# Hematology Lab Weekly Meeting

# Meeting Minutes

April 14, 2016

* Patient story – an outpatient specimen arrive on the evening shift. Patient had a 564.0 wbc and a 17 hct, differential had 9%blasts and cells consistent with a cml. Presentation of the extremely high wbc was atypical for a cml. Patient was leukophersed during night to decrease wbc.
* New changes on the health plan – for “Know your numbers” is going to be $350 for the mandatory health screening, $150 for 2 dental visits, annual physical or OB-GYN visit, or activities and counseling. More information will be mailed to your homes.
* Some of the med tech students are being interviewed for our vacancies.
* The evening shift is getting shorter, Christina is leaving to Shoreline and Kayla is leaving to flow in Immunology. We need people to sign up for evening coverage starting week of May 9th. Don’t forget that we need to concentrate on work that is time sensitive, CBC, make smears, Coags, STAT, bacteria in fluids first. Everything else get to it when we can.
* We should take a look at the things that we do daily you may come up with better ways to do it please submit your ideas/plans.
* HCPA stem cell samples – these most of the time come from Donna Summer. We will be seeing more of these samples going forward. The samples will either be for WBC,PLT andDiff or just WBC. We will dilute the samples if WBCs are > 250 and multiply by dilution factor for WBC and Plts. Review the procedure and again if you are not sure let someone know, these samples are from people waiting to get their infusion. They are considered like a STAT sample. When we change to the XN our linearity for Wbc is 440,000, so dilutions will be rare.
* For PTINR and PTT tests – if there is “No clot” or No reaction” or “stop sign” for final results on regular or extended 570 curves, we need to call the results to the OR and Trauma.
* TEG – Kelly wants to thank everyone that ran the TEG this past week there were a lot of samples. Also Kelly updated the procedure to add the accession number. Make sure that you write the number because there may be multiple samples on patients.
* Let’s start thinking on how we do the daily work and try to come up with better ways to do our job. Maybe have an idea on how to do something in another way that can make the job quicker or easier or faster. Bring your idea to a supervisor and they will evaluate the situation and let you know. Changes then will be done on the procedure. Do not make the changes on your own because this could be a liability.
* Bone marrows – there has been some changes on the way we do the bone marrow kits. There is now 1 label for the EDTA vials and the EDTA syringes. Same labels with the date that the EDTA was made, the expiration date is a year from that date. We are not supposed to send the bone marrow kits through the tube station, it is not safe with syringes with needles. Anna will help to make the kits and the techs will put the syringes of EDTA in the bag.
* Inventory – the inventory should be done on the weekend because we are so short at this time we will change the due date to Mondays by 10:00 am.
* From Pete who confirmed with Rick Carlo- all medical emergencies we are to call 155. They will dispatch to 911. This was a change of what was accounced at April 14 meeting, so please note