**

Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting** **Minutes**  **July 2, 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** |
| **Recognition** | Staff asked for a public forum to recognize others.  Jessica recognized Uchama stating she has done a great job working up some very complicated antibodies.  Stephanie recognized the trainers for doing a great job keeping up with a lot of new training requirements—alarm testing, MediaLab, etc. | Informational | None |
| **Delayed Transfusion Reactions** | When you are doing a DAT, you are looking for antibody or complement attached to the red cell.  When you do an eluate, you are trying to remove antibodies that are bound to antigens on the red cells.  If you elute a clinically-significant antibody, this generally means one of the following:   * The patient is making an autoantibody with specificity. * The patient has an allo-antibody that is attached to transfused red cells.   We need to initiate a delayed transfusion reaction workup when we elute a clinically-significant antibody from a patient’s red cells AND the patient has been transfused. As part of the workup, we pull segments from the units the patient was transfused and type them for the antigen that corresponds to the antibody(-ies) eluted.  We recently had a patient with 2 different delayed reactions at SGMC. The delayed transfusion reaction workup was not performed immediately in both cases. The patient did experience hemolysis with one of them. | Informational | None |
| **Antigen Typing of Units** | We reviewed how to determine how many red cell units to antigen type for specific antigens using the chart in the antigen typing procedure.  This is the average percentage of people that are positive for the antigen.  This is the percentage of people that are negative for the antigen.    Look at the c antigen. 80% of donors are positive for c and 20% are negative for c. Statistically, that means you will have to screen 10 units to find 2 that are negative for c.  If you need to screen for more than one antigen, you simply change the percent negative to a number by moving the decimal point to places to the left. 20% = 0.2, 50% = 0.5, etc.  Multiply the numbers of negative donors for each antigen to obtain the number of donors that will statistically be negative for all antigens.  Example: If you need C, E, and K-negative units….   * C = 32% negative = 0.32 * E = 71% negative = 0.71 * K = 91% negative = 0.91   Multiply 0.32 x 0.71 x 0.91 = 0.21 = 20% of donors will be negative for C, E, and K. Statistically this means you will have to screen 10 units to obtain 2 that are negative for all three antigens.  When you antigen type for more than one antigen, you always antigen type for the antigen with the highest prevalence (lowest number of negative donors) first. Then, you screen the units that are negative for that antigen for the antigen with the next highest prevalence, etc.  In the example above, you would screen 10 units for C. Then, you would take the C-negative units and screen them for E. Then, you would take the C-negative, E-negative units and screen for K.  When antigen typing for units, we screen one antigen at a time. | Informational | None |
| **Duplicate Testing** | We legally cannot bill for duplicate testing. If we receive 2 T&S specimens for the same patient, we must cancel one of them. We would verify the patient’s BB/TS armband and use that one for testing.  If they order an ABO/Rh and T&S on a patient, we cancel the ABO/Rh because it is included in the T&S order.  Note: We do not bill for ABO retypes, so this does not apply. Retypes are considered QC and not patient testing. | Informational | None |
| **Irradiation in and out of storage time** | The irradiation log has a column for “time out of storage” and “time returned to storage.” Note that this is the time the red cell is removed from the refrigerator and the time it is returned to the refrigerator. | Informational | None |
| **Schedule** | Hojat and Tsegaye will be on FMLA at the same time in July and August. We have open shifts on the weekends and night shifts that need coverage. | Informational | None |
| **Vocera** | Is the blood bank vocera being worn on all shifts? Is anyone having difficulty logging in? | Informational | None |
| **Self Evaluations** | Mid-cycle self evaluations will be out next week. All staff are expected to complete the self-evaluation. | Informational | None |
| **To Do List** | 1. The Versiti training for Rh Determination was due on June 30. 2. The Empower assignment for Fire Prevention and Emergency Evacuation was due on 6/28. 3. Complete MediaLab training by July 15. 4. 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 and Hojat can sign you off on issuing. Please complete by the end of August. | Informational | None |