

## Quest Diagnostics at

# Shady Grove Medical Center

### FIELD OPERATIONS MONTHLY MEETING

#### **MINUTES**

## 6/30/2017

PRESENT: STAFF MEMBERS- SEE SIGN-UP SHEET ATTACHED (STAFFS WILL ALSO BE READING THE MINUTES IN MEDTRAINING, ORG)

**DISTRIBUTION:** R. SAN LUIS, DR CACCIABEVE AND LESLIE BARRETT.

MEETING COMMENCED: 1030 AND 1500

| Item  | Discussion  | Action   | Follow-up   |
|---|---|--|---|
| Minutes   |   |  |   |
| Minutes  Opening Remarks & review of hospitals AIDET, R.I.S.E.S Values, Lab: Our Main Thing | <ul> <li>Hospital's Mission Statement:         "We extend God's care through a ministry of Physical, Mental and Spiritual healing"</li> <li>AIDET = Acknowledge, Introduce, Duration, Explanation, Thank you.</li> <li>R.I.S.E.S = Respect, Integrity, Service, Excellence and Stewardship.</li> <li>Our Main Thing: To provide accurate &amp; timely results to aid clinicians in providing patients with World Class diagnostics services and care.</li> <li>5-10 rule = at 10 feet make eye contact, at 5 feet greet say hello, Good morning/afternoon etc.</li> </ul> | All staff must have knowledge and be able to recite when asked by a surveyor, hospital administrator or lab director/manager/supervisor. | Staff to read Our Main Thing posted on office door and know contents from the display board in Phlebotomy, main lab and at the front desk area. |
|   | Some Recognition Awards were given out by me for the ones noted to go above and beyond their call of duty.  | Follow- you can award as well!<br>Check your Recognition Awards in<br>ESS  |   |
|   | Today is the deadline for major items that are due and actually overdue: MTS, Patient Identification Training and Direct Observation Competency, AIDET Observations & Audit, Verbal Release of test results, Add on testing. Please meet with Neal or me to complete ASAP.  | Use Sunquest TEST site to practice. Username: NONTECHS Password: NONTECHS (some weekend staff will be completing over the weekend)       |   |
|   | Kudos: Say Thank you to a staff that helped you, appreciate one another for doing good work every day!  |  |   |
|   | Please log off after AHC Computer use. Do not let your code be there and walk away from the PC's. Do not use for non- work reasons.   |  |   |
|   | Pull Pending Logs and Un received logs with all locations included: SGAH (SIP), ABH and ARH. Work on them consistently  | Follow   |   |

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|   | Use one bag for one patient specimen during the day Phlebotomy run. During AM run use the same process of rubber- banding specimens. Send no more than 5 patient specimens rubber-banded by patient in one bag.   | Follow   |           |
| Patient and Staff Safety                | <ol> <li>Patient Identification must be done perfectly according to the SOP only then proceed with the phlebotomy procedure or specimen labeling. Extensive training is being provided and staff competency with 100% score is being performed as we speak.</li> <li>Vocera must be on your person at all times with fully charged battery. You may even carry a fully charged battery in your cart drawer. Partners must carry during breaks.</li> <li>OPL Vocera must be on the staff that remains in the lab when attending patients. If help is needed and when you are by yourself, please activate rapid response via vocera. Check on vocera battery periodically and have 1-2 fully charged ones in that lab at all times.</li> <li>Continue use of OP Paging (Genius) system to maintain Patient Privacy and HIPAA.</li> <li>Do not use colognes, perfumes, scented lotion, or strong hair sprays. Patients and staff could be highly allergic to them. Follow hospital policy.</li> <li>Pay close attention to Timed, STAT and ASAP collections and draw within 30 minutes. Do not ignore orders, always check with your coworkers if it's done or not.</li> <li>All staff is expected to help in the OPL lab as requested and assigned.</li> <li>All staff is also expected to help in Specimen Processing as workloads spike and as your learn.</li> <li>Shift give over is also very important. Staff must communicate issues and matters that pertain to staff and patient safety as well. Submit PL &amp; unreceived logs during shift change. Give over/take over signatures are missing on some days</li> <li>Continue to call ARH around 1900 to check if they have any blood orders.</li> <li>RL Solutions, email complaints from the mother baby and NICU units in regards to techniques, customer service steps &amp; AIDET are on the rise. Pay close attention to all draws there. Follow AIDET and display ID badge at all times. Double check orders. Be professional at all times.</li> </ol> | Staff to comply and follow always.   |           |
| Metrics, TAT and<br>Healthstream scores | <ul> <li>Monthly Metrics</li> <li>AM collections Metric: Timing changed for resulting in May 2017 from 0700 to 0800. Metric met for May at 96%.</li> <li>Blood Culture volumes: Met for May.</li> <li>Contamination Rate: Met for May.</li> <li>Healthstream: Greenstar report shows still in progress with about 24 calls in. See report</li> </ul>  | Receipt: 95%-100% in LIS by 0700 (Field Operations) Results: 95% - 100% results by 0800 (Technologists) Keep up the good work! |           |

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|---------------------------------|---|------------|-----------|
|                                 | <ul> <li>posted in OPL and Field Ops board.</li> <li>Critical Value Call Back: met for May.</li> <li>STAT collection metric: 41% for May. Check display board.</li> <li>Lactic Acid, Blood Cultures and Troponin: collect within 30 minutes for May stands at 53%. Review graphs on display board.</li> <li>Specimens without orders: 95 specimens. Threshold is 5 specimens. All staff must document specimens received without orders on the log per procedure.</li> </ul>  |            |           |
| Up Coming, New and in the works | <ul> <li>Patient Education by nurses will be urged during lab patient experience presentation to utilize white boards to let patients know of future lab draws and QX3 hourly or QX4 hourly.</li> <li>New Group Lead Dericka will start after her vacation is over.</li> <li>Second shift staff to call ABH and speak with shift supervisor on a daily basis at around 1800 to check if they have any blood orders.</li> <li>Two promotions underway: Laurie and Aklilu to level II.</li> <li>Phlebotomy audits are in progress as we do AIDET and live venipunctures</li> <li>Add-on Training is in progress, please complete training.</li> <li>On call system will go live in August 2017</li> </ul> | Follow all |           |
| Questions/ Open<br>Forum        | 5 minutes QA/Comments/Observations:   |            |           |
| . 3. 4.11                       | 1. When can we have help from a mid-shift specimen processing staff? Or a third processor from 0600 to at least 1430? Work has increased don't you think? ER is very busy too.  Answer: We currently do not have plans to add an additional position in specimen processing. Workload metrics show workload has actually decreased.   |            |           |
|                                 | 2. Why do core lab staffs not help us with the lab coat machine? They also need lab coats, don't they? Is their time more important than ours? Many of them just complain. Why does Barbara not load the lab coat machine? Answer: Duties are assigned by position. There are several duties that ONLY technical staff members can perform. As of now, loading the labcoat machine is a non-technical duty that is assigned to Field Operations staff members. We currently have no plans to change this  |            |           |
| Meeting adjourned               | currently have no plans to change this. 1115, 1545  |            |           |
|                                 |   |            |           |

S. Khandagale
Recording Secretary