

## Quest Diagnostics at

### Shady Grove Medical Center and Washington Adventist Hospital

#### MEETING

#### MINUTES

**4.05.2016**

**PRESENT:** WAH: 4.5.2016 @ 0650-0725 STEPHANIE CODINA, MARY-DALE ABELLANO, YESHIWAS BELEW  
 WAH: 4.5.2016 @ 1455-1525 STEPHANIE CODINA, HABIBA LAKO  
 SGMC: 4.6.2016 @ 0635-0735 STEPHANIE CODINA, GEORGE LI, YVONNE NGWA, DIPTI PATEL, ANNE RIENKS, HAMERE  
 TADESSE (HOLLIE GENSER WAS PRESENT FOR EVERYDAY EXCELLENCE ONLY)  
 SGMC: 4.6.2016 @ 1815-1900 STEPHANIE CODINA, SARAH DELINGER, HOJAT GOUDARZI

**DISTRIBUTION:** BLOOD BANK STAFF MEMBERS

**MEETING COMMENCED:**

Item	Discussion	Action	Follow-up
<b>Minutes</b>			
<b>Training to enter BBREF results</b>	<p>We have several employees who are not comfortable entering BBREF results, so this process was reviewed.</p> <ol style="list-style-type: none"> <li>1. We must enter the AbID for BOTH the T&amp;S and BBREF. The results are from the same sample collected at the same time, so they should ALWAYS match.</li> <li>2. We do not enter the ABO/Rh from the reference form unless we sent the sample for ABO discrepancy workup. However, we do verify that the ABO listed is the same as what we have documented for the patient.</li> <li>3. We do not enter the DAT results from the reference workup.</li> <li>4. Antigen typing is entered the same way we enter in-house typing (NBGE, NBGC, PSMC, etc). However, we DO NOT add the billing charges. The billing charges will go in when we enter the BBREF billing.</li> <li>5. There are two sections in the lower half of the page where antibodies are listed:                         <ol style="list-style-type: none"> <li>a. Serum/Plasma studies</li> <li>b. Eluate studies</li> </ol> </li> <li>6. We enter BOTH of these in the ABID field.                         <ol style="list-style-type: none"> <li>a. For antibodies found in the “serum/plasma studies” area, we enter them as antibodies (ABGK, ASME, etc).</li> <li>b. For antibodies found in the “eluate studies” area, we also enter these in the AbID field. WE DO NOT ORDER AN ELUATE. However, when we enter them, we enter them</li> </ol> </li> </ol>	Provide examples for staff to practice entering.	Stephanie

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	<p>as eluated antibodies (EABGD, EAJKA, etc).</p> <p>7. If ARC reports, “no new antibodies detected,” we enter the mnemonic NAAB. This means that they did not evaluate the sample for the antibodies that we know the patient already has (so we don’t know if they’re still showing). They only ruled out NEW antibodies.</p> <p>8. We do not enter comments when we have in house procedures that outline the process.</p> <p>a. Examples of comments we DO NOT enter include the following:</p> <p>i. Give antigen-negative units when the patient has the corresponding antibody.</p> <p>ii. Give least incompatible units when the patient has a WARM auto.</p> <p>iii. Give LISS crossmatch compatible units when there is extra reactivity.</p> <p>b. The only comments we enter are those that go outside of our normal practice. For example, if we see anti-G, we would give D-neg, C-neg units (or any other combination Rh antibody).</p>		
<b>ED patients</b>	<p>If a T&amp;S or retype is ordered in ED, the order will convert to a “nurse to collect” specimen, because ED is a nurse collect area.</p> <p>If that same patient is transferred to the floor, the sample will become a “phlebotomy to collect” sample. HOWEVER, it will not show up on the phlebotomy worklist, because it was originally ordered in the ED.</p> <p>BB staff members must monitor unreceived samples and notify phlebotomy when a patient is transferred from the ED to a floor and they still have unreceived samples.</p>	None	NA
<b>Reagent Receipt QC</b>	Reminder: Both Sickledex and Sicklechex require reagent receipt QC.	None	NA
<b>Platelets at WAH</b>	WAH Transfusion Committee is going to allow us to go down to keeping 1 platelet in house as long as we have 2 platelets prior to a patient going to open heart surgery. Please pay attention to standing order deliveries (M, W, F) PRIOR to placing an order for platelets. We want to try to reduce wastage.	None	NA
<b>Equivocals</b>	Reminder: If you get an equivocal reaction for an antibody screen run on the Echo, you MUST perform a panel PRIOR to editing the results. You cannot modify an equivocal to a negative without doing a panel first to look for patterns of reactivity.	None	NA

