Quest Diagnostics

Quest Diagnostics at

Shady Grove Medical Center and Washington Adventist Hospital

MEETING

MINUTES

9.20.2016

PRESENT:
WAH 9.20.16 @ 0630-0715 STEPHANIE CODINA, BAKER MUSOKE, ASHLEY WHITEHEAD, MOHAMMED FAHIM, MOTI PRASAI, FU CHIH-HSUN, JARAYSHA SMITH, YVONNE GREY, ARBY, WILSON, JUSTIN SUNNY
WAH 9.20.16 @ 1520-1600 STEPHANIE CODINA, AKKAMMA ISAAC, CORINA LESLIE, HOLLIE GENSER
SGMC 9.21.16 @ 1010-1120 STEPHANIE CODINA, SABIR ALLAHRAKHA, BETHANY VANPELT, KATHERINE DAM, JALI MAHABARE, ANNA SMITTENAAR, NEAL MASKARE, ELISE KABANGU
SGMC 9.21.16 @ 1500-1635 STEPHANIE CODINA, ROB SANLUIS, BABRA TALWINDERJIT, KYON MCBRIDE, AGNES JAGRUP, TWEDROS TESSEMA, MARIA BATAY, PAULDO SMITH, RAJESH GAJJAR

DISTRIBUTION: FIELD OPS STAFF MEMBERS

MEETING COMMENCED:

Item	Discussion	Action	Follow-up
Minutes			
Everyday Excellence	We reviewed the Everyday month 3 modules for "I am a professional." 1. Responsible professional 2. Trust and respect 3. Put a little polish on it 4. Help, please	None	None
Case Study	We reviewed a case in which we dropped the ball. A neonate was transferred from an outside hospital to our NICU. The baby was not well and nursing staff was collecting herpes samples on the baby. The nurse called processing and asked what collection container should be used. The processing staff member did not appropriate look up the container (for whatever reason) and instructed the nurse to "send the cultures down in whatever they were collected in." The nurses send the cultures on swabs. The swabs were sent to Quest. A few days later, Quest cancelled the testing and requested new samples. At this point, the baby had been on an antiviral. New cultures were collected, and results were negative. Were the results negative because the baby did not have herpes, or because the antiviral was working? We cannot determine. 1. Baby was on antivirals longer than necessary because of our error. Antivirals can be	None	None

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	harmful to infants who have underdeveloped kidneys and livers. 2. It is OK to tell the nurse you cannot find the answer. It is better to delay an answer than to give them the wrong information. 3. If we can't find the information we need, we can call Quest and ask them or call a supervisor to assist. We always have an administrator on call.		
Newborn Screen Distribution	Newborn screens should ONLY go to NICU if the baby is still admitted. NICU is saying that they are getting multiple copies of all results. We can't figure out who is sending them, but we know they are being sent from the laboratory mailbox. Please do not send newborn screen results to NICU without first reviewing the results. We only send results when the baby is still admitted.	None	None
Blood Culture Source	Processing is now entering the blood culture source on all blood culture orders. Staff provided feedback that some nurses are not documenting a source. In that situation, type "no source." That way, we know lab could not find a source and did not just forget to enter one. Also, we can pull reports to see which units are consistently sending blood cultures without a source.	None	None
Rejected Specimens	Reminder that we should be reordering testing when we cancel a specimen for specimen integrity or labeling issues. Staff responded that the techs are not telling them when a specimen is cancelled, so they cannot reorder. Response: If a tech cancels a specimen, that tech is responsible for placing a new order. Stephanie to follow up with Julie and Zanetta.	Follow up with technical supervisor	Stephanie
Pending Logs	Please make sure you are clearing your pending logs frequently throughout your shift and at change of shift. Incoming shifts should ensure all draws are collected from the previous shift before sending people to draw for the current shift. I have been clearing a lot of old incident reports. By and large, if we missed a draw, it was because we are not pulling pending logs.	None	None
CQA	The Quest Corporate Quality Assurance (CQA) team inspected WAH last week. We had 2 findings: 1. We had a book of uncontrolled documents. Primarily, these were copies of old forms, competencies, and procedures that were being reviewed. Please ensure that copies of procedure drafts are marked "Draft" or "Copy" and all forms/competencies are being pulled from the master. We should not keep copies of forms in the lab. 2. Phlebotomist did not label patient tubes in	None	None

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	front of the patient. We all know labeling is performed at the time of collection in the presence of the patient by the person who collected the samples. Please ensure you are doing this for both inpatients and outpatients. In addition, the CQA inspector mentioned that she felt like staff were leaving the tourniquet on the patient arm too long. She did not site this, but she did ask us to monitor.		
Patient Complaint	We received a patient complaint. The patient is a phlebotomist at another hospital who had his blood drawn in one of our sites. The patient stated the following: 1. Phlebotomist used a butterfly even though he was young, healthy, and had large veins. 2. Phlebotomist left the tourniquet on too long (second time we've heard this complaint) and pulled the needle out before releasing the tourniquet. 3. Phlebotomist actually walked away during the procedure and left the tourniquet on and the needle in the patient's arm. Patient indicated this is dangerous. What would have happened if the patient passed out and no one was with him? We have done some observations of staff and agree that the tourniquet is being left on too long. In one case I observed, the phlebotomist put the tourniquet on the patient's arm before donning gloves and preparing supplies. 1. Tourniquet should be applied immediately before blood collection, after gloves are donned and supplies/tubes are ready to go. 2. Tourniquet should be removed before the last tube is filled or before. 3. Needle should never be removed when the tourniquet is still on the patient arm.	None	None
Competencies	Reminder that we are working on competencies. Please make sure you are staying on top of these. Due date is November 1, and that is only a few weeks away.	Complete competencies	All staff
Flu Shots	Reminder that all staff must get the flu shot unless you have a medical or religious exemption. Flu clinics start Friday. Please turn documentation of your flu shot in to your supervisor for tracking and filing.	Get flu shot and give documentation to your supervisor	All staff
Blueprint for Wellness	Reminder that we are in the window for Blueprint for Wellness. This is a great health benefit that the company offers to us and it also offers potential discounts on health insurance.	Sign up for BFW if you are interested	All staff

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Employee Survey	The employee survey opened on Monday, September 19 and runs through Friday, September 30. Our goal is to have all staff take the survey. The survey will ask for your employee ID to ensure that your results are tracked to the appropriate supervisor, job site, BU, region, and line of business. The survey is given by a third party, the Hays Group, to keep this information confidential. The Hays Group will know who has and has not taken the survey, but that information is not forwarded to Quest. **Engaged employees offer their opinions on what is working well and what needs improvement.** This is your opportunity to voice your opinion to people in the highest positions in Quest. Please do not pass up this opportunity.	Take the employee survey before September 30.	All staff
Meeting adjourned			

Stephanie Codina
Recording Secretary