**

Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting** **Minutes**  **August 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 | √ | 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.  Natasha recognized Chizobam for doing a great job on his first night shift. He ended up working alone unexpectedly, and workload was very heavy, but he handled it very well.  Stephanie thanked staff that picked up shifts and shifted scheduled to accommodate unexpected FMLA. | Informational | None |
| **Method Comparisons** | Method comparisons are required by regulatory agencies anytime we perform a single test by more than one method. Examples would be AccuChek glucoses and glucoses run in the lab or spun hematocrits versus measured hematocrits in hematology.  For blood bank, we perform method comparisons anytime we perform testing by more than one method. This includes Echoes (2 at SGMC), Manual Capture, and Manual tube.  When running specimens, please be sure you use the same naming convention for each specimen across all methods. Oftentimes staff will use MRN on manual paperwork and accession on the Echo. However, we can’t match the specimens if they are labeled differently across methods. It is also feasible to assign a name to each “patient 1” or “unit 2.”  When performing method comparisons, we compare each analyte individually. For antigen typing, this means we look at all C typing at one time, all E typing at one time, etc. We have two different specimen types for antigen typing (units and patients), so we must test both. The easiest way to do this is to select 2 random patients and 3 units. I always select group O units, because we can label them as antigen negative and issue them to patients as needed. We want to mix O+ and O= units. As we know, most Rh-pos people are R1R1 which means they are DCe and most Rh-neg people are rr which means they are dce. That will give us the best change to find a positive and negative for each antigen. Test the patients and units for each antigen printing or recording each antigen on a separate sheet of paper. Patients and units can be written in the testing area. Examine your results and supplement extra specimens if you don’t have a positive and negative for each antigen. You only have to run the antigens that need more testing.    Antibody screens needs to be written on antigrams, because we need to ensure they are positive on the correct cells. We will not see the same pattern between PeG and capture, because the antigens will be on different cells. We do this to include AbID instead of doing full panels.  When doing crossmatches, we only do IgG crossmatches. Reminder that IS crossmatching looks at ABO incompatibility, but IgG crossmatches look at Ag-Ab incompatibility. Therefore, we will only crossmatch ABO compatible units by this method. Select 3 patients with antibodies and then select 1 unit that is antigen negative and 1 unit that is antigen positive for each patient. When I do this, I look to see what antigen typed units we have on the shelf and then pick a patient to align with the units. The patient ABO/Rh and antibodies needs to be listed on the form as well as the ABO/Rh and antigen typing of each unit. | Informational | None |
| **Historical ABO Discrepancies** | When a patient comes in and the current blood type does no match the historical blood type,   1. We request a new specimen to verify the type of the new sample. We can also pull a specimen from the lab for testing. All testing must be documented in Sunquest or on a downtime form. 2. If the blood type still does no match, we need to verify the patient identity. We need admitting to look at the patient picture/ID and verify that the same patient was seen for both admissions. 3. If still not resolved, notify the supervisor. | Informational | None |
| **Copying Specimens** | When we reject a specimen due to a labeling issue, we add copies of specimens to the PI/Variance. Please ensure one of the pictures include the initials or ID of the collector. We send these to nursing so they can follow up with the staff involved. They need the collector’s ID to identify the person with which they need to follow up. | Informational | None |
| **Antigen Typing** | Reminder that antigen typing is part of the AbID workup. We cannot result an antibody ID until that is completed. The only exception to this is if the patient has been transfused within 90 days and cannot be typed. | Informational | None |
| **Reagent Receipt** | Reminder that we must perform reagent receipt QC on each new shipment and each new lot of reagent. There are a few reagents for which we receive multiple shipments of the same lot. These will get yellow dot stickers and must be QC’d.  Please don’t forget to log reagent receipt QC. We are seeing a lot of issues with staff completing testing on the Panocell-10 and WBcorQC at SGMC specifically. Investigations take a lot of time and unnecessary rework. | Informational | None |
| **Testing on Units** | Please make sure all unit testing is performed before releasing units. We recently identified a high volume of units that had testing still pending. These were old, but most were emergency release units. We must result the crossmatch testing before releasing or transitioning to the T&S.  Another example of when this occurs is when we order units from ARC and they are incompatible. We must still result incompatible crossmatches before releasing the units. | Informational | None |
| **To Do List** | Annual Competency. Please work on the following tasks:  All staff should have completed the “brining red cells into inventory” portion of the competency.  All staff should complete “thawing plasma/cryo” and “issuing” before the end of August. Please work with Rocio to complete if you have not already done so. | Informational | None |
| **Questions/**  **Concerns** | 1. Rocio asked what constitutes double labeling. Double labeling is really anything that suggests the BB/TS armbanding system was not applied at the bedside, at the time of collection, in front of the patient as required by regulatory agencies. This can be time written on tube with label over. Two patient labels. Cutting out the BB/TS number and applying it on top of a patient label. 2. BB armbands—we are seeing shortages of blood bank armbands. This is a special order. The company we were getting these from folded, so we have not received them for almost a year. We did find a new company and sign a contract in February, but the lead time for making these labels is long. We expect to receive them before the end of August. The new labels are grey (not red) and they contain barcodes. 3. SGMC process is not receiving cord bloods. Stephanie followed up with Processing supervisors. 4. WOMC standing order—we are not always being notified on Thursdays when our full order will not be filled. | Informational | None |