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<b>Split Units</b>	<p>You can edit equivocals on the ABO/Rh typing. If you receive a request to split a unit for an adult, you will need to handle this a little differently than a split unit for a neonate. This is because BCP is built to automatically create an IRRADIATED aliquot.</p> <ol style="list-style-type: none"> <li>1. Split the unit on downtime (the E code of the aliquot will be the same as the E code of the parent unit, but the division letter will change). You can print labels using the downtime digitrax system. Note that at WAH, you will have to print the upper and lower quadrants separately, since we do not have 4x4 labels in the printer.</li> <li>2. Change the E code to a non-irradiated E code in BCP. This function is only available to staff with supervisory access in Sunquest.</li> <li>3. Irradiate the unit to match the E code.</li> </ol>	None	NA
	<p>It is NOT acceptable to convert the product to an irradiated E code without irradiating the unit.</p> <p>If we start getting requests for split units, we will build these in our system. However, as of now, we have only received 1 request in the past 5 years.</p>		
<b>TACO</b>	<p>Regulatory agencies have been educating on transfusion associated circulatory overload (TACO) in an attempt to prevent. There is a new AABB standard that states we must put a marker in the patient's file indicating that the patient is at increased risk of circulatory overload if we are notified by a provider. Anne is currently building a code for the BAD file.</p>	Build code for use in the patient's historical BB file.	Anne
<b>Immucor</b>	<p>Reminder: If you call a sample to Immucor for extra reactivity or any other reason, you must write the Immucor case number on the AbID form for documentation.</p>	None	NA
<b>ARC Request</b>	<p>When you order Ag negative units from ARC, please fill out the request COMPLETELY. Specifically, people are not writing the date and time of request in the appropriate box. This makes it difficult to track for billing purposes.</p>	None	NA
<b>Historical BAD File Results</b>	<p>If you encounter historical BAD file results (the pre-Sunquest results that show on the screen instead of in the BAD file), please:</p> <ol style="list-style-type: none"> <li>1. Ensure the patient has a retype recorded in the BAD file.</li> <li>2. Print a copy and place it in my box.</li> </ol>	None	NA
	<p>We are trying to dissociate historical results, because they tend to confuse staff.</p>		
<b>Everyday Excellence</b>	<p>We reviewed the Everyday Excellence overview presentation.</p>	None	NA

Item	Discussion	Action	Follow-up
New Plasma Thawer	We conducted training on the new plasma thawer at SGMC only. Training documents were distributed to affected staff members.	Read the SOP and sign the training document.	All Staff
Open Forum	<ol style="list-style-type: none"> <li data-bbox="443 281 979 432">1. When receiving samples, please remove all labels from the bag before discarding. We are still seeing samples getting thrown away in BB. Remove the labels and ensure all bags are completely empty before discarding.</li> <li data-bbox="443 466 979 617">2. Please don't forget to order retypes when applicable. Many of these are getting missed. Also, when you order a retype, make sure you are ordering it on the correct encounter/FIN number.</li> <li data-bbox="443 651 979 737">3. Is readback necessary during an MTP? Stephanie to discuss with Dr. Cacciabeve and update SOP if indicated.</li> </ol>	None	NA

**Meeting adjourned**

**Next meeting the week  
of May 2, 2016**

Stephanie Codina  
Recording Secretary