# Hematology Lab Weekly Meeting

# Meeting Minutes

January 12, 2017

* The CAP window started today.
* Krystle has attended a meeting in Telepathlogy and we are using a product called Celestron that is software oriented and it allow us to view differential from off-site locations. They did a little tryout between Torrington and the resolution looks pretty good. We’ll be doing some studies and evaluations. The purpose is if any of the off-site location has a question about what they are seeing on the slide they can send the video here. They will have our 688-4145 number. As of now the review will be done by a supervisor. If you get a call contact a supervisor for the call. We should be starting this within couple of weeks.
* How to handle pre-analytical - inpatient and outpatient non-STATS go into the call list. For inpatients calls are made between 6:00 am to 8:00 pm Monday to Fridays and 7:30 to 2:30 on weekends by CSRs. Outpatients can be put on the call list at any time. STATS and babies are called by the techs.
* The transition date for North Haven and Smilow 4 has been changed until after Lawrence & Memorial goes live on EPIC.
* FYI, for the MLK holiday there is a redirection set-up so that any specimen destined send to North Haven and Smilow 4 should be automatically sent to our lab so we don’t have to order or cancel.
* When you are changing the strips on the Atlas with different lots you need to run calibrators, QC and a normal or abnormal patient urine sample to compare old reagent strips to new reagent strips. The comparison should be within one of the original results and Specific Grav. should be within .003. This needs to be documentation in the log. This is a CAP requirement to show new reagent validation Please be mindful of this. If you are changing lots, you need to show comparison that the new lot is ok.
* When you are in WAM and you are not going to run the smear you have an option to cancel the smear or if you review in WAM click reviewed.( This is a pop up to cancel or review). This indicates with subsequent samples whether it has been reviewed or not.
* Remember that the CAP window opened up. Review your procedures, check out your logs, don’t pull any procedures out of your pockets. If you need to refer to it open it up on Ellucid or use hardcopies on the bench. If you see something that is not right in the procedure prior to the CAP inspection bring it to a supervisor attention so it can be modified. Keep lab coats buttoned and neat and always wear your badges.
* TEG – those heparinase cups belong in the walk-in fridge. Just take what you need and put them back. Don’t put them on the counter because then we don’t know how long they have been sitting there.
* When you are doing QC there is not always a pop-up on TEG make sure when you are doing QC that you actually go into the file. Kelly have been talking to the company to see if there is anything that can be done to fix it. Also when you get specimens for TEG make sure you don’t check them with the wooden sticks. This can activate the platelets and affect the accuracy of the test. If you see anything wrong with the procedure, please bring it to Kelly’s attention before CAP comes.
* Cellavision- cell location slide needs to be performed at beginning of each shift. The purpose of cell location slide is verifying that Cellavision focusing is operating satisfactorily and instrument can focus and find cells.. The boxes should be around the white cells or very near to it. If that is not the case, it is considered a miss. If the result is not >97%, repeat with another slide, if it is not acceptable, log and refer to supervisor for troubleshooting. .