

Quest Diagnostics At Adventist Hospital Labs

GENERAL LABORATORY STAFF MEETING

MINUTES

(FEB 2016)

TIMES: 0715, 1330, 1500

DISTRIBUTION: STAFF MEMBERS

Item	Discussion	RISES / Action	Follow-up
Combined Minutes			
*State Ground Rules!!	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
Blood Bank Inspection	Results are great! No Deficiencies found. The blood bank team rock!		Stephanie
General Communication	Work on improving handoffs anytime coverage responsibility changes even briefly. The expectation is your area of responsibility is always and continuously covered. Instrument and QC issues need to be clearly documented on pass down logs and verbally discussed during handoff. When entering or exiting SGMC do not cut through the ED/REG area. (If you have a valid reason such as a physical limitation the lab director can authorize an exemption to this rule) If other departments are doing it that is another director's issue to deal with. We follow the rules. Staff should clock in on-time. Report to your assigned area on time. Do not leave your work area prior to the end of your shift. Work until the end of your shift. Do not clock in from break then go back to the break room. Keep breaks to 15 minutes and lunch to 30 minutes. The policy states that returning from break late is an occurrence for time and attendance.	Respect, Integrity, Stewardship	Rob
Evaluation / Pay Raise	Evaluations are complete. Please remember if you are doing your job well and meeting all requirements of the position then you "Achieve Standards." To get a rating higher you must be working at a level above your current position. As an example, an MT2 would need to be working at a Senior Tech Level and performing similar duties the Senior Tech performs routinely. The TIC duties are an MT2 responsibility not a Group Lead responsibility. Many times we may schedule the a GL or Senior Tech to fill the TIC role for the shift but it is not working above the MT2 role.		

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	<p>The percent increase was determined by a computer based on your rating and where your rate falls against the mid-point of the pay scale. The pay scale is divided into 4 quartiles, 2 below and 2 above the mid-point. See me if you require additional explanation and I will attempt to explain the system to you.</p> <p>The Goal Sharing now actually called AIP is based on hour's worked and annual salary and varies somewhat per staff member as a result. If you have questions please see your supervisor or me for additional information.</p>		
<p>QA</p>	<p>Review the monthly metrics posted on the bulletin board.</p> <p>CAP window opens 2/1/2016. Inspections can arrive at any time. We always need to be inspection ready 365 days a year.</p> <p>New competency program coming out for 2016. The new program is based on "Test Systems" vs. "Modules." What is a test system? Example: Vista has 4 test systems making up the instrument: VLYTE Sensor, Spectrophotometry, LOCI (Chemiluminescence), and Nephelometry.</p> <p>Critical values must be called immediately even prior to repeat. These calls must be documented. Reviewed cases of call delays and outcomes. Both the critical value policy and the repeat policy have been updated.</p> <p>Proper documentation of QC and Temp/Maintenance records is essential. What was the corrective action? Assessment of impact is required. If supply temperature is out of range then the supply must have documentation recorded for the assessment of the inventory impacted. If you cannot determine the impact notify the technical supervisor.</p> <p>Improper QC comments – Switch QC levels as a comment does not always relieve responsibility for patient lookback. Were the vials actually switched? Check with group lead or tech-In-Charge. Also, QC QNS or QC vial empty also does not always remove lookback responsibility. Inappropriate QC comments require QV forms and staff retraining.</p> <p>What's IQCP – Internal Quality Control Plan. Every test that has a QC frequency like our test kits with QC perform 1 a week or month had a risk assessment performed to determine if the QC frequency was adequate to ensure accurate results. All staff need to understand these assessment were performed and on file for inspector review. Technical staff needs to understand that each kit is a test system. Our competency will now include information regarding the control methods utilized such as internal, external, and electronic QC as applicable.</p>	<p>Excellence</p>	<p>Rob</p> <p>Supervisor</p>

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Core Lab Update	Tech-In-Charge (TIC) Role – The TIC is responsible for the lab. Anyone taking a break should let the tech in charge know they are going and check in upon return. The TIC is expected to monitor break times and ensure proper lab/processing/phlebotomy coverage 24/7. The TIC will report any staff abusing breaks.	Respect, Integrity, Stewardship	Supervisor, Rob
Safety	<p>Keep the lab clean and organized!</p> <p>Please be careful and look after your selves. We have already had a couple injuries this year. When changing probes be extra cautious as this is very high risk. Where proper PPE. If you drop sharps on the floor or see them on the floor be proactive.</p> <p>Do not over fill sharps containers or biohazard boxes. DO NOT LEAVE BIOHAZARD BOXES FOR THE NEXT SHIFT TO TAKE CARE OF.</p>	Stewardship	Everyone
Culture of Always (Customer Service)	<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 3rd 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 – Current great above 90 WAH – Looking better this quarter above 50 currently</p>	Integrity	Everyone
POCT	No issues discussed.		Stephanie
Blood Bank	Still waiting on Tube Station alarm.	Rob followed up and the request is in process.	Rob
Phlebotomy and Processing	<p>When we receive a complaint you must complete a QV form.</p> <p>Please be aware and FOCUS when handling sharps.</p> <p>We have received a number of complaints about our staff being rude. This should never happen. Be responsive and do not argue.</p> <p>Protocol and Timed Collections: This is a struggle to manage but we must make every effort to collect samples on time. These are very demanding and difficult to manage.</p> <ul style="list-style-type: none"> - Sepsis Protocol: STAT or Timed Lactates - Cardiac: All cardiac markers are timed and tracked 3 X3 hours - Stroke: STAT (Handle STAT and Run STAT). TIC has pager to let them know samples are coming. 		Samson and Rob

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	<p>- Coagulation: Heparin (PTT) collected 4 hours after IV adjustments.</p> <p>Alarm for tube system still pending install.</p>		
Interdepartmental Survey	<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? Are we polite? The expectation is we are always polite and respectful no matter how we are treated. If you are treated poorly let me know details using QV form and I will follow up.</p>	Communication to staff	Supervisor/ ROB
Minimizing Blood Collections on Newborn Babies	<p>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.</p> <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>	Communication to staff	Supervisors
Open Discussion	Staff Topics follow:		
Cerner	<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> <p>If we get calls about CERNER not receiving lab results call the IT Help desk.</p>	Issues continually forwarded to nursing leadership and IT	Supervisor

Facilitator: Rob SanLuis