**

Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting****Minutes****December 3, 2024** |

**Present:**

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

**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. | Informational | None |
| **Self Evaluations** | Please complete your self-evaluation by 12/31. This is mandatory.To access:1. Log into Employee Self Service
2. Click on “Career and Performance.”
3. Click on “Employee Self Evaluation.”
4. Click on “Year End Review Evaluate” and “2024 Performance Goals Evaluate.” Note: You only have to enter results for personal goals. I will enter metrics for team goals.

 | All staff must complete | None |
| **Peer Evaluations** | I assigned peer evaluations to everyone. Due date is 1/15/25. I assigned three peer evaluations for each employee. I selected one person you work directly with, one person that you relieve from the previous shift, and one person from the following shift that relieves you. These do not have to be elaborate. I am looking for strengths and weaknesses of that person. To access, 1. You can click on the link that was e-mailed to you. It looks like this:

1. You can go to Employee Self Service and click on the bell in the upper, right corner.

 | All staff must complete. | None |
| **2025 Goals** | Please consider what you would like to take on as a personal goal in 2025. Ideally, this will be something you are interested in learning more about or working on. You can determine what you are interested in, and we can work on a goal. Here are some ideas from prior years:* Invoice/Bill Reconciliation (ARC, Inova, Runners)
* CAP survey ordering and entry
* BB supply counts/ordering
* Pneumatic tube verification
* Wastage tracking
* Audits (IFU, disposition, request for transfusion, etc)
* Pulling and documenting statistics for transfusion committee
* CAP midcycle inspection
* Validations (we are getting new BB equipment in 2025)
* Assisting with clearing overdue logs for the lab
 | All Staff Determine Interests | None |
| **BBREF Resulting** | When resulting a BBREF, we do not enter transfusion recommendations. We follow our policies for selecting units for transfusion. Example: In a CD38 patient, if ARC does not rule out anti-Kell, we would enter the comment “Cannot rule out anti-Kell.” We would not enter “Give Kell negative units.”Also, we generally only enter antibodies that are currently demonstrating. We do not enter anything that says “Historical” next to it. | Informational | None |
| **Reagent Receipt QC** | There is still confusion about what reagent receipt QC is required.If Reagent Receipt QC is documented in Sunquest:1. Enter a comment indicating a new reagent has been put into use in Sunquest. Ex= New lot of anti-A lot 12345 put into use.
2. Document the date in use on the Product Received Log.

If Reagent Receipt QC is performed on the Echo:1. Print 2 copies of QC.
	1. File 1 copy of QC with daily Echo QC per normal.
	2. Place a Reagent Receipt QC sticker on the second copy and complete. File the 2nd copy with the reagent receipt QC. You DO NOT have to transcribe to the Reagent Receipt QC form.
2. Document the date in use on the Product Received Log.

If Reagent Receipt QC is performed manually and cannot be entered into Sunquest.1. Document on the Reagent Receipt QC form.
2. Document the date in use on the Product Received Log.

A comment was made that not all staff members are carefully reviewing each pack of reagent received for lot number. Frequently, we receive more than one lot number of a reagent in the same shipment. The lots must be segregated by rubber band and they get red dots. When putting green dots on items, you must pull the same lot and shipment of a reagent and only put green dots on the correct items. | Informational | None |
| **QC and Maintenance Tasks** | Effective immediately, all staff must verify QC and maintenance tasks for the previous shift. Do this by reviewing the Daily Tasks list to ensure all required items are signed off.Example, rack 1 QC is done by dayshift. Evening shift must verify that the QC was performed. If not done, evening shift must complete and write a PI/variance. Please note that QC does not have to be done at the same time each day. It should be done during the same shift though. | Informational | None |
| **Verifying Blood Inventories** | Evening shift at both sites must verify ALL products (not just platelets) and adjust standing orders as needed. We must adjust standing orders when red cell inventories are high or if we have a number of units of a particular blood type nearing expiration.A request was made that we order group O red cells when ordering blood that is negative for multiple antigens. This is so we can use it for other patients if the original patient does not use the blood. | Informational | None |

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| **Stericycle** | Reminder that we must track blood products through incineration if they are disposed of. When Stericycle comes, you must document the date of pickup on the tracking form. Place the tracking form in my box, so we know which products were in the box.This number comes from the Stericycle sticker that goes on the box. Each sticker has a unique number and a 2D barcode.Date of waste pickup must be written on the formThis is the regulated medical waste ID code that we write on the form. | Informational | None |
| **To Do List** | 1. Complete Blood Administration Audits ASAP, but definitely before 12/31.
2. Complete MTS by 12/31.
3. Complete self eval and personal goal entry by 12/31.
4. Complete peer evals by 1/15.
 | Informational | All staff |
| **2025** | 2025 will be a year of accountability for blood bank staff. This includes, but is not limited to:1. Arriving to work on time, clocking in and out, clocking out for lunches, and leaving work on time.
2. Completing mandatory assignments by the due dates.
3. Completing mandatory QC and maintenance tasks on time and correctly.
4. Using proper documentation technique.
5. Completing goals by the deadlines.

We have to be able to trust and rely on our coworkers. | Informational | All staff |