**Laboratory Meeting Minutes**

 **(Newsletter)**

**12-1-22**

**419-394-3387 x8105**

**Shout outs**

* Megan Elliott - This month’s shining Star. Well Deserved and you are doing great in your first year!
* Luann recognized with a GEM award for taking time to give a patient a food while going into an isolation room for dietary.
* All staff coming in or helping with inspection. We did very well with only minor issues to take care off. Thanks Deny for coming in on your day off.
* Winding down on health fairs but again THANK YOU for all making these run smoothly. Excellent team work.

**Staffing updates**

* Ben Hedges is well into his training and doing well.
* 2 Phlebotomy students from Rhoades and Edison are still being trained in OP. Sam and Cassandra
* 2023 holiday schedule is out. Team leads have helped with putting this together. If days are painful, please switch or trade as you need to. I only ask that the work weeks look good without undue OT.

**General Updates and dead lines**

* Thanks to Mercy for the $15 coupon for thanksgiving.
* Our coats should be here the week of Dec 12 for our Christmas presents this year.
* Flu shots for JTDMH have all been turned in. I still have a few people not completed for documents with MERCY. Deadline is 12-14-22. I’m sending emails to those people. I have 6 left
* Check ins continue. I will need to push harder as we will start over again in January. I’m a little over half way done. I may need to assign times in the next few weeks.
* I think most people have worked the PTO to a place it can be carried over into next year. I think everyone has used up the Floating holiday that does not carry over. Please verify this in your timecards.
* I-Learns for Mercy are due 12-1-2022 TODAY. Net learning are due December 31, 2022. You may need to be taken off the schedule if these are not finished. They are Mandatory as well. I will be checking to make sure these are completed and I also get reminders from HR for those not. This can impact your job performance and pay, please check your learning modules.
* OT, No Lunches, Long days. I know the last month has picked up with volumes, scheduled PTO, and sickness. We are still looking at any opportunities to reduce our costs by 1%. Please work with your co-workers when you are not getting a lunch and really should be able too. Some days that is easier said than done but please keep the timing keeping in check. We do very well but still can improve in some places.
* Anniversary gifts. We will no longer have the awards books being passed out from Engaged to Excel. People who have anniversary dates every 5 years coming up will have Shine points loaded for use in selecting something from this program. I think it is 5000 for every 5 year milestone.
* Shredding files. Abe Kramer and Craig Olding have keys to get into the Shredding bins if need be on the main campus. They are reluctant to give keys out to access the PHI in them. We can call them during the day if we need help.
* Please check your timecards and look for missed clock ins and outs. Most people leave a note when problems happen in the spreadsheet but I’ve a few more blanks than normal over the last month or two. I just don’t want to miss paying what you’re owed if I don’t have that information.

**CORE LAB info**

* Is the new break area working for people? Feedback? Seems to be actively used.

**Chemistry**

* HS Troponin Starts today 12-1-22. Please follow up with any issues that come up. Everyone should be aware of test changes and education.
* TROP will have to be in a green Li heparin tube. No exceptions.

**Microbiology**

* We have a new incubator in service. Please use thermometer inside to take temperatures and not the digit screen. It is not calibrated.
* I’ve sold the Biofires that were on the counter. We now have some more space to do something with.

**Workflow**

* Lunches and breaks. Still an issue. Do we have staffing adequate and how do we make sure we have coverage? Better stagger, hold off duties until lunches are done or come out of areas to help when busy. 1200-1700 seems to be a period of time things become more hectic. Let me know how to improve has work increases for us towards the year end.
* Still looking at the same opportunities. Are there shift duties that need better defined to help with workflow? Maintenance, Temps, Supplies, Just need feedback to help develop our work habits so we continue to exceed at our daily jobs. Communication is key for everything to go smoothly in workflow transitions.

**WAPAK OFFICE**

* Are we doing better with process? Not registering patients that don’t need to be? Instructions in place to help all staff with processing samples?

**Competency**

* We are 11 months into the year. Please continue to work and complete competencies. This is part of each person’s expectations and accountability in their jobs. Please reach out if you need help knowing what needs to happen.

**ACHA-HFAP**

* Inspection was done 11-15 and 11-16.
* Miami Erie, Waived Glucose had no deficiencies.
* Waived ED, OCC health had 2 deficiencies
* JTDMH had 12 deficiencies to address.
* We have until Dec 10 to submit action plans so more work to finish this out.
* Copies of the items are posted on the White board.

