**

Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting** **Minutes**  **February 6, 2024** |

**Present:**

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| √ | Mary-Dale Abellano |  | Bilen Gebresenbet | √ | Larissa Kukapa |
|  | Kelvin Addo | √ | Isaias Gebreweldi | √ | George Li |
| √ | Malak Antar | √ | Hojat Goudarzi | √ | Arlene Mencias |
| √ | Lesley Crowder |  | Natasha Hall |  | Tsegaye Negash |
| √ | Bech Ebini | √ | Chizobam Igweh |  | Boris Njeambosay |
| √ | Uchama Eni | √ | Jessica Jenkins | √ | Rocio Vergara Torres |

**Distribution:** Blood Bank Team

**Meeting commenced:** 0630 and 1600 via TEAMS

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| **ITEM** | **DISCUSSION** | **ACTION** | **FOLLOW UP** |
| Food in BB | Blood bank is a biohazardous area. Food in any form is prohibited. Lunch boxes and water bottles must be stored in the break room. Disciplinary action will be automatic if food is identified in the blood bank during your shift. | Informational | None |
| Chairs | We have had 2 sample chairs in the blood bank. Staff voted on the one they like better. | Informational | None |
| Inspections | We have had 2 regulatory inspections over the past month.  CAP inspected SGMC, WOMC, FWMC, and GEC. We had one deficiency. When performing alarm checks, we must demonstrate that all parts of the monitoring system are checked. We are performing electronic alarm checks so we don’t get a bump on the temperature chart. Helmer states that the temperature chart will not change during electronic alarm checks on any of their equipment, so we will be going back to manual alarm checks. The SOPs will be updated and training performed in March.  FDA inspected SGMC. We had no findings. | Informational | None |
| CAP Surveys | We ran into some issues with the recent JAT survey, so it is a good time to remind everyone of the expectations:   1. Whoever receives the CAP survey should document the survey and the date of receipt on the survey companion form. The forms are stored in the CAP survey mailbox at each site. 2. All survey forms must be kept in the CAP mailbox at all times. This includes partial and interim results. 3. Staff must enter results in the LIS and print using BB Inquiry with the “reaction” results. We must also include Echo printouts with the JAT survey and downtime forms with other surveys such as sickle, antigen typing, fetal screen, etc. 4. All staff must sign the same attestation at the time testing is performed. 5. All staff must meet the deadline for the survey. 6. For the JAT specifically, we perform A1 subtyping if the specimen is group A or AB. This is because we perform A1 subtyping for organ donation. This is required. | Informational | None |
| Overtime | Quest is monitoring overtime closely. They are specifically focused on unnecessary overtime accrued when staff members clock in early or clock out late. Reminder that you are allowed to clock in no more than 2 minutes before the start of your shift. If you are scheduled to start at X:30, you can clock in at X:28, X:29, or X:30 and not before. Please clock out on time and try to eliminate overtime by leaving early when workload permits. | Informational | None |
| Runners | The lab is requiring staff to obtain permission before calling Runners Couriers. Please utilize this resource judiciously. We will continue to use Runners to transport blood products as needed to fill patient needs and patient samples to the reference lab.  Please avoid sending reagents between sites or anything else by calling a courier. This must be approved in advance by the manager. | Informational | None |
| Blood Wastage Reasons | When documenting wasted blood units on the incineration log (the one we complete when placing them in the biohazard box), please document the reason for wastage and not the computer code. We are looking for more explanation on this log. Examples include:   * 6 plasma thawed for MTP activation and wasted * Plt issued to OR and returned in the cooler * RN spike through RBC bag   We track this information to explain our wastage numbers. | Informational | None |
| PeG | We have had a number of questions come up about when we can use PeG to rule out or rule in.   1. If we get some pos and some neg reactions on the Echo panel, we should be ruling out all CLINICALLY significant antibodies in capture before switching to PeG. 2. If we have a positive screen on the Echo and negative panel, run the screen in PeG. If negative, call it ASAR. 3. If all cells are positive on the Echo, go to PeG and see if there is a pattern. 4. If an antibody is demonstrating in PeG, we can use PeG to rule in or rule out the antibody. | Informational | None |
| FWMC Screens | When FWMC sends a screen work AbID, we should run the Echo panel. We do not need to automatically run the AbS again.  If the panel is negative, run the screen. If the screen is also negative, call this ASAR, but don’t call Immucor. | Informational | None |
| Competencies | We are continuing to work on the 2024 competencies.   1. If you haven’t already done so, please complete the Ab Titer unknown testing and give results to Stephanie. These are real patient specimens. We don’t want specimen degradation to impact results. 2. All staff should be done with the ABO & H module from Versiti. Please provide the certificate to Stephanie if you have not already done so. These were due on 2/28. 3. We will assign either blood irradiation or blood product entry in March. 4. Please document on your competency form the date on which you performed daily reagent and Echo QC (this will occur when you work nights). | Informational | None |
| Questions | Q: Infinite Legacy requested blood from us. Can we provide it to them:  A: We provide blood to two different organizations. First, the Medical Examiner will occasionally request “first blood.” This is the first drawn blood for a person that expired. The ME may request this blood if they are doing an autopsy, because it was drawn before we treated the patient and gave them medications, etc. The second is Infinite Legacy. They are requesting blood from an organ donor patient from before they were transfused. They need the pre-transfusion blood to help match the organs for transplant. All other requests require a subpoena and approval from Risk Management.  Q: When they return red cells from an open heart case, do we keep them allocated or release them?  A: We release red cells at the time the T&S expires. We would not release the red cells when they are returned form surgery. We do release plasma and platelets from the patient if they are returned after surgery. | Informational | None |