**

Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting** **Minutes**  **June 4, 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 | √ | Henry Nvule |
|  |  |  |  | √ | Rocio Vergara Torres |

**Distribution:** Blood Bank Team

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

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| **ITEM** | **DISCUSSION** | **ACTION** | **FOLLOW UP** |
| **Sickle Charges for Units** | Reminder that sickle testing has to be billed for all units tested.   * Bill **SCS** for unit sickle testing performed in house * Bill **RHGBS** for unit sickle testing performed by ARC or Inova   Also, we must bill sickle testing of the unit for the FIRST aliquot prepared from a red cell. | Informational | None |
| **Neonatal Crossmatches** | When transfusing red cells to a baby whose mother has clinically-significant antibodies, you must perform an AHG crossmatch.   1. Allocate BOTH the parent (00) unit and the aliquot to the baby. 2. Perform both the AHG and IS crossmatch on the PARENT unit. 3. Print the crossmatch tag and keep it in the footie for the parent unit. 4. Release the parent unit from the baby (unallocated). 5. Enter the “OK to transfuse” for the aliquot and issue.   Why do we do this? Crossmatch only needs to be performed once on a unit for a baby even though the baby may get multiple aliquots from the unit. If we document on the parent unit, the crossmatch results will flow to the aliquots and we don’t have to repeat testing. | Informational | None |
| **GEC Reagent Process** | Red cell reagents (A1, B, and pooled cells) are automatically shipped to GEC by Immucor. Non-red cell reagents (anti-A, anti-B, and anti-D4) come from us.  GEC keeps two sets of non-red cells in inventory. One set is in use and one set is in storage. When they move the reagents in use from storage, they are supposed to notify us to sent new reagents the next time we sent red cells.  When we send fresh O-neg units to them monthly, we need to call and see if they want reagents. Reagents should ONLY be shipped with the red cell units. We should not be hiring a separate courier to take reagents to them. Please ensure you are contacting them to see if they need reagents when you ship red cells. | Informational | None |
| **Manufacturer’s Instructions** | Immucor used to put IFU’s (instructions for use) in each package of reagent. There were a lot of supply issues during COVID. Immucor could not pull reagents from one country and send them to another because the IFUs didn’t match. For that reason, they now put a general form in the package and instruct you to look up the IFU online.  Something like this comes in the package:    You have to look up the correct package insert. We currently list the revision date in our reagent receipt book. This will be updated to include the version number of insert.  The insert looks like this:    If the version changes, you must compare the old and new insert and highlight the differences. For Immucor,   * Text that is underlined means it was added or edited. * A triangle means something was deleted.   Example: |  |  |
| **Entering Antibody Identifications** | When entering antibody identification results, make all attempts to use the mnemonics for antibody ID. Do not freetext comments. The system does not recognize comments as antibodies and will check allocated units for the corresponding antibody.  When entering antibodies identified by another hospital, you must enter the antibody using the mnemonic and then add a comment that the antibody was identified at another hospital. | Informational | None |
| **Emergency Release** | When giving emergency release, we should be switching the patient to type specific blood as soon as we have a T&S from the current admission and retype on file. There is no need to give O-negative red cells or AB plasma products if the patient meets requirements for type specific blood products.  Example:  Patient T&S results are as follows:   * A-positive * AbS positive and referred to ARC for AbID   Retype:   * A-positive   Patient needs emergency release units before the AbID is complete. What blood type should be give?  Answer: We give A-positive, because we have two blood types on file. | Informational | None |
| **Attendance** | Please watch attendance. I have been trying not speak to people having issues, but we have some people that will switch over to disciplinary actions soon.  Things to watch:   1. Arriving on time to work. You are allowed to clock in a maximum of 2 minutes early (before your scheduled start time) and 7 minutes late. If you clock in too early or too late, it counts as ½ an attendance occurrence. 2. Not clocking in or out with your badge. Each missed punch counts as ½ an attendance occurrence. 3. Failing to clock out and back in for lunch counts as a full attendance occurrence (1/2 occurrence for the missed out punch and ½ and occurrence for the missed in punch). | Informational | None |
| **Shift Trades** | Reminder that shift trades should be made 7 days prior to the shift per policy. Any special accommodations made as part of a trade must be approved by a manager prior to acceptance. Examples would be coming in late or leaving early for the shift someone is picking up. These will count toward attendance occurrences if they are not approved in advance. It is up to the person picking up the shift to get these approved. | Informational | None |
| **Vocera** | Is the blood bank vocera being worn on all shifts? Is anyone having difficulty logging in? | Informational | None |
| **BioRad** | Did everyone test Biorad for the fetal screen? What is the feedback? | Informational | None |
| **Personal Goals** | Does everyone have what they need to complete their personal goals? Is everyone keeping up with their personal goals? | Informational | None |
| **MediaLab Training** | We will be moving towards electronic SOPs and getting rid of the paper documents. We need all staff to complete the MediaLab training. We saw a demonstration of how to look up documents in MediaLab. | Informational | None |
| **Reagent Receipt QC** | Reminder that parts of a kit need to be documented on the same reagent receipt QC form. Each bottle will be documented in a separate column.  Examples:   * A1 and B cells need to be listed in two columns on the same sheet. * Screen cells 1, 2, and 3 need to be listed in three columns on the same sheet. * Manual capture positive and negative QC needs to be listed in two columns on the same sheet. | Informational | None |
| **To Do List** | 1. Reconstituted Whole Blood Competency was due on May 31. If you have not completed this, please arrange a time with Hojat as soon as possible. This is currently past due. 2. Blood administration audits for Q2 are due on June 30. Please complete and turn in before the deadline if you are assigned a Q2 audit. 3. The next Versiti training for Rh Determination is due on June 30. 4. Complete MediaLab training by July 15. 5. Annual Competency. Please work on the following tasks:    1. Rocio and Boris can sign you off on bringing red cells into inventory. Please complete by the end of July.    2. Rocio and Hojat can sign you off on thawing plasma or cryo. Please complete by the end of August.    3. Rocio can sign you off on issuing. Please start working on this. | Informational | None |
| **Employee Engagement Survey** | Review results and solicit feedback. | Informational | None |
| **Question** | Question: We had an emergency release request on a baby. We did not have time to prepare an aliquot, but we did irradiate the unit and issue the full unit. The unit was returned to inventory. Can we use the irradiated unit to prepare neonatal aliquots?  Answer: No. We can issue the unit to an adult patient, but we cannot prepare aliquots from the unit. Once irradiated, the potassium leaks out of the red cells and into the supernatant. This is dangerous for neonates.  Reminder: If we issue an irradiated unit to a patient that does not have an irradiated marker, you must leave a note for Stephanie to change the billing, so the patient is not billed for a product he/she did not require. | Informational | None |