

Quest Diagnostics at
Shady Grove & Washington Adventist Hospitals

LABORATORY MEETING

MINUTES

JULY 10 AND 24, 2018 AT 0715, 1330, AND 1515

DISTRIBUTION: LABORATORY STAFF MEMBERS

MEETING COMMENCED: CALL IN: 1-877-951-6301 PC 8064564

| Item | Discussion | Action | Follow-up |
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| Introductions | New staff introduced themselves to the group | None | None |
| Quiz | Staff were given a written quiz to test their knowledge on the AHC mission, vision, values, etc. All staff are expected to commit this information to memory. | Learn and understand the materials. | All Staff |
| RISES Values | <p>Respect Integrity Service Excellence Stewardship</p> <p>The RISES value of the month is RESPECT. AHC defines this as respecting the infinite worth of each individual. This means we choose to respect and value the views, experience, and gifts of others. Respecting others has very little to do with agreement and much to do with deciding ahead of time to honor the unique gifts each person brings to the team.</p> <p>We generally don't get to choose the people we work with. However, we do have to spend most of our time with them—sometimes even more so than with our own family and friends. How do we grow health relationships with our co-workers and build strong, collaborative teams?</p> <ul style="list-style-type: none"> • Listen • Communicate • Help others • Teach others • Support others | Staff must know and be able to recite the RISES values | None |
| Pillars | <ol style="list-style-type: none"> 1. People 2. Quality and Safety 3. Patient Experience 4. Finance 5. Growth 6. Population Health Management | Staff must know and be able to recite the pillars. | None |
| AHC Mission | We extend God's care through the ministry of physical, mental, and spiritual healing. | Staff must know and be able to recite the mission. | None |
| AHC Vision | To be the regional leader in each of the six Pillars of Excellence by 2022. | Staff must know and be able to recite the vision. | None |

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| Afterhours Bilirubin Collection Process | <p>We will begin drawing bilirubin specimens on Sundays and holidays (when the outpatient lab is closed) by appointment only.</p> <ul style="list-style-type: none"> • Appointments must be made the day before by calling the WAH outpatient lab • Collections will only take place at WAH (SGMC patients must go to WAH to be drawn) | All staff must complete the MTS training on this change | None |
| New OPL Hours | <p>Beginning September 4, 2018, the hours of the Outpatient Laboratory will be changing at both sites. New hours:</p> <ul style="list-style-type: none"> • Monday – Friday 0700-1600 • Saturday 0700-1300 • Sundays and Holidays Closed | None | All staff |
| Troponins | <p>Reminder that our DMAIC performance improvement project for 2018 is Troponin TAT.</p> <ul style="list-style-type: none"> • SGMC TAT is barely meeting target. Group leads will be initiating a daily huddle to help improve performance. • We are seeing issues with collections in two primary areas: <ul style="list-style-type: none"> 1. During AM run <p>Labels for STAT/ASAP/ and some timed troponins are printing while phlebotomy staff are on the floors collecting AM run. The phlebotomists are unaware that a collection is needed, so the draw gets missed until someone returns to the lab and sees the labels.</p> 2. Patients who start in ED and move to the floor <p>When ED wants to admit a patient for potential heart attack, the hospitalist goes to the ED and enters admission orders prior to sending the patient to the floor. The lab system lists the location the patient was at when the orders were placed (ie in the ED). The patient is often transferred to the floor, but the location will only update in the lab system if a new set of lab orders is placed.</p> <p>Phlebotomy staff are seeing these as “ED draws” and not pursuing them, even though the patient is actually on a nursing unit that phlebotomy draws.</p> | <ul style="list-style-type: none"> 1. Night shift will pull a list of all timed draws scheduled from 0300-0800 each day and highlight the labels so phlebotomy staff know they are timed draws. We also really need processors to pay attention to stat orders during this time and notify phlebotomy immediately. 2. Phlebotomists are asked to pull pending logs hourly and follow up on any timed specimens for ED. Call ED to see if they are going to draw or if the patient is on the floor. DOCUMENT the call on the pending log. | All staff |
| C. diff PCR | <p>Reminder that we start C diff PCR on 7/25/18.</p> <ul style="list-style-type: none"> • We will have a new test code. • C diff specimens will be given directly to the tech; they will no longer be placed in the refrigerator • Specimens will be treated as STATs <p>The new process allows us to identify positive C diff specimens much more quickly to minimize the amount of time patients without C diff are kept in isolation.</p> | None | NA |
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| Open Forum | <p>Staff brought up the following concerns:</p> <ol style="list-style-type: none"> 1. WAH lab staff indicated patients are coming to the lab to be drawn on the weekends. 2. We are seeing issues with staff putting specimens in the "new" centrifuges at SGMC and not starting them. Reminder that you have to press "start" twice. 3. Processing is receiving pneumatic tube carriers full of specimens including troponins. This is causing delays in receipt and testing. | <ol style="list-style-type: none"> 1. Stephanie to follow up with admitting to ensure they are not registering patients without appointments. 2. Staff need to ensure the centrifuge starts spinning before walking away. 3. Phlebotomist staff should not be holding specimens. They must send specimens down after every 2 rooms (up to 4 beds). <p>Troponins should always be treated as stat and sent immediately.</p> | |

