**

Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting** **Minutes**  **Jun 3, 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** | Milestone Anniversaries:   * George has been with us 10 years! * Rocio has been with us 5 years!   Stephanie recognized staff for doing a great job on the Vision validations and for completing all the training and competency to go live. | Informational | None |
| **Vision** | We are live with the Visions. The interface is live. The backup is built.  We will continue to validate tests to add to the Vision.  Note: Validations must be run in manual tube (at one site) and on all three Visions. All testing should be performed on the same day. If you get specimens to validation, ensure they are done or passed to the next shift. DO NOT PLACE THEM IN THE REFRIGERATOR AND ASSUME SOMEONE WILL FIND THEM.  Cord Evaluation:  When you get a positive DAT on a cord blood   1. Document your tube results on a downtime form. 2. Test the specimen on the Vision using CORDEV order. 3. Print results and attach to your downtime results. Write “validation” on both. 4. Place in my box. 5. Every time we report a positive DAT on a cord, they draw a CBC. Pull the CBC specimen. 6. Run an NDAT on the CBC in tube and document on a downtime form. 7. Run an NDAT on the vision. Print results. 8. Write “validation” on both copies and put in my box. 9. Send BOTH specimens to the opposite hospital to test if there is enough specimen.   Antigen Typing:  We are working on validating additional antigen typing as we receive antisera.  Autocontrol:  Each time we run a panel on the Vision or in manual gel, we include an autocontrol. Dr. Cacciabeve has agreed to eliminate the requirement for DAT if the autocontrol is negative. We will only perform DAT if the autocontrol is positive. I will update the procedures/forms and the LIS reflex for this soon.  Controls for panel cells:  I have received a number of questions regarding controls for panel cells. This is generally defined by the manufacturer. Ortho does not require one like Immucor did. I am still investigating this. | Informational | None |
| **Forms Manual** | The forms manual is a procedure manual for forms. We are required to keep “official” and “approved” copies of forms and other documents. We must manage the printouts and versions of the forms. The forms manual is our “official” copy of each form.   1. Please DO NOT place copies of forms in manual. This should have a single copy of the form only. If you need copies, we have a file at each site for copies. 2. Do not remove forms from the book and do not move forms around in the book. We must manage the official copies, and staff must be able to find the forms when needed.   This is how we ensure all forms are updated when we have a new version of a form. This is required by regulatory agencies. | Informational | None |
| **Reagent Receipt** | We are still having issues with reagent receipt documentation.   1. For reagents used on the Echo or Vision 2. Print 2 copies of the reagent QC. 3. Place 1 copy in the daily QC binder. 4. Put a reagent receipt sticker on the second copy and complete. File the 2nd copy in the reagent receipt book. 5. DO NOT document on the manual reagent receipt QC form. 6. For reagents used in daily QC (rack 1, rack 2, rack DAT). 7. Test in Sunquest like we do all daily reagent QC. 8. Add a comment that a new lot/shipment of reagent was placed into use. 9. DO NOT document on the manual reagent receipt QC form. 10. For reagents that are not part of daily reagent QC in Sunquest and are not used on the Echo or Vision, Document on the reagent receipt QC form. | Informational | None |
| **General Cleaning** | Housekeeping does not clean biohazard areas. They will clean our floors and empty trash, but blood bank staff are responsible for general cleaning.   1. When you are wiping your bench at the beginning and end of your shift,    1. Wipe any backsplash or electrical boxes that collect dust.    2. Move equipment and wipe under equipment.    3. Wipe cords to remove dust. 2. When doing maintenance on equipment, move equipment to wipe under and around equipment. 3. Ensure that you are following procedures when cleaning equipment. The manual capture equipment contained blood spills and was very dirty. | Informational | None |
