# Hematology Lab Weekly Meeting

# Meeting Minutes

March 31, 2016

* We are adding couple of critical calls for greater than 1,000 white cells in the CSF. We have to make a phone call to the floors. It’s not going to show up in the critical call list. For special coagulation any factor assays less than 5% for the 1st occurrence and Inhibitor titer >0.50 BU only on the 1st occurrence, we will make it as a critical call.
* TEG is going to be run 24/7.  Currently we will not be setting up an on call schedule. This is subject to evaluation to see how things as we go along. The evening shift has agreed to run the QC and set-up the TEG for the night shift on the weekends. This is a 10 minute set-up.
* We have a job requisition currently and Pat is reviewing some applications. Three students have spoken with her about it. There are 2 requisitions that went to the vacancy review board. They will meet next week. Pete is working on justifications to make sure it gets approve.
* Pat & Donna have been talking to the evening shift and nights to see how they can work things out to develop our workflow considering the lack of staff. Very rarely we are going to be using overtime. Also reducing the hours on the per diem, casual and part-time to work additional hours. Is going to be tough but we have coaches here that will help also and we can help each other too. We will start with STAT’s and time sensitive tests. A smear is a time sensitive test until it’s stained. Unless it says STAT it can wait. We will have a lot more routines waiting for completion, especially smears. All shifts should expect to see more left over routines because of the lack of staffing. Is not the expectation to have the day shift complete all tests that were left, our expectation is to process our STAT CBC’s and Diffs within 60”, PT or PTT within 90’ and for UAs 45’. We will focus on accuracy over speed and prioritizing what need to be done, and routines can wait until we can get to them or a phone call from the provider.
* Do not make an intentional slow down. The intent is not to make mistakes. We are here for patient safety. Pat needs to be aware of the patient safety issues that have resulted or may potentially result by any changes in our workflow. We don’t want to have an unsafe environment for any our patients.
* Clinical vs research – Clinical are always first and are going to be charge to the patients. The LAs should accession the specimens appropriately.
* Weekends – because 2 out of 3 weekends we are short a person; the night shift person will stay an extra hour and this person will leave an hour earlier one week day during that same week so it’s not overtime. Despite that the state decided to give some of the money owed to the hospitals there are changes to our finances. There is going to be more scrutiny in our budget, finance and expenses. This is an extraordinarily and unusual situation for us in terms of lack of staff. There have been changes going on in billing and finances. We see this as a temporarily time and in time we will be hiring and we will be able to meet our commitment and responsibilities for our patients.
* Carry used the last Clinitest test tablet last week. Donna is going to pull out of the MUA in QC so any test that reflects any of those pediatric samples you will have to press F4 and you will have to comment “test not performed”. Once we go to beaker this test will be gone.
* Krystle sent an email to Donna regarding the BSINT list. People are not putting stickers here and then discarding them and getting more print outs from the instruments. When you get the labels one goes here and the other one on the piece of paper.
* Effective 4/4/16 we are cancelling “overfilled” blue top tube and that means that there is no empty space between plasma level and the bottom of the cap. If the plasma touches the bottom of the vacutainer cap, it means it is overfilled. Cancel the test by entering the comment “overfilled”, notify the floor, date and time and initials.
* All bone marrow slides for surg path and flow must be labeled with patient label. Each cardboard slide carrier must also be labeled (the Las track each carrier and specimen before sending to surg path) .