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Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting** **Minutes**  **April 1, 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** | Isaias was recognized for doing 4 eluates recently. She commented that the eluates are time consuming and tedious and he did a great job of taking them on.  Stephanie also recognized the staff members that completed the eluate survey. We haven’t received results yet, but the workups looked really good. | Informational | None |
| **Processing Training** | Blood bank staff are expected to help in processing when they are busy and our workload permits. Training documents were provided to all BB staff members. Please work with processing to complete. This is a quick training. Please complete before the end of May.  SGMC—Cathy Amparo (Bongbonga), Anajana Shrestha, and Dorcas Dadzie can sign you off.  WOMC—Yvonne Gray, Khadijah Hassan, Derrick Wallace, and Paulette Douglas Thompson can sign you off. | Informational | None |
| **Readback at Issue** | The readback process of the issuing procedure was updated. Specifically, we added a statement that the “Request for Transfusion” form should be hidden from the staff member picking up blood products.  We had an FDA-reportable event. Ten units of plasma were issued for a plasma exchange (apheresis) procedure. The tech laid the request form on the counter with all 10 units of plasma during readback. All ten units of plasma were issued with the incorrect BB/TS number. The units were returned and corrected.  We believe the root cause of this error was that the RN was reading from the issue form instead of the patient label on each unit. | Informational | None |
| **Non-BB Specimens Tubed to BB** | If you receive specimens that should have gone to the lab via pneumatic tube, you should walk or tube them to the lab. Submit an IQE event if this becomes a problem for a specific unit.  We had an incident where specimens were sent back to the floor via pneumatic tube without notification. This delayed several c-section surgeries. | Informational | None |
| **Transfusion Reactions and BBREF Billing** | Reminder: Only group leads should be entering the pathologist interpretation of transfusion reactions. Also, only trained personnel should be entering BBREF billing. Please leave this for those to whom it is assigned to avoid errors in documentation/billing. | Informational | None |
| **In House Workups** | We must complete in house workups before referring to the ARC (especially if it is the first time we are referring). Also, we must complete the in-house workup and rule out all antibodies before entering a BB Ref report from a previous specimen. I have seen a number of cases recently where the Poly DAT is positive, and no further DAT workup or eluate was performed. I have also seen cases where we did a PeG screen, resulted it as positive, and did not follow up with a PeG panel. These are required per procedure. | Informational | None |
| **Comment** | Please do not enter my name in the comments of Sunquest. I am not looking at the workup when you call me and do not have a full picture of the results. I am basing my responses on what you are telling me. You ultimately make the decision of how to proceed.  Example: | Informational | None |
| **NAAB** | Reminder: We never use “no new antibodies detected” for in house workups. This is only used if ARC did not confirm historical antibodies in the specimen that are in our system.  Also, if we are using results of a previous ARC reference lab workup, we enter the results in the AbID. We do not “HIDE” the AbID field. | Informational | None |
| **Documentation Technique** | Reminder: If you document something retroactively, you must document the correct date and a comment indicating why the documentation was late.  This is specifically important on Echo printouts, because the paper lists the date on which it was printed. If you run QC on 2/4 and reprint it on 2/6, the printout will list 2/6, so writing “QC passed 2/4/25” shows we didn’t follow our procedure.  The correct way to do this would be to write, “QC passed 2/4/25. Reason for reprint (Ex = original printout missing) and reprinted on 2/6/25. No patient impact.” | Informational | None |
| **Linking Patients** | Reminder: We must link patients when they are in Sunquest with more than one MRN **regardless of whether they have BB data.**  Example: Patient seen at SGMC and then transferred to rehab. They will have 2 MRNs and they must be linked if they meet criteria. | Informational | None |
| **Emergency Release with no TS** | What steps are taken if a patient receives emergency release blood, and the patient expires or is transferred before the T&S is collected?   1. T&S gets cancelled with the reason (ie patient expired; patient transferred, etc). 2. Crossmatches get resulted as follows:    1. Reactions = 9 for “not tested.”    2. Crossmatch interpretation = ;HIDE    3. OK to transfuse is still OK to transfuse   Doing this will generate a QA failure, but all staff should be able to override. If you cannot, please put a note on the Emergency Release form and give to Stephanie or a group lead to document. | Discussion | None |
| **IQE** | When entering IQE events, please ensure you fill in all applicable fields. Specifically, the specimen accession number, RQI, and FDA-reportable fields are being left blank.  You can refer to the procedures for more guidance, but FDA-reportable events generally involve a blood product that was issued EVEN IF IT WAS RETURNED FOR CORRECTION PRIOR TO TRANSFUSION.  All FDA-reportable events are RQIs. Other RQIs occur when we enter incorrect results and have to issue a corrected report. | Informational | None |
| **Equipment Failure Form** | We should be completing a Quality Control or Equipment Failure Review Form each time QC or equipment fails for any reason.   1. Problem identified needs to list the equipment including SN and the problem that occurred. 2. We always suspend patient testing during investigation, so that date and time should be filled in. 3. Actions taken include corrective actions. This is whatever you did to resolve the issue—repeated QC, contacted Immucor technical support, cleaned the instrument ,etc. 4. Patient and blood product impact must be filled in. If no patient impact, you need to list the reason there is no impact such as “Lookback performed and no patient impact identified.” Another example would be, “Pulled electronic tracing of refrigerator and it shows temp did not go out of range. No product impact.” | Informational | None |
