**Laboratory Meeting Minutes**

 **(Newsletter)**

**2-23-2023**

**419-394-3387 x8105**

**Shout outs**

* Congratulations to Brooke Barnes on Employee of the Month. Thanks for your hard work!
* GEM awards: Addie Place, Great Job. friendly and precise!
* Thanks to all who have signed up for the health fairs popping up on Saturdays and during the week. Your help is very much appreciated. Saturdays come with extra pay as well!

**Staffing updates**

* 6 week schedule rolled out, **feedback**?
* We have been flexing staff and have a month of Minster help on Tuesday. We have some people training at MOB (Ashley), Minster, (Ashley), Clerical (Justine), Processing. (Jen S) Some off shift starting too. (Addie)
* Thanks for feedback on Tech duties and times. I’m looking at opportunities to simply help keep workflow going and allowing things not to build up as everyone knows what is expected of them so they can continue to do great work and help where they can. I know co-workers like to have the help to keep things manageable. We are also looking at Support services to handle some task when slow or when there is idle time at offsite locations, typically MOB.
* New PRN Phlebotomist to start next few weeks. Cassandra Drummond was a Rhoades student last year. She is from Celina

**General Updates and deadlines**

* **Call ORDER in place: Feedback?** Problems or clarification? I’ve not heard of issues so continue to do follow up as you see CALL order on incompletes.
* Incentive 1% was paid out last paycheck Feb 17. Merit comes out March 3. I’ve trying to combine check in with letting people know what the pay raises will be. There will be a Workday letter going out closer to March 3rd informing you of the Merit raise. Please come see me if you have some time. This check in should only take 10 min.
* I believe any RSS Retirement Success Sharing will drop March 31. Not sure what the actual number is that drops for FT and PT staff. Given the current economic situation, I’m not sure if it is a 3% or lower amount going to be loaded. Time will tell. It may be a 1% RSS
* **Anyone Having issues with W2 information and printing it out of workday?** W2 are available in Workday as of 1-16-23 if you need to access them. If you opted for hard copies, check the snail mail in the days to come.

**CORE LAB info**

* We are just about complete with documentation for ACHC- HFAP. Final documents to be turned in no later than March 1. If you have been assigned items in MTS- MEDTRAINING.ORG please read and acknowledge your assignments. It is critical for follow up inspection compliance. **Competency addendums, CHP safety plan review when completed, IQCP**, and some other items when completed.
* MTS site is **MEDTRAINING.ORG**. Use your Mercy email to log in and the generic password to start is **jtdmh123** You can change that after you log in.

**Workflow**

* Are their suggestions to make your workday go better? Please let your team leads know as well as me. I don’t like to reinvent the wheel but there is some opportunity to tweak our processes or simply ask what we are doing is correct. Follow up. People have been asking about this and giving ideas of things to improve. One suggestion is dayshift setting up micro more frequently. Some cultures are from AM still not plated at 1600. Take time to catch up as you can. It may not look like much but when you don’t have staff, it is a burden. If you serving the net, stop and pitch in? if your already bogged down with workload, ask for help. Someone had mentioned that plating was to occur every few hours, maybe this is a good focal point to improve. Update: We have stopped logging the recollects on a spread sheet since we have the ability to run an SQL report in SCC that captures the information. It can be scheduled to print and passed along to me or Team leads to spot trends or improvement opportunities. No one had been looking at the spread sheet since I started in April.

**ACHA-HFAP**

* Final clean up for inspection complete. Now time to focus on monitoring what we were cited for as well as next steps keeping everything current and in line.

**Safety notes**

* February safety topics are “Why do we practice drills. Please see hand out. Practice makes perfect.
* We are looking at forming a safety team. If you have interest, please let Michele or me know. This is a good way to improve your understanding of what to look for as well as speak up when people short cut safety. Lab coats, gloves, Cell phones etc.
* **Distractions**. Please use your time wisely. I know I’ve beaten the cell phone topic into the ground, but I still see it as an issue that impacts safety and workflow. It’s taking time away from helping your co-workers make the best of everyday. Please do not use your cell phones in the lab. Limit your use to breaks and lunch. If you need to be reachable for family, please step away from your area if possible and don’t be a distraction. At the least, let me or your co-workers know you may have a need to step away for personal reasons. Surfing the internet on work PC for none work related needs is against policy and can lead to discipline. Don’t put yourself at risk for something you can control. Both NVML and JTDMH have policies addressing Cell phones and Computer use.

