

# Quest Diagnostics At Adventist Hospital Labs

## GENERAL LABORATORY STAFF MEETING

### MINUTES

(1/14/2016)

**TIMES:** 0715, 1330, 1500

**DISTRIBUTION:** STAFF MEMBERS

Item	Discussion	RISES / Action	Follow-up
<b>Combined Minutes</b>			
<b>*State Ground Rules!!</b>	Respect each other; talk one at a time, everyone has the right to speak as long as they do so respectfully.  Demonstrate RISES in all we do!	Respect	NA
<b>QA</b>	Review the monthly metrics posted on the bulletin board.  CAP window opens 2/1/2016. Inspections can arrive at any time. We always need to be inspection ready 365 days a year.  New competency program coming out for 2016 management staff training pending.  Critical values must be called immediately even prior to repeat. These calls must be documented.	Excellence    We need to look into if after hours calls at WAH can be made by SGMC OPL desk... Follow-up needed.	Rob   QA  Samson/Lori
<b>Core Lab Update</b>	Temperature issues noted at all sites. We are following up with facilities. If there is a temperature issue that falls outside of storage requirements for supplies you must take appropriate remedial action. An assessment of impact to supplies must be made and documented.  There are some test kits remaining at WAH that are being QC'd more frequently due to out of range temperatures. The question arose regarding the need to continue additional QC and the answer is yes we will continue to run additional QC until the kits are used up.	Respect, Integrity, Stewardship	Rob
<b>Safety</b>	Keep the lab clean and organized!  We will be doing some education with each safety inspection such as how and when to use the eye wash. Also, we will ask where is the spill kit located as well as checking the inventory in the flammable cabinet.	Stewardship	Everyone

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<b>Culture of Always (Customer Service)</b>	<p>We need to focus on AIDET with all interactions and making eye contact and saying hello to everyone we pass.</p> <p>Ensure we answer the phone in a timely manner (by the 3<sup>rd</sup> ring) and properly.</p> <p>Provide accurate information to questions. We have had a number of complaints about providing inconsistent information to doctors and nurses. Please do not provide information you are not absolutely sure is accurate. When in doubt please seek assistance utilizing available resources, if still uncertain ask a supervisor or manager.</p> <p>Outpatient satisfaction scores: SGMC – On target WAH – Needs improvement</p>	Integrity	Everyone
<b>POCT</b>	Supply pickup is hitting on the weekends.	We should look into have the SOP state if POCT supplies are required on the weekend a nursing supervisor should have to come get them.	Stephanie
<b>Blood Bank</b>	Still waiting on Tube Station alarm.	Rob followed up and the request is in process.	Rob
<b>Phlebotomy and Processing</b>	<p>When we receive a complaint you must complete a QV form.</p> <p>GEC samples should be processed like all other incoming samples. They should not be delivered directly to microbiology.</p> <p>Tube system alarm at SGMC is also in process. Rob followed up on this request and they are getting to it per the facilities director.</p> <p>Swab collections at SG are on the rise. This is causing problems due to taking patients to the ED. Samson is checking with infusion center to see if they can collect these swabs.</p>	<p>Samson is aware and working with processing staff.</p> <p>Work order is active and pending.</p> <p>Samson is speaking to Infusion center manager.</p>	Samson and Rob
<b>Interdepartmental Survey</b>	<p>Be aware how we respond to other departments is being monitored and graded at SGMC via the Interdepartmental Survey.</p> <p>How are we perceived by others? How do we handle phone conversations? Are we being perceived as helpful?</p>	Communication to staff	Supervisor
<b>Minimizing Blood Collections on Newborn Babies</b>	The lab has been asked to help reduce the amount of blood collected on newborns. This is especially important for low birth weight babies and at SG the NICU is really of key importance. A single mL of blood makes a difference and we all must focus to help with the effort.	Communication to staff	Supervisors

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	<p>The LIS does not list the actual required volumes for babies. Please do not quote minimum volumes for adults to nurses and physicians requesting minimum volumes on newborns. These will most likely require calls to the reference labs especially if multiple tests are ordered.</p> <p>Technical staff members should do their best to process small volumes whenever possible for onsite testing.</p>		
<b>Open Discussion</b>	Staff Topics follow:		
<b>Cerner</b>	<p>Tubes are still being received at SG and WAH without orders crossing to SQ or not having been placed. This issue is much more prominent at WAH than at SGMC.</p> <p>Staff must to continue to follow the process and document all calls to the units every time we get tubes without orders.</p>	Issues continually forwarded to nursing leadership and IT	Supervisor
<b>Special Draw Timing and Handling</b>	<p>Lactates, Chest Pain, Stroke Patients</p> <p>We now have quite a few time sensitive labs that must be monitored and efficiently handled. Phlebotomists must collect and send these samples immediately after collection. Processing must receive the samples and move them quickly to the testing area ensuring clear verbal communication with the tech performing the test.</p>	Monitoring	Lori

Facilitator: Rob SanLuis

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