**Laboratory Meeting Minutes**

 **(Newsletter)**

**3-30-2023**

**419-394-3387 x8105**

**Shout outs**

* Congratulations to Jennifer Singleton on Employee of the Month. Thanks for your hard work!
* GEM awards: Addie Place, Lu Schwartz, Kim Gross, Jane Utrup, Raquel Colobong
* 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!
* Thanks to everyone always willing to cover days when the need arises. There are so many this last week I’m just going to say thanks team since I don’t want to forget anyone.

**Staffing updates**

* We are continuing to actively train staff in other areas and offsite locations. This will make us stronger as a team and allow us to handle absences much better. It may also cause some stress as people are moved to other areas.
* Cassandra Drummond has moved into OP to start getting her training and sticks in. She is PRN and will be working a few days a week mainly around 12-6.
* We have an Edison Phlebotomy student starting her rotation. NicKaylee Hastings started 3-27-23 and will be here from March into May to complete her hours and sticks. Remember to say Hi if you see her!
* We’ve had 3 Tristar people come into our labs in the past month. Thanks to those willing to show them around and allowing them to shadow with us. Sell the lab as a career!

**Outreach locations updates**

* For those working Celina, please make attempts to complete your Survey request with patients. The goal is to have 30 completed per month. If you are working, please prompt a few patients a day to fill out to complete this goal.

**General Updates and deadlines**

* Check ins are completed except for 2 stragglers. That means we are close to getting into the 2nd quarter check-ins starting. Just a reminder, once I start seeing these, I’ll work at getting these done timelier as the year goes on. Let me know if you need help finding this in Workday.
* I believe any RSS Retirement Success Sharing will drop March 31. Everything I see on Workday or in email is still cryptic. I guess we will find out Friday on what this means for all of us.
* Sysmex working through capital. Projected go live should be prior to August 2023
* April 5 Microscope cleaning and CO2 calibration.

**CORE LAB info**

* 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. I still have a few people I’ve asked to complete the original ACHC requirements. Please let me know if you are still having problems. It seems people are using it. It also has very good resource material to reference. We seem to be gaining more momentum in getting information changes by using this function. Please check it timely to stay on top of items that may need your attention. To date. 11% of staff have completed all tasks. 65% of staff still have some outstanding items to review. Please look at this more frequently for updates.

**Workflow**

* OP Phlebotomy area is cleaning and working into revamping processes and organizing.
* We are looking at replacing the tops of the storage drawers so they can be cleaned better. Floor model drawers that are mobile for reference.
* We are looking at placing locks on drawers to help with needle and syringe usage or theft. If you stock or pilfer OP supplies, please let a lead know so we can pinpoint where supplies are going. We think supplies are walking to other areas.
* 10 weeks until our new OP recliner chair comes in! We will most likely move a chair out of that area.
* Better signage to be determined.
* I’m running some inventory reports to track supplies better for materials. They are looking at controlling high-cost items when possible. Liat and Chemistry are the only 2 locations I know that can place large orders from 20K to 80K quickly. Please back off inventory when possible and no supply chain problems exist on high ticket items. If in doubt about ordering too much, let me know so I can help pull volumes or give advice.
* We have given our old slide files to Lima to reuse in Pathology. This has freed up some space and we have moved water filters out of the storeroom and closer to the actual Di system in the cabinet space in histology. This has now opened up more space in the storeroom.
* We’ve also moved all the prefilled formalin containers and Cytology containers to lower shelf space under the cabinets in Histology. This was a potential **SAFETY HAZARD** and had the potential to have spillage on a person when removing them when stored up high. It is also an **ERGONOMIC** issue to make it easier for anyone reaching or climbing to get supplies. Please keep ideas coming.
* Safety looks at Phlebotomy trays for contraband lotions and gels along with personal items and safety stickers. Requested help from infection control on what we can and can’t do. I’ve asked for discussion on this topic, so we are compliant and hear concerns.
* ED has stopped having patients walk up for covid testing. These patients will now be asked to be registered as Urgent Care or ER to be treated. 3-22-23

Lab Performance Improvement

* Devil in the details. Doing things right the first time saves a lot of headaches down the road. Some issues may be related to training and knowledge, but others are shortcuts or bad habits that may need to change. QA forms are being logged to try and determine where we need to focus energy with our errors. Order entry and ORDERING ERRORS and SPECIMEN REJECTION are top 2 items for last 3 months. “Other” was next which would deal with anything. Reporting errors, technical issues.
* Labels on forms in correct location, Extra labels for surgicals.
* Take notes as nothing more than needing something to do the job right the first time. SEE SOMETHING, SAY SOMETHING can apply to our daily work too.

**ACHA-HFAP**

* ACHC final action items were turned in. The March 1 material is in another committee review. I’m hoping that we will be finished and can move on to doing it all over again. Our self-inspection will be later this fall.
* I’ve dropped down to using 2 sets of binders for competency paperwork. I’ll keep the oldest year of competencies in my office for the record and next inspection. I’m still trying to get these out for staff to start working on for 2023. Sorry for the delay.

**Safety notes**

* ***Personnel* protective equipment? From Dan the Safety Man.**
* **We are not the only ones thinking about safety issues.**
* **Personal protective equipment (PPE) is required by most labs in some form or another. But how strictly is its use enforced? It’s called personal protective equipment, so why should I be concerned if you wear yours or choose not to? Well, PPE not only protects the user, but in a clinical lab setting, it protects the surrounding individuals as well. So is it more appropriate to call it "*personnel"* protective equipment? If I choose not to wear gloves and work on the lab computer, there is a very high probability I will transfer a biological agent onto my hand. If I get up and go to the breakroom without washing my hands, I could transfer those pathogens from my hand to the breakroom doorknob, which is assumed to be clean. I have now unintentionally infected you, and maybe those in your household.**
* **Just as not wearing your PPE can have negative consequences, so can misusing PPE. Processing a SARS-CoV-2 PCR antigen test, then rubbing your eye or playing on your phone while wearing gloves is just as dangerous as not wearing them. This happens far more often you think. So what can you do to protect yourself and your coworkers? Speak up! Ask your coworker to please wear their PPE and let them know you care about their well-being. Sharing your concern can help them understand how their actions might put you and others in danger. You may have a small child at home or are taking care of an elderly relative and want to make sure they are safe. Letting others know your motivators might help them change their actions. If you still see the same pattern, then it may be time to escalate your worries to your manager. It may be an uncomfortable conversation, but not speaking up can have negative consequences and the unsafe behavior should be addressed.**
* March Safety topic is Patient Safety Awareness Month. Keep your patients safe!

**Phlebotomy**

* **Health Fairs** We are doing very well so far this year. Thanks Lisa, for keeping everything in order. Thanks to all the staff who have helped with these so far.

**Pathology**

* There are a few updates to Pathology.
1. Pathology/ Histology is not processing routine specimens on the weekends any longer, on **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. Is this working OK?

**GRAND EXPERIENCE**

* Lisa Masonbrink keeps us up to date each month on the Patient Experience board. **Quality** is the current topic. Please take some time to look over the board by the Storeroom and take in all the information Lisa has provided.

**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 questions to reflect on.

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

**March:** What areas are on people’s mind related to their jobs? If you had to take another satisfaction survey, what topics would you rate poorly about your job?

**Roundtable and questions. Feedback welcome.**