**Laboratory Minutes**

**(Newsletter)**

**4-27-2023**

**419-394-3387 x8105**

**Shout outs**

* Congratulations to Amy Perez-Shinabery on Employee of the Month. Thanks for your hard work!
* Happy Lab Week! 4-23 to 4-29. The true unsung heroes of Healthcare work in the lab. Thanks to everyone who has helped make the week a success. Thanks To the Lab week for the gifts and games.

**Staffing updates**

* Cassandra Drummond continues to train as PRN in OP.
* NicKaylee Hastings from Edison is currently doing her Phlebotomy rotation.
* Megan Elliott started training in MOB
* We are looking into shifting another person to Celina to help cover LOA this summer in June and July. Kim Kimmet will start training soon.
* Schedules. Changes must be approved, and all parties should have had this communicated to them. We are looking at ways to improve this as some issues have come up regarding changes to schedules being made.

**Outreach locations updates**

* Draw chairs in, Celina and Minster have been reupholstered. A chair moved from OP to MOB for now.
* Reminder on times for Minster 1630 OP closes and 1644, for IP offices. Ask offices if more patients are to be drawn so you can clear out on time when possible.
* We do very good at monitoring Minster and Celina hours.

**General Updates and deadlines**

***HIPAA TIPS***

***Top 10 things you can do, to help protect patient information:***

* Be diligent in double checking the patient in context in the EMR, to ensure you are documenting, scanning, or printing on the correct patient.
* Always double check patient name and DOB on paper documents before handing them to the patient.
* Do not post work related information on social media, or pictures from your work area.
* Properly dispose of paper documents with patient information, in shred bins.
* Refrain from opening suspicious email or clicking on suspicious links or attachments in emails.
* Never access patient information unless you need it to perform your job.
* Never store patient information on your desktop or C:/ drive.
* Ensure electronic and paper documents containing patient information is not visible or accessible to the public.
* Use hard to guess passwords.
* Use RISK software to report any HIPAA security or privacy violations.

I’ve had concerns voiced that some people could be looking at patient information that is not necessary to perform their job. One of the fastest ways to lose your job is to look around patient records. If IT runs scrubbers behind the scenes looking for targets, like same name on employee and patient, you may be left explaining your actions. Talking about patients among staff is slippery as well. If your family was in ED, would you like to listen to staff talk about their case? Keep it private and protect our patients.

If you use the **Allscripts track board** to help with workflow, this is very similar to our OSM boards in the lab. The big difference is with the amount of detail you see is increased. Reason for treatment etc. This should not be visible to all nor should it be discussed with your coworkers. If the concern comes to me, it is my job to investigate and determine if a breach has occurred. I take this very seriously and will fight hard for an employee right up to the point they can’t give me a good reason why they are in patients chart. I would hate to lose someone on such a stupid mistake.

Logging off your computer as user is critical too. If you have your name up and people use the computer to look up patient data, you might be on the hook for something some else did on your code. Forgetting to log out is easy to do and again has big consequences when investigating breaches related to HIPAA information.

**CORE LAB info**

* Time for 2nd quarter check ins. Please go into workday and request a check-in again.
* Check your MTS site for new content, **MEDTRAINING.ORG**. This continues to be something being used to get documentation out to staff on updates. Please make it a habit to check weekly if possible.
* The Sysmex XN550 has been approved for purchase. We hope to have this up and running by the end of August prior to the current instrument being obsolete September 1. (XT-4000). 2 instruments should arrive in June. More to come.
* Microscopes have been PM’s for the year along with C02 incubator.

**Phlebotomy and Workflow**

* OP Phlebotomy area continues working on workflow updates.
* Please make sure OP is ready to go when working 0545. This time is to make sure OP is opened up and things prepared for the day. Patients are often waiting for this time slot.
* Still waiting on new Formica tops
* Still looking into locks on drawers.
* Looking at moving one chair to MOB(Done)
* 6 weeks until the new recliner comes.
* The chairs in need of repair have been reupholstered.
* Looking at using Coban for specific patients. I can get this ordered in 2-inch rolls. Materials have 3 inch rolls now. This is not something used by phlebotomy, but it has its place for coumadin patients or thin skin.
* Code Pink drill re-done and all went well. Lab was singled out for starting CPR and counting so next person knew what was going on when they arrived.

**Lab Performance Improvement**

* We are still monitoring Occurrence Forms. Top themes continue to be ordering errors and failure to perform paper checks when samples come to lab. Our double check is failing as well when samples dropped in the lab. We need a better checks and balance approach by all involved.
* Some QA on hours worked and insight on what metric I need to monitor. Each week I get a report from Dan regarding our hours worked. I’m given a target of 817 hours for all locations each week and have 832 hours scheduled with current staffing. To break that down per week:
  + - CHP 42 hours
    - MEFP 44 hours
    - MOB 38.5 hours
    - Core 707.5 hours
      * Phleb 322 hours
      * Techs 385.5 hours
* PTO, leaving when slow, all reduce hours. If I add hours someplace, I may need to subtract hours elsewhere to make the target. If not, I must justify the variance.

**ACHA-HFAP**

* COMPETENCY updates are now my new high priority. They will be out in the next month.

**Safety and Ergonomic notes**

* PPE reminder, Gloves should be intact when drawing blood, it is not OK to rip a finger out when drawing a patient. This leaves you unprotected when exposed to blood from a patient. This is a violation of the infection control policy.

April is Hand Hygiene month. Please read through your safety flyer posted in Processing. Hand hygiene is a way of cleaning one's hands that reduces germs that can cause diseases. Hand hygiene can be done with soap and water or alcohol-based hand rubs. Hand hygiene is important for avoiding getting sick and spreading infections to others. Hand hygiene is also essential for preventing the transmission of antimicrobial resistant bacteria in health care settings:

* If you have heavy bulk items stored over eye level, you may want to move them to a lower location. Prevent lift injuries if items are heavy and prevent spills or exposures if chemicals were to spill unto you.
* I got information from our MOB and MEFP locations EOC Safety tours.
  + Corrugated carboard may be a concern when boxes are placed among other items. We are asked to separate and remove these cardboard items from working stock locations, when possible, in clinical areas.
  + Signage for Bomb Threat by phones.
  + Offsite emergency number is 911 not 2222
  + Expired wipes
  + Biohazard and sharps container not secured.

We are working to correct these issues for our revisit 5-9-23.

**Pathology**

* Urine Reflex criteria only includes doing a culture >10WBC. Nitrates or bacteria seen no longer dictates a culture being ordered. If the doctor wants to order a culture on their own, they need to place an order for such.

**GRAND EXPERIENCE**

* Lisa Masonbrink keeps us up to date each month on the Patient Experience board. **Honesty** 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**

Next employee engagement is to kick off **May 1 to May 31.** Please watch your Mercy email for more information.

My hope is to have high participation since the last year has been stable with the current staff, including me! I’ve been mentioning topics for 3 months in the meetings so please take the survey with an open mind to what is all going well for you in your job. We have accomplished a lot of solid gains over the last year.

**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.**

* Michele mentioned New schedule for the first 2 weeks is out.
* Please continue to use the order log sheet but remember to fill out all your lines for follow up.
* Laura mentioned the use of cards to help identify samples and code situations. These steps are needed to make sure samples and patients that are critical are known to the staff as we touch each part of the testing process. Keep open communication lines with your co-worker so we can complete testing timely. We have had a few lost ICAL and VABG due to poor communication.