

### Quest Diagnostics Inc., At

### Shady Grove Medical Center

# SGMC FIELD OPERATIONS STAFF MEETING MINUTES JULY 31, 2015

**PRESENT:** STAFF MEMBERS- SEE SIGN-UP SHEET ATTACHED (STAFF WILL ALSO BE READING THE MINUTES IN MEDTRAINING. ORG)

**DISTRIBUTION:** R. SAN LUIS, L. LOFFREDO, DR. CACCIABEVE, AND LESLIE BARRETT.

#### MEETING COMMENCED: 1100 AND 1530

| Item            | Discussion  | Action | Follow-<br>up |
|-----------------|---|--------|---------------|
| Welcome/Remarks | <ul> <li>Review the following at every huddle as a team going forward:-</li> <li>Our Mission: "We demonstrate God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing."</li> <li>A.I.D.E.T: Acknowledge, Introduce, Duration, Explanation and Thank You.</li> <li>R.I.S.E.S/ Standards of Behavior: Respect, Integrity, Service, Excellence, Stewardship.</li> <li>Because it is an expectation by the hospital administration, we all have to know the hospital's mission statement, vision, AIDET and RISES values, we review at every staff meeting what we stand for. Lab Administration has provided each one of you with small ID card holders that must be placed with your hospital picture ID's and read it to memorize. This will help when the Baldridge team (NIST) will be here to survey the hospital.</li> <li>OPL is fully operational and good feedback is given by patients for our services we provide. We are great hopes to improve our Healthstream scores. Please note that the staff meeting minutes are posted online for your review. If you do have any questions please send them to me.</li> <li>Hospital Policy states that we are prohibited for use of electronic devices in patient areas. Please do not use your sell phones to text, call or to take notes!</li> <li>COA (Corporate Quality Assurance) team will be inspecting the SGMC lab on 8/12/15. Please keep all areas clean &amp; clutter free!</li> <li>Please remember Elise and her family during this difficult time, Elise lost her mother. Flowers from our lab are sent to her home address.</li> <li>Thanks to all staff for being flexible in helping out during various shifts. I certainly appreciate you all.</li> </ul> | Info   |               |
|                 |   |        | Page 1 of 4   |