| **Syringe Aliquots** | I received an IQE event about a syringe aliquot leaking. This picture was provided. What do you see?   * We have 50cc and 30cc syringes. This is the maximum amount of blood we can put in a syringe. Do not pull more blood than allowed. Never pull blood past the volume grid of the syringe. * Also, the volume entered in Sunquest for the aliquot has to be the volume pulled. This volume includes the extra amount for tubing. The volume entered in the computer should not match the volume requested for the transfuse order. | Discussion | None |
| **Case Study** | You receive a workup from ARC. The patient currently shows this history:   * Anti-Jka * Anti-C * Anti-E * Anti-K * Eluted Anti-E * Eluted Anti-K * Negative for E * Negative for K   ARC workup is returned with this result:    What gets entered into the patient report in Sunquest?   * Anti-E, Anti-K, non-specific reactivity from the serum/plasma, because these are currently demonstrating * Anti-C and Anti-Jka were listed as “reported by the facility” and not reverified. We would definitely re-enter these if they are not listed in our system. However, since they were not verified and are listed in our system, we can enter or not enter. * Eluted anti-K, eluted anti-Jka, and panagglutinin in the eluate are all in the current sample and must be entered.   The patient was transfused 4 weeks ago at WOMC. What additional testing is required?   * We need to initiate a delayed transfusion reaction workup since we are eluting antibodies from the patient sample and the patient was transfused. | Discussion | None |
| **Daily Reagent QC** | Last month, we had issues where QC was missed at both sites on the evening shift. Night shift is supposed to be verifying QC was performed, but night shift also did not review the QC as required in each case.  When this issue was discussed with the staff involved, they said, “I was working with another person, and I thought he/she was going to do the QC.” This is not an acceptable response. If you are working a shift, you must communicate with your coworker and verify all assigned QC and maintenance tasks get completed as required. Failing to do so puts our patient in danger.  The lookback for failed QC is very long and tedious. We need to verify all results tested on the day in which QC was missed and the following day until QC was performed. We must report the issue to the FDA if we performed pre-transfusion testing and issued blood products based on the results.  Moving forward, each shift will be required to log into SmarTerm QCR and review QC results for the previous 24 hours. If QC is missing or if results are not correct, you must perform/repeat QC and document. This was also added to the daily duties checklist for each shift to ensure it gets done.  Please complete the MTS assignment that goes with this if you haven’t already. | Informational | None |
| **Reagent Receipt QC** | Reminder that you should be entering reagent receipt QC in SUNQUEST if you place a reagent into use that normally gets QC’d in Sunquest. You must also add the comment that a new reagent is being placed into use.  The manual form is ONLY used for reagents that cannot be QC’d on the Echo or in Sunquest. Examples: Ab Panels, fetal screen kits, HemoTemps, irradiation indicators, etc. | Informational | None |
| **Open Forum** | Question:  If FWMC refers and AbID sample and we order blood from the reference lab due to multiple antibodies identified, do we still have to antigen type the segments they sent?  Answer:  Yes. They send those segments so we can identify units in their inventory that are available for transfusion if the patient needs emergency release blood before the workup/compatible units are available. | Informational | None |
| **Gel/Vision Implementation** | 1. We are receiving reagents for gel now. Please pay attention when putting them away.    1. Gel cards can be kept at room temperature with the exception of the Ag typing cards. C,c,E,e need to be refrigerated.    2. Diluent and albumin also need to be refrigerated. 2. The new instruments will use both DI water and saline. I have ordered both. Please look closely at the box before using. We will have major issues if someone accidently puts DI water on the Echo or in a cell washer. 3. I also ordered 70% isopropyl alcohol and sodium hydroxide for each site. 4. Manual gel equipment arrives this week at both sites. Please notify me when it arrives. Do not unbox. 5. Vision instruments arrive next week, Tuesday, April 8. They will be delivered to WOMC first and then SGMC. 6. Nolan Aponte will be onsite next week training all employees on manual gel. Please look at your assigned time in Humanity. Training takes approximately 3 hours. You must complete the online gel training first. This is a 1-hour course. 7. Lisa Melvin will be at SGMC the week of April 14 to complete instrument configuration, IQ/OQ validation, and super user training. 8. Lisa Melvin will be at WOMC the week of April 28 to complete instrument configuration, IQ/OQ validation, and super user training. 9. We will begin PQ validations (including correlation studies) as soon as the WOMC instrument is configured and passes IQ/OQ validation. 10. Someone from Ortho will be onsite the weeks of 5/5 and 5/12 to complete general user training. This takes approximately 3 weeks. I will schedule everyone as soon as I receive confirmation. You must complete online Vision training first. This is a 5-hour course. | Informational | None |
| **To Do List** | 1. Complete the mandatory online gel training by Monday, April 7 and provide me with your certificate. 2. Complete mandatory online Vision training by Monday, April 13 and provide me with your certificate. 3. 2025 Blood Product Competency is due on May 15. Please turn this in to me as soon as you complete, so I can track compliance. You will not have questions/problem solving signed off. 4. Processing training due May 31. 5. Annual COE training was assigned in Workday. These are usually due in October/November. BB staff should only have 1 assignment. Please complete as time permits.   We will have a lot of items due over the next couple of months as we bring up and validate new testing on the vision. Please stay ahead of training. | Complete mandatory training assignments by the deadline and competency by 5/15/25 | All Staff |