

Quest Diagnostics at

Shady Grove Medical Center and Washington Adventist Hospital

MEETING

MINUTES

2.09.2016

PRESENT: SGMC: 2.09.2016 @ 0635-0720: STEPHANIE CODINA, HOJAT GOUDARZI, GEORGE LI, YVONNE NGWA, DIPTI PATEL, ANNE RIENKS HAMERE TADESSE
 SGMC: 2.09.2016 @ 1615-1645: STEPHANIE CODINA, SARAH DELINGER, GABRIEL NJIKA
 WAH: 2.11.2016 @ 0640-0710: STEPHANIE CODINA, YESHIWAS BELEW, MARIA MORRIS, VANESSA ROBINSON
 WAH: 2.11.2016—AFTERNOON MEETING CANCELLED, BECAUSE ALL STAFF ALREADY ATTENDED STAFF MEETING

DISTRIBUTION: BLOOD BANK STAFF MEMBERS

MEETING COMMENCED:

Item	Discussion	Action	Follow-up
Minutes Package Inserts	When we receive new versions of package inserts.... 1. Make a copy of the new insert. 2. Compare the current and new inserts to identify "what" changed. You can call the manufacturer if you have questions. 3. Document the changes on the copy. 4. If no significant changes (ie nothing that changes the SOP), place the new insert in the manual. 5. If significant changes, notify supervisor immediately. 6. Place copy of new insert, old insert, and summary of changes in supervisor box. Reminder: We need to check inserts on the Ortho website for every Ortho shipment. Instructions for doing this are listed on a sticker in the product received log.	None	N/A
ASAR	All ASARs should be called to Immucor as "unexpected positives." (Exception = possible antibodies to low frequency antigens). These should be called each shift—do NOT save them for a specific person. Let me know if Immucor gives you problems. Document the Immucor reference number on the ABID form for EACH specimen. Write a PI/variance for each call. We need to track and trend this data.	None	N/A

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Transfusion Request Forms	At the time of issue, staff are required to write unit number, visual inspection, etc on the transfusion request form. PLEASE write this in the designated space. You must separate the white and yellow sheets PRIOR to documenting this information, or the carbon will fill in the pneumatic tube receipt information. Nursing does not like when this information is not written in the correct location.	None	N/A
MTS	<p>You should have 2 training updates in MTS.</p> <ol style="list-style-type: none"> 1. Cooler QC is continued until the temperature goes out of range or until all blanks on the form are filled in. Do not stop cooler QC at 4 hours. 2. Return & Reissue—If a product is returned to BB, we must determine if the patient received ANY of the blood product. If the patient got even 1 drop, the unit must remain in issued status. You can obtain the unit, discard in the red box per procedure, and write a PI, but DO NOT return the unit and BSU to discarded status. We have to be able to track the patient if that unit is implicated in a future recall or market withdrawal. 		
Home Health	<p>Home health will begin drawing T&S samples on nursing home patients at both sites. If issues are encountered after hours, contact the following:</p> <ul style="list-style-type: none"> • WAH = nursing administrator • SGMC = Debbie Truxillo <p>Reminder: We (BB) can automatically order the T&S if we receive an order for transfusion. We DO NOT have to call the nurse or provider for an order.</p>	None	N/A
WFC Adjustment Log	<p>Please ensure you are documenting all required information on the WFC adjustment log.</p> <ul style="list-style-type: none"> • Call outs • Tardies • Missed punches • Missed lunches • Etc <p>Baltimore did an audit and they are getting really strict about use of the form. Also, all TOP requests must go into ShiftPlanner and Kronos.</p>	None	N/A
J Survey	I cancelled the J survey at both WAH and SGMC. SGMC will get a shipment. Please DO NOT open and test. We do not have to return results.	None	N/A
RIF	<p>A question was asked about how Quest reduces staff.</p> <ol style="list-style-type: none"> 1. To my knowledge, Quest has never reduced TECHNICAL staff. In every case, if they offer early retirement, they have excluded technical staff from leaving, because they do not have enough technical staff members. 2. If a RIF (reduction in force) is needed, they 	None	N/A

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	<p>will pick a job category (ie med techs). HR will look at everyone in that job category and decide who gets RIF'd (the supervisor or management team does not decide). They look at 3 primary factors:</p> <ol style="list-style-type: none"> a. Longevity (newer people get released before tenured people). b. Disciplinary action (people with disciplinary action get released before people without disciplinary action). c. Evaluation scores (people with poorer evaluations are released before people with good evaluations). <p>Again, THERE IS NO TALK ABOUT REDUCING ANY STAFF. I am only addressing this because staff asked.</p>		
KBT	<p>We cannot do FSC testing when the baby is Rh-unknown, Rh-positive, or weak D positive. In this situation, WE can order the KBT test. We DO NOT need the RN or MD to order for us. This is based on protocol approved by MEC.</p>	None	N/A
Tubing	<p>RNs are asking questions about which tubing to use. We are in the process of evaluating new tubing and creating a policy with flow rates. This will be added to the hospital policy when approved.</p>	None	N/A
Inservices	<p>What topics would you like to like to learn more about?</p> <ul style="list-style-type: none"> • Molecular testing • Cerner • Reference workups • ABO discrepancies 	None	N/A
Goals	<p>I will be distributing a form to each staff member. I would like you to identify personal and departmental goals. We need departmental goals for the new evaluation form.</p>	None	N/A
Open Forum	<p>There are still a lot of units at WAH using the old pickup form.</p> <p>Make copies of the "old" pickup forms when you receive them. Stephanie will follow up with nurse leaders of the units from which we are receiving the old forms.</p>	None	NA
Meeting adjourned			
Next meeting the week of March 7, 2016			

Stephanie Codina
Recording Secretary