**Safety notes**

* Thank you for all that have submitted glove evaluations. 94% of the hospital liked the gloves. Lab participation was by far the most throughout the hospital. I think we had around 15 forms returned to me. Most departments had 1-3 at most so we were 10 times more engaged. We will be changing over to the new gloves after we use up current stock of the old ones.
* We have submitted the issues with barrels and needles. Please let me know if you have more concerns or problems. As of right now, nothing has changed except pulling the needle boxes we suspect by lot numbers. Materials has opened a Risk on this.

**Phlebotomy**

Registration report regarding errors came out for the hospital and we have received an “A” rating for this past quarter. Excellent work from Support staff at all the outreach locations and OP.

* From the Stroke Meeting updates and all codes in particular. Please make sure to respond to these ASAP as timing is everything. Please be aware of how to access the back entrance to CT scanning when you have to go there for drawing labs. Understand your role and protocols on what is happening so you can be effective when you are needed.
* **ED DRAWS** There has been conversation regarding ED STAFF having to draw all their patients or ED not even trying to draw patients. I’ve started talks with ED on this and what the perceptions are regarding lab draws from ED perspective and how this came about. There is nothing binding that says ED draws all their blood. Nothing that says that must stick or try at least twice before calling the lab. If they call and ask for Labs help, we should respond. Don’t worry about nursing not drawing at this point, they may have a reason and it is not ours to judge. From the data I pull, ED does draw the large majority of blood in ED. 70-90% most days. Lab draws the lesser volume so we should be thankful as it all could be ours to draw. Perceptions on what we see, often fabricates false truths in our brains. Sometimes the nurse is truly not busy and could have gotten a draw and other times they may have just sat down for the first time. I know I will hear about that last statement, but the reality of the situation is that a patient needs blood drawn and our job is to draw blood and run tests. I will continue to work with ED on this, but for now, help as you always do and maybe work the ED staff from a different angle to have them help. Kindness often works both ways. Continue to let me know of problems. Shift change and workload seem to be the most problematic. **Follow up note.**  I just address 2 Risk that were entered into lab regarding missed ED draws. Timed draws were left to ED to draw and calls were made regarding the one. It is Labs to notice and draw blood in ED. Please work with ED on how to manage your time if they can help or lab needs to be proactive on drawing timed draws in particular.
* **Health Fairs** Everyone has done excellent with this process. What a great team. Low errors on paper work. Excellent service overall!
* **Patient information**
	+ Please take time to explain to patients ho to collect samples they are to return with. Stool Cultures in particular. Don’t just give them the containers and expect them to know what to do. Use a set script for the patients. Ask them to repeat back what you said. Label the side of the container and make sure to check for patient information when they drop off. If they don’t do it correctly, we should be thinking of how to improve this. Instruction sheets needed?

**DAT Testing**

* Please look at the tests before ordering on DAT patients. We are having billing problems with patients duplicate ordering panels and lab trying to split the difference. DAT testing is not set up to bill individual tests. Low prices are only for what is listed on the DAT order sheet.
* Example. CMP and Liver panel have almost the same tests in them. Some staff know that ordering a CMP+ DBIL will give them all tests in both panels. This is WRONG as the DBIL will charge full price and cause a billing nightmare for us. It would also be cheaper to order both tests even know they are duplicated. That does not feel right to me and I’m trying to find a solution. I would explain to patients what are in panels if you need to help them decide what they are doing. Most times registration simply collects the money before you see the patient. Helping registration may be in order as well before they pay. Any ideas on how to help this?

**GRAND EXPERIENCE**

* Lisa Masonbrink keeps us up to date each month on the Patient Experience board. **PERSONALIZE -HEART** is the current topic. Personalize care 1st and patient 2nd. Make people feel good whenever you can. Please look over this information.

**ENGAGEMENT SURVEY**

* Results from May 2022 survey.
* Over all POSTIVE
	+ Strong turnout 68% 21/31

**Any more ideas for improvement. If you can’t answer a survey question positive, what**

**Roundtable and questions. Feedback welcome.**

PANIC AHA calling results INR example

Call and Hold and STAT call if abnormal. Better mechanism.

COURIER updates and finding where process is delaying. Courier, Registration, lab, technical.

New DAT form on where to place labels so not to cover info.

Occurrence data still looking at patterns to get to staff soon.

If patients are complaining of wearing mask. Open a Risk event to document so we can work to stop mask in our facility like others around us.

Michelle Spoke about DAT process.

Working on ADD ON testing to improve amount of work and phone calls around this process. Working on specifics since if office can call, 99% of time we have enough to add and print label off and then work to call if not enough. Work in process.