# Hematology Lab Weekly Meeting

# Meeting Minutes

July 23, 2015

* Reminder – everyone should return from lunches by 2:00 pm.
* The latest in the Service Excellence Survey announcement; the floors are trying to help patients after discharge. One of the questions is how well the staff works as a team. Work with hand offs before they leave their shifts, they should let the patient know the next team that will take care of them and speak highly. When we work with the Bone Marrows, we will have direct contact with the patients and after we finish we should put in a good word of the next team so there is a perception of good team work.
* Meeok is updating the Autopsy Sample request procedure. Pat wanted all to be aware that there is a policy on this. She is not sure if Heme is actually involved or not and if is part of this procedure.
* Our TEG business team was approved. Jerry will develop the test. TEG is run in real time. We will run this test 24/7 because that is when surgery occurs. Specimens will be tubed here and we will validate the process the tubing process before implementation. The lab will initiate this with the Liver transplant team. All staff will learn the test. Graphs are formed, and based on the appearance it could mean that is normal or that the patient will need Blood Bank products such as platelets or fibrinogen. The purpose is to reduce blood product usage. Jerry might look for some help so if you are interested let us know. This will require an on call team also. TEG will take priority and whomever is on call evening or night will need to come in. Jerry and Andrew will look for the location to process the test in our lab.
* Sysmex – the water is in. We are waiting for the Sysmex folks to show up on Monday and they will work for 3 days to set it up the instrumentation, should be done by Wednesday. We will have the supervisors get hands on first and then we will involve the rest of the staff.
* On the week of August 3rd we will begin the Bone Marrow assistance for patients primarily on NP7. We will send the most experiences first. Jean and Mary will go as a team for a while, maybe a week depending on the work flow. With their experience and expertise they will evaluate not only our procedure also the work process. We will take un-anticoagulated blood, we will not use EDTA on the syringe. We will take the aspirate and make the smears. After a clot forms we will put that in for Surgical Pathology. A supervisor will be there as well in the beginning.
* Employee Opinion Survey – thank you for all your help, input and opinions. Pat received the results and will work on the suggestions to make improvements in the lab.
* We are still expecting a visit from DPH. Please complete all logs( the temperature charts, centrifuge, etc.)
* From Parveen –For any critical results, verify first and then call the floor. But each shift should pull pending from last 7 days twice during their shift.
* Parasites – we are overwhelmed with parasites. We have a very large number of positives ones. Subsequent positive samples will need quantitation until they are negative. If negative on smear, they will need a QBC to confirm. Be very diligent when reviewing smears.