# Hematology Lab Weekly Meeting

# Meeting Minutes

September 8, 2016

* Reminder – if you still want to get a fleece jacket or vest with the Yale New Haven Laboratory Medicine logo, next week on 9/13 there will be another fitting on the 2nd floor in PS230 from 2-5 pm.
* We are receiving BSINTs from SRC and we should be scanning them to track. Until SRC sends an extra label, we will print out a label so we can have it in our log here so we know that these specimens made it through and cross over for residents and attending’s. Pat made the request and she still waiting for a response.
* Marna & Rick sent a letter home to all the employees thanking them for their hard work. Think of some ideas for us on what should do to celebrate our hard work. We will make a suggestion box. Be creative!
* If you have any suggestions in regards to making workflow smoother, with Sysmex, XN, WAM, etc. Please share your thoughts with a supervisor. It will be appreciated and the more examples the better.
* In regards to Beaker it seems that there are different ways to do things, especially when samples come from other locations and are the same methods. Denisa and Beth R. will add some updated procedures to the Beaker book.
* There is going to be a downtime next week on September 18. So we are looking for extra people. This will be the first time we will go through a downtime after Beaker. We are not sure what to expect. . This will be happening every month as part of the monthly maintenance.
* For our first improvement with WAM, the instrument ANC vs. the manual ANC. If the autodiff off the XN is not flagged,the IANC will be reported. If we do a manual diff, then the calculated ANC from the diff will be reported. Oncologists in particular have been concerned that the ANC results are not accurate because the auto ANC goes out, especially with low WBCs. They rely on these values for treatment. We will get this implemented soon because is a patient safety issue. Beth D will test it in WAM. It may occur as early as this week.
* When you get frozen samples from GH or SRC or any other location, please track samples in coag area and print labels for special coags. It will be easier for the next shift to do the pending.
* Special heme people – for our hemoglobin screenings we were trying to put the preliminary results on abnormals. We are going to go back of what we were doing originally. All new abnormal hemoglobin screens will get an MD interpretation and Agar/Acetate (if necessary) and let the residents fill out the hemoglobin percent values. When we receive the papers back we will be entering the values into Beaker.
* There was a confusion as what to do when you get the requisitions from Greenwich hospital “Don’t run a CBC” what Kelly has been doing is going to the patient chart to see if was a CBC done on that day. We can accept the CBC that was done on that day. If a duplicate CBC is missed, the person that’s doing the hemoglobin screen will give Kelly that label and she will email June Stevens so the patient gets credit for the CBC and is not charged twice.
* FYI - the reflex is something in our list to get done in Beaker. No estimated time for this but it’s very important and is in our VIP list.
* The chemicals were picked up last week and we got rid of a lot of things. They are getting pile up again, the good thing is that the pink container fits. Carrie is asking to please label them.
* FYI from safety – staff should evacuate the building if we see smoke and/or flames.
* XN – if a retic was ordered do a quick scan on that page for verification. If is a retix put as 1 and if is coming up as a real number bigger than 18 you need to go in and remove that number and put a fixed code that says “greater than 18”. We don’t handout real number above our linearity numbers. Right now is not an automatic process so we need to go and do it.
* When we are doing Diff, whether we are on the XN or not or if we are short staff and you are doing the manual verification there. There is a thing called on sign orders on the Cellavision and if you go on Cellavision and you see an abnormal Diff or fits its qualifications, you need to do a manual Diff depends on what the qualification is you need to do a manual Diff on Cellavision or qualification from Diff or WAM. If you do a manual Diff on WAM you need to go back to the Cellavision and delete that Diff on the Cellavision and clear the Diff.

