**

Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting** **Minutes**  **March 4, 2025** |

**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 |
| **T&S Expiration** | Please do not reject or write IQE events for T&S specimens that are redrawn within 24 hours of the current T&S expiring. AHC policy states that a new T&S can be redrawn 24 hours before the current T&S expires. | Informational | None |
| **Maintenance Assignments** | Maintenance assignments are posted for the year. Please look at the list and ensure you are aware of what tasks are assigned to you. These must be completed and properly documented within the appropriate timeframe.  Monthly QC must be done in the same week each month. For example, if monthly is done on 2/15, it should be done between 3/12 and 3/18 the following month.  Please document when the Echo monthly maintenance is due on the side of the Echo. The Echo will time out if this is not completed by the deadline.  Blood administration audits are assigned by quarter. DO NOT WAIT until the last month or week of the month to complete these. They are intended to be done over the 3-month period. Failure to complete audit by the deadline will not be tolerated in 2025. | Informational | None |
| **DAT-Positive Control Cells** | DAT-positive control cells are good for 7 days. The new bottle is opened and QC’d during Echo weekly maintenance each week along with the new control vials.  We get 4 bottles of DAT-positive control cells every 4 weeks. If you spill or break a bottle or if you put a bottle into use unexpectedly, please TELL US, so we can order more before we run out completely. | Informational | None |
| **A1 and A2 cells** | Reminder that we keep expired A1 and A2 cells for ABO discrepancy workups. Do not discard these cells when changing reagent lots. | Informational | None |
| **RhIG Administration** | ACOG updated the recommendations for RhIG administration in women less than 12 weeks gestation.    I am working on updating the “weeks gestation” prompts in the ABO/Rh for RhIG candidacy test. However, the group leads need to know that RhIG is no longer required for sensitizing events when an Rh-negative women is pregnant and less than 12 weeks gestation. | Informational | None |
| **Platelet Transfusions** | Platelets are issued on a first come, first served basis. We do not hold platelets for patients in open heart surgery or OIC if we have a patient that needs them more.  From the hospital policy for cardiac surgery. Anesthesia is supposed to place a “High Risk Cardiac Surgery” order when they want us to hold platelets for a patient. We will notify the OR prior to issuing/releasing platelets when we have a high-risk order. For routine cardiac surgery patients, we issue and replenish the inventory per normal.    If we have platelets allocated for an OIC patient and we get an transfuse order to issue the platelets to someone else, we issue to the other patient and notify OIC that we will reorder. This is a patient experience issue and they may be mad, but this could be life saving/threatening to another patient.  When in doubt, consult the pathologist. | Informational | None |
| **Plasma and Cryo Transfuse Orders** | Please ensure you receive plasma and cryo transfuse orders before you thaw products. We have seen a few cases where we thawed prior to receiving the order and the provider cancelled the order before we allocated the blood products. This affects our ability to bill. The provider cannot cancel an order once it has been received in Sunquest. | Informational | None |
| **Computer Downtime Process** | Reminder that during periods of Cerner downtime, we use the FIN to identify the patient. Downtime patient labels look like this:    The MRN is all zeroes, and the FIN is filled in. When the computers come back up, the patient will be given a real MRN. Please do not reject specimens because the MRN does not match in these situations. You should be comparing the name, DOB, and FIN per policy. | Informational | None |
| **Manufacturer’s Instructions** | We just completed the annual manufacturer instructions audit. Both sites did very poorly. There were examples of reagents in inventory that had a new insert in them, but staff wrote the old insert number on the product received log. This is not acceptable.  In other cases, staff did not complete the manufacturer’s insert information.      You are REQUIRED to look up the current manufacturer’s insert information when brining reagents into use.  If the insert (IFU) has changed, you must follow the procedure:    Also, NEVER remove an insert from the manual. We had several inserts missing from the SGMC book. | Informational | None |
| **Request for Transfusion Forms** | I am getting quite a few IQE events because staff are not verifying the request for transfusion form is completed at the time of issue and again because the yellow form is not completed for units that were sent via pneumatic tube. Please ensure you are reviewing the form for completeness when you issue blood products. | Informational | None |
| **Blood Administration Nursing Audits** | Reminder that we should be waiting 24 hours before documenting missing forms. So, night shift on 3/1-3/2 will review missing forms from 2/28.  I am going to ask all hospitals to document on the log, so we can match up the number of missing audit forms with the IQE events. You only need to document the last 5 digits of the IQE event on the form. | Informational | None |
| **Method Comparisons** | Regulatory agencies require that we do method comparisons every 6 months for any test that is done by more than one method. We need to ensure 2 things:   1. We get positive results when the specimen is positive. 2. We get negative results when the specimen is negative.   Currently we do comparison on the following:   * ABO/Rh (select specimens that include all blood types in Rh-pos and Rh-neg) * Antibody Screen (Select 3 positive screens and 2 negative screens; test by all methods and put results on antigram. Include the antibody present in each sample) * Crossmatch (Select 3 specimens with antibodies. Choose 1 ABO-compatible unit that is positive for the corresponding antigen and 1 ABO-compatible unit that is negative for the corresponding antigen and test. Document the ABO/Rh and antibody of the patient and the ABO/Rh and antigen typing of each unit) * C typing (Select 3 units and 2 patients and perform antigen typing) * c typing (Select 3 units and 2 patients and perform antigen typing) * E typing (Select 3 units and 2 patients and perform antigen typing) * e typing (Select 3 units and 2 patients and perform antigen typing) * K typing (Select 3 units and 2 patients and perform antigen typing)   Each of these is looked at independently. Please document all E typing together, all e typing together, etc. Do not put all results for a specimen on one form.  This is an example of how they are analyzed for blood bank. |  |  |