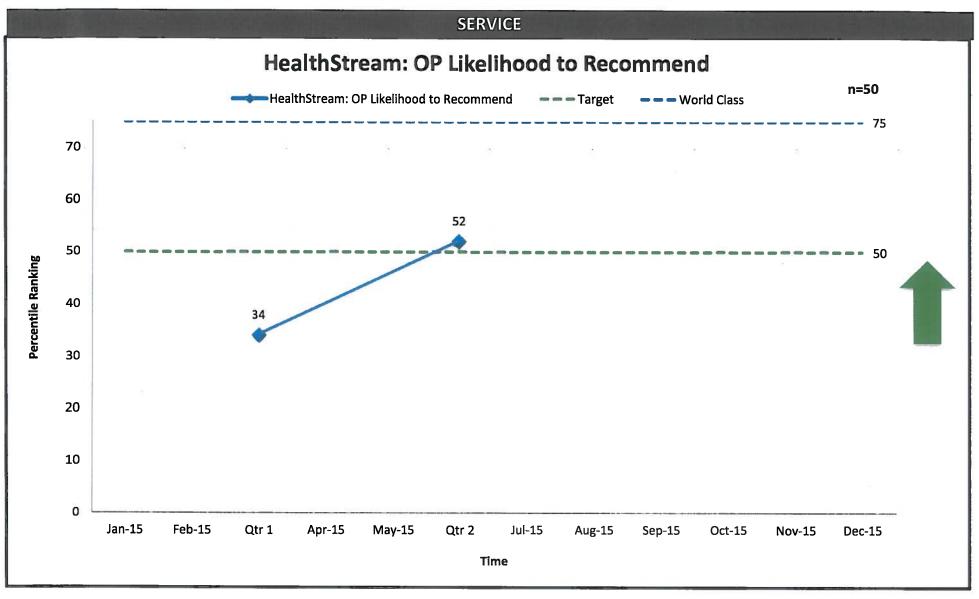
| Item  | Discussion   | Action   | Follow-<br>up |
|---|--|--|---------------|
|   | <ul> <li>New hires are training well. Group Leads and staff<br/>are training them well. Please be supportive towards<br/>them as they learn.</li> </ul>  |  | up            |
| Safety: Patient and<br>Staff                | <ul> <li>Our Monthly Safety Reminders! A quick review</li> <li>Follow FOCUS guidelines at all times! Looks for slip, trip and fall hazards as you zoom with your carts through patient rooms, hallways, elevators and the laboratory. Safety first.</li> <li>Bring Adventist Behavioral Hospital Safety concerns to me ASAP.</li> <li>Only Quest approved/supplied equipment must be used on patients. If you are not familiar with equipment please do not use it.</li> <li>Hand hygiene: "Pump in Wash-out" Strictly continue with each patient visit on in or out patients.</li> <li>When in doubt refer SOP manual first&gt;consult GL or a supervisor/manager.</li> <li>Dispatch: to clean surfaces, carts and trays multiple times in a day. Document on daily duties checklist.</li> <li>Positive Patient Identification: 100% of the time.</li> <li>OPL patients: number/token system.</li> <li>Use good clean lab coats every day! Display work ID badges on the lab coats on the pocket/upper portion of your body.</li> <li>Use lab coat wall hangers. Do not throw your used coats on the carts while going on a break.</li> <li>Clean carts, arrange them. Keep carts and trays ready for next AM.</li> <li>Follow AHC dress code policy at all times. Appear professional at all times. It's summer so please review the bulletin board for QD dress policy that is posted.</li> <li>Earrings, lanyards/cords/ neck ties worn around the neck/hold ID badges <i>not</i> to be used, especially when serving the ABH patient's.</li> <li>No Food &amp; Drinks in the lab any time. Lab offices are clean areas- thanks for removing labs coats and gloves before entering. Please do not bring any specimens to the lab offices, instead call the supervisor out to help you with the issue/ question.</li> <li>Vocera/ Pagers: immediate courteous responses by all staff required. Carry an extra battery if need bel Lab role of drawing patients within specified times is in fact considered as keeping the patients safe so that Physicians can receive results in time.</li> </ul> |  |               |
| Metrics, TAT and<br>Healthstream<br>scores. | • AM collections Metric: July has been a difficult month<br>with staffing and few others outside of our control issue<br>month. We, by calculations stand around 88%. Weekends<br>are particularly challenging. Staff must work together and<br>achieve metric.  | Goal (Receipt): 95%-100% in LIS<br>by 0630.<br>Results: 95% - 100% results by<br>0730 (Technologist's- Purple arrow-<br>World Class) |               |
|   | • <b>Receipt of specimens</b> in LIS is to be done by Processing<br>and Phlebotomy staff and must work together. Please do<br>not congregate in the Phlebotomy after AM Labs are<br>completed, but help Processing to receive specimens in<br>LIS. It's team work at all times. Please remember to call<br>Lab Specimen Processor One to have specimens picked up  |  |               |

Lab Specimen Processor One to have specimens picked up in case you do not have a tube, have more to draw and/

or when tube system is not functioning well.

