

Quest Diagnostics at

Shady Grove Medical Center and Washington Adventist Hospital

MEETING

MINUTES

9.22.2015

PRESENT: WAH: 9.22.2015, 0640-0725: STEPHANIE CODINA, HOJAT GOUDARZI, MARIA MORRIS, SHAKIMAH RODNEY, HAMERE TADESSE
 WAH: 9.22.2015, 1505-1525: STEPHANIE CODINA, TARA APPELBAUM, HABIBA LAKO
 SGMC: 9.23.2015, 0635-0715: STEPHANIE CODINA, YESHIWAS BELEW, YVONNE NGWA, NAMRATA SHRESTHA
 SGMC: 9.23.2015, 1615-1630: STEPHANIE CODINA, ANNE RIENKS

DISTRIBUTION: BLOOD BANK STAFF MEMBERS

MEETING COMMENCED:

Item	Discussion	Action	Follow-up
Minutes Eyewash	<p>We were cited by CQA for people not knowing how to correctly use the eyewash station. Specifically, when the staff member was asked to demonstrate use, he removed the eye covers before turning the eyewash on.</p> <p>When using the eyewash,</p> <ol style="list-style-type: none"> 1. SGMC ONLY---swing the eyewash device over the sink. 2. BOTH—Push the lever down with your hand. <p>The eyewash will push the eye covers off and shoot water out.</p>	None	N/A
AS-3	<p>The Neonatal Committee members have decided they want to use AS-3 red cells as the primary red cell type. CPDA-1 units are still allowed, but we will now receive AS-3 units from ARC with our standing neonatal order.</p> <p>Please make sure the units are AS-3 and not just adsol units (there has been some confusion on the ARC end).</p>	None	N/A
Billing	<p>A request was received to cover billing/charges again.</p> <ol style="list-style-type: none"> 1. DO NOT CANCEL BILLING CHARGES AND MOVE THEM TO A DIFFERENT SPECIMEN (ie the TRRC or TS order). 	None	N/A

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	<p>2. Sickle testing on units (SCS and RHGBS) whether testing in-house or at ARC, the billing charges are added to the unit itself (not to a specimen). Billing is done at the time of testing. Exception = neonatal units; see below.</p> <p>If a unit is positive, it is still billed. We should allocate and hide the crossmatch to add the sickle billing. Enter "Not OK to transfuse."</p> <p>3. Reference units will ALWAYS be allocated to the patient specimen and the charges are billed to each unit.</p> <p>4. In-house antigen typing is billed to the TRRC. Exception: If we do not have a TRRC (ie when we set up 2 units for a clinically-significant antibody) they are billed to the TS.</p> <p>5. Baby aliquots are always billed at the time of issue. CMV and sickle get billed to the FIRST aliquot only. Irradiation gets billed to each aliquot.</p> <p>6. Irradiation DOES NOT get billed to non-neonatal aliquots; the billing includes an irradiation fee.</p> <p>7. The "AUTO" fee is only billed when we discard an autologous unit. The fee is built into the unit code if the unit is issued for transfusion.</p> <p>8. ONLY the group lead or manager should be billing reference PATIENT testing.</p>		
KBT	<p>Question: With CPOE, who is responsible for ordering the KBT when indicated (pregnant patient >20 weeks gestation , Rh-neg with neg Abs).</p> <p>Answer: BB staff should order. This test is approved by the medical staff for reflex. Just order and send the sample to heme.</p>	None	NA
ED T&S orders when patient transferred to floor	<p>Question: How do we handle ED TS orders when the TS is NOT collected in ED and the patient is transferred to the floor.</p> <p>Answer: If we have an order for a T&S and the patient is on the floor, we should send the phlebotomist to collect. If the floor wants to cancel, they can cancel in Cerner.</p>	None	N/A