**Phlebotomy**

* CHP. We ran into a little push back stating we take a lunch from 1200-1300. JTDMH does not want us to list they we close for lunch even though we will have a time period where staff are at lunch, and we may not be able to draw blood or perform an X-ray. We are looking to do what we can and script our response for patient experience. Letting patients know our options like, ”We can register you but Kristina will not be back from lunch for 15 minutes if you want to wait or come back.”
* **Health Fairs** Happy 2023! We are already getting Health fair notifications for this winter and spring. Please sign up as you can.

**Pathology**

* There are a few updates to Pathology.
1. Pathology/ Histology is not processing routine specimens on the weekends any longer, only **STAT** or special cases. Routine specimens sent to St. Rita’s after Histology is closed on Friday (by 3pm) will sit in formalin until Monday. Weekends with a Monday holiday will need to be watched for delays. We need to very cautious and watch for any **breast resections** occurring on Friday. They need to be sent with the noon courier, if at all possible, to arrive before 3 pm. If they come out after the noon courier, Path secretary/ Pathologist on Friday will help evaluate if there is a prior biopsy with breast biomarkers. Pathologist on Friday will determine what needs to be done with any breast resections to make sure the 72-hour formalin time limit is met should biomarkers be needed. We are working on notes to help make sure we catch these. Jen is watching the surgery schedule, we have talked with OR to try to avoid Breast resections on Friday, if at all possible**, especially when there is a upcoming Monday Holiday**, If in doubt we can call the Pathologist on call and let them know if they will need to make sure a specimen is handled correctly on the weekend. More to follow.
2. We have a better system to handle POC (Products of Conception) for **“cytogenetics” for Dr. Train**. This is being sent to **ARUP (3004273**). Samples will have pathology and an a sendout test. Histology makes an extra cell block used to send out testing from Lima. We will try to have the order put into the computer and ARUP test manifested so all Lima has to do is drop the block in the bag and send out to ARUP. For this, it is ok for sample to be on formalin for the “cytogenics”. More clarity for this will be coming soon as well.
3. Pathologist are supposed to be reaching out to providers when blasts are seen initially on patients CBC smears. JT Pediatricians in particular. Staff may be asked to help find phone numbers for pathologist.

**Patient information**

* **Follow up: How’s it going ?** We are working on some OP issues in BBANK and with communication to patients wearing the green bracelet for surgeries. We updated using the Red Dot reminding patients not to remove. PAT is supposed to inform patients as well as lab staff when drawing patients and having them wear the green typenex band. Take the time to inform your patient what you are doing and the consequences of cutting that band off prior to their surgery date. Ask them to repeat back what you said so they acknowledge they understand what is being asked.
* **Follow up:** We also need to be careful when asking about OIO – IOS surgeries and how to band them.

**GRAND EXPERIENCE**

* Lisa Masonbrink keeps us up to date each month on the Patient Experience board. **Courtesy** is the current topic. Stop buy the board and look over a heart to reflect on it’s purpose and how it fits into your day that you can improve someone’s experience. If you believe in what you are asked to do, it really is impactful with your patients and co-workers. If you don’t believe, you get back what you put into it. Reflection means to seriously think about something. Take a minute and stretch your brain.

**ENGAGEMENT SURVEY**

TOPIC TO DISCUSS

**January:** I always have the staff, equipment, facilities, IT and change support I need to do my job. We answered 38 favorable 43% neutral, 19%, unfavorable,

 What needs to change to rate this question higher? What can we control or out of control?

My manager recognizes and acknowledges when I do good work on a day-to-day basis. 52% neutral, 48% favorable. How does this look for a favorable response?

**February:** More question to reflect on.

**Wellbeing:** I typically finish shifts feeling “good tired”, meaning I felt positively challenged and inspired... 39%. Area to IMPROVE!

**Roundtable and questions. Feedback welcome.**

Lisa M. Hospice fund raiser give to Lisa for gift cards purchase.

Megan, COPY REORDER, be careful and not to use your name as ordering provider. This will stop the correct doctor from getting results and slow down customer service.

Laura, Pease remember to set up tissue coming to the lab on swabs ASAP, run the risk of drying out or have subpar specimens. Please check frequently for culture or please speak up when dropping of if tissue is on swabs. We don’t want to reject samples that could have been saved.