| Item  | Discussion   | Action  | Follow-<br>up |
|---|--|---|---------------|
|   | Critical Value Callback: Metric met.   |   |               |
|   | • <b>Blood Culture volumes:</b> Metric is met. See feed-back info on the bulletin board.   |   |               |
|   | • STAT collections within 15 minutes: Calculations are going on.   | Pay close attention to specimens<br>arriving via tube system, drop off<br>window bins and logs. |               |
|   | Blood Culture Contamination Rate: Met.   | window bins and logs.   |               |
|   | • Healthstream: 52%!! Our best from 2014's last quarter to now. Great work! Keep going   |   |               |
|   | • ER specimen throughput: Looking good.  |   |               |
|   | • ASAP Collections: Goal is to collect within 30 minutes.  |   |               |
| Staffing and<br>Schedules                                 | Schedule's for the month of August is done till 8/15/15. We will need more flexibility and more help from all staff till 2 part time staff and one full timer are hired. And while staffs in training complete the training pick up speed.   | Continue to be flexible in helping out on various shifts.                                       | SMK           |
| TOP, Attendance & Tardiness.                              | Review and plan according to TOP Report posted. Refer TOP calendar before requesting TOP. Refer two TOP Alerts attached here and posted in our department. All TOP applications must be in for the remainder of the year by 9/15/15.   | Plan TOP time ASAP.   | SMK           |
| Competency, MTS and<br>Learning Suite                     | <ul> <li>IntelliQuest- It's your responsibility to complete all requirements. Please login in frequently and check assignments posted by the East Region.</li> <li>Paper competencies and MTS competencies are being readied to be handed over and posted very soon. Stay tuned.</li> <li>Learning Suite (AHC) no word yet - please stay tuned.</li> </ul>   | Staff to check online frequently.   | ALL           |
| Daily Shift Logs and<br>OL, PL, Un-received<br>Coll lists | PL Log Training is completed with 99% staff in check with one to go! Good work and thanks to our lead staff and few other trainers who helped.   |   | ALL           |
|   | Problem logs are to be studied carefully and fully attended.<br>Please bring difficult to solve ones to my attention and to the<br>attention of the Group Lead/s. Do not leave them hanging!   |   |               |
| Time cards/ Kronos<br>update                              | Please review posting by time clocks to apply for TP time within specified hours. Limit the Top request to 40 hrs per week.  |   |               |
| Miscellaneous<br>Items/Reminders                          | <ul> <li>A baby shower is being planned for Dericka and a card for<br/>her is in circulation, please sign and wish Dericka.</li> <li>Please do not use time at work, paper, ink or other<br/>supplies to do your school work even if you have applied<br/>for school through QD's tuition reimbursement programs.<br/>Please read my detailed emailbox addressed to all Field<br/>Ops Division.</li> <li>Please do not leave your work areas without proper<br/>permission.</li> </ul> |   | ALL           |

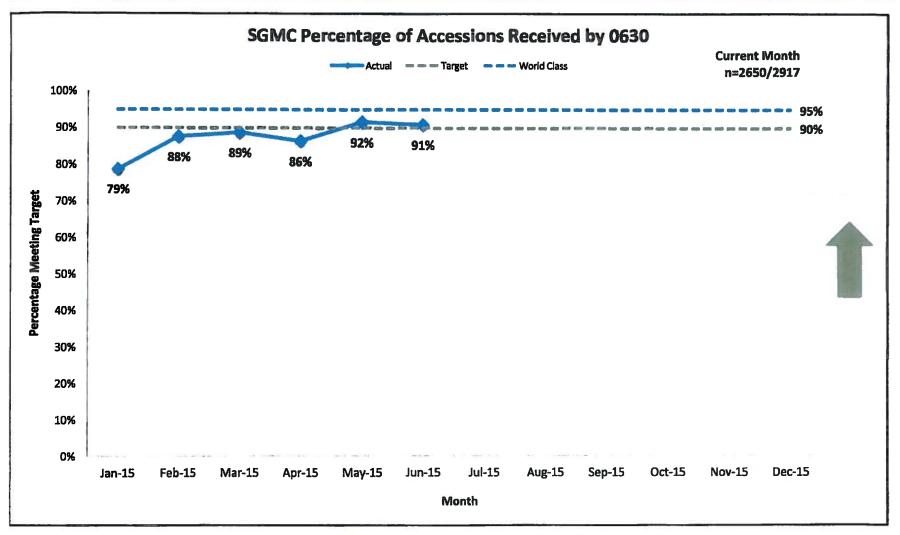
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| Up Coming, New and<br>in the works | We do have an additional PC for inpatient Phlebotomy. Ticket will be opened soon to place it in the section.   |        |               |
|                                    | In the event that 2% Iodine supply becomes short as indicated by Ash and Jaraysha, please use Chlorasepp effectively. Our SOP covers both swabs/applicators. Notify me ASAP. |        |               |
| Questions/ Open<br>Forum           | Staff did not have questions.  |        |               |
| Next Monthly Meeting               | ТВА  |        |               |
|                                    | Recorded by: Samson Khandagale   |        |               |



Initiatives:

- 1) Direct observation of staff for validation of AIDET.
- 2) Review HealthStream data weekly: Voice of the customer and patient level report detail.
- 3) Work closely with partners: provide and ask for regular feedback.
- 4) Track feedback by encounter from patient level detail.

