Echo interface down),               <ol style="list-style-type: none"> <li>a. At SGMC, file in the blue file cabinet, left side, top drawer, yellow folders by month.</li> <li>b. At WAH, put them in my box for filing in the binder in my office (different process due to space constraints).</li> </ol> </li> </ol>	None	None

<b>Receiving and setting up transfuse orders</b>	<p>When we get transfuse orders.</p> <ol style="list-style-type: none"> <li>1. Receive the order to view the order. However, leave either the <b>BB#</b> or the <b>"ADTS"</b> field blank. If you complete all of the blanks, the order will disappear. It will only remain open if you allocate a unit.</li> <li>2. Please <b>DO NOT</b> result the "OK to transfuse" field until the product is ready to be picked up. Example: Unit crossmatched but ABO Retype not drawn/tested.....do not say unit is OK to transfuse.</li> </ol> <p>Reminder that the nurses see the "OK to transfuse" and send someone to pick up the blood. They can't pickup if the testing has not been completed.</p>	None	None
<b>Billing</b>	<ol style="list-style-type: none"> <li>1. Reminder: When we send a sample to ARC, we still bill the work performed in house. If we did panels, we bill panels.</li> <li>2. When billing more than one of an item, you must hit the tab key until the number you are billing is on the same line as the "Billed for services performed" message. If you don't do this, the computer will only bill 1.</li> </ol>	None	None
<b>ABO Discrepancies</b>	<p>People are still confused about the A subgroup with anti-A1.</p> <p>Compare this to an antibody workup. If you were doing an antibody workup for anti-E.</p> <ol style="list-style-type: none"> <li>A. The first time the antibody is noted, you would <ol style="list-style-type: none"> <li>a. Do a panel and ensure you have 3 E+ cells and 3 E= cells.</li> <li>b. Antigen type the patient for E.</li> </ol> </li> <li>B. On subsequent workups, you <ol style="list-style-type: none"> <li>a. Show that the antibody is still present on at least 1 cell.</li> <li>b. Rule out other antibodies.</li> </ol> </li> </ol> <p>The same holds true for A sub with anti-A1.</p> <ol style="list-style-type: none"> <li>A. The first time this is identified, you <ol style="list-style-type: none"> <li>a. Test against 3 A1 cells (3+)</li> <li>b. Test against 3 A2 cells (3=)</li> <li>c. Test with A1 lectin (antigen type)</li> </ol> </li> <li>B. For subsequent workups, you <ol style="list-style-type: none"> <li>a. Test against 1 A1 cell (prove the antibody is still there)</li> <li>b. Test against 1 A2 cell (rule out other antibodies)</li> <li>c. You <b>DO NOT</b> need to test with A1 lectin (antigen type) again</li> </ol> </li> </ol>	None	None
<b>Short Cold Panels</b>	<p>I am seeing a lot of short cold and pre-warm panels that are not necessary. Follow our process.....If LISS negative, no further workup is necessary. This is just extra work.</p>	None	None
<b>HIPPA Audit</b>	<p>Adventist is now requiring HIPPA audits. Most questions are intuitive, but some are not. Please know the following:</p> <ol style="list-style-type: none"> <li>1. Chief Privacy and Security Officer is Anjali Mulchandani-West</li> <li>2. HIPAA related policies and procedures are found in the Organizational Integrity Handbook on the intranet <a href="http://intranet.adventisthealthcare.com/NewPolicy/docs/ahc-oip-coc.pdf">http://intranet.adventisthealthcare.com/NewPolicy/docs/ahc-oip-coc.pdf</a></li> <li>3. Know the "Minimum Necessary" rule which means we look up or share the minimum amount of patient information needed to do our jobs.</li> <li>4. Requests for patient results/information should be forwarded to the HIM department.</li> <li>5. PHI should not be visible outside the BB.</li> </ol> <p>Also, all staff members must have visible nametags. The pocket protectors serve this purpose. See Stephanie or Barb for a new pocket protector.</p>	None	None

<b>Disposal of Blood Products</b>	<p>As previously discussed, the FDA requires that we track blood products all the way through destruction. To meet this requirement, we have a new procedure. All blood products will be discarded in a designated box and we will track which blood products are in the box.</p> <p>Also, reminder, when you discard a blood product for reason, "Discarded, incinerated" you must freetext the reason. DO NOT just select the canned comment "unacceptable." Examples of comments include, "Unit returned from floor due to patient fever; out of temperature range" or "RN spiked bag and unit leaked."</p>	None	None
<b>Echo Manifold</b>	<p>We demonstrated how to clean the manifold.</p> <ol style="list-style-type: none"> <li>A. Remove manifold</li> <li>B. Remove the 4 plugs</li> <li>C. Use a small brush to clean out clots/debris</li> <li>D. Rinse manifold then replace plugs</li> <li>E. Replace manifold</li> <li>F. Perform "Washer Prime" and "Washer Basic Test" before using the Echo</li> </ol> <p>The manifold should be cleaned during monthly maintenance AND any time you get inconsistent results. Example: AbS positive, panel negative, repeat panel negative.....CHECK and CLEAN MANIFOLD.</p>	None	None
<b>Unlabeled Cords</b>	<p>If you receive a cord blood that is not labeled, please call L&amp;D and determine who the cord was intended for based on the date and time of birth.</p> <ol style="list-style-type: none"> <li>1. We need to cancel the HOLD order</li> <li>2. I need the name for the incident report</li> </ol> <p>It is much easier to gather this information at the time of collection instead of days later.</p>	None	None
<b>Indications for Transfusion</b>	<p>Reminder...If you place a transfuse order you MUST enter the indications for transfusion using the mnemonic codes. You CANNOT leave these fields blank or freetext.</p>	None	None
<b>Nursing Training</b>	<p>I am currently training nursing staff at SGMC and WAH on transfusion documentation. There are 2 comments I am consistently receiving.</p> <ol style="list-style-type: none"> <li>1. At SGMC, nurses say we are not following our policy that the T&amp;S is good for 10 days for plasma/platelet transfusion. I realize that often we will request a T&amp;S if the patient's H&amp;H is low or if the patient has antibodies. However, we must fully communicate this to nursing. They think we are not following our policies. Example, "I can give you plasma. However, the patient has a hb of 6. You may want to consult the provider to see if a new T&amp;S is needed for possible red cell transfusion."</li> <li>2. At WAH, RNs are saying it is taking longer than 15 minutes to get blood. This may be due to staff working in other areas and not hearing the tube station. Keep the baby monitor with you when you are not in BB. Give the monitor to the charge tech when you are at lunch/break for follow up.</li> </ol>	None	None
<b>Tardiness</b>	<p>I have noticed quite a few people coming in late recently. In some cases, people are clocking in up to 20 minutes before they are coming to the department.</p> <p>Reminders:</p> <ol style="list-style-type: none"> <li>1. You are expected to be in the department at the start time of your shift.</li> <li>2. You should go to the break room/bathroom/locker room BEFORE clocking in.</li> </ol> <p>I will have to address this if it continues to be a problem. This is definitely affecting departmental overtime, because the prior shift cannot leave until replacements are working.</p>	None	None

<b>Meeting adjourned</b>			
<b>Next meeting week of November 3, 2014</b>			

Stephanie Codina

Recorder