| **Mass Casualty** | We recently had a mass casualty drill that we did not successfully manage. All staff must be aware of the expectations.  When the hospital calls a code yellow (whether actual or drill), BB must take inventories and complete the “Blood Bank Inventory Sheet (Code Yellow)” and walk it to the command center.   1. SGMC = Aspen Room 2. WOMC = Board Room   If they call mass casualty and request blood, we put blood products in an ARC box with ice (note: copy blood product labels for drills).   1. Put O-pos units in one box and mark, “O positive for males and females over age 50.” 2. Put O-neg units in the second box and mark, “O negative for females of childbearing age.” 3. Send blood to the ED with a phlebotomist who will issue the blood products using form, “Mass Casualty Blood Issue Log.” | Informational | None |
| **Neonatal Transfusions** | When preparing blood products for neonates, you MUST ensure the blood meets the transfusion requirements of the neonates. We have seen some issues lately.   1. If mom has a clinically-significant antibody, the unit must be negative for the corresponding antigen AND the unit must be crossmatched to mom’s or baby’s specimen (IgG and IS). 2. All neonatal red cells must be HbS negative. | Informational | None |
| **Refrigerators** | We are the keepers of the blood supply. BB staff must be aware when the refrigerator exceeds the allowable temperature.   1. Dayshift must look at the chart tracing each morning when taking temps. Ensure the tracing was in range for the previous 24 hours and that the chart is at the correct day and time. 2. If the refrigerator, freezer, or platelet rotator alarms on your shift, you MUST complete an equipment failure form with the date/time of the alarm, cause (if determined), and corrective actions. 3. If you are doing inventory or rearranging inventory, you must monitor the refrigerator temp. If it goes above 5C, you must close the door and let the temperature equilibrate before continuing. NO EXCUSES. You will be disciplined if you let the refrigerator go above the allowable range and mark “Inventory” on the chart. We must ensure the refrigerator stays within range. | Informational | None |
| **Temperature Verification** | Daily  We take refrigerator, freezer, and platelet rotator temperatures.  Temperature must agree within 2C for refrigerator and platelet rotator and within 5C for freezers.  Quarterly  We compare the thermometers to the NIST-traceable. This is considered temperature calibration or temperature verification.  Temps must agree within 1C for verification. You must adjust temps to ensure they agree within 1C of the NIST-traceable thermometer quarterly. | Informational | None |
| **Transfusion reaction** | There is a space for an incident report on the primary transfusion reaction form. PLEASE DO NOT WRITE IN THIS SPACE. You are responsible for reminding the RN to enter an incident report online (RL report) when he/she calls to report a transfusion reaction. I will document the incident report (RL) number in this space. | Informational | None |
| **Method Comparisons for June 2025** | Method comparisons are due in June. How will these work since we are in transition?   1. Antigen typing comparisons do not have to be done. We are currently only using manual tube and we are validating antigen typing on the Echo. 2. ABO/Rh specimens are run in manual tube and on the Vision. 3. Antibody screen specimens are run in manual tube, manual gel, and on the vision. 4. IgG crossmatch specimens are run in manual tube, manual gel, and on the vision. 5. New: Immediate spin crossmatch needs to be run in manual tube and on the Vision. Use the “compatible” specimens from the IgG crossmatch and select two units that are ABO incompatible for testing.   I am updating the procedure. Please contact me if you have questions about a particular assignment. | Informational | None |
| **To Do List** | 1. The 2025 Blood Product Competency is past due. Staff must complete this ASAP if it has not already been turned in. 2. Processing training is past due. Staff must complete ASAP if it has not already been turned in. 3. Vision training is being done now. Please complete as soon as possible. Unknowns are done, so training should be quick. 4. MTS training is due at the end of the month. Please log in and ensure you are up to date. | Complete mandatory training assignments by the deadline | All Staff |
| **Employee Engagement Survey** | How do you define, “Empowered?”   * Having comfort and confidence in what you are doing * Motivated to work * Feeling free and confident to work * Authority to work * Feeling confident and making decisions about work * To be lifted and encouraged to work * Authority to do something * Teamwork/we must share work * Having the necessary resources to get the work done   What would make you feel more empowered at work?  What does feeling empowered at work mean to you?   * Being trusted with challenging tasks * To have competency to make decisions and actions * Positive reinforcement * To be involved in decision making |  |  |