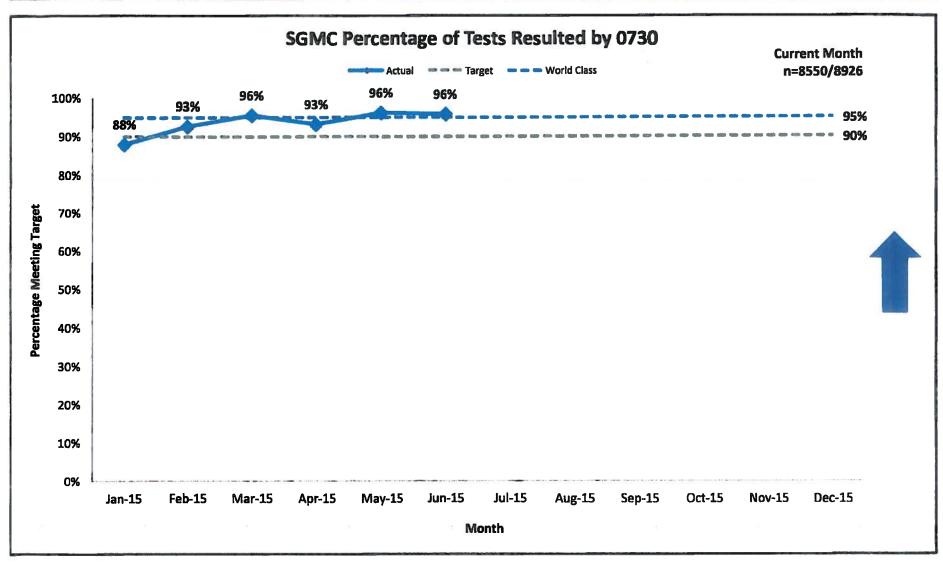
SERVICE



Initiatives:

- 1) Daily Huddle to review progress, assess distribution of assignments, and identify roadblocks.
- 2) Utilize phlebotomy teams to optimize productivity. Transport specimens via pneumatic tube every 5 samples.
- 3) "Nurse to collect" samples: Tubes/labels provided to nurse and orders rescheduled to next hour as RNWD.
- 4) Tube System Downtime Plan: Lab Vocera 1 and Lab Processor 1 will transport samples to lab.
- 5) Team approach to specimen receipt. Group lead pulls pending log at 0630 to identify outliers.

SERVICE



Initiatives:

1) Utilize TAT report to identify outliers.

2) Work with staff to discover roadblocks.



Laboratories at Washington Adventist Hospital, Shady Grove Medical Center and Shady Grove Adventist Emergency Center at Germantown

## Date: July 31, 2015

# LABORATORY ALERT

Subject: TOP PLANNING

| TOP planning for Year<br>End 2015 | It is each employee's responsibility to manage TOP.<br><u>Only a small portion of unused TOP may be carried over into the next</u><br><u>year.</u> Due to this limitation, employees are encouraged to schedule TOP<br>during each quarter of the year.   |   |
|-----------------------------------|---|---|
| Action                            | Due date  | Submit  |
|                                   | Aug 5th   | TOP requests for 3rd Qtr 2015 (Aug, Sept)     |
|                                   | Sept 15   | TOP requests for 4th Qtr 2015 (Oct, Nov, Dec) |
| Additional information            | If TOP is not planned throughout the year, <u>TOP may not be approved</u><br><u>between Thanksgiving and New Years Day should you wait until then</u><br>to utilize TOP.<br>Approvals will also take into consideration previous year's TOP requests<br>to ensure equity and give everyone the opportunity to request peak<br>summer and winter holiday time off. |   |
| Contacts:                         | Robert SanLuis &  | z, Lori Loffredo                              |
| LLoffredo 7.30.2015               |   |   |

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