| **BSU expired units** | When disposing of blood products, please ensure you are using the flowchart to determine the correct discard reason.   1. Red cells and platelets only get discarded as “Designated, outdated” only if they were special products ordered in specifically for a patient such as HLA-matched platelets, deglycerolized red cells, etc. 2. Regular red cells and platelets that can be released to other patients get discarded as “Outdated, incinerated.” I do not need IQE events for expired red cells and platelets unless they were special orders that expired as listed above. 3. Thawed plasma and cryo are always thawed for a patient, so if they expire, we use “Designated, outdated.” 4. If a plasma/cryo unit broke or there was some other issue with the unit, we can request credit from the blood supplier if we expire. These are BSU’d as applicable, “Unit destroyed per blood supplier request,” “Unit broken, credit requested,” Unit expired, credit requested.” |  |  |
| **Mailboxes** | Reminder that mailboxes are not supposed to be used for storage. Mailboxes are for passing on messages. The only thing that should be stored in your mailbox is current projects, competency documents, and messages. Please remove items stored in your mailboxes. This includes personal notes. Please rely on procedures and not notes. | Informational | None |
| **Processing Training** | Blood bank staff are expected to help in processing when they are busy and our workload permits. Please let me know if you need additional training in processing. | Informational | None |
| **Case Study 1** | You issue a red cell for transfusion. Later, the RN calls you and says the IV blew in the middle of transfusion. They paused the transfusion and called the IV therapist for assistance, but they were not able to restart the IV. She is sending the remaining blood product to the blood bank.   1. Do we return the blood product to inventory and discard in BSU? Why or why not?   We need to know if the patient received any of the unit. If the patient received even 1 drop, we leave the unit issued. We need to notify the patient if there is a recall or market withdrawal on the unit. In this case, the patient received part of the unit, so we leave it issued.   1. Why is the partial blood product returned to blood bank?   So we can discard the remaining blood in the unit and track it through incineration.   1. What other steps are taken?   Enter a MediaLab IQE event. | Discussion | None |
| **Case Study 2** | You receive a T&S for testing. The everything on the label is correct except they put a Sunquest label for lipase testing instead of the T&S label on the tube.   1. Should be accept or reject this specimen?   We can accept this specimen, because it has all of the elements we require for labeling. We would simply add the T&S label in the same fashion we do when we relabel specimens that do not have a lab label on them.   1. What elements are required on the T&S specimen?   BB/TS labeling system  Patient’s full name  Patient’s MRN  Date and time of collection  Collector’s initials or ID | Discussion | None |
| **Case Study 3** | You receive a transfusion reaction workup on a patient. The ABO/Rh, DAT, visual inspection, and post hemolysis check are completed and are all normal. The reaction is pending pathologist interpretation. The floor orders additional blood products.   1. Can we issue blood products at this point? Why or why not?   Yes, because we have ruled out a hemolytic reaction. We do not have to wait for pathologist interpretation. Per procedure, we can issue additional blood products when we have completed the ABO/Rh, DAT, hemolysis check, and clerical check and did not identify any abnormalities.   1. Is it appropriate to issue products emergency release?   It is not necessary to issue blood products via emergency release unless issues were noted during the initial transfusion reaction workup. | Discussion | None |
| **Save Antigen Typed Red Cell Segments** | In preparation for validating new blood bank equipment, please save 2-3 segments from all units with antigen typing performed. Place the segments in a plastic screw top tube and label the tube with the unit number, blood type, and antigen typing. We need to save both positive and negative units. Successfully doing this will make the validation much easier. | Informational | None |
| **To Do List** | 1. Ensure you are regularly checking both MTS and Empower and completing assignments. Reminder that we will have zero tolerance for late assignments in 2025. 2. Complete RWB and irradiation portion of the 2025 competency were due on February 28. Please schedule with Hojat to complete before March 7 if you have not already done so. 3. Complete blood product competency by May 15, 2025. | Complete mandatory training assignments by the deadline and competency by 5/15/25 | All Staff |
| **Questions** | Question:  Is evening shift supposed to place blood orders each evening when they look at the inventory?  Answer:  No. Our current inventory levels are set at a 2-week supply. Evening shift is verifying that we have enough of all products to get us through until our next standing order is delivered. We only order if we will likely run out of a blood product before the standing order arrives.  Evening shift is also monitoring all products and CANCELLING our standing orders if we have an adequate supply of any blood product. This is probably more important than ordering, since all staff should be placing ad hoc orders if inventory is critically low for any blood product. |  |  |