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Units in cooler	<p>Question: How do we document that the ice blocks in the cooler were changed out after 4 hours.</p> <p>Answer: We issue new units in a new cooler; we don't switch the ice blocks out.</p> <p>Question: What happens if the OR does NOT want to return the cooler, because they need blood in the room.</p> <p>Answer: Issue the new cooler to the room and then get the old cooler back. This will not put the patient in danger.</p> <p>Question: What if the patient has antibodies and we don't have antigen-negative units.</p> <p>Answer: This would really only happen in 2 scenarios:</p> <ul style="list-style-type: none"> A. If the patient is scheduled for OH surgery, we see this on the surgery schedule. We can notify anesthesia that the patient has antibodies and ask them to order additional units in advance if they think it will be an issue. B. If the patient is an emergency (unplanned) bleeder. In this scenario, the patient will generally be going through blood if they really want blood in the OR that long. 	None	NA
Misc Education	<ol style="list-style-type: none"> 1. Fall Forum at ARC on November 6. I have only had 1 person express interest so far. 2. Please make sure you have completed the annual compliance training in IntelliQuest. Deadline is quickly approaching. 3. Please ensure you are working on your competencies. They are due November 1. 4. Please complete the employee engagement survey if you haven't done so already. 	None	NA
Scrubs	<p>I have had a few people ask if we can order the new scrub uniforms. The website to order is www.suitestyles.com but you need a password to enter the site. Normally, username is employee ID + SG (one word) and password is scrubs1, but we don't have IDs. I did ask Margaret Daily if this is available to us. She said they are having TNTC issues with the scrubs and she will get back to us.</p>	None	NA
BB Computers	<p>We have had a number of non-BB related documents showing up on BB computers lately. IT has decided they will require each person to enter their own password to enter the computers by the end of the year. Please ensure you know your Citrix username and login. This is the same username and login you use on the first screen when logging into Cerner.</p>	None	NA

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Downtime Blood Administration Forms	<p>Reminder:</p> <p>In the past, we gave out the pink form with blood transfusions. Nurses document the transfusion in Cerner and used the pink form when Cerner was down.</p> <p>We no longer give the pink form, so we MUST REMEMBER to give out the "Downtime Blood Administration Form" when Cerner is down. We control this form and the floors DO NOT have copies. We must remember to give this out when Cerner is down.</p> <p>The form is designed in a way so.....</p> <ul style="list-style-type: none"> A. If Sunquest is up, we can print 2 patient/unit labels and attach one to the form. B. If Sunquest is down, we have to manually print all of the information in the blanks. 	None	NA
New Labels for Emergency Release	<p>Do we use the new downtime patient/unit labels for emergency release units? Our current procedure states we DO NOT have to label emergency release blood products with the patient information. However, you can use them if you want to.</p>	None	NA
Clarification of Ag typing for CAP surveys	<p>When performing CAP surveys, you should be reading the directions.</p> <p>J survey requires antigen typing of patient and unit. However, we always test the unit for C,c,E,e. DO NOT retype the unit for these antigens.</p> <p>JAT survey CLEARLY states the samples CANNOT be used for antigen typing.</p> <p>DAT should be performed on both per our departmental policy.</p>	None	NA
OL Monitor	<p>Request to add BB samples to the micro OL monitor at WAH. Transfuse orders only show up on the RL monitor, so techs working in Micro have to keep running back and forth to check the OL monitor.</p> <p>Currently, transfuse orders only show up as UNRECEIVED. Core lab OL monitors are set up to only display RECEIVED samples. If we reprogram the OL monitors to show BB samples, they will show all unreceived, which will give you way too many samples to deal with.</p>	None	NA
Baby Monitor	<p>Baby monitor receiver for the pneumatic tube in BB is missing. Please look for it and see if we can find it.</p>	None	NA
Cord blood delays at WAH	<p>I received numerous complaints that cord blood that there is a long delay between the time the cord is ordered and the time the specimen is received. I spoke with the director of L&D at WAH. She is going to address with staff. Please fill out a PI/variance for specific issues.</p>	None	NA

