**

Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting** **Minutes**  **May 9, 2025** |

**Present:**

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| √ | Mary-Dale Abellano | √ | Isaias Gebreweldi |  | Arlene Mencias |
|  | Kelvin Addo | √ | Blen Getaneh |  | 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** | Stephanie recognized the superusers and others that have been helping with the gel/Vision validations…..Jessica, Hojat, Henry, George, Rocio, Natasha, Bech.  Special shout out to Jessica who ran into issues with the Vision while running stability specimens. She had to leave work to go to her other job, but she returned after working 2 shifts to troubleshoot the instrument with Ortho and get the specimens run.  Natasha recognized all of the staff members that picked up night shifts in her absence (primarily Malak, Blen, Larissa, and Uchama). | Informational | None |
| **Neonatal Aliquot Billing** | I updated the billing for neonatal aliquots and assigned an MTS. There seems to be a lot of confusion about the billing.   1. Irradiation gets billed for each red cell aliquot. We irradiate every aliquot separately. 2. Sickle testing gets billed for the first red cell aliquot only. We only perform testing once. 3. CMV only gets billed if the provider requested AND this only gets billed for the first aliquot that required CMV negative blood. | Informational | None |
| **EMS Transfusions** | Reminder that when you receive a whole blood bag following EMS transfusion, you must place the bag in a plastic ziplock bag and add the Sunquest label to the outside of the bag prior to placing in the refrigerator. | Informational | None |
| **Neonatal Cryo Orders** | We do not have a neonatal cryo order. It was determined that the volume for this is too low and it was not built. The provider must place a regular, adult order for cryo. For neonates, will thaw a single bag (1 pool of 5) and issue with the administration set (this is the syringe with the filter attached that we use for aliquots). | Informational | None |
| **Antibody Workups** | * Page 1 is the primary panel * Page 2 is the AbS antigram * Additional pages are numbered in order   The AbID should be written on page 1  Please put the pages in order when stapling.  Also please have all of the pages facing the same direction. | Informational | None |
| **Results Edit** | Any changed result in blood bank is considered an RQI. If you need a result edited for any reason (RN notified us that the sample was mislabeled, BB testing was entered incorrectly, etc), Quest policy requires that you notify me immediately. | Informational | None |
| **Transfusion Reactions** | I have been receiving transfusion reaction workups in my box in pathology at WOMC. Please note that you must hand a transfusion reaction evaluation to a pathologist. Please leave for dayshift if pathology is closed. Please do not leave them in the Blood Bank box as these come back to me and will not be looked at by a pathologist. | Informational | None |
| **Case Study 1** | You issue a unit of blood to the ED. The yellow slip is returned. One hour after issue, you receive a call from an ED RN stating she found the unit on the counter in the patient’s room. The transfusion has not been started. What should she do?  There is no time limit designating when a unit must be started after issue. The unit must be transfused within 4 hours from issue. If the transfusion can be completed within that 4-hour window, there is no need to return the unit. | Discussion | None |
| **Case study 2** | You receive a CHOLD specimen for a baby. Mom’s history shows she is A-positive with anti-A1. Would you do the Cord Evaluation?  In this case, anti-A1 can cross the placenta and cause hemolytic disease of the newborn, so we would consider this to be clinically-significant and reflex the cord evaluation. | Discussion | None |
| **To Do List** | 1. Please turn in any in person Vision training sheets to me. I am missing training for staff that were trained at WOMC on Wednesday. The trainer forgot to have Blen fill out a form. I am working with her to get this done. 2. Please complete the manual gel/Vision competency specimens before May 16. We will use these as part of our Vision validation, so they need to be completed in a timely manner. Goal is to have initial validation completed before Dr. Nic returns from vacation on 5/20. 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 |
| **Employee Engagement Survey** | We discussed the employee engagement survey in detail.  100% of staff members took the survey—Amazing!  Overall, scores were very good. We were above company and above national benchmarks in most areas.  We discussed ways in which people want to be recognized and things that make you feel cared about.  Area to ponder for discussion at next month’s meeting:  What would make you feel more empowered at work?  What does feeling empowered at work mean to you? |  |  |