**

Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting** **Minutes**  **September 3, 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.  Chizobam and Henry thanked Rocio, Lesley, and Kelvin for helping with their training. Chizobam thanked Larissa and Jessica for helping him get acquainted with the night shift processes. | Informational | None |
| **CMV Seronegative Units** | CMV seronegative units are no longer required for neonates. We will issue CMV-seronegative if the provider requests. However, leukocyte reduced units are considered “CMV-safe.”  If ordered, we DO NOT have to order the CMV IgG testing on baby. Also, the marker will automatically be removed when the baby reaches 120 days in age. | Informational | None |
| **Ambulance Transfusion** | Montgomery County will begin transfusing bleeding patients in the ambulance on the way to the hospital. They will be giving O-positive **whole** blood.   1. We are working on a way to document this, so blood bank is notified each time it occurs. 2. Blood bank needs to obtain the blood bag and segments in case there is a reaction. We also need to crossmatch to the T&S. 3. We need to be aware that we may see anti-A,B in the plasma of the T&S specimen. 4. Also, Rh-negative females may be transfused Rh-positive red cells. | Informational—More details to come | Stephanie |

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| **MidCycle Evals Shared Goals Results** | 1. Antibody Screen TAT   Goal: 95% of AbS will be resulted within 90 min of receipt  SGMC = 91%  WOMC = 95%  FWMC = 100%   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | SGMC | | WOMC | | FWMC | | | Resulted in 60' | 937/1522 | 62% | 789/1127 | 70% | 33/40 | 83% | | Resulted in 90' | 1379/1522 | 91% | 1067/1127 | 95% | 40/40 | 100% |  1. Blood Product Wastage  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Red Blood Cell Waste | | | | | | |  | SGMC | | WOMC | | FWMC | | |  | RBCs Wasted | RBC Transfused | RBCs Wasted | RBC Transfused | RBCs Wasted | RBC Transfused | | Q1 | 7 | 1110 | 3 | 881 | 0 | 202 | | Q2 | 2 | 1025 | 15 | 907 | 0 | 165 | | Total | 9 | 2135 | 18 | 1788 | 0 | 367 | | **0.42%** | | **1.00%** | | **0%** | | |  |  |  |  |  |  |  | |  | Plasma Waste | | | | | | |  | SGMC | | WOMC | | FWMC | | |  | Plasma Wasted | Plasma Transfused | Plasma Wasted | Plasma Transfused | Plasma Wasted | Plasma Transfused | | Q1 | 23 | 92 | 5 | 119 | 3 | 7 | | Q2 | 15 | 83 | 9 | 133 | 0 | 7 | | Total | 38 | 175 | 14 | 252 | 3 | 14 | | **17.8%** | | **5.30%** | | **17.6%** | | |  |  |  |  |  |  |  | |  | Platelet Waste | | | | | | |  | SGMC | | WOMC | | FWMC | | |  | Platelets Wasted | Platelets Transfused | Platelets Wasted | Platelets Transfused | Platelets Wasted | Platelets Transfused | | Q1 | 14 | 107 | 18 | 101 | 0 | 7 | | Q2 | 6 | 163 | 15 | 106 | 0 | 3 | | Total | 20 | 270 | 33 | 207 | 0 | 10 | | **6.9%** | | **13.80%** | | **0.0%** | |  1. Second Tech Review of AbID Workups   Goal is 100% of Ab Panels will be reviewed within 15 min of completion  SGMC = 97%   |  |  |  |  | | --- | --- | --- | --- | |  | Rev w/i 15 min | Total | Percent | | Jan | 37 | 38 | 97% | | Feb | 44 | 46 | 96% | | Mar | 58 | 58 | 100% | | Apr | 51 | 53 | 96% | | May | 69 | 70 | 99% | | Jun | 37 | 40 | 93% | | Jul | 51 | 51 | 100% | | Total | 347 | 356 | 97% |   WOMC = 90%   |  |  |  |  | | --- | --- | --- | --- | |  | Rev w/i 15 min | Total | Percent | | Jan | 31 | 32 | 97% | | Feb | 25 | 27 | 93% | | Mar | 25 | 31 | 81% | | Apr | 29 | 33 | 88% | | May | 29 | 32 | 91% | | Jun | 23 | 24 | 96% | | Jul | 28 | 31 | 90% | | Total | 190 | 210 | 90% | | Informational | None |
| **ARC Reference Lab Results** | Discussion of the process to pull ARC Reference Lab results.   * ARC does not consistently call when a reference lab workup is complete. Per ARC, they do not normally call, but some staff call as a courtesy. * Some shifts are very good about checking Blood Hub for results and others are not. * Recommendation: If a BBREF is pending, all staff should check Blood Hub in the middle and at the end of their shift (every 4 hours). | Informational | None |
| **Location on PI/Variance** | When entering the “Locations” on the PI/Variance, there is an “Occurrence” location and a “Patient” location.   * Occurrence location is where the incident happened. If this was a mislabel, it occurred in the patient location, not blood bank. Only list blood bank if it was a blood bank error. * When listing the patient location, please list the unit and not the bed location on the label. The unit can be found in Lab Inquiry. | Informational | None |
| **THAW Charges** | Reminder that when you discard plasma, both the THAW charge and the PI/Variance should have the date of original order (the date of thaw) on them. This is how we connect both to the order. | Informational | None |
| **Blood Bank QC** | Blood bank reagent QC is built in Sunquest, and we are ready to start training. I will assign training sessions beginning this week. We need to align the QC and maintenance tasks with a shift. Monthly, quarterly, etc will be assigned to a specific person.  See below for proposed:   |  |  |  | | --- | --- | --- | | DAYSHIFT | EVENING SHIFT | NIGHT SHIFT | | Rack 1 QC | Rack 2 QC + PeG QC | DAT + Manual Capture QC | | Refrig/Freezer/Plt Rot Temps | Centrifuge maintenance | Echo QC | | Temp Charts (weekly) | Cell Washer maintenance (daily and weekly) | Echo maintenance (daily and weekly) | | Infrared Therm temps | Plasma Thawer maintenance (daily and weekly) | Manual capture maintenance (daily and weekly) | | Daily Temps |  |  | | Microscope QC |  |  | | Informational | None |
| **Mileage** | Reminder that mileage reports have to be entered within 30 days. Ideally, mileage will be entered in the first week of the following month. We have several people putting mileage in for 3-4 months at a time. | Informational | None |
| **To Do** | 1. Complete Versiti DAT module if you haven’t already. Past due 8/30. 2. Complete the blood product competency. This is the part with RWB, Issuing, Thawing, Bringing blood into inventory, etc. Past due 9/1. 3. Complete Empower assignments.    1. IT Security due 9/30    2. Compliance due 10/11—CRITICAL—QUEST IS ALREADY TRACKING    3. Ergonomics due 11/1 4. Check Workday for an IT Security course. Go to Workday then Learning and look for your assignments with COE. 5. TB testing/questionnaire. Due 10/1. 6. BB Daily Reagent QC Training Sessions—to be assigned 7. Competency Questions. Due 10/7. 8. Flu Shot (upload into MediaLab with year listed) by 11/11 at noon.   **Reminder: You cannot come in early to do competencies unless you have received prior approval from Stephanie** | Informational | None |
| **Next Meeting** | Next meeting will be moved to October 9. Stephanie on vacation from 9/26-10/4. |  |  |