Item	Discussion	Action	Follow-up
Case 1	<p>Scenario:</p> <ol style="list-style-type: none"> 1. Patient T&S shows clinically-significant antibody. 2. Two Ag-neg units are tested on the Echo. One is compatible and the other incompatible. 3. LISS shows same results. <p>What steps would you take?</p> <ol style="list-style-type: none"> 1. Refer to SOP. It contains instructions for resolving unexpected incompatible crossmatched. 2. Verify ABO/Rh and antigen typing of unit. 3. Perform a DAT on unit. <p>If DAT is positive, what steps are taken?</p> <ol style="list-style-type: none"> 1. Quarantine unit (discard if blood supplier does not want unit returned; discard code = destroyed at blood supplier request). 2. Notify blood supplier and request credit. 3. DO NOT DO THE ELUATE. We don't care "what" is coating the cells; we won't use the unit. 	None	NA
Case 2	<p>Customer complaint received because blood was not available for surgery.</p> <ol style="list-style-type: none"> 1. Patient came in on Monday to get T&S drawn. AbS positive on all cells, AbID positive on all cells, DAT positive. Decision made to send sample to ARC. 2. Patient returned on Tuesday to have more blood drawn for reference testing. Sent to ARC. 3. Tuesday—patient showed up on surgery schedule for OH surgery on Wednesday. Workup not complete. Tech wrote 'No retype needed.' 4. Tuesday at 6pm. ARC called to say they may not have blood available for OH surgery the next day. Tech documented in the shift log for follow-up the next day. 5. Wednesday at 5am. ARC called to say there is no way the workup will be done and no blood will be available. Tech documented in the shift log for follow-up by dayshift. 6. Wednesday at 7:30 am. Dayshift tech read shift log and called OR to notify blood not available. Patient ALREADY prepped and in surgery. MD cancelled case and rescheduled. VERY MAD. 	None	NA

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Where did we fail?

1. When doing the surgery schedule, we are supposed to verify that 2 units are available for patient. We could have documented on surgery schedule that the workup was not yet complete and notify the OR.
2. When ARC called at 6pm to say they may not have blood available, we should have called OR. There is always someone at the OR desk (24/7). If the OR desk won't take a message, we are supposed to contact Anesthesia on call.
3. When ARC called at 5am, we again should have notified OR. They are getting ready for the day's cases at this time.

Staffing

We have several open weekend shifts due to Namrata's resignation. Staff were questioned whether they want to be assigned to shifts or want to volunteer. No one had a preference. I will leave the shifts open for volunteers for a week and then will assign open shifts to remaining staff.

None

NA

None

NA

Meeting adjourned

Next meeting the week of October 5, 2015

Stephanie Codina
Recording Secretary

Place patient/unit label here or complete the following:

Patient Information

Name
Medical record number
Blood bank number
Date of birth
ABO/Rh
Crossmatch Results <input type="checkbox"/> Compatible <input type="checkbox"/> N/A <input type="checkbox"/> Least Incompatible

Unit Information

Donor ID	Expiration date/time	ABO/Rh	Attributes
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Date/Time of issue:	Issued to:	Visual inspection: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
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We certify that before starting the blood transfusion, we have checked the following:

- 1. Verify the provider order for transfusion.
- 2. Verify the consent for transfusion.
- 3. Compare the patient's last and first name and medical record number on the blood bank and hospital armbands. Ensure they match exactly.
- 4. Compare the patient's last and first name and medical record number on the hospital armband and patient/unit label. Ensure they match exactly.
- 5. Compare the blood bank number on the patient's blood bank armband and the patient/unit label. Ensure the number matches exactly.
- 6. Compare the donor identification number (unit number) on the blood product label and the patient/unit label. Ensure the number matches exactly.
- 7. Compare the expiration date (and time if applicable) on the blood product label and the patient/unit label. Ensure it matches exactly and has not been exceeded.
- 8. If the provider ordered attributes for the blood product, verify that the blood product contains the ordered attributes (CMV-negative, irradiated, HbS-negative, HLA-matched).

Signature: _____ Signature: _____

Note: Contact blood bank if the transfusion will not begin immediately.

Date and Time transfusion started: _____
 Date and Time transfusion completed: _____
(TRANSFUSE WITHIN 4 HOURS OF DISPENSE TIME)
 Volume transfused: _____

Type of blood product:

red cells

plasma

platelets

cryoprecipitate

whole blood

Transfusion Reaction? No Yes If yes, stop transfusion, see back of sheet

	Time	B/P	HR	Resp	Temp	Initials
Pre-txn						
15 min						
60 min						
2 hrs						
3 hrs						
Txn Stop						

Reminder: Give patient "Notice to Patients Receiving Blood Transfusion" form if discharged within 12 hours of transfusion.

Patient Identification



W520300

Downtime Blood Administration

520